

Healthcare Needs Analysis

MIAMI COUNTY ECONOMIC DEVELOPMENT AUTHORITY
August 1, 2023



New Healthcare Facility Feasibility Analysis

Report Prepared for:
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Peru, IN 46970

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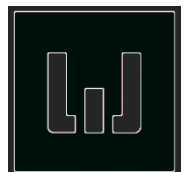
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Executive Summary

In the initial phase of this study, it was anticipated that the market data would support the construction of a micro-hospital on the site. Programming and schematic layouts, shown later in this report, were completed to better understand the square footages necessary for this, and assist in the development of construction cost opinions.

However, the data developed shows that, while there are opportunities to capture Endoscopy, Urgent Care and Imaging Cases, the need for a Micro-Hospital does not exist at this time.

Alternative programming was developed for an outpatient center to meet these three target areas that identified that all could be accomplished in a single-story facility of approximately 10,500 square feet.

The financial analysis provided by Blue & Co includes the capital costs associated with this size of facility, constructed on the originally proposed site, and oriented in such a way as to allow future phases of a surgery center, multi-specialty medical office building and an eventual micro-hospital if desired.

Finally, the financial study determined that a joint-venture effort, between either Logansport Memorial and Parkview Health, or Logansport Memorial and St. Vincent, along with participation from the local, independent physician group, would be the strategy with the best opportunity for financial success and sustainable positive community health outcomes.



Feasibility Analysis Narrative

The purpose of this report is to provide clarity regarding the feasibility of building a healthcare facility for Miami County Economic Development Authority (MCEDA).

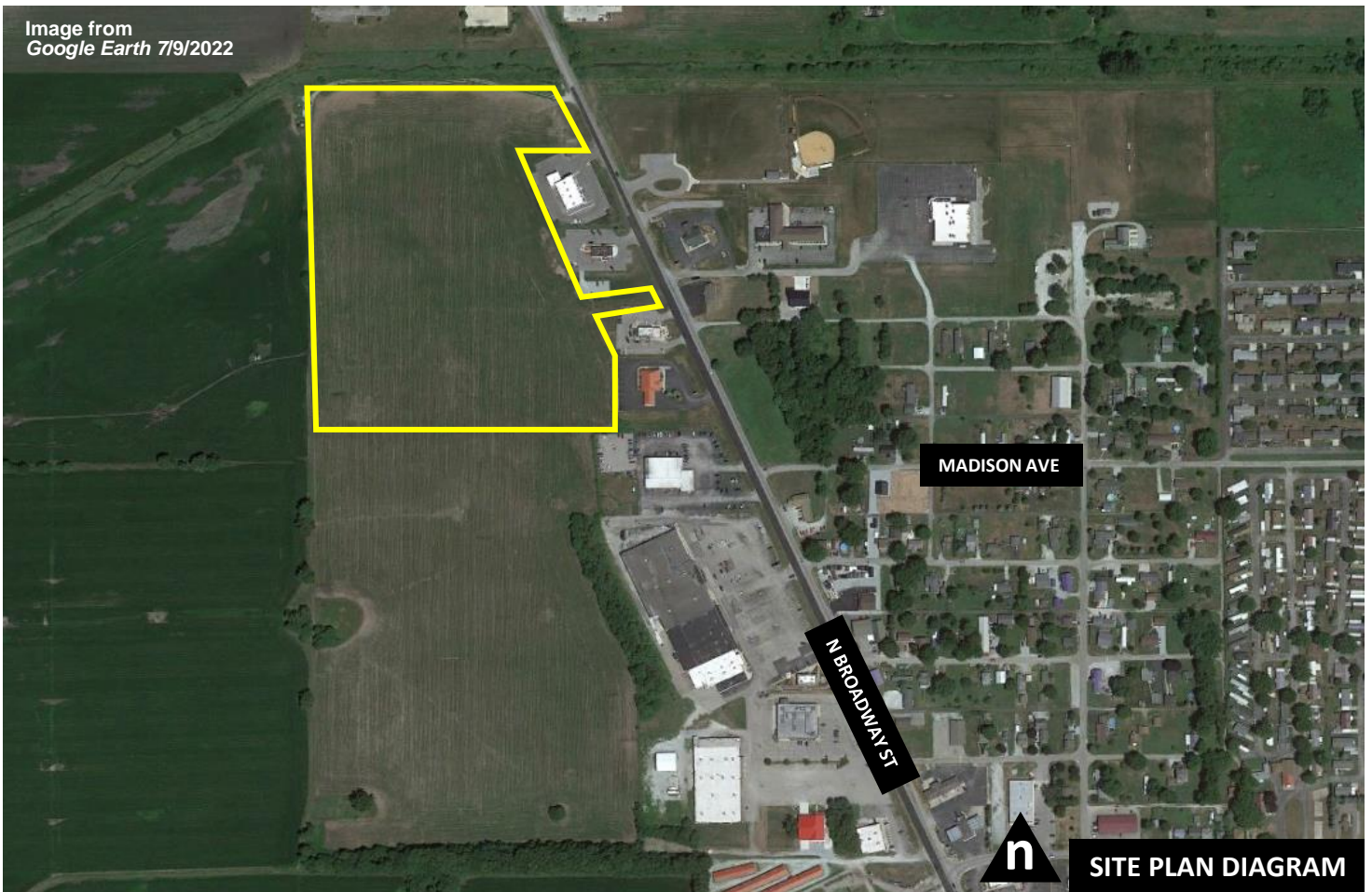
Analysis Methodology

To complete this analysis, Bona Vita Architecture first engaged PRC Custom Research to perform a Community Health Needs Assessment, to determine if there exist any gaps in the community's healthcare coverage and system. PRC's methodology consisted of the input of secondary research for comparison of benchmark data, and an online Key Informant Survey of community stakeholders. These findings suggest a general need for preventative medicine, with focused needs for cancer and heart disease prevention, as well as expanded mental health and pediatric coverage. The Community Feedback portion identified Substance Abuse Prevention, Mental Health and Nutrition/Weight Management as the top three desired focus areas.

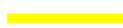


Upon completion of the CHNA, Blue was engaged to provide an analysis of healthcare market opportunities. Their analysis included identifying potential partners in the space, anticipated capture volumes by cohort and type, anticipated operational costs, anticipated volumes and revenues, and the creation of a general pro-forma.

Following this exercise, a functional space program document for the proposed healthcare center was developed. This program envisioned a multi-phased approach to construction, with the first phase including Lab, Imaging, Procedure and Pre/Post spaces, while subsequent phases would include an Emergency Department/Urgent Care, a small (6-8 bed) Inpatient Department, Medical Office Space, and a small Pharmacy.

Finally, cost data from recent construction projects was used to develop an Opinion of Probable Construction Costs for a healthcare center on the proposed site.



LEGEND

-  SITE BOUNDARY
-  PARCEL LINE
-  LOT LINE

Existing Site: Description

Located in the Northwest quadrant of Peru, Indiana, 45 acres of vacant land make up the existing site. Less than a quarter mile south of Hoosier Heartland Highway, the site is situated between a string of commercial buildings on the west side of N Broadway Street and more vacant land.

This site has been identified in Peru as the next potential commercial development in the community. Site utilities and roadway access are being developed currently, and other potential partners, including assisted and long-term living, and multi-family residential are anticipated to locate to this area in the near future.

CPAS / ADVISORS



Miami County Assessment

Partnership Options, Assumptions and Analysis
of Financial Estimates

July 2023

--For Preliminary Discussion Only--

Agenda

- Recap of Miami County Assessment: Market Analysis
- Proposed Analysis based on Market Analysis: Options and Facility Concepts
- Key Drivers of General Assumptions
- Financial Analysis (Urgent Care, Imaging, & Endoscopy Center)
 - Scenario 1
 - Scenario 2
- Next Steps
- Appendix
 - Assumptions to Financial Estimates
 - Miami County Assessment

--For Preliminary Discussion Only--

Recap of Miami County Assessment: Market Analysis

➤ **Key Areas of Focus**

- Provider Alignment
- Endoscopy Services
- Imaging Services
- Potential Partnership Options

➤ **Partnerships**

- Scenario 1 – Parkview & Logansport
- Scenario 2 – St. Vincent & Logansport

Key Drivers of General Assumptions

- **Volumes**
 - Utilized Indiana Hospital Association (IHA) Procedure Data for all Miami County patients served as well as Perception Health (claims database for all services in Miami County)
 - Determine demand and type of services by county residents
 - Market share capture is estimated at 25% of volume outside of Duke Providers/Facilities and 50% of partner volume
- **Reimbursement**
 - Estimated average charge rates per service provided and related volumes
 - Considered payor mix for Miami County

	Outpatient Services		Inpatient Services	
	Average Prior 3 years (19-21)	2022	Average Prior 3 years (19-21)	2022
Insurance				
Commercial Insurance	40%	38%	32%	33%
Medicaid	18%	19%	20%	20%
Medicare	36%	35%	43%	44%
Other Government	1%	2%	1%	2%
Other/Unknown	1%	0%	1%	0%
Self Pay	4%	2%	3%	2%
Grand Total	100%	100%	100%	100%

- **Expenses**
 - Utilized industry averages for expenses in financial estimates
- **Capital Costs**
 - Includes cost estimates for land/build of a facility and furniture, fixtures, & equipment
- **Funding Options**
 - Capital funding is not considered in this analysis
- **Provider Alignment**
 - Assumes ability to align both providers (physicians and advanced practice providers) and hospital(s) to support efforts

--For Preliminary Discussion Only--

Miami County Volumes & Share Estimates

Procedure	OPT Code	Duke	Parkview	Legansport	St Vincent	Other	Total Miami Co.
Urgent Care-top 10 procedures (excluding covid)							
Office/OP visit 29 min	99213	28	38	73	13	140	292
Office/OP visit 45 min	99203	-	3	5	1	13	22
Office/OP visit 39 min	99214	32	8	53	8	2	103
Office/OP visit 59 min	99204	-	-	6	-	4	30
Urgent Care-lab							
Blood glucose	82947	-	2	1	-	28	31
comprehensive metabolic panels	80053	4	90	1,235	23	272	1,624
Electrolyte	80051	-	10	-	-	2	12
Pregnancy	81025	1	3	-	1	1	6
Urinalysis	81001	87	51	143	16	55	352
Fecal blood occult	82270	-	3	13	-	1	17
PT/INR tests	85610	-	152	26	65	27	270
Imaging - OP							
X-ray exam of chest 1 view	71045	4	1	1	3	14	23
Screen mammography	77067	870	197	472	362	588	2,489
X-ray exam chest 2 views	71046	395	187	133	95	446	1,256
X-ray of foot	73630	63	39	82	11	53	248
X-ray of shoulder	73030	79	26	60	14	64	243
Intensity modulated radiation	77386	-	-	-	160	1	161
Echo exam of abdomen	76705	137	36	38	31	115	357
X-ray exam of knee 3	73562	7	20	103	7	80	217
Dx mammo ind cad uni	77065	61	22	33	67	85	268
Dx mammo ind cad bi	77066	64	17	36	69	75	261
X-ray exam of hand	73130	50	18	86	4	83	241
X-ray exam abdomen 1 view	74018	183	49	50	12	75	369
X-ray exam of wrist	73110	67	23	83	8	66	247
Us exam of head and neck	76536	70	30	25	22	102	249
Us exam abdo back wall comp	76770	42	22	61	19	69	213
X-ray exam of lower spine	72100	162	25	31	16	94	328
X-ray exam hip uni 2-3 views	73502	62	15	54	18	70	219
X-ray exam of ankle	73610	59	28	47	11	56	201
X-ray exam of lower spine	72110	38	27	18	9	57	149

Dukes has a significant share of the overall Miami County Market:

Visits/Labs: 15-20%
 Imaging: 35-40%
 Endoscopy: 40-45%
 Emergency Services: 55-60%
 Inpatient Services: 40-45%

Hospitals in the Market:

- Ascension/St. Vs
- Community Health Network
- Logansport Memorial Hospital

Independent Physician Group:

- American Health Network

--For Preliminary Discussion Only--

Miami County Volumes & Share Estimates

Procedure	CPT Code	Duke	Parkview	Logansport	St.Vincent	Other	Total Miami Co.
Endoscopy- OP							
Egd biopsy	43239	115	17	31	19	63	245
Colonoscopy and biopsy	45380	41	14	3	20	64	142
Colonoscopy w/lesion removal	45385	91	17	67	20	83	278
Drain/injection	20610	-	-	2	1	4	7
Diagnostic colonoscopy	45378	45	24	20	36	26	151
Routine venipuncture	36415	5,705	1,267	1,564	1,157	3,925	13,618
COLONOSCOPY, FLEXIBLE; DIAGNOSTIC	45378	-	24	20	36	71	151
COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS	45384	5	9	3	1	8	26

Facility	Total Gross Charges
Dukes	\$ 2,728,813
Logansport	1,755,249
Parkview	930,571
St. Vincent	1,709,181
All Other	2,702,956
Total Miami County	\$ 9,826,770

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CPAs / ADVISORS





Scenario 1- Parkview & Logansport: Urgent Care, Imaging, & Endoscopy Center

Volume Assumptions: Urgent Care, Imaging, & Endoscopy Center

Procedure	CPT Code	Charge	Volume	Revenue
Urgent Care-top 10 procedures (excluding covid)				
Office/OP visit 29 min	99213	154	129	\$ 19,789
Office/OP visit 45 min	99203	206	10	\$ 1,967
Office/OP visit 39 min	99214	215	56	\$ 12,094
Office/OP visit 59 min	99204	300	6	\$ 1,660
Urgent Care-lab				
Blood glucose	82947	67	9	\$ 630
comprehensive metabolic panels	80053	266	1,069	\$ 284,221
Electrolyte	80051	301	8	\$ 2,408
Pregnancy	81025	135	3	\$ 405
Urinalysis	81001	93	185	\$ 17,205
Fecal blood occult	82270	62	12	\$ 760
PT/INR tests	85610	83	157	\$ 12,990
Imaging - OP				
X-ray exam of chest 1 view	71045	440	7	\$ 2,970
Screen mammography	77067	515	957	\$ 492,726
X-ray exam chest 2 views	71046	454	474	\$ 215,196
X-ray of foot	73630	494	123	\$ 60,515
X-ray of shoulder	73030	515	104	\$ 53,491
Intensity modulated radiation	77286	4,522	40	\$ 182,011
Echo exam of abdomen	76705	970	126	\$ 122,453
X-ray exam of knee 3	73562	531	116	\$ 61,519
Dx mammo incl cad uni	77065	514	95	\$ 48,634
Dx mammo incl cad bi	77066	677	92	\$ 62,155
X-ray exam of hand	73130	536	112	\$ 60,206
X-ray exam abdomen 1 view	74018	416	142	\$ 58,992
X-ray exam of wrist	73110	512	115	\$ 58,748
Us exam of head and neck	76536	960	90	\$ 85,245
Us exam abdo back wall comp	76770	1,083	95	\$ 102,609
X-ray exam of lower spine	72100	562	110	\$ 61,864
X-ray exam hip uni 2-3 views	73502	480	88	\$ 42,869
X-ray exam of ankle	73610	505	88	\$ 44,285
X-ray exam of lower spine	72110	782	60	\$ 46,712

Procedure	CPT Code	Charge	Volume	Revenue
Endoscopy-OP				
Egd biopsy	43229	3,345	85	\$ 285,161
Colonoscopy and biopsy	45380	3,493	44	\$ 153,692
Colonoscopy w/lesion removal	45385	3,556	112	\$ 396,494
Drain/injection	20610	715	3	\$ 1,966
Diagnostic colonoscopy	45378	3,459	60	\$ 206,675
Routine venipuncture	36415	60	4,820	\$ 289,200
Diagnostic colonoscopy	45378	3,459	60	\$ 206,704
Colonoscopy w/lesion removal	45384	3,399	13	\$ 42,483
Total Revenue				\$ 3,799,603

--For Preliminary Discussion Only--

Scenario 1: Financial Estimate

Miami Co

Income Statement - **Parkview & Logansport Partnership (Urgent Care, Imaging, & Endoscopy)**

	Year 1	Year 2	Year 3
Patient revenues			
Gross Revenues	\$ 3,799,603	\$ 3,989,583	\$ 4,189,063
Total patient revenues	3,799,603	3,989,583	4,189,063
Deductions from revenues	2,925,695	3,071,979	3,225,578
Net patient service revenue	873,909	917,604	963,484
Operating expenses			
Salary and wages	401,998	414,058	426,480
Benefits and payroll taxes	100,500	103,514	106,620
Medical supplies	104,869	110,113	115,618
Lab supplies	52,435	55,056	57,809
X-ray supplies	52,435	55,056	57,809
Office supplies	21,848	22,940	24,087
Utilities	125,604	131,884	138,478
Equipment rentals	43,695	45,880	48,174
Depreciation and amortization	291,028	582,055	582,055
Total operating expenses	1,194,410	1,520,557	1,557,131
Income (loss) from operations	\$ (320,502)	\$ (602,953)	\$ (593,646)
Operating Margin	-36.7%	-65.7%	-61.6%
EBITDA	\$ (29,474)	\$ (20,898)	\$ (11,591)

Market Share % for Financial Estimate:

- Volumes
 - 25% of non-partner volumes
 - 75% of partner volumes
- Breakeven
 - 100% of partner volumes and 48% of non-partner volumes

Note- this analysis excludes financial impact of Parkview market expansion

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Scenario 2- St. Vincent & Logansport: Urgent Care, Imaging, & Endoscopy Center

Volume Assumptions: Scenario 2

Procedure	CPT Code	Charge	Volume	Revenue
Urgent Care-top 10 procedures (excluding covid)				
Office/O P visit 29 min	99213	154	116	\$ 17,864
Office/O P visit 45 min	99203	206	9	\$ 1,751
Office/O P visit 39 min	99214	215	56	\$ 12,094
Office/O P visit 59 min	99204	300	6	\$ 1,650
Urgent Care-lab				
Blood glucose	82947	67	8	\$ 553
comprehensive metabolic panels	80053	266	1,095	\$ 275,310
Electrolyte	80051	301	3	\$ 903
Pregnancy	81025	135	2	\$ 270
Urinalysis	81001	93	168	\$ 15,578
Fecal blood occult	82270	62	11	\$ 667
PT/INR tests	85610	83	113	\$ 9,379
Imaging - OP				
X-ray exam of chest 1 view	71045	440	8	\$ 3,410
Screen mammography	77067	515	1,099	\$ 535,214
x-ray exam chest 2 views	71046	464	428	\$ 194,312
X-ray of foot	73630	494	109	\$ 53,599
X-ray of shoulder	73030	515	98	\$ 50,341
Intensity modulated radiation	77386	4,522	120	\$ 543,771
Echo exam of abdomen	76705	970	124	\$ 120,029
X-ray exam of knee 3	73562	531	109	\$ 58,065
Dx mammo incl cad uni	77065	514	117	\$ 60,189
Dx mammo incl cad bi	77066	677	118	\$ 79,768
X-ray exam of hand	73130	536	105	\$ 56,451
X-ray exam abdomen 1 view	74018	416	123	\$ 51,293
X-ray exam of wrist	73110	512	107	\$ 54,909
Us exam of head and neck	76636	950	86	\$ 81,446
Us exam abdo back wall comp	76770	1,083	99	\$ 107,004
X-ray exam of lower spine	72100	562	106	\$ 59,323
X-ray exam hip uni 2-3 views	73502	480	91	\$ 43,589
X-ray exam of ankle	73610	505	79	\$ 39,996
X-ray exam of lower spine	72110	782	51	\$ 39,676

Procedure	CPT Code	Charge	Volume	Revenue
Endoscopy-OP				
Egd biopsy	43239	3,345	86	\$ 288,506
Colonoscopy and biopsy	45380	3,493	47	\$ 164,171
Colonoscopy w/lesion removal	45385	3,556	113	\$ 401,828
Drain/injection	20610	715	3	\$ 2,324
Diagnostic colonoscopy	45378	3,459	66	\$ 227,429
Routine vertipuncture	36415	60	4,765	\$ 285,900
Diagnostic colonoscopy	45378	3,459	66	\$ 227,461
Colonoscopy w/lesion removal	45384	3,399	9	\$ 28,888
Total Revenue				\$ 4,188,908

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Scenario 2: Financial Estimate

Miami Co

Income Statement - **St. Vincent & Logansport Partnership (Urgent Care, Imaging, & Endoscopy Center)**

	Year 1	Year 2	Year 3
Patient revenues			
Gross Revenues	\$ 4,188,908	\$ 4,398,353	\$ 4,618,271
Total patient revenues	4,188,908	4,398,353	4,618,271
Deductions from revenues	3,206,548	3,366,875	3,535,219
Net patient service revenue	982,360	1,031,478	1,083,052
Operating expenses			
Salary and wages	451,886	465,442	479,405
Benefits and payroll taxes	112,971	116,361	119,851
Medical supplies	117,883	123,777	129,966
Lab supplies	58,942	61,889	64,983
X-ray supplies	58,942	61,889	64,983
Office supplies	24,559	25,787	27,076
Utilities	125,604	131,884	138,478
Equipment rentals	49,118	51,574	54,153
Depreciation and amortization	291,028	582,055	582,055
Total operating expenses	1,290,932	1,620,658	1,660,952
Income (loss) from operations	\$ (308,572)	\$ (589,180)	\$ (577,900)
Operating Margin	-31.4%	-57.1%	-53.4%
EBITDA	\$ (17,544)	\$ (7,124)	\$ 4,155

Market Share % for Financial Estimate:

- Volumes
 - 25% of non-partner volumes
 - 75% of partner volumes
- Breakeven
 - 100% of partner volumes and 42% of non-partner volumes

Note- this analysis excludes financial impact of St. Vincent market expansion

--For Preliminary Discussion Only--

Next Steps



Next Steps

- Determine best approach given the 2 Scenarios to meet Miami County's need
- Further understand the facilities and provider alignment within Miami County
 - Who might support the option selected
- Obtain preliminary costs to provide space and capital to for Option selected
- Update financial estimates based on:
 - Selected Option to Pursue
 - Provider Alignment
 - Capital Costs
 - Space planning
 - Equipment costs
 - Operating funds



APPENDIX

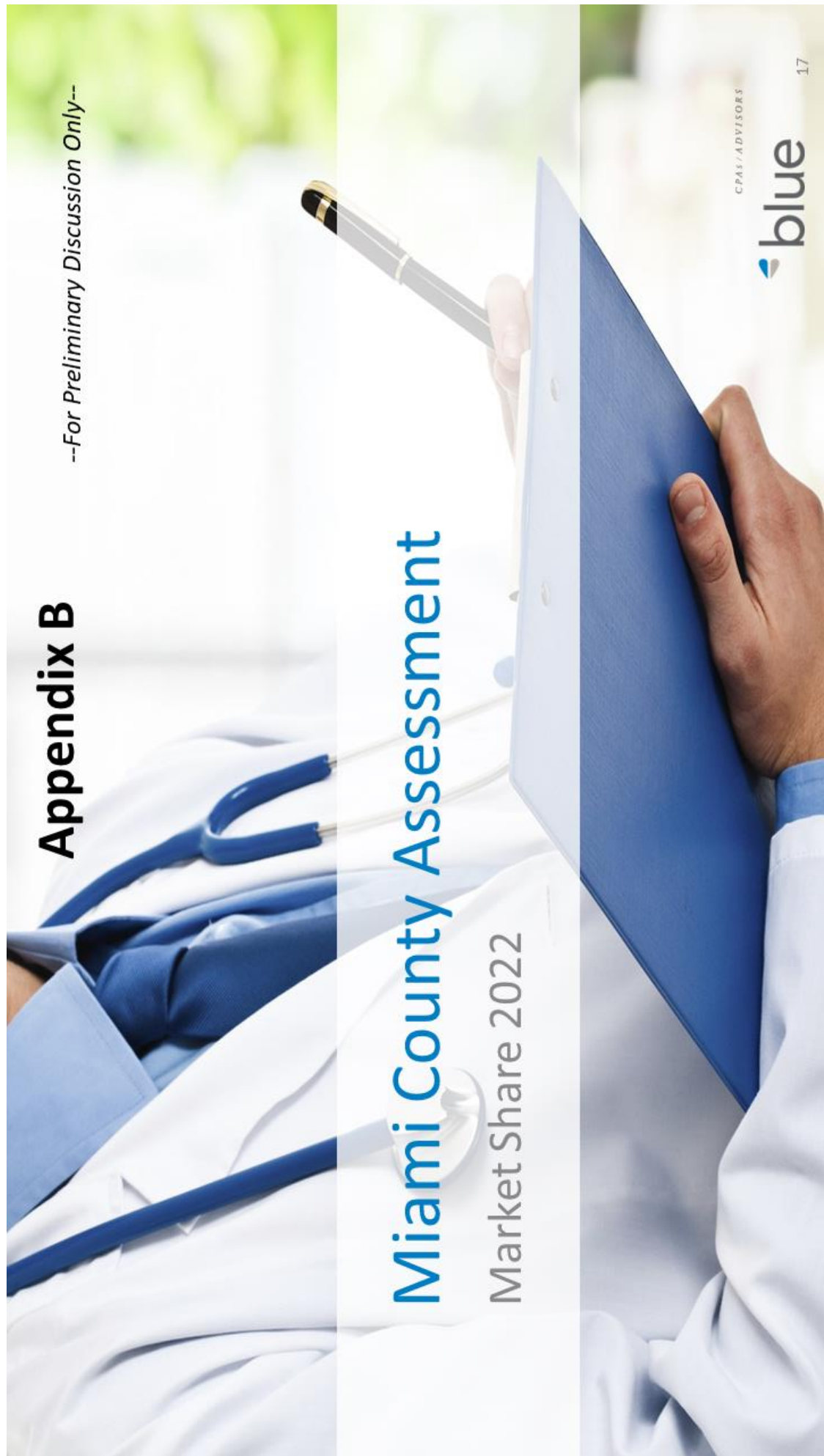
- A: Assumptions to Financial Estimates
- B: Miami County Assessment: Market Share 2022

Appendix A – Assumptions to Financial Estimates

Project Costs:	Estimated Costs
Construction Costs (@\$445 per square foot - 10,467 for Phase 1)	\$4,657,815
Architecture/Engineering Fees (@7%)	\$326,047
Site Acquisition, Construction & Utilities	\$1,050,350
10% Design/Construction Contingency	\$600,000
10% Escalation Factor (Dependent Upon Construction Start)	\$600,000
FFE (Furniture, Fixtures & Equipment)	\$1,364,310
Total Anticipate Project Costs	\$8,598,522

Operating Expenses:	Estimated Expense
Salary	46% of net revenue
Benefits	25% of salaries
Medical supplies	12% of net revenue
Lab supplies	6% of net revenue
X-ray supplies	6% of net revenue
Office supplies and other	2.5% of net revenue
Utilities	\$11/ sq ft, 10,467 sq ft
Equipment rental	5% of net revenue
Depreciation	FFE 5 years, building 20 years

--For Preliminary Discussion Only--



Appendix B

--For Preliminary Discussion Only--

Miami County Assessment

Market Share 2022

Appendix B: Miami County Competitive Landscape

Includes all Noted Services in County

	2019 CY	2020 CY	2021 CY	2022 CY	% of Total
Inpt Top Locations (includes Misc & Unknown)	48,936	46,648	65,974	32,343	
Dukes Memorial Hospital	23,262	20,812	23,850	11,516	41%
Ascension St. Vincent Kokomo	8,774	7,651	7,630	3,558	14%
Logansport Memorial Hospital	1,391	3,080	11,023	5,441	11%
Community Howard Regional Health	3,721	4,121	5,929	3,129	9%
Parkview Wabash Hospital	3,626	3,377	5,058	2,661	8%
Woodlawn Hospital	3,086	3,120	3,350	1,553	6%
Marion General Hospital	940	784	3,759	1,819	4%
Lutheran Hospital of Indiana	535	642	714	342	1%
Outpt Top Locations (includes Misc & Unknown)	5,720	4,990	7,447	3,477	
Dukes Memorial Hospital	1,180	901	1,352	702	19%
Logansport Memorial Hospital	612	685	1,487	641	16%
Ascension St. Vincent Kokomo	770	687	936	423	13%
Community Howard Regional Health	788	577	772	383	12%
Parkview Wabash Hospital	264	202	317	133	4%
Lutheran Hospital of Indiana	238	238	254	146	4%
Marion General Hospital	226	166	332	143	4%
Ascension St. Vincent Indianapolis	275	191	234	122	4%
Woodlawn Hospital	186	164	216	79	3%
The Orthopedic Hospital of Lutheran Health Network	156	173	157	65	3%
Parkview Hospital Randallia	138	134	20	11	1%

- Duke Memorial Hospital has 41% of all inpatient and 19% of outpatient procedures for patients living in Miami county
- Logansport Memorial Hospital has 11% of all inpatient and 16% of outpatient procedures for patients living in Miami county
- Ascension Kokomo is the largest competitor outside of Duke and Logansport for patients living in Miami County

Appendix B: Location of Outmigration by Procedure

Outpt	2019 CY	2020 CY	2021 CY	2022 CY	% of Total
Colonoscopy, Sigmoidoscopy, Proctosigmoidoscopy	671	506	603	323	
Dukes Memorial Hospital	184	167	207	96	31%
Logansport Memorial Hospital	88	46	69	54	12%
Ascension St. Vincent Kokomo	75	45	67	41	11%
Endoscopy	505	360	373	172	
Dukes Memorial Hospital	134	103	111	65	29%
Logansport Memorial Hospital	58	35	49	24	12%
Community Howard Regional Health	72	22	30	14	10%
Surgical Tissue Repair	263	407	464	172	
Ascension St. Vincent Kokomo	100	129	145	43	32%
Community Howard Regional Health	90	93	127	58	28%
Logansport Memorial Hospital	42	119	107	52	25%
Surgical Tissue Repair - Foot	286	287	262	137	
Dukes Memorial Hospital	160	174	152	75	58%
Community Howard Regional Health	31	18	14	9	7%
Ascension St. Vincent Kokomo	15	22	14	15	7%
SURG-ORTHO THIGH & KNEE ARTHROPLASTY	63	74	102	41	
Ascension St. Vincent Kokomo	14	15	24	8	22%
Community Howard Regional Health	8	17	20	6	18%
Logansport Memorial Hospital	4	11	19	7	15%
SURG-ORTHO FOOT & TOES	41	42	49	27	
Community Howard Regional Health	24	14	18	12	43%
Parkview Wabash Hospital	9	17	21	11	36%
Surgical Cardiac procedures / arteries and veins	172	181	234	128	
Community Howard Regional Health	39	30	43	18	18%
Lutheran Hospital of Indiana	28	24	16	12	11%
CATH	178	166	173	87	
Ascension St. Vincent Heart Center	63	55	53	19	31%
Community Howard Regional Health	47	31	39	28	24%
Lutheran Hospital of Indiana	33	49	31	22	22%

Data source – IHA data for Miami County patients for 2019 to Oct. 2022

*Note: does not include misc, blank or unknown categories

Inpt	2019 CY	2020 CY	2021 CY	2022 CY	% of Total
RAD-CT	4,591	4,663	5,516	2,884	
Dukes Memorial Hospital	2,384	2,481	2,327	1,095	47%
Community Howard Regional Health	645	546	742	423	13%
Ascension St. Vincent Kokomo	642	499	517	241	11%
Parkview Wabash Hospital	312	306	456	228	7%
Logansport Memorial Hospital	241	596	355	7%	
Marion General Hospital	138	146	287	159	4%
RAD-XRAY	3,986	3,375	5,052	2,752	
Dukes Memorial Hospital	2,045	1,272	1,485	947	38%
Logansport Memorial Hospital	396	1,004	476	12%	
Community Howard Regional Health	563	396	498	269	11%
Parkview Wabash Hospital	437	430	487	256	11%
RAD-BRST	2,390	2,357	3,305	1,475	
Dukes Memorial Hospital	1,176	1,020	1,168	436	40%
Ascension St. Vincent Kokomo	419	428	446	183	15%
Logansport Memorial Hospital	1	227	532	287	11%
RAD-MRI	1,459	1,347	1,844	953	
Dukes Memorial Hospital	585	493	527	275	34%
Community Howard Regional Health	256	173	213	134	14%
Ascension St. Vincent Kokomo	231	187	196	105	13%
Logansport Memorial Hospital	121	291	137	10%	

- Largest outpatient procedures is colonoscopies and Duke has 31%, Logansport has 12%, and Ascension Kokomo has 11% of all Miami patients
- CT's and X-Rays are the largest inpatient procedure codes that Miami patients have done with Duke having the largest percentage of those procedures and Community Howard in Kokomo having the second highest percentage for CTs and third highest for x-rays
- Logansport ranks 5th in patients that get CTs and accounts for 7% of the total

--For Preliminary Discussion Only--



CPAs / ADVISORS

Appendix B: Top Procedure Outmigration Categories

	2019 CY	2020 CY	2021 CY	2022 CY
Inpt	14,633	14,179	19,710	10,010
IMAGING	14,633	13,713	18,752	9,566
COVID		457	955	444
NERVOUS		9		
MALE GENITAL			3	
Output	5,548	4,960	6,560	3,104
DIGESTIVE	1,468	1,131	1,275	650
INTEGUMENTARY	1,042	1,113	1,441	586
MUSCULOSKELETAL	698	670	801	392
CARDIOVASCULAR	544	526	597	326
RESPIRATORY	391	306	542	277
NERVOUS	378	296	386	151
URINARY	227	218	268	128
FEMALE GENITAL	195	182	223	120
NOSE,MOUTH,PHARYNX	195	137	194	82
OBSTETRICS	123	119	200	107
IMAGING			326	156
EYES	133	148	144	42
MALE GENITAL	69	50	68	35
EARS	56	31	61	27
HEMIC-LYMPHATIC	22	22	26	23
ENDOCRINE	7	11	8	2
Grand Total	20,181	19,139	26,270	13,114

- Largest opportunity is Imaging category for inpatient procedures and Digestive category for outpatient procedures
- Colonoscopies and endoscopies, as seen on the previous slide are the largest procedure in the digestive outpatient category

Appendix B: Miami County Provider List

Physician NPI	Physician Name	Specialty	Hospital Affiliations										Physician Group			
			Dukes Memorial Hospital	Woodlawn Hospital	Parkview Wabash Hospital	Memorial Hospital	Ascension St. V Kokomo	St. Lukes	Lutheran Hospital	Community Hospital - Bremen	Marion General	Community Health Network - Howard		Orthopedic Hospital of Lutheran Network		
105792903	ANDREW DUPRE	Optometrist														MIDWEST EYE CONSULTANTS PC
1518096767	ANN COLLIE	Internal Medicine	1	1	1	1	1									DUKES PHYSICIAN SERVICES LLC
1346824729	BARBARA GIBBS	Social Worker														PEACE OF MIND, LLC
1295780872	BRADELEY HAMMERSL	Podiatrist														ONHEALTHCARE LLC
1295212611	BRENTT VANSICKLE	Nurse Practitioner														ST VINCENT MEDICAL GROUP INC
1770750473	CHRISTINA WADDUPS	Social Worker														FOUR COUNTY COMPREHENSIVE MENTAL HEALTH CENTER INC
1427025550	CHRISTOPHER COLLIE	Anesthesiology	1						1							ST JOSEPH MEDICAL GROUP INC
1558661744	DORIS CARDEN	Nurse Practitioner	1						1							AMERICAN HEALTH NETWORK OF INDIANA LLC
1184689457	DOYLE LORENZ	Anesthesiology	1													ST JOSEPH MEDICAL GROUP INC
1750558136	EAMONN KEANE	Family Medicine	1								1					AMERICAN HEALTH NETWORK OF INDIANA LLC
1730316399	ELIZABETH WOLFE	Dietitian, Registered		1												SOUND PHYSICIANS OF INDIANA, LLC
1548260714	GREGORY QUIN	Legal Medicine	1	1	1	1	1	1	1	1				1		DUKES PHYSICIAN SERVICES LLC
1194081054	HAMMAD UJAQUAT	Internal Medicine								1						ADVANCED INTERNAL MEDICINE LLC
1013084994	HEATHER WEBER	Nurse Practitioner	1													AMERICAN HEALTH NETWORK OF INDIANA LLC
1629273222	JAMIE LINDSAY	Family Medicine	1											1		DUKES PHYSICIAN SERVICES LLC
1124625936	JAY HOEKSEMA	Nurse Practitioner														AMERICAN HEALTH NETWORK OF INDIANA LLC
1467488122	JEAN HERD	Family Medicine														DUKES PHYSICIAN SERVICES LLC
1114960408	JENNIFER DRANCIK	Internal Medicine	1										1			AMERICAN HEALTH NETWORK OF INDIANA LLC
1941677943	JESSIE MYERS	Nurse Practitioner	1						1	1						AMERICAN HEALTH NETWORK OF INDIANA LLC
1447385059	JON REIBLY	Chiropractor														DUKES PHYSICIAN SERVICES LLC
1043376429	JUNE POLLYDORE	Obstetrics & Gynecology	1													PEACE OF MIND, LLC
1538314356	KATINA EVERDING	Nurse Practitioner														PEACE OF MIND, LLC

Appendix B: Miami County Provider List (cont.)

Physician NPI	Physician Name	Specialty	Hospital Affiliations										Physician Group			
			Dukes Memorial Hospital	Woodlawn Hospital	Parkeview Wabash Hospital	Memorial Hospital	Ascension St. V Kokomo	Lutheran Hospital	Community Hospital Bremen	Marion General	Community Health Network - Howard	Orthopedic Hospital of Lutheran Network				
1801824842	KENNETH ZUMBAUGH	Counselor														FOUR COUNTY COUNSELING CENTER
1255418125	LLOYD LORENZ	Family Medicine	1				1	1								AMERICAN HEALTH NETWORK OF INDIANA LLC
1568442481	MARK CROWLEY	Internal Medicine	1				1	1								DUKES PHYSICIAN SERVICES LLC
1023010246	MARK MEYER	Family Medicine														
1447897933	MEG GUTHRIE-PENNI	Optometrist														MIDWEST EYE CONSULTANTS PC
1487856670	MICHAEL BRUMFIELD	Surgery	1													DUKES PHYSICIAN SERVICES LLC
1134206014	MICHAEL MIJUL	Family Medicine	1				1	1								AMERICAN HEALTH NETWORK OF INDIANA LLC
1669623450	MICHELLE REEVE	Social Worker														NEUROLOGY AND PAIN MANAGEMENT ASSOCIATES PC
1346325719	NATHAN EPP	Surgery	1													DUKES PHYSICIAN SERVICES LLC
1366407926	NEIL STALKER	Pediatrics	1													DUKES PHYSICIAN SERVICES LLC
1881077931	OLIVIA HAYES	Nurse Practitioner														IU South Bend
1962948935	PORCHA LEGGETT	Family Medicine	1													DUKES PHYSICIAN SERVICES LLC
1871554550	RODERICK SAWYER	Internal Medicine	1					1								DUKES PHYSICIAN SERVICES LLC
1982869545	SHARON COOLEY	Nurse Practitioner	1				1	1	1							MEMORIAL HOSPITAL
1972690634	SHERIF ELMASRY	Pediatrics														INDIANA PEDIATRIC ASSOCIATES LLC
1700957123	STEPHEN KENNEDY	Family Medicine	1					1	1							MEMORIAL HOSPITAL
1780874255	STEVEN WEHMEYER	Hospitalist														SIH MEDICAL GROUP
1750362406	TERESA TEMPLIN	Nurse Practitioner													1	MARION GENERAL HOSPITAL
1487028189	THOMAS BOWERS	Nurse Anesthetist														SO UTH FLORIDA ANESTHESIA AND PAIN TREATMENT PA
1508454778	VICKI LEDERLE	Nurse Practitioner														
1689602062	WILLIAM HOOVER	Family Medicine	1					1	1							AMERICAN HEALTH NETWORK OF INDIANA LLC
1336624501	YADIRA SANTIAGO BA	Nurse Practitioner													1	FAMILY HEALTH CLINIC OF MONON

--For Preliminary Discussion Only--

Appendix B: Providers by Specialty, Hospital Privileges, & Group/Practice Alignment

Specialty	Number of Providers by Specialty and Hospital Privileges										Grand Total	
	Par-kview	Woodlawn Hospital	Wabash Hospital	Memorial Hospital	Ascension St. V Kokomo	Lutheran -Marion General Hospital	St. Lukes Hospital	Community Hospital Bremen	Community Health Network - Lutheran	Orthopedic Hospital of Lutheran		
Anesthesiology	2											
Chiropractor												
Counselor												
Dietitian, Registered												
Family Medicine	7	1	2	4	3	2	1	1	1	1	1	1
Hospitalist												
Internal Medicine	4	1	1	2	2	1	2	1				
Legal Medicine	1	1		1	1				1			
Nurse Anesthetist												
Nurse Practitioner	4		1	2	4		1					
Obstetrics & Gynecology	1											
Optometrist												
Pediatrics	1											
Podiatrist												
Social Worker												
Surgery	2											
Grand Total	22	3	4	9	11	1	4	3	1	2	1	1

* Note a provider could have privileges at more than hospital.

Group/Practice Name	# of Providers
ADVANCED INTERNAL MEDICINE LLC	1
AMERICAN HEALTH NETWORK OF INDIANA LLC	6
DUKES PHYSICIAN SERVICES LLC	11
FAMILY HEALTH CLINIC OF MONON	1
FOUR COUNTY COMPREHENSIVE MENTAL HEALTH CENTER INC	1
FOUR COUNTY COUNSELING CENTER	1
INDIANA PEDIATRIC ASSOCIATES LLC	1
IU South Bend	1
MARION GENERAL HOSPITAL	1
MEMORIAL HOSPITAL	2
MIDWEST EYE CONSULTANTS PC	2
NEUROLOGY AND PAIN MANAGEMENT ASSOCIATES PC	1
ONHEALTHCARE LLC	1
PEACE OF MIND, LLC	2
SIH MEDICAL GROUP	1
SOUND PHYSICIANS OF INDIANA, LLC	1
SOUTH FLORIDA ANESTHESIA AND PAIN TREATMENT PA	1
ST JOSEPH MEDICAL GROUP INC	2
ST VINCENT MEDICAL GROUP INC	1
Grand Total	38

--For Preliminary Discussion Only--

Data source – IHA data for Miami County patients for 2019 to Oct. 2022

Appendix B: Patient Encounters by Provider in Miami County

Number of Patient Encounters by Provider	
Provider Name	- Unique Patients
EAMONN KEANE	9,432
WILLIAM HOOVER	7,457
MICHELLE REEVE	6,107
RODERICK SAWYER	5,907
MICHAEL MULL	4,864
LLOYD LORENZ	4,394
JENNIFER DRANCIK	3,913
STEVEN WEHMEYER	3,073
MARK CROWLEY	2,725
BRADLEY HAMMERSLEY	2,721
DORIS CARDEN	2,004
JESSIE MYERS	1,742
MEG GUTHRIE-PENNINGTON	1,711
HEATHER WEBER	1,531
TERESA TEMPLIN	1,415
STEPHEN KENNEDY	1,351
GREGORY QUIN	1,192
KATINA EVERDING	1,114
NATHAN EPP	1,068
SHARON COOLEY	994
ANDREW DUPRE	943
JAMIE LINDSAY	929

Number of Patient Encounters by Provider	
Provider Name	- Unique Patients
MICHAEL BRUMFIELD	923
BRENTT VANSICKLE	638
DOYLE LORENZ	589
ANN COLLIE	579
OLIVIA HAYES	419
CHRISTOPHER COLLIE	416
PORCHA LEGGETT	409
JUNE POLLYDORE	305
HAMMAD LIAQUAT	276
JEAN HERD	240
THOMAS BOWERS	238
MARK MEYER	198
JAY HOEKSEMA	184
BARBARA GIBBS	160
CHRISTINA WADDUPS	137
KENNETH ZUMBAUGH	132
NEIL STALKER	126
JON REIBLY	56
VICKI LEDERLE	44
SHERIF ELMASRY	40
ELIZABETH WOLFE	40
YADIRA SANTIAGO BANUELOS	17

Data source – Commercial 9/1/2021 to 8/31/2022 & Medicare 4/1/2021 to 3/31/2022 billing database

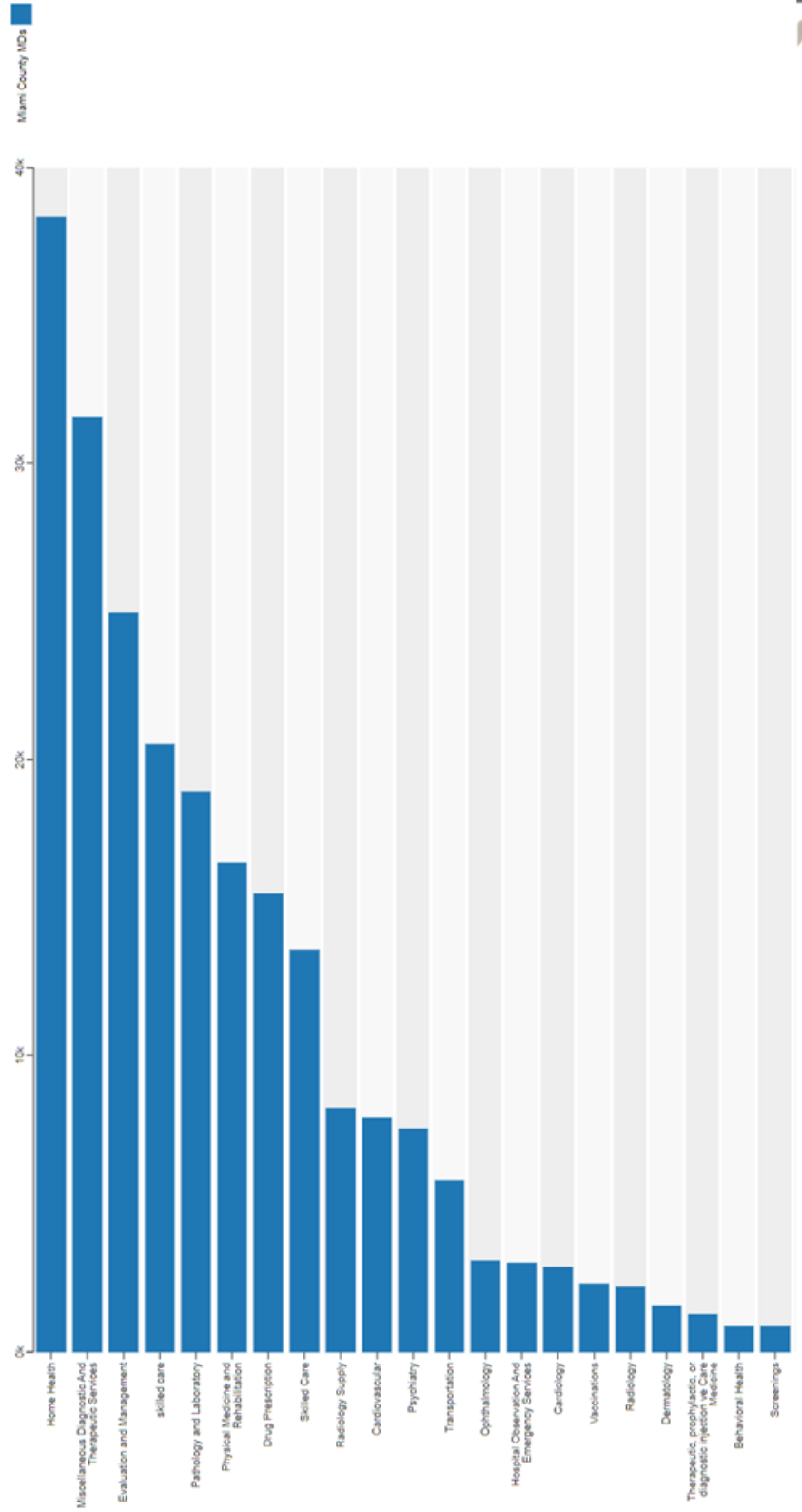
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Appendix B: Number of Patients by Facility/Provider in Miami County

Row Labels	Number of Patients by Facility and/or Provider	Sum of Unique Patients From
AMERICAN HEALTH NETWORK OF INDIANA, LLC		7,085
DUKES MEMORIAL HOSPITAL		4,561
DUKES PHYSICIAN SERVICES LLC		3,770
SUMMIT RADIOLOGY PC		3,264
MEMORIAL HOSPITAL		2,051
APP OF INDIANA ED, PLLC		1,715
MIDWEST EYE CONSULTANTS #28		1,451
ASCENSION MEDICAL GROUP ST. VINCENT		1,312
PEACE OF MIND, LLC		1,003
RODERICK SAWYER		873
MARION GENERAL HOSPITAL		854
ST. JOSEPH HOSPITAL & HEALTH CENTER, INC.		818
WILLIAM HOOVER		807
LABORATORY CORPORATION OF AMERICA HOLDINGS		779
LUTHERAN HOSPITAL OF INDIANA		726
DONALD SMITH		705
GUIDESTAR ELDERCARE		671
JENNIFER DRANCIK		592
EAMONN KEANE		585
MICHAEL MULL		570
LUTHERAN MEDICAL GROUP LLC		560
COMMUNITY PHYSICIANS OF INDIANA INC		531
RP CARE LLC		502

Row Labels	Number of Patients by Facility and/or Provider	Sum of Unique Patients From
ONHEALTHCARE PODIATRY		487
TWIN RIVERS MEDICAL LABORATORY, INC		471
DROOK MEDICAL CENTER		466
LLOYD LORENZ		458
BLAIR RIDGE HEALTH CAMPUS		450
JONATHAN BERGER		447
ST JOSEPH MEDICAL GROUP INC		418
PARKVIEW WABASH HOSPITAL		415
ASSOCIATED PATHOLOGISTS LLC DBA PATHGROUP		412
MARK CRAIN		409
LINCARE INC.		401
NORTHWEST RADIOLOGIST PC		345
PHYSICIANS' BILLING OF MGH		341
ADVANCED INTERNAL MEDICINE LLC		338
MILLER'S MERRY MANOR		335
JOHN PASALICH		331
ROUNDING PROVIDERS		323
SOUND PHYSICIANS OF INDIANA, LLC		322
MICHAEL PARKER		316
MARK CROWLEY		308
RAYUS RADIOLOGY		296
RICHARD STEPHENS		294
EYE PHYSICIANS INC		294

Appendix B: Leading Services from Miami County Providers



--For Preliminary Discussion Only--

Data source – Commercial 9/1/2021 to 8/31/2022 & Medicare 4/1/2021 to 3/31/2022 billing database

Appendix B: Payor Mix Overview for Miami County

	Outpatient Services		Inpatient Services	
	Average Prior 3 years (19-21)	2022	Average Prior 3 years (19-21)	2022
Insurance				
Commercial Insurance	40%	38%	32%	33%
Medicaid	18%	19%	20%	20%
Medicare	36%	39%	43%	44%
Other Government	1%	2%	1%	2%
Other/Unknown	1%	0%	1%	0%
Self Pay	4%	2%	3%	2%
Grand Total	100%	100%	100%	100%

- This represents all patients coming out of Miami County regardless of where they are currently getting their service.
- There is a major difference between payer mix between Outpatient to Inpatient for Commercial and Medicare patients.
- There has been a slight change (3 point increase in Medicare and decrease Commercial) over the prior 3 years in outpatient services with a minimum shift in inpatient services.

Appendix B: Key Areas of Focus & Facility Concepts

- **Key Areas of Focus**
 - Provider Alignment
 - Endoscopy Services
 - Imaging Services
 - Potential Partnership with Other Facilities/Providers

- **Facility Concepts**
 - Urgent Care
 - Imaging Center
 - Endoscopy Center



2022
**COMMUNITY HEALTH
NEEDS ASSESSMENT**

Miami County, Indiana

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Total Population	20
Age	21
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SOCIAL DETERMINANTS OF HEALTH	25
Poverty	25
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MENTAL HEALTH	31
Suicide	31
Mental Health Providers	32
Key Informant Input: Mental Health	33
DEATH, DISEASE & CHRONIC CONDITIONS	35
CARDIOVASCULAR DISEASE	36
Coronary Heart Disease Deaths	36
Stroke Deaths	37
High Blood Pressure	37
Key Informant Input: Heart Disease & Stroke	38
CANCER	39
Age-Adjusted Cancer Deaths	39
Cancer Incidence	40
Mammograms	41
Key Informant Input: Cancer	42
RESPIRATORY DISEASE	43
Lung Disease Deaths (CLRD)	43
Asthma Prevalence	44
Key Informant Input: Respiratory Disease	44
Key Informant Input: Coronavirus Disease/COVID-19	45
INJURY & VIOLENCE	46
Unintentional Injury	46
Intentional Injury (Violence)	47
Key Informant Input: Injury & Violence	48



DIABETES	49
Prevalence of Diabetes	49
Key Informant Input: Diabetes	50
KIDNEY DISEASE	51
Key Informant Input: Kidney Disease	51
POTENTIALLY DISABLING CONDITIONS	52
Disability	52
Key Informant Input: Disability & Chronic Pain	53
Key Informant Input: Dementia/Alzheimer's Disease	54
BIRTHS	55
BIRTH OUTCOMES & RISKS	56
Infant Mortality	56
FAMILY PLANNING	57
Births to Adolescent Mothers	57
Key Informant Input: Infant Health & Family Planning	58
MODIFIABLE HEALTH RISKS	59
NUTRITION	60
Food Environment: Fast Food	60
Access to Healthful Food	61
PHYSICAL ACTIVITY	62
Leisure-Time Physical Activity	62
WEIGHT STATUS	63
Obesity	64
Key Informant Input: Nutrition, Physical Activity & Weight	64
SUBSTANCE ABUSE	66
Excessive Alcohol Use	66
Key Informant Input: Substance Abuse	67
TOBACCO USE	69
Cigarette Smoking Prevalence	69
Key Informant Input: Tobacco Use	70
SEXUAL HEALTH	71
HIV	71
Sexually Transmitted Infections (STIs)	72
ACCESS TO HEALTH CARE	74
BARRIERS TO HEALTH CARE ACCESS	75
Lack of Health Insurance Coverage	75
Key Informant Input: Access to Health Care Services	76
PRIMARY CARE SERVICES	77
Primary Care Visits	77
Access to Primary Care	78
ORAL HEALTH	79
Access to Dentists	79
Poor Dental Health	80
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Federally Qualified Health Centers (FQHCs)

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Resources Available to Address the Significant Health Needs

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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Miami County, Indiana. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

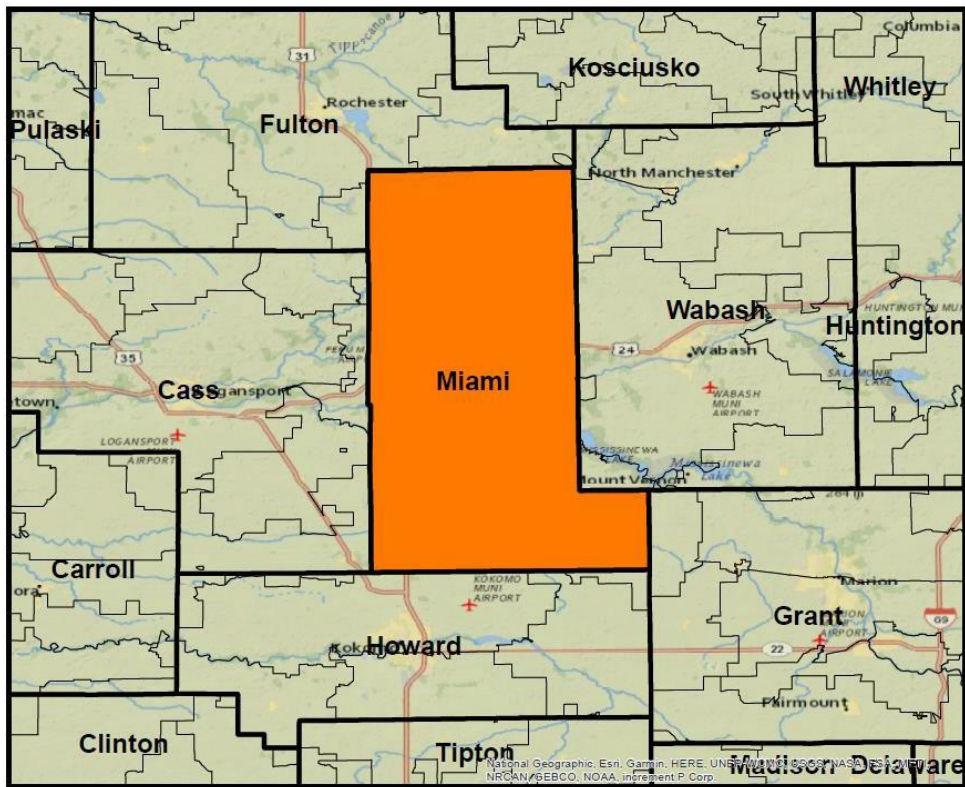
Methodology

Quantitative data input for this assessment includes secondary research (vital statistics and other existing health-related data) that allows for comparison to benchmark data at the state and national levels.

Qualitative data input includes primary research among community stakeholders gathered through an Online Key Informant Survey.

Community Defined for This Assessment

The study area for this effort is Miami County, Indiana, illustrated in the following map.



Online Key Informant Survey

To solicit input from community stakeholders (key informants), those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by the study sponsors; this list included names and contact information for health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 34 community stakeholders took part in the Online Key Informant Survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Community Leader	24
Health Provider	2
Social Services Provider	8

Final participation included representatives of the organizations outlined below.

- Area Five
- Cardinal Services
- Co-Tronics
- Dean Baldwin Painting
- Four County Counseling
- Helping Hands
- Indiana Health Center
- Kuepper Favor Co
- Logansport Memorial Hospital
- Miami County Court House
- Miami County Economic Development Authority
- Miami County YMCA
- Norco Industries
- Northern Indiana Community Foundation
- Nurturing Parenting Program
- Orion Signals
- Peru Housing Authority
- Peru Police Department
- Progressive Rail
- Salvation Army
- Touloukian Supply
- United Way of Miami County
- WC Redmon



Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Miami County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- [Center for Applied Research and Engagement Systems \(CARES\), University of Missouri Extension, SparkMap \(sparkmap.org\)](#)
- [Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#)
- [Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance \(DHIS\)](#)
- [Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics](#)
- [ESRI ArcGIS Map Gallery](#)
- [National Cancer Institute, State Cancer Profiles](#)
- [OpenStreetMap \(OSM\)](#)
- [US Census Bureau, American Community Survey](#)
- [US Census Bureau, County Business Patterns](#)
- [US Census Bureau, Decennial Census](#)
- [US Department of Agriculture, Economic Research Service](#)
- [US Department of Health & Human Services](#)
- [US Department of Health & Human Services, Health Resources and Services Administration \(HRSA\)](#)
- [US Department of Justice, Federal Bureau of Investigation](#)
- [US Department of Labor, Bureau of Labor Statistics](#)



Benchmark Data

Indiana and National Data

Where possible, state and national data are provided as an additional benchmark against which to compare local findings.

Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.



Healthy People 2030's overarching goals are to:

- 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 the 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.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

For the purpose of this report, "significance" of secondary data indicators (which might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs. In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.



SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in Miami County with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none"> • Lack of Health Insurance (Children) • Access to Primary Care Physicians
CANCER	<ul style="list-style-type: none"> • Leading Cause of Death • Lung Cancer Incidence
HEART DISEASE & STROKE	<ul style="list-style-type: none"> • Leading Cause of Death • Coronary Heart Disease Deaths • Stroke Deaths
INFANT HEALTH & FAMILY PLANNING	<ul style="list-style-type: none"> • Infant Deaths • Teen Births
INJURY & VIOLENCE	<ul style="list-style-type: none"> • Motor Vehicle Crash Deaths
MENTAL HEALTH	<ul style="list-style-type: none"> • Mental Health Provider Ratio • Key Informants: Mental health ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none"> • Key Informants: Nutrition, physical activity, and weight ranked as a top concern.
ORAL HEALTH	<ul style="list-style-type: none"> • Poor Dental Health • Access to Dentists

—continued on the following page—



AREAS OF OPPORTUNITY (continued)

POTENTIALLY DISABLING CONDITIONS	<ul style="list-style-type: none"> • Disability Prevalence
RESPIRATORY DISEASE	<ul style="list-style-type: none"> • Lung Disease Deaths • Key Informants: COVID-19 ranked as a top concern.
SUBSTANCE ABUSE	<ul style="list-style-type: none"> • Key Informants: Substance abuse ranked as a top concern.
TOBACCO USE	<ul style="list-style-type: none"> • Cigarette Smoking Prevalence

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (“Areas of Opportunity” above) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Substance Abuse
2. Mental Health
3. Nutrition, Physical Activity & Weight
4. Tobacco Use
5. Respiratory Disease (esp. COVID-19)
6. Heart Disease & Stroke
7. Access to Health Care Services
8. Cancer
9. Potentially Disabling Conditions
10. Infant Health & Family Planning
11. Oral Health
12. Injury & Violence



Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Miami County, grouped by health topic.

Reading the Summary Tables

- In the following tables, Miami County results are shown in the larger, gray column.
- The columns to the right of the Miami County column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether Miami County compares favorably (**B**), unfavorably (**h**), or comparably (d) to these external data.

Note that blank table cells in the tables that follow signify that data are not available or are not reliable for that area and/or for that indicator



SOCIAL DETERMINANTS	Miami County	MIAMI COUNTY vs. BENCHMARKS		
		vs. IN	vs. US	vs. HP2030
Population in Poverty (%)	15.3	d 13.4	d 13.4	h 8.0
Children in Poverty (%)	26.2	h 18.5	h 18.5	h 8.0
Housing Exceeds 30% of Income	20.7	B 24.4	B 30.9	
No High School Diploma (% Age 25+)	13.9	h 11.2	d 12.0	
Linguistically Isolated Population (%)	0.4	B 1.8	B 4.3	
		B better	d similar	h worse

OVERALL HEALTH	Miami County	MIAMI COUNTY vs. BENCHMARKS		
		vs. IN	vs. US	vs. HP2030
"Fair/Poor" Overall Health (%)	23.6	d 20.5	h 18.6	
		B better	d similar	h worse

ACCESS TO HEALTH CARE	Miami County	MIAMI COUNTY vs. BENCHMARKS		
		vs. IN	vs. US	vs. HP2030
Uninsured (% Adults 18-64)	12.8	d 11.7	d 12.8	h 7.9
Uninsured (% Children 0-17)	6.9	d 7.0	h 5.6	d 7.9
Recent Primary Care Visit (%)	76.2	d 76.5	d 76.6	
Primary Care Doctors per 100,000	50.1	h 89.1	h 101.3	
		B better	d similar	h worse

CANCER	Miami County	MIAMI COUNTY vs. BENCHMARKS		
		vs. IN	vs. US	vs. HP2030
Cancer (Age-Adjusted Death Rate)	171.1	d 169.5	d 152.3	h 122.7
Prostate Cancer Incidence Rate	74.5	B 96.5	B 106.2	
Female Breast Cancer Incidence Rate	89.6	B 124.5	B 126.8	
Lung Cancer Incidence Rate	67.6	d 69.9	h 57.3	
Colorectal Cancer Incidence Rate	44.5	d 41.7	d 38.0	
Cancer Incidence Rate (All Sites)	410.2	d 457.9	d 448.6	
Mammogram in Past 2 Years (% Women 50-74)	69.1	d 71.2	d 74.8	
		B better	d similar	h worse

DIABETES	Miami County	MIAMI COUNTY vs. BENCHMARKS		
		vs. IN	vs. US	vs. HP2030
Diabetes Prevalence (%)	10.8	d 11.1	d 10.1	
		B better	d similar	h worse

		MIAMI COUNTY vs. BENCHMARKS		
HEART DISEASE & STROKE	Miami County	vs. IN	vs. US	vs. HP2030
Coronary Heart Disease (Age-Adjusted Death Rate)	151.8	h 99.5	h 92.6	h 90.9
Stroke (Age-Adjusted Death Rate)	46.9	d 39.9	h 37.3	h 33.4
High Blood Pressure Prevalence (%)	37.5	d 34.6	d 32.6	h 27.7
		B better	d similar	h worse

		MIAMI COUNTY vs. BENCHMARKS		
INFANT HEALTH & FAMILY PLANNING	Miami County	vs. IN	vs. US	vs. HP2030
No Prenatal Care in First Trimester (%)	0.0	d 0.0	d 0.0	
Infant Mortality Rate	7.9	d 7.2	h 5.8	h 5.0
Births to Adolescents Age 15 to 19 (Rate per 1,000)	27.7	d 24.8	h 20.9	d 31.4
		B better	d similar	h worse

		MIAMI COUNTY vs. BENCHMARKS		
INJURY & VIOLENCE	Miami County	vs. IN	vs. US	vs. HP2030
Unintentional Injury (Age-Adjusted Death Rate)	47.7	d 53.9	d 47.5	d 43.2
Motor Vehicle Crashes (Age-Adjusted Death Rate)	13.7	d 12.3	h 11.3	h 10.1
Violent Crime Rate	166.1	B 391.4	B 416.0	
		B better	d similar	h worse

		MIAMI COUNTY vs. BENCHMARKS		
MENTAL HEALTH	Miami County	vs. IN	vs. US	vs. HP2030
Suicide (Age-Adjusted Death Rate)	12.0	B 15.3	d 13.8	d 12.8
Mental Health Providers per 100,000	27.8	h 91.3	h 119.9	
		B better	d similar	h worse

		MIAMI COUNTY vs. BENCHMARKS		
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Miami County	vs. IN	vs. US	vs. HP2030
Fast Food (Restaurants per 100,000)	51.5	B 76.5	B 82.2	
Population With Low Food Access (%)	19.0	B 28.7	B 22.2	
No Leisure-Time Physical Activity (%)	25.6	d 25.7	d 22.0	h 21.2
Obese (%)	30.4	d 31.6	d 27.6	B 36.0
		B better	d similar	h worse

		MIAMI COUNTY vs. BENCHMARKS		
ORAL HEALTH	Miami County	vs. IN	vs. US	vs. HP2030
Dentists per 100,000	8.3	h 25.1	h 32.7	
Poor Dental Health (%)	21.3	h 17.0	h 13.5	
		B better	d similar	h worse

		MIAMI COUNTY vs. BENCHMARKS		
POTENTIALLY DISABLING CONDITIONS	Miami County	vs. IN	vs. US	vs. HP2030
Disability Prevalence (%)	16.5	h 13.7	h 12.6	
		B better	d similar	h worse

		MIAMI COUNTY vs. BENCHMARKS		
RESPIRATORY DISEASE	Miami County	vs. IN	vs. US	vs. HP2030
Lung Disease (Age-Adjusted Death Rate)	56.0	d 55.7	h 40.2	
Asthma Prevalence (%)	10.1	d 9.8	d 8.9	
		B better	d similar	h worse

		MIAMI COUNTY vs. BENCHMARKS		
SEXUAL HEALTH	Miami County	vs. IN	vs. US	vs. HP2030
HIV Prevalence Rate	161.2	B 206.4	B 372.8	
Chlamydia Incidence Rate	279.0	B 523.9	B 539.9	
Gonorrhea Incidence Rate	64.2	B 182.9	B 179.1	
		B better	d similar	h worse

		MIAMI COUNTY vs. BENCHMARKS		
SUBSTANCE ABUSE	Miami County	vs. IN	vs. US	vs. HP2030
Excessive Drinker (%)	17.6	d 18.7	d 19.2	
		B better	d similar	h worse

TOBACCO USE	Miami County	MIAMI COUNTY vs. BENCHMARKS		
		vs. IN	vs. US	vs. HP2030
Current Smoker (%)	23.1	h 19.6 B better	h 15.3 d similar	h 5.0 h worse



COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

Total Population
(Estimated Population, 2015-2019)

	TOTAL POPULATION	TOTAL LAND AREA (Square Miles)	POPULATION DENSITY (Per Square Mile)
Miami County	35,815	373.84	95.80
Indiana	6,665,703	35,826.63	186.05
United States	324,697,795	3,532,068.58	91.93

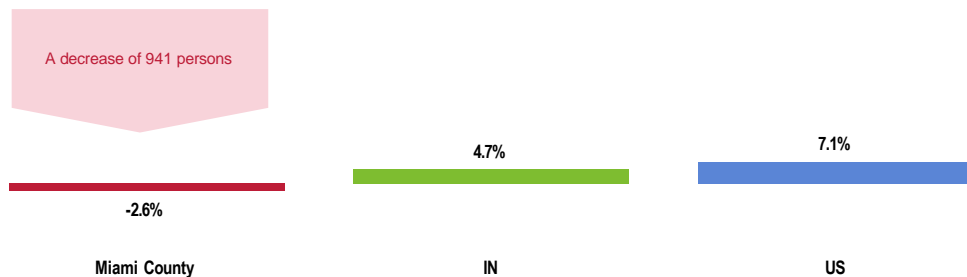
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Population Change 2000-2010

A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources. The following chart and map illustrate the changes that have occurred in Miami County between the 2000 and 2010 US Censuses.

Change in Total Population
(Percentage Change Between 2010 and 2020)

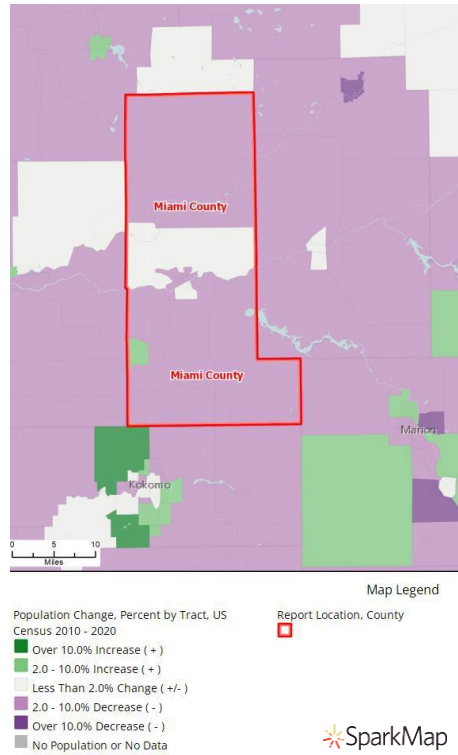


Sources:

- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Notes:

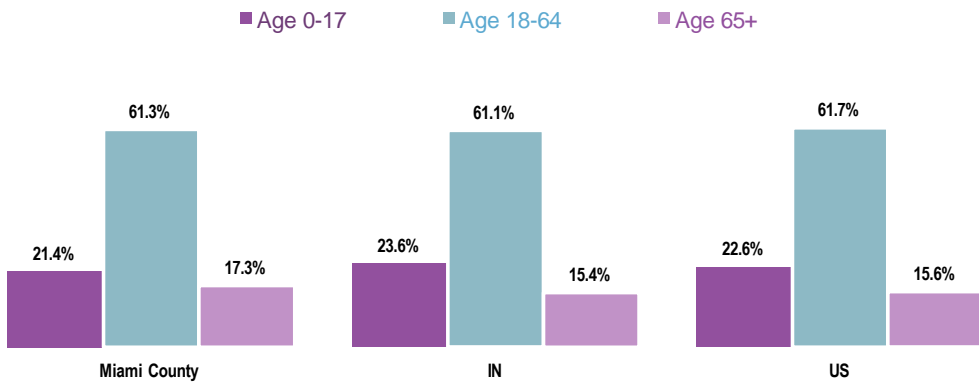
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.



Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

Total Population by Age Groups (2015-2019)



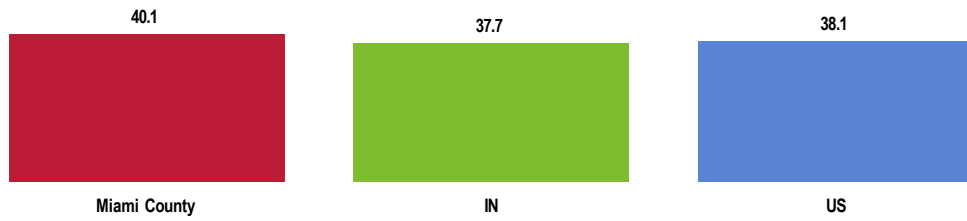
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Median Age

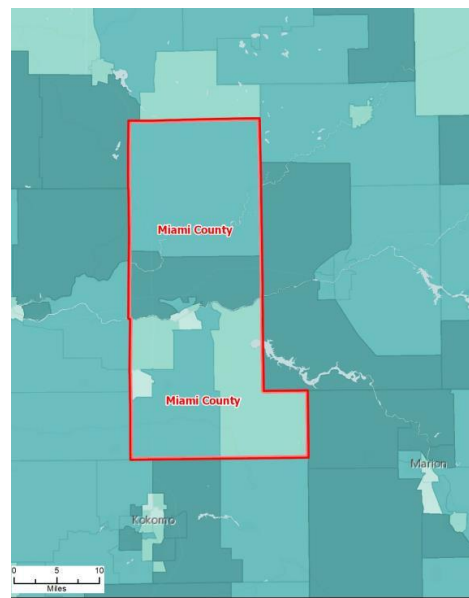
Note the median age of our population, relative to state and national medians.

Median Age (2015-2019)



Sources:

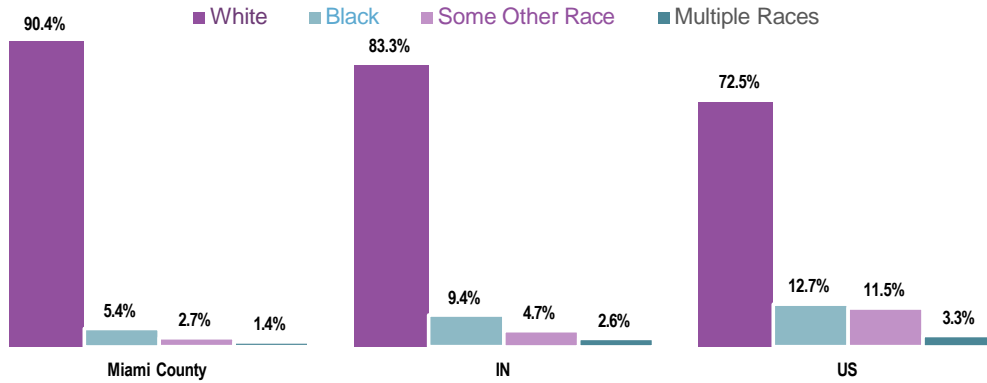
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).



Race & Ethnicity

The following charts illustrate the racial and ethnic makeup of our community. Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person’s parents or ancestors before their arrival in the United States — people who identify their origin as Hispanic, Latino, or Spanish may be of any race.

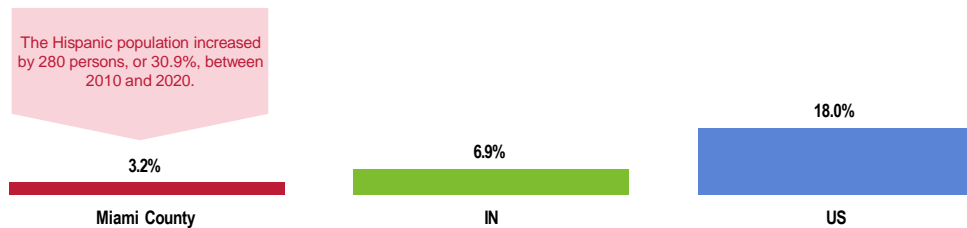
Total Population by Race Alone (2015-2019)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Hispanic Population (2015-2019)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

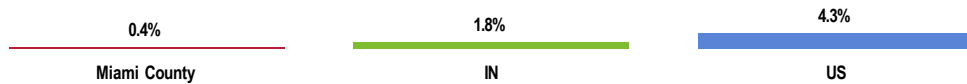
Notes:

- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person’s parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

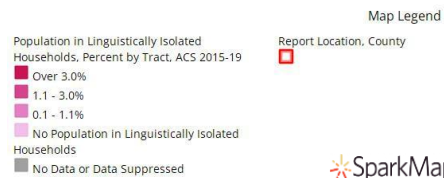
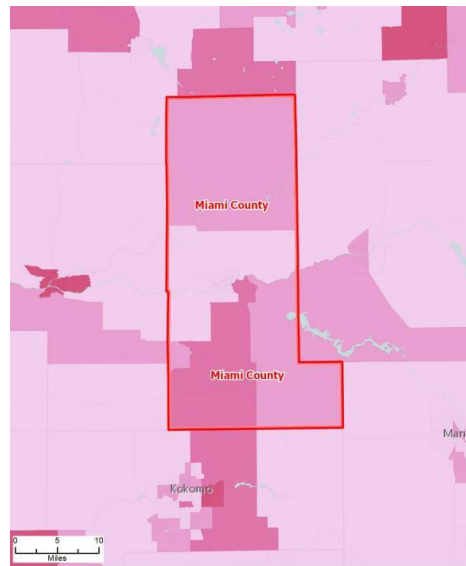
Linguistic Isolation

This indicator reports the percentage of the population age 5 years and older who live in a home in which: 1) no person age 14 years or older speaks only English; or 2) no person age 14 years or older speaks a non-English language but also speaks English “very well.”

Linguistically Isolated Population (2015-2019)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

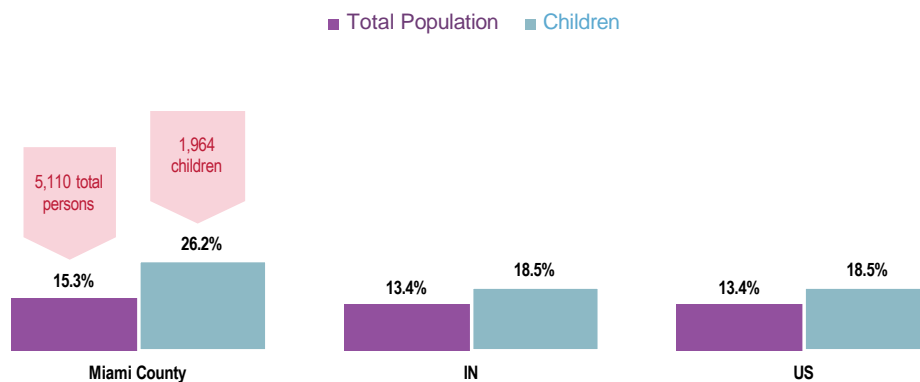
Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

- Healthy People 2030 (<https://health.gov/healthypeople>)

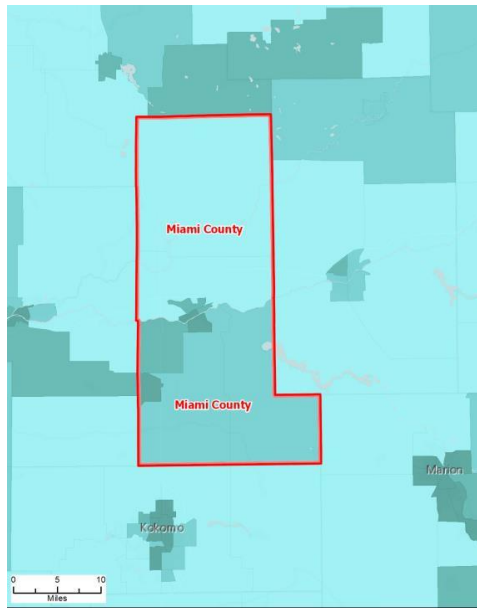
Poverty

Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to accessing health services, healthy food, and other necessities that contribute to optimal health. The following chart and maps outline the proportion of our population below the federal poverty threshold, as well the percentage of children in Miami County living in poverty, in comparison to state and national proportions.

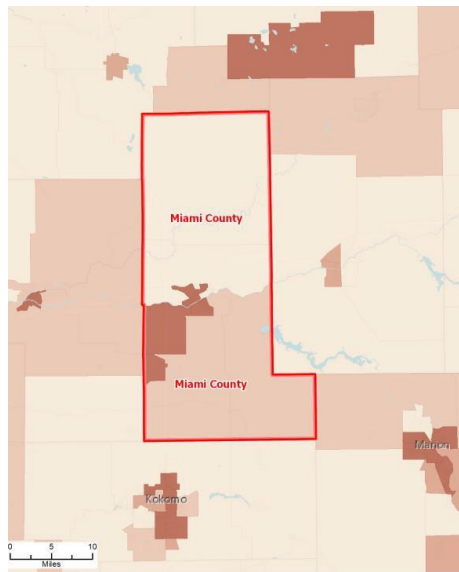
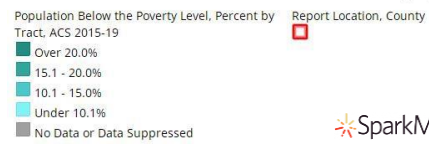
(Populations Living Below the Poverty Level; 2015-2019)
Healthy People 2030 = 8.0% or Lower



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>
- Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.



Map Legend



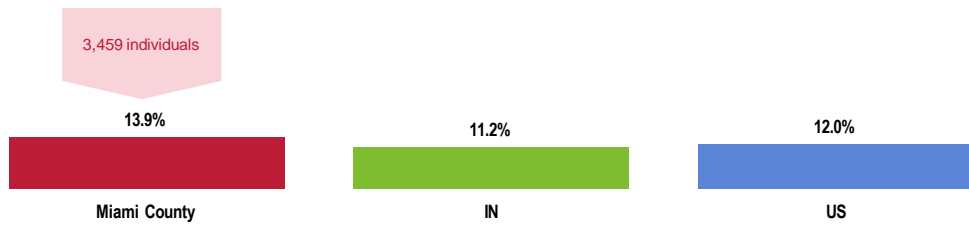
Map Legend



Education

Education levels are reflected in the proportion of our population without a high school diploma.

Population With No High School Diploma (Population Age 25+ Without a High School Diploma or Equivalent, 2015-2019)

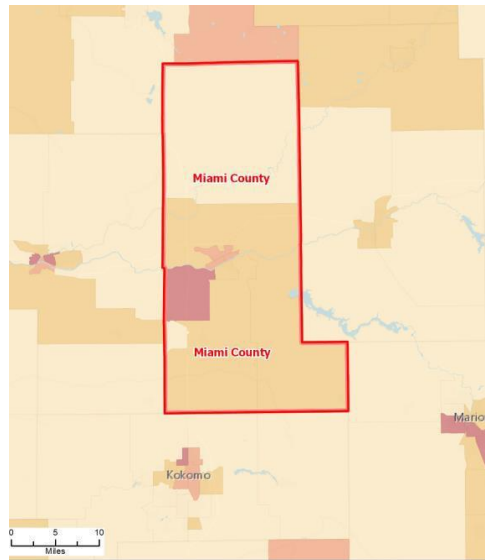


Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

 Notes:

- This indicator is relevant because educational attainment is linked to positive health outcomes.

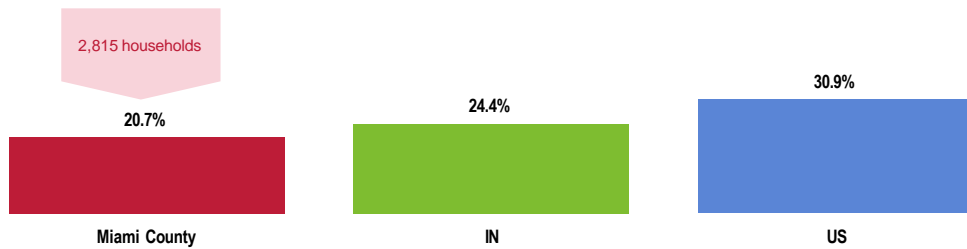


Housing Burden

The following chart shows the housing burden in Miami County. This serves as a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

“Housing burden” reports the percentage of the households where housing costs (rent or mortgage costs) exceed 30% of total household income.

Housing Costs Exceed 30% of Household Income (2015-2019)



- Sources:
- US Census Bureau, American Community Survey.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.



HEALTH STATUS

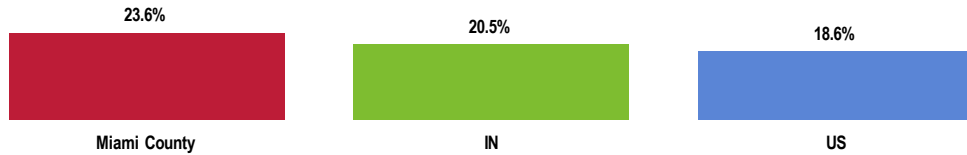
OVERALL HEALTH STATUS

The following indicator provides a relevant measure of overall health status in Miami County, noting the prevalence of residents' "fair" or "poor" health evaluations. While this measure is self-reported and a subjective evaluation, it is an indicator which has proven to be highly predictive of health needs.

The CDC's Behavioral Risk Factor Survey, from which these data are derived, asked respondents:

"Would you say that in general your health is: excellent, very good, good, fair, or poor?"

Adults With "Fair" or "Poor" Overall Health (2019)



- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
- Notes:
- This indicator is relevant because it is a measure of general poor health status.

MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. ...Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Suicide

AGE-ADJUSTED DEATH RATES

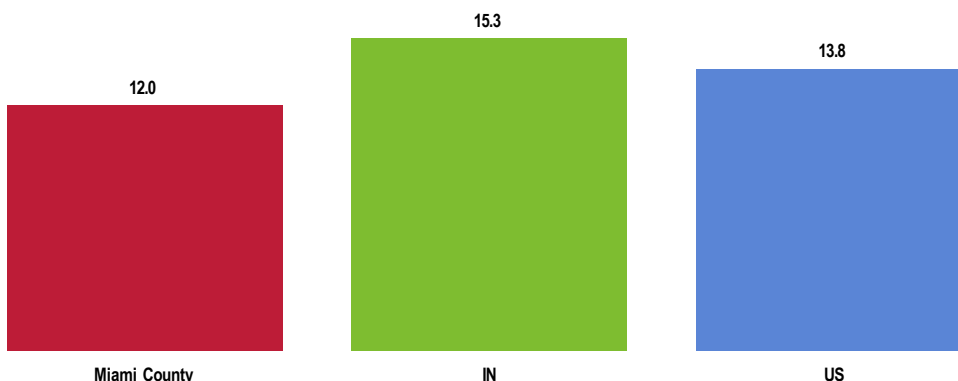
In order to compare mortality in the region with other localities (in this case, Indiana and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

Note that deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

The following reports the rate of death in Miami County due to intentional self-harm (suicide), in comparison to statewide and national rates. Here, these rates are age-adjusted to account for age differences among populations in this comparison. This measure is relevant as an indicator of poor mental health.

Suicide: Age-Adjusted Mortality (2015-2019 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 12.8 or Lower



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>

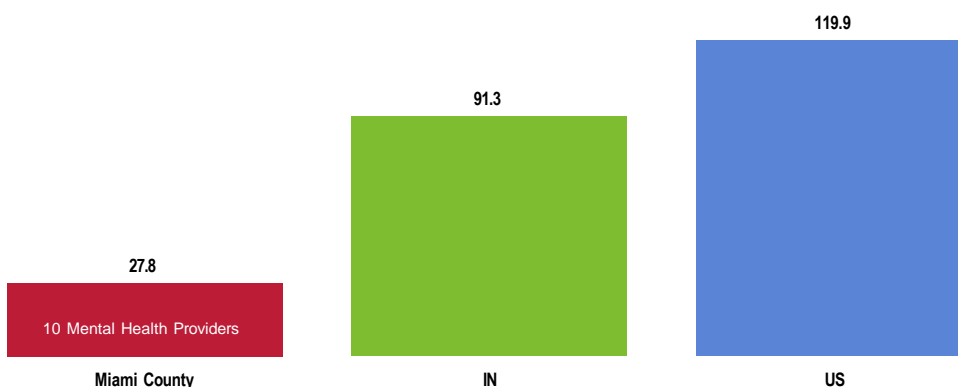
Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Mental Health Providers

The data below show the number of mental health care providers in Miami County relative to the Miami County population size (per 100,000 residents). This is compared to the rates found statewide and nationally.

Access to Mental Health Providers (Number of Mental Health Providers per 100,000 Population, 2021)



Sources:

- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Notes:

- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

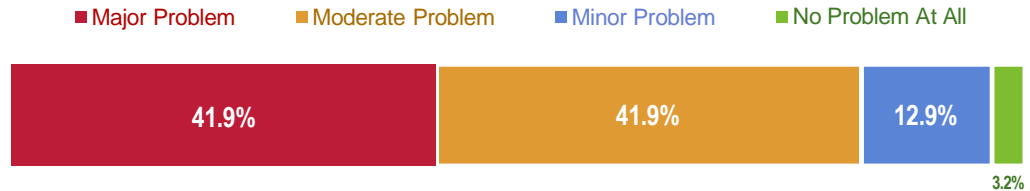
Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care.

Note that this indicator only reflects providers practicing in Miami County and residents in Miami County; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

Key Informant Input: Mental Health

Key informants' ratings of the severity of *Mental Health* as a concern in Miami County are outlined below.

Perceptions of Mental Health as a Problem in the Community (Key Informants, 2022)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

- Patients struggle with getting into mental health facilities for care in a timely manner. There are not enough therapists or psychiatrists for the increased need. Transportation issues. – Health Provider
- Needing counseling and supportive services for living in the community. – Social Services Provider
- Limited access to mental health providers. – Health Provider

Denial/Stigma

- Many people hold an antiquated view of mental health topics. We need to make mental health a topic that is discussed with openness and honesty and that treatment is readily available. The stigma needs to be removed from the topic of mental health. – Community Leader
- Getting them to accept services in the area. Having Four County Crisis team for help. – Community Leader
- The stigma that goes with it. Just getting people to see it as a need. – Social Services Provider

Due to COVID-19

- The lockdowns have caused a significant increase in emotional problems and anxiety in our youth. – Social Services Provider
- People with mental health issues have not been able to access the services needed due to higher volume and demand because of COVID and the lack of enough providers. – Community Leader
- Results of COVID, etc. – Community Leader

Lack of Providers

- Not enough therapists and the time to schedule an appointment. – Community Leader
- Lack of providers. – Community Leader

Alcohol/Drug Use

- Drug abuse and mental health. – Community Leader

Vulnerable Populations

- Once they are off the grid and become jobless or homeless, there is not a safety net; no address, no insurance, no phone. People often assume these folks are angry or under the influence when they are off medications. – Social Services Provider

Contributing Factors

For individuals who are not managing their mental health needs in a healthy way: obtaining and holding a job, managing money well, healthcare and mental health care, adequate housing, finishing school, parenting needs, alcohol and drug abuse, preventative care, food, suicide/suicidal ideation, limited supports for youth and for adults. For those who are managing their mental health needs: access to affordable medication/therapy, case management, etc to continue management. So much stigma around having a mental health need – Social Services Provider



DEATH, DISEASE & CHRONIC CONDITIONS

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. ...Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

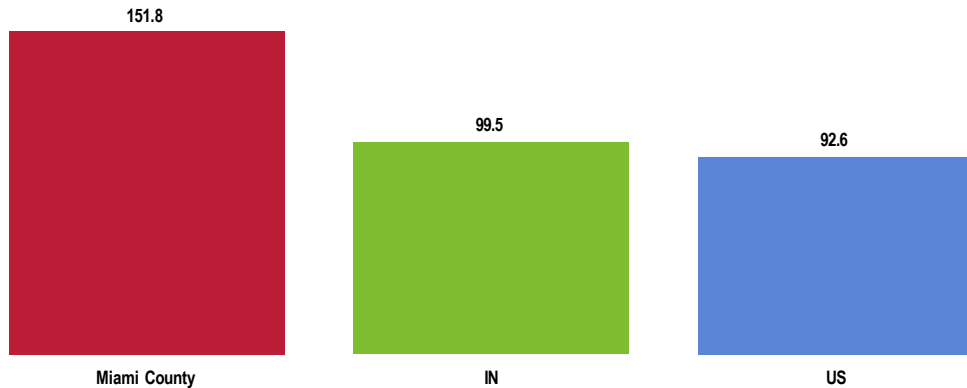
– Healthy People 2030 (<https://health.gov/healthypeople>)

Coronary Heart Disease Deaths

Coronary heart disease is a leading cause of death in Miami County and throughout the United States. The chart that follows illustrates how our (age-adjusted) mortality rate compares to rates in Indiana and the US.

Coronary Heart Disease: Age-Adjusted Mortality (2015-2019 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 90.9 or Lower

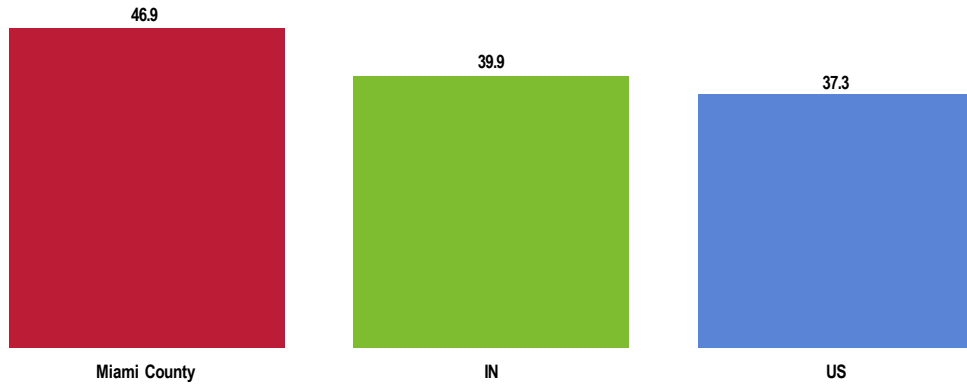


- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Stroke Deaths

Stroke, a leading cause of death in Miami County and throughout the nation, shares many of the same risk factors as heart disease. Outlined in the following chart is a comparison of stroke mortality locally, statewide, and nationally.

Stroke: Age-Adjusted Mortality
 (2015-2019 Annual Average Deaths per 100,000 Population)
 Healthy People 2030 = 33.4 or Lower



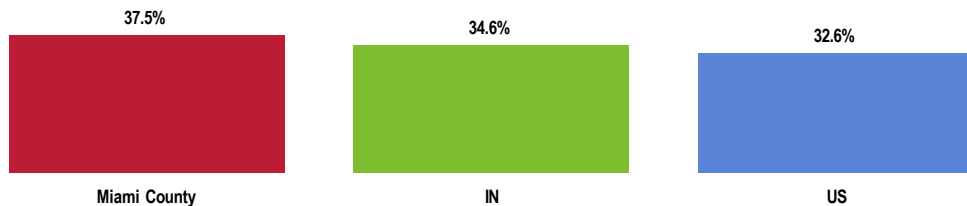
- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

High Blood Pressure

Uncontrolled high blood pressure (hypertension) can damage the body and lead to disability or heart attack and stroke. As can be seen in the following chart, a significant share of Miami County adults have been told by a health professional at some point that their blood pressure was high.

The CDC's Behavioral Risk Factor Survey asked:
"Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?"

(2019)
 Healthy People 2030 = 27.7% or Lower

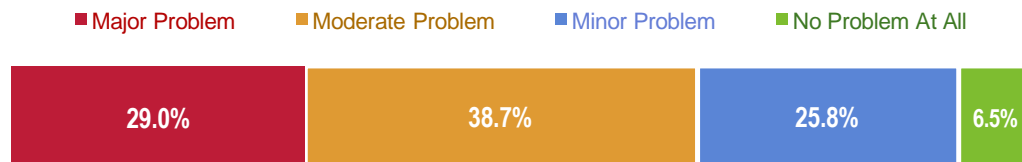


- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>
- Notes:
- This indicator is relevant because coronary heart disease is a leading cause of death in the US and is also related to high blood pressure, high cholesterol, and heart attacks.

Key Informant Input: Heart Disease & Stroke

Outlined below are key informants' levels of concern for *Heart Disease & Stroke* as an issue in Miami County.

Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2022)



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

It is not just in our county, it is a national problem as well, and the stats prove it when compared to other countries. – Community Leader

I know many people who have heart disease or have had strokes. – Community Leader

Lifestyle

Bad habits and lack of proactive healthcare. – Community Leader

Same as any community, lack of diet and exercise. – Community Leader

Access to Care/Services

Again, we are in a healthcare and mental healthcare provider desert. The doctor/provider ratio to residents is too high. This makes it extremely difficult for people to have access to services in normal circumstances, aside from a pandemic or epidemic. – Community Leader

Aging Population

Aging population and low incomes. – Health Provider

Disease Management

Compliance issues. – Health Provider

Prevention/Screenings

Lack of screening and education. – Community Leader

CANCER

ABOUT CANCER

Cancer is the second leading cause of death in the United States. ...The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

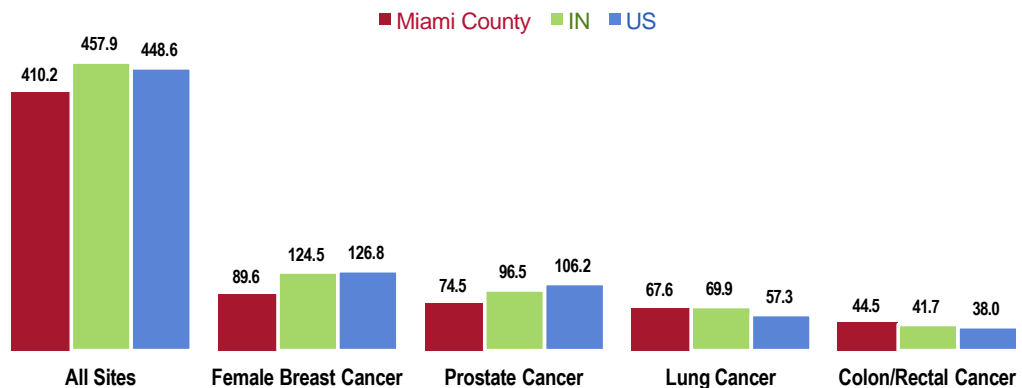
Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Cancer Deaths

Cancer is a leading cause of death in Miami County and throughout the United States. Age-adjusted cancer mortality rates are outlined below.

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2014-2018)



- Sources:
- State Cancer Profiles.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

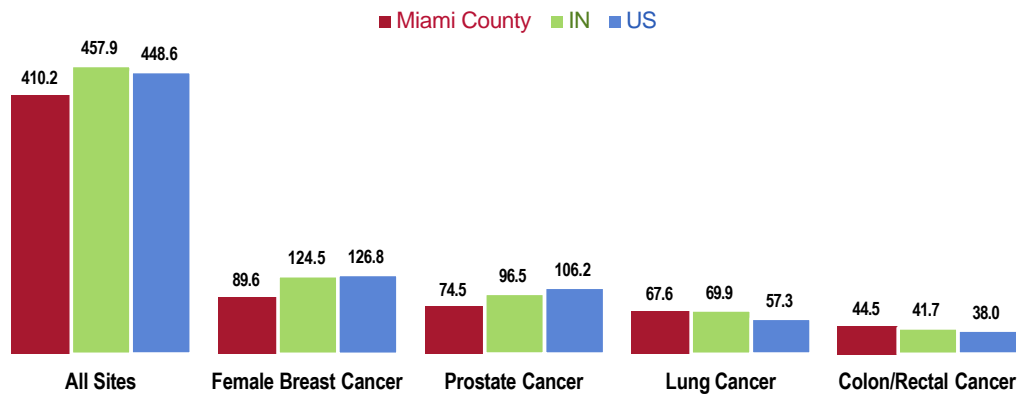
Cancer Incidence

“Incidence rate” or “case rate” is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight and Tobacco Use* in the **Modifiable Health Risks** section of this report.

It is important to identify leading cancers by site in order to better address them through targeted intervention. The following chart illustrates Miami County incidence rates for leading cancer sites, including female breast cancer, lung cancer, prostate cancer, and colon/rectum cancer.

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2014-2018)



Sources: • State Cancer Profiles.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

ABOUT CANCER RISK

Reducing the nation’s cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
 - According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Mammograms

The following indicator outlines the percentage of women, age 50-74 years, who have received a mammogram in the past two years. Mammography is important as a preventive behavior for early detection and treatment of health problems. Low screening levels can highlight a lack of access to preventive care, a lack of health knowledge, or other barriers.

FEMALE BREAST CANCER

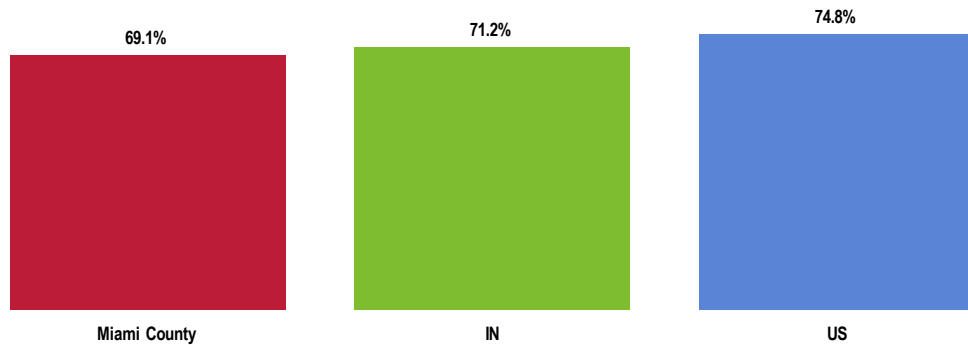
The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Mammogram in Past Two Years (Women Age 50-74; 2018)

Healthy People 2030 = 77.1% or Higher

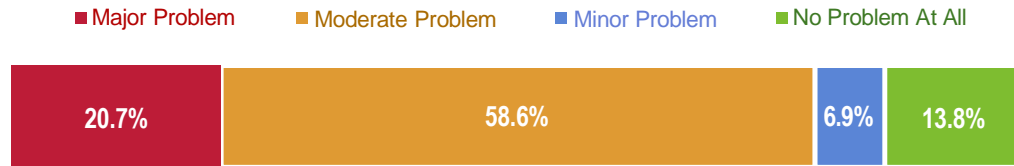


- Sources:
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>
- Notes:
- This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems.

Key Informant Input: Cancer

Key informants' perceptions of *Cancer* as a local health concern are outlined below.

Perceptions of Cancer as a Problem in the Community (Key Informants, 2022)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Travel for Care

- People with cancer have to travel out of town for treatment. – Community Leader
- Patients have to leave the community for treatment. – Community Leader
- Limited availability to specialists without travel. – Health Provider

Incidence/Prevalence

- Many people die each year from cancer and the underlying causes of cancer continue to be a problem. – Community Leader

Vulnerable Populations

- General lower income people and the choices available to them for cancer care. – Community Leader

Tobacco Use

- Smoking is still prevalent in a big way. – Community Leader

RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. ...More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

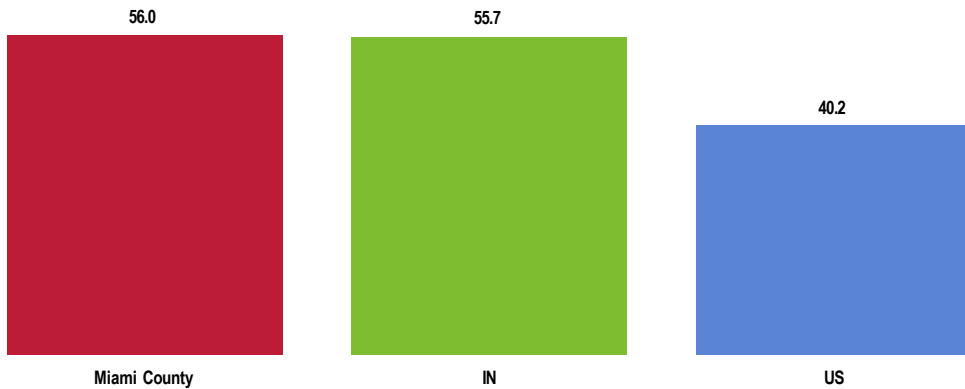
– Healthy People 2030 (<https://health.gov/healthypeople>)

Lung Disease Deaths (CLRD)

The mortality rate for lung disease in Miami County is summarized below, in comparison with Indiana and national rates.

Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

Lung Disease: Age-Adjusted Mortality
(2015-2019 Annual Average Deaths per 100,000 Population)



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - This indicator is relevant because lung disease is a leading cause of death in the United States.

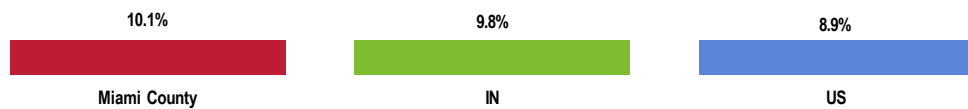
Asthma Prevalence

The following chart shows the prevalence of asthma among Miami County adults.

The CDC Behavioral Risk Factor Survey asked respondents:

“Has a doctor, nurse, or other health professional ever told you that you had asthma?”

Prevalence of Asthma (2019)

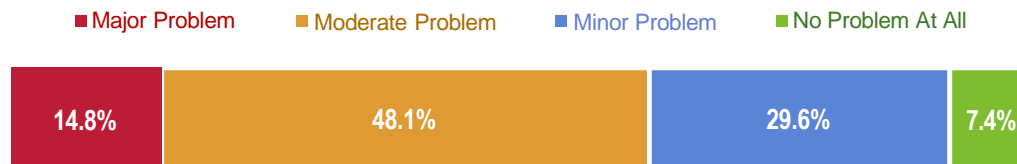


Sources: ● Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
 ● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
 Notes: ● Asked of all respondents.
 ● Includes those who have ever been diagnosed with asthma and report that they still have asthma.

Key Informant Input: Respiratory Disease

The following outlines key informants' perceptions of *Respiratory Disease* in our community.

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2022)



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
 Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Tobacco Use

- Too many smokers and a seemingly high incidence of asthma and COPD. – Community Leader
- High number of smokers. – Health Provider

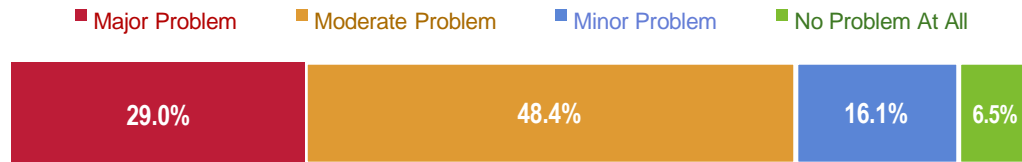
E-Cigarettes

- Too many people, especially children, who vape and smoke. – Community Leader

Key Informant Input: Coronavirus Disease/COVID-19

Key informants' levels of concern about *Coronavirus Disease/COVID-19* in Miami County is outlined below.

Perceptions of Coronavirus Disease/COVID-19 as a Problem in the Community (Key Informants, 2022)



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Awareness/Education

- Too much misinformation people have read and then believe, causing them to not get vaccinated. Low education levels may contribute to this issue. – Community Leader
- Many people don't have access or knowledge of how to use the internet to access services that are available. Also, many in the community aren't up to speed on the pandemic we are facing. – Community Leader
- Lack of understanding of the problem and limited involvement of the Department of Health. – Health Provider

Limited Vaccination and Testing Coverage

- Lack of testing and vaccinations. – Community Leader
- Lack of residents willing to be vaccinated or even tested. – Community Leader
- It is out of control in every county. Lack of vaccinated individuals contributes to the continuation of the pandemic. – Social Services Provider

Impact on Quality of Life

- COVID 19 has impacted health care providers and made them harder to access for other issues, because providers are dealing with the crisis. The impact of COVID on our community has led to increased mental health issues and burdened already overly extended mental health providers. COVID has led to increase in child abuse, elderly abuse, dv and sexual assault. Individuals that address those crimes are also experiencing their own mental health issues, labor shortages, and burn out. – Community Leader

Incidence/Prevalence

- High rates of infection. – Social Services Provider

INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. ...Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. ...Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (<https://health.gov/healthypeople>)

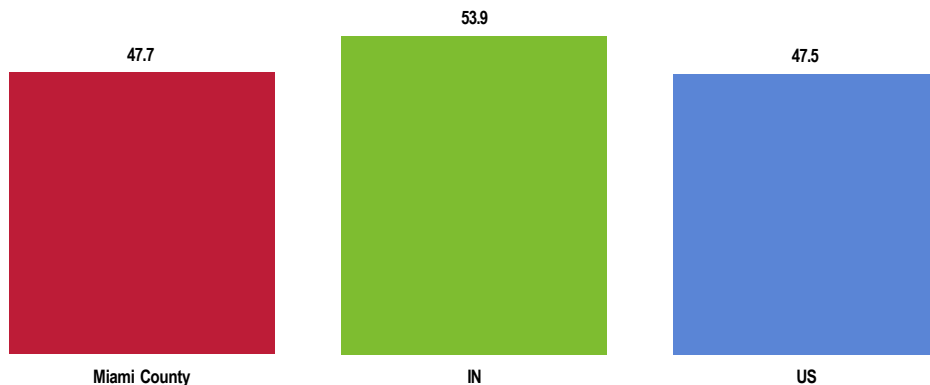
Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Unintentional injury is a leading cause of death. The chart that follows illustrates unintentional injury death rates for Miami County, Indiana, and the US.

Unintentional Injuries: Age-Adjusted Mortality (2015-2019 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower

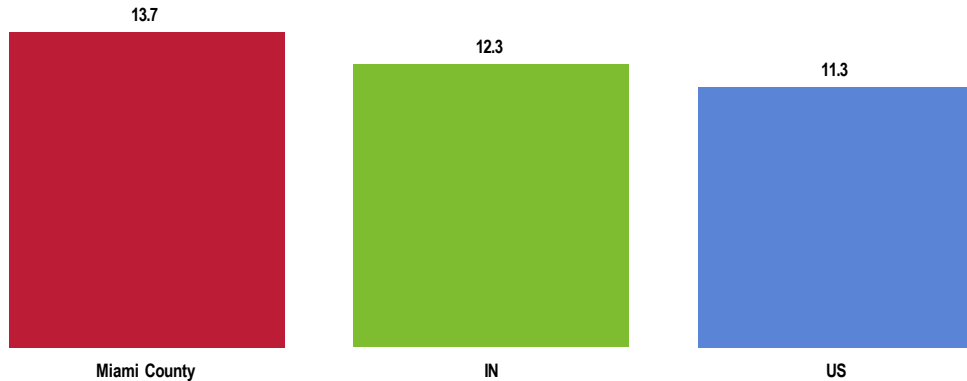


- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Age-Adjusted Motor Vehicle Crash Deaths

Motor vehicle crashes contribute to a significant share of unintentional injury deaths in the community. Mortality rates for motor vehicle crash deaths are outlined below.

Motor Vehicle Crashes: Age-Adjusted Mortality
(2015-2019 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 10.1 or Lower



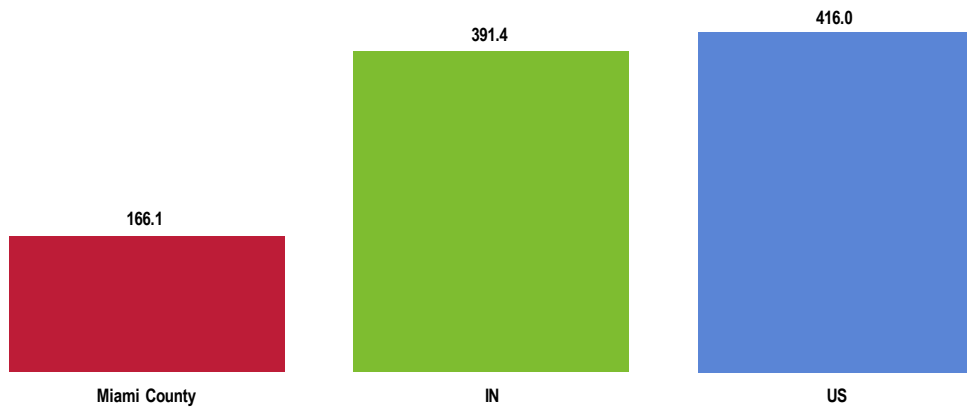
- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - This indicator is relevant because motor vehicle crash deaths are preventable, and they are a cause of premature death.

Intentional Injury (Violence)

Violent Crime Rate

The following chart shows the rate of violent crime per 100,000 population in Miami County, Indiana, and the US.

Violent Crime
(Rate per 100,000 Population, 2014-2016)



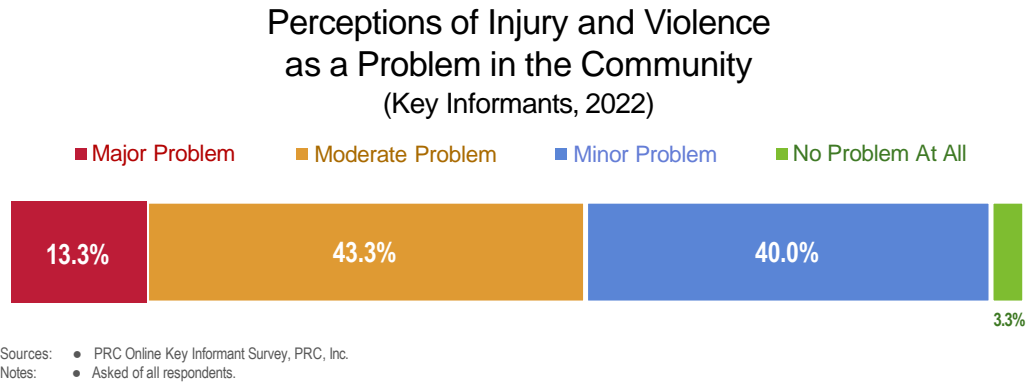
- Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
 - Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Key Informant Input: Injury & Violence

Key informants' perceptions of *Injury & Violence* in our community:



Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

Other than the emergency room, there are limited services. – Community Leader

Awareness/Education

Education and lack of preventative healthcare. – Community Leader

Due to COVID-19

During COVID, the incidences of personal violence has increased. The social isolation has created an environment that is more toxic for domestic situations, school bullying, etc., than ever before. – Community Leader

DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. ...Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (<https://health.gov/healthypeople>)

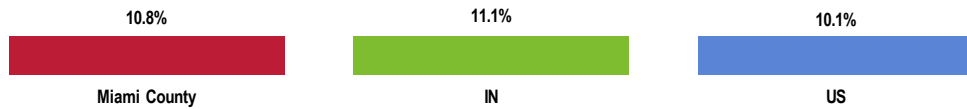
Prevalence of Diabetes

Diabetes is a prevalent and long-lasting (chronic) health condition with a number of adverse health effects, and it may indicate an unhealthy lifestyle. The prevalence of diabetes among Miami County adults age 20 and older is outlined below, compared to state and national prevalence levels.

The CDC Behavioral Risk Factor Survey asked respondents:

“Has a doctor, nurse, or other health professional ever told you that you had diabetes?”

Prevalence of Diabetes (Adults Age 20 and Older; 2019)



Sources:

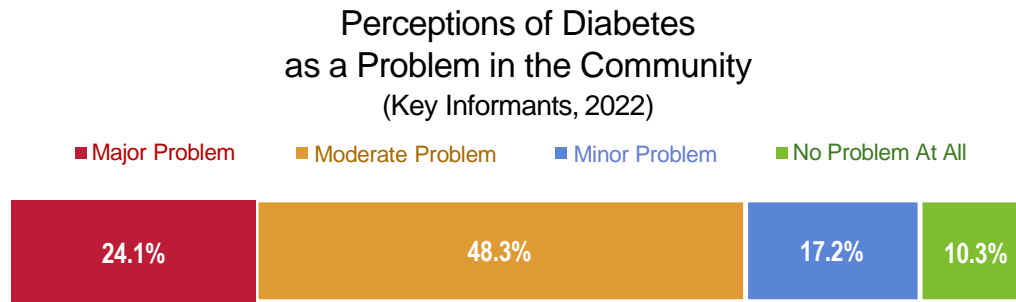
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Notes:

- This indicator is relevant because diabetes is a prevalent problem in the US; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Key Informant Input: Diabetes

The following are key informants' ratings of *Diabetes* as a health concern in Miami County.



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Awareness/Education

- Knowledge of proper diet, exercise and weight control to manage diabetes. – Community Leader
- Weight reduction and learning better nutrition. – Community Leader
- Education and care. – Community Leader

Contributing Factors

- Cost of medications and access to proper preventative measures, like education on diet and physical activity. – Community Leader
- Low income and high cost of adequate treatment. – Health Provider

Access to Care/Services

- Endocrinology appointments are scheduled at least 4-6 months out. Transportation and medications are expensive. – Health Provider

Prevention/Screenings

- Preventing the onset. No real pre-diabetic support. – Social Services Provider

KIDNEY DISEASE

ABOUT KIDNEY DISEASE

More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it. ...People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk factors like diabetes and high blood pressure can help prevent or delay CKD. Strategies to make sure more people with CKD are diagnosed early can help people get the treatment they need.

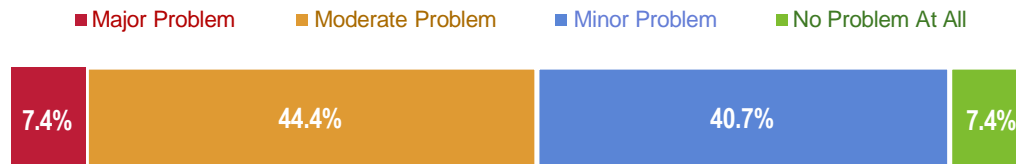
Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve quality of life.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Key Informant Input: Kidney Disease

The following are the perceptions of *Kidney Disease* as a community health issue among key informants taking part in an online survey.

Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2022)



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Awareness/Education

Again, the reasons for its development is not stressed. Most people do not even think of it until it is too late. – Community Leader

POTENTIALLY DISABLING CONDITIONS

Disability

ABOUT DISABILITY & HEALTH

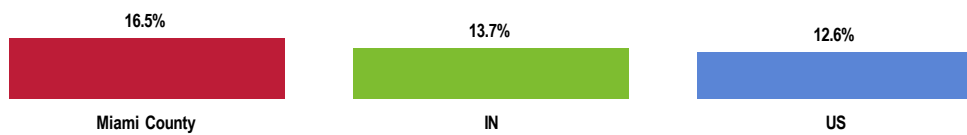
Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (<https://health.gov/healthypeople>)

The following represents the percentage of the total civilian, non-institutionalized population in Miami County with a disability. This indicator is relevant because disabled individuals may comprise a vulnerable population that requires targeted services and outreach.

Population With Any Disability (Total Civilian Non-Institutionalized Population; 2015-2019)



Sources: • US Census Bureau, American Community Survey.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
Notes: • This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

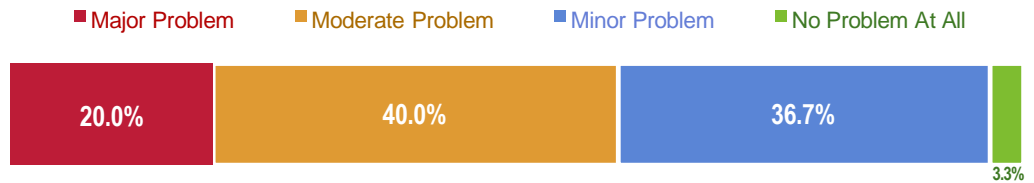
Disability data come from the US Census Bureau's American Community Survey (ACS), Survey of Income and Program Participation (SIPP), and Current Population Survey (CPS). All three surveys ask about six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent-living difficulty.

Respondents who report any one of the six disability types are considered to have a disability.

Key Informant Input: Disability & Chronic Pain

Key informants' perceptions of *Disability & Chronic Pain* are outlined below.

Perceptions of Disability & Chronic Pain as a Problem in the Community (Key Informants, 2022)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

I believe handicap accessibility is an ongoing issue. Things are better, but there are still incredible barriers to be addressed. And COVID has made it more difficult for individuals to access the services that they need in general. We use to have a pain care facility that was forced closed due to the unethical activities of the owner/physician. Not sure what is available now to help people manage chronic pain. And the use of medication for chronic pain is a potential segue into substance abuse, which begs for more mental health care. This is a vicious cycle. – Community Leader

Lack of Providers

No local treatment providers. – Health Provider

Lifestyle

A significant number of people in our community are on disability. Much of the problem stems from very bad habits such as smoking and poor diets. Our community has not educated people on how to eat right, exercise and overall health maintenance. – Community Leader

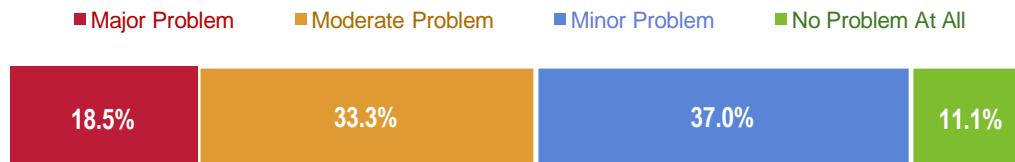
Work Related

Major concern in our community. Individuals in their 50s and 60s who worked hard labor jobs in younger years show an inability to work later. – Social Services Provider

Key Informant Input: Dementia/Alzheimer's Disease

The following represents key informants' ratings of *Dementia/Alzheimer's Disease* as a community health concern.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2022)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Aging Population

• Aging population and low incomes. – Health Provider

Awareness/Education

• Lack of education regarding these diseases and limited evaluation by the medical professionals. – Community Leader

Due to COVID-19

• It is across the board that our doctors, nurses and support services are maxed out at this time with the pandemic. We have had to shift focus and energy elsewhere. We could also use more support services for these families and patients. – Social Services Provider

Obesity

• It is now considered Diabetes 3 and is the result of obesity. Weight is a real problem in Miami County. – Community Leader



BIRTHS

BIRTH OUTCOMES & RISKS

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

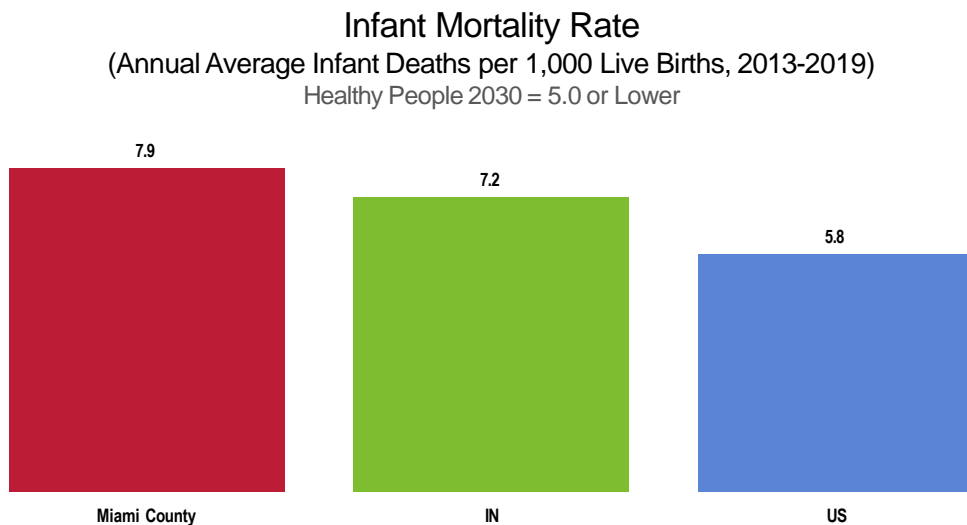
The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Infant Mortality

The following chart shows the number infant deaths per 1,000 live births in Miami County. High infant mortality can highlight broader issues relating to health care access and maternal/child health.

Infant mortality includes the death of a child before his/her first birthday, expressed as the number of such deaths per 1,000 live births.



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>
- Notes:
- Infant deaths include deaths of children under 1 year old.
 - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. ...Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

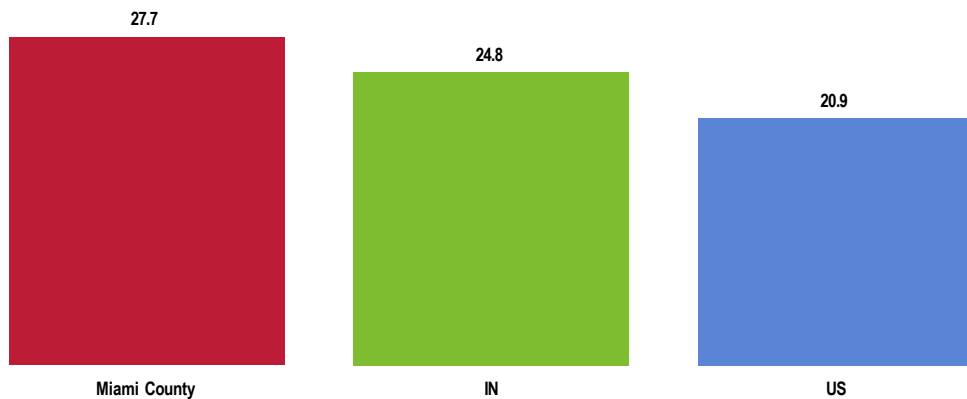
– Healthy People 2030 (<https://health.gov/healthypeople>)

Births to Adolescent Mothers

The following chart outlines the teen birth rate in Miami County, compared to rates statewide and nationally. In many cases, teen parents have unique health and social needs. High rates of teen pregnancy might also indicate a prevalence of unsafe sexual behavior.

Here, teen births include births to women ages 15 to 19 years old, expressed as a rate per 1,000 female population in this age cohort.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2013-2019)
Healthy People 2030 = 31.4 or Lower

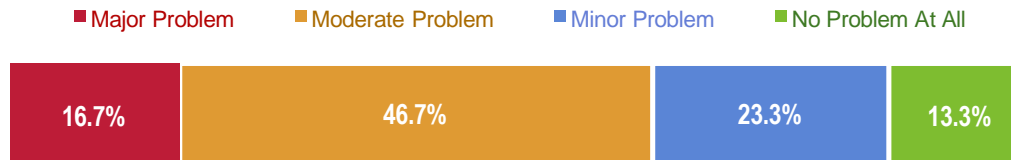


- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>
- Notes:
- This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Infant Health & Family Planning

Key informants' perceptions of *Infant Health & Family Planning* as a community health issue are outlined below.

Perceptions of Infant Health and Family Planning as a Problem in the Community (Key Informants, 2022)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Vulnerable Populations

- Miami County has a significant problem with poverty, which places a large number of children in harms way for a lifetime of health issues and a shorter life expectancy. – Community Leader
- Low income community and limited access to family planning specialists. – Health Provider

Contributing Factors

- Lack of prenatal care and education regard parenting. – Community Leader
- Education and lack of providers. – Community Leader

Education/Awareness

- First of all, it would be nice if there really was family planning. That is a wonderful concept and a privileged perspective. Yes, some people actually plan on having children and work to do that when they are ready (i.e. can afford to). But many do not. I do not simply 'believe' this is a problem. Miami County has a high percentage of pregnant mothers that smoke, or do not get the proper prenatal care. The greatest problem we have is the limited number of pediatricians in the community and service providers that address issues like 'family planning' which is a huge umbrella for all kinds of education and primary prevention. – Community Leader



MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. ...People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

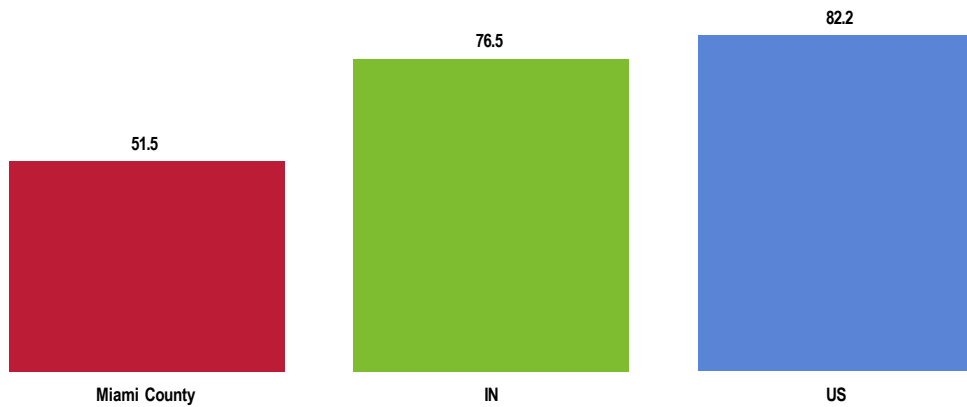
Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Food Environment: Fast Food

The following shows the number of fast food restaurants in Miami County, expressed as a rate per 100,000 residents. This indicator provides a measure of healthy food access and environmental influences on nutrition.

Fast Food Restaurants
(Number of Fast Food Restaurants per 100,000 Population, 2019)



Sources: • US Census Bureau, County Business Patterns. Additional data analysis by CARES.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
Notes: • This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

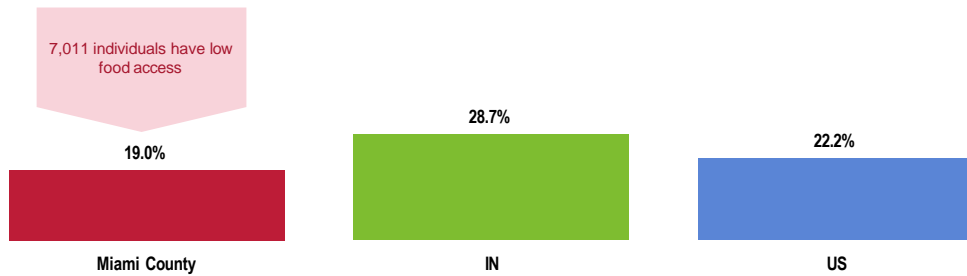
Here, fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.

Access to Healthful Food

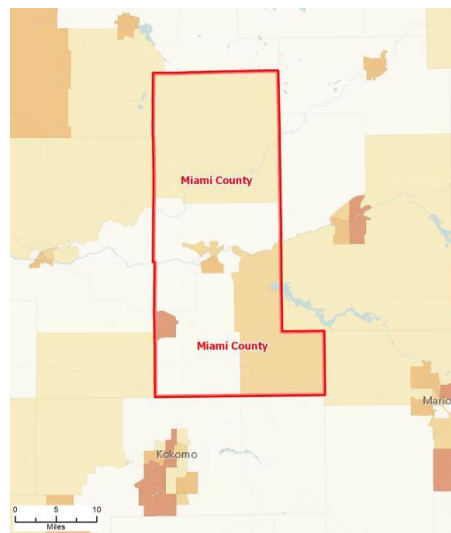
The following chart shows US Department of Agriculture data determining the percentage of Miami County residents found to have low food access, meaning that they do not live near a supermarket or large grocery store.

Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

Population With Low Food Access
(Percent of Population Far From a Supermarket or Large Grocery Store, 2019)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.



PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (<https://health.gov/healthypeople>)

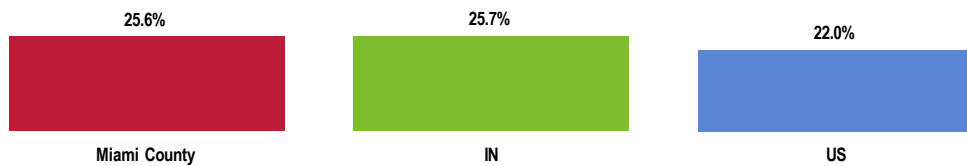
Leisure-Time Physical Activity

Below is the percentage of Miami County adults age 20 and older who report no leisure-time physical activity in the past month. This measure is important as an indicator of risk for significant health issues such as obesity or poor cardiovascular health.

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

No Leisure-Time Physical Activity in the Past Month (Adults Age 20+, 2019)

Healthy People 2030 = 21.2% or Lower



- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>
- Notes:
- This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥30 kg/m², mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m².

— Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m ²)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

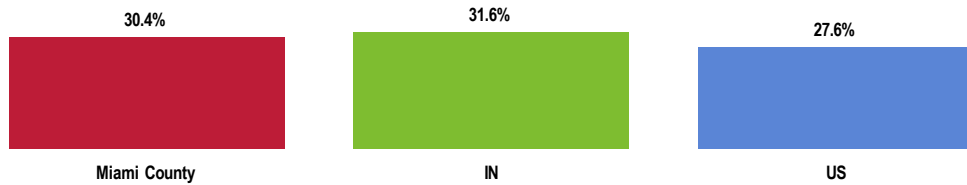
Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Obesity

“Obese” includes respondents with a BMI value ≥ 30.0 .

Outlined below is the percentage of Miami County adults age 20 and older who are obese, indicating that they might lead an unhealthy lifestyle and be at risk for adverse health issues.

Prevalence of Obesity (Adults Age 20+ With a Body Mass Index ≥ 30.0 , 2019) Healthy People 2030 = 36.0% or Lower

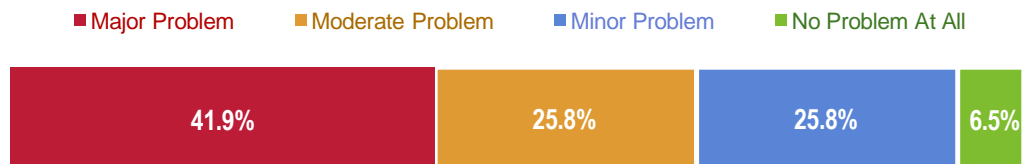


- Sources:
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>
- Notes:
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
 - This indicator is relevant because excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Key Informant Input: Nutrition, Physical Activity & Weight

Key informants' ratings of *Nutrition, Physical Activity & Weight* as a community health issue are illustrated below.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community (Key Informants, 2022)



- Sources:
- PRC Online Key Informant Survey, PRC, Inc.
- Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Awareness/Education

- Access to information and facilities within the financial ability of many in our community. – Community Leader
- Lack of knowledge concerning the solutions that are available. – Community Leader
- Education. – Community Leader
- Education and motivation. – Community Leader

Access to Care/Services

- Opportunities for physical activity and promoting a healthy lifestyle. – Community Leader
- Access to better exercise and coaching for weight loss. – Community Leader

Contributing Factors

- Low incomes and sedentary lifestyles in the community. – Health Provider
- Obesity is a major issue. Access to nutritional coaching. Access to physical activity. Overall mindset that is resistant to changing habits. – Social Services Provider

Weight Status

- There are a lot of people who are overweight and consuming mostly processed foods. – Social Services Provider

Affordable Care/Services

- The availability of affordable activities for families. We have ALICE families in the community. Asset Limited, Income Constrained, Employed that do not qualify for subsidized services. The YMCA tries to offer scholarships. But that is not always enough. If proper nutrition is not offered at home, it impacts the development of a child, we have food pantries that try to offer nutrient rich foods. But more education is needed. And again we need more physicians in the community to be available to patients for the services that they need. – Community Leader

Due to COVID-19

- COVID and cost of food. – Community Leader

SUBSTANCE ABUSE

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. ...Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (<https://health.gov/healthypeople>)

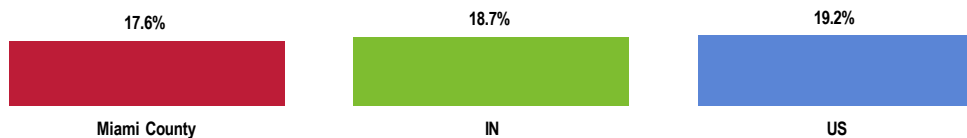
Excessive Alcohol Use

Excessive drinking includes heavy and/or binge drinkers:

- **HEAVY DRINKERS** ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **BINGE DRINKERS** ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

The following illustrates the prevalence of excessive drinkers in Miami County, as well as statewide and nationally. Excessive drinking is linked to significant health issues, such as cirrhosis, certain cancers, and untreated mental/behavioral health issues.

Excessive Drinkers (2018)

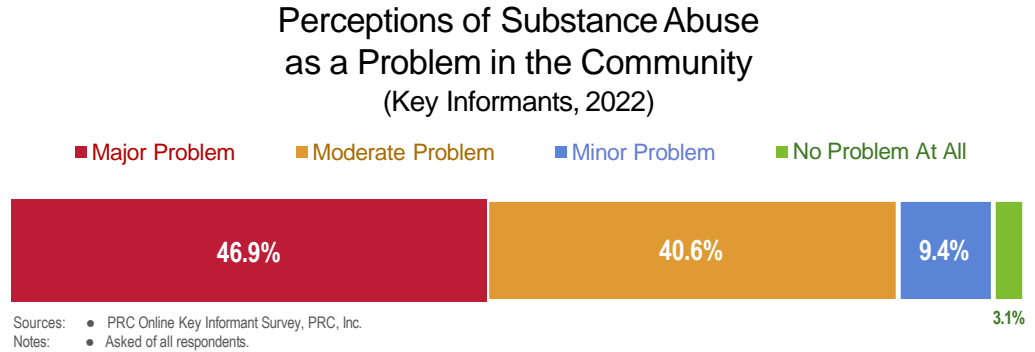


Sources: • Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse.

Notes: • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
• This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Key Informant Input: Substance Abuse

Note the following perceptions regarding *Substance Abuse* in the community among key informants taking part in an online survey.



Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

- Close facilities and expenses. COVID-19 makes all access more difficult. Express Med locations are needed. – Community Leader
- Access to treatment and prevention. – Community Leader
- We have no treatment centers in town. Have to drive an hour for a treatment center. – Social Services Provider
- Lack of places to get treatment. – Community Leader
- Limited assistance in the community, normalizing drug use and dependency among younger populations, stigma and shame associated with reaching out for help. – Social Services Provider
- I think that the programming is not in town and requires travel. – Social Services Provider

Awareness/Education

- Awareness and treatment facilities. – Community Leader
- Not sure of programs. – Social Services Provider

Denial/Stigma

- People unwilling to see their need for help, and a high cost for treatment. – Community Leader
- Apathy. – Community Leader

Youth

- Various youth needs: in need of positive supports-support from parents or other trusted adults, preventative education on various topics, teens vaping/ drug and alcohol use, teen pregnancy and safe sex, community activities and opportunities for youth to have healthy fun, youth voice in our community, – Social Services Provider

Income/Poverty

- Probably dollars. – Community Leader

Contributing Factors

- Greatest barrier is having enough treatment. Then there is stigma, and the shame attached to substance abuse. Finally, too many individuals think that mandated treatment is going to fix the problem. – Community Leader

Lack of Providers

- No local providers. – Health Provider

Most Problematic Substances

Note below which substances key informants (who rated this as a “major problem”) identified as causing the most problems in Miami County.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Abuse as a “Major Problem”)	
Alcohol	46.2%
Heroin or Other Opioids	30.8%
Methamphetamines or Other Amphetamines	7.7%
Cocaine or Crack	7.7%
Marijuana	7.7%

TOBACCO USE

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Cigarette Smoking Prevalence

Tobacco use is linked to the two major leading causes of death: cancer and cardiovascular disease. Note below the prevalence of cigarette smoking in our community.

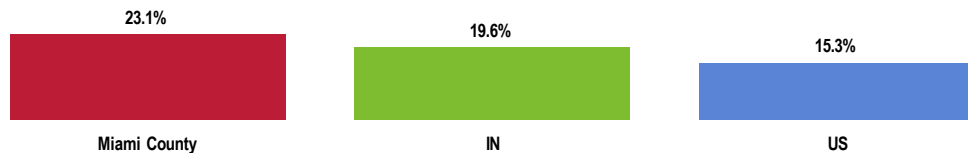
The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

“Do you now smoke cigarettes every day, some days, or not at all?”

“Current smokers” are defined as those who smoke every day or on some days.

Current Smokers (2019)

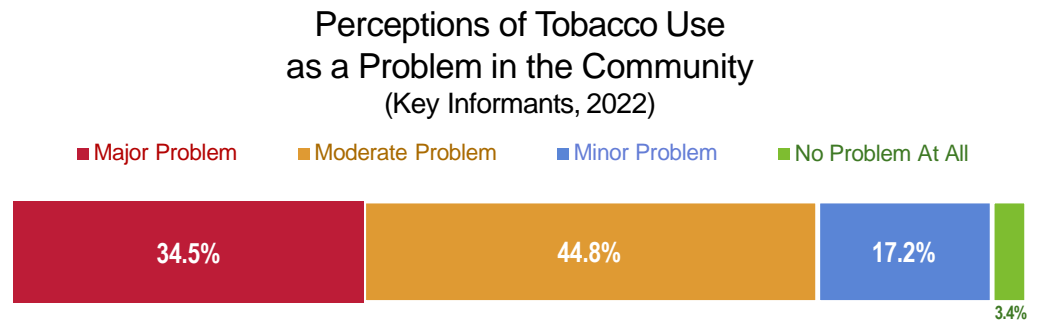
Healthy People 2030 = 5.0% or Lower



- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>
- Notes:
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).
 - This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Key Informant Input: Tobacco Use

Below are key informants' ratings of *Tobacco Use* as a community health concern.



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

- Too high of a percentage of use in the country. – Community Leader
- Tobacco use in Miami County is higher than the state average. – Social Services Provider
- Many people are smokers or use snuff. – Community Leader
- High rates known in Miami County. – Social Services Provider

Awareness/Education

- Lower income people in the community just don't believe or understand the risks involved. – Community Leader
- Education. – Community Leader

Easy Access

- Because it's easy to get. – Health Provider

E-Cigarettes

- I believe vaping has gone past tobacco in abuse. Lungs get sticky with vaping, and the outcome is largely unknown. – Community Leader

Contributing Factors

- Because pregnant mothers and mothers with young children smoke, because children smoke, because the aforementioned groups also vape. This has an impact on brain development, as well as respiratory systems. – Community Leader

SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

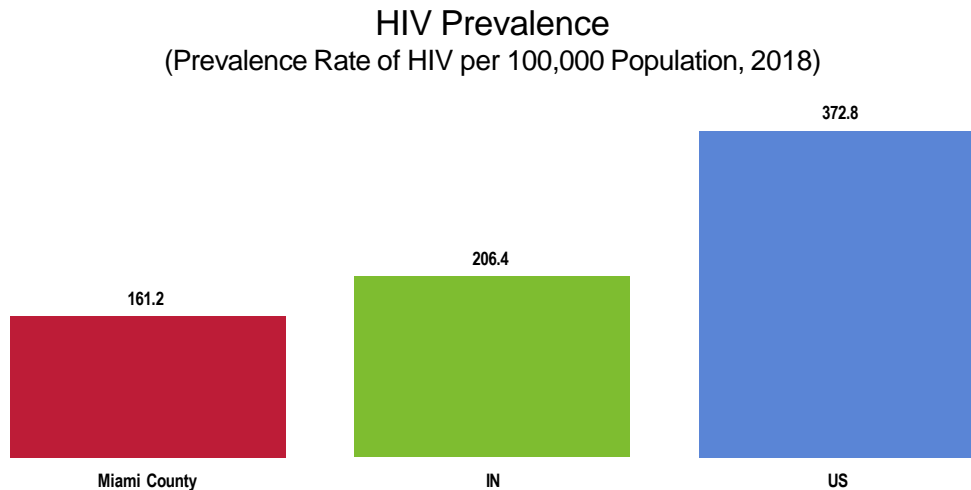
Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 2030 (<https://health.gov/healthypeople>)

HIV

The following chart outlines the prevalence of HIV in our community, expressed as a rate per 100,000 population.

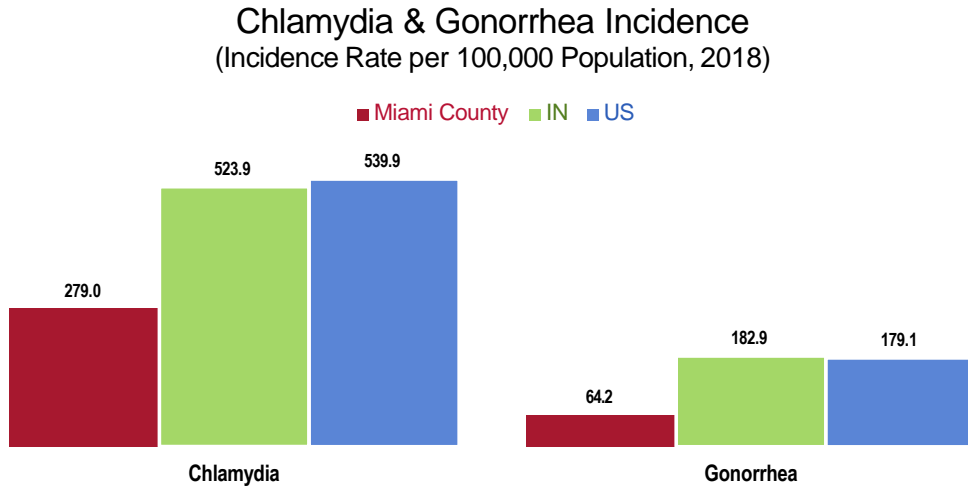


- Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
- Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

Chlamydia and gonorrhea are reportable health conditions that might indicate unsafe sexual practices in the community. Incidence rates for these sexually transmitted diseases are shown in the following chart.



Sources:

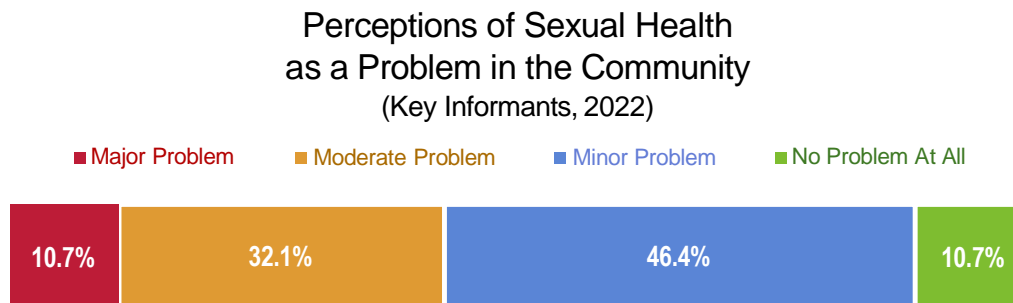
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Notes:

- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexual Health

Key informants' ratings of *Sexual Health* as a community health concern are shown in the following chart.



Sources:

- PRC Online Key Informant Survey, PRC, Inc.

Notes:

- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Lack of Specialty Care

▮ Limited access to specialists in this community. – Health Provider

Awareness/Education

▮ Do you have a few hours? After having worked with high schoolers for a period time, their biggest ask was to have someone talk to them honestly about sex. How can you have sexual health if the topic is so taboo? That's all I am going to say. – Community Leader



ACCESS TO HEALTH CARE

BARRIERS TO HEALTH CARE ACCESS

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Lack of Health Insurance Coverage

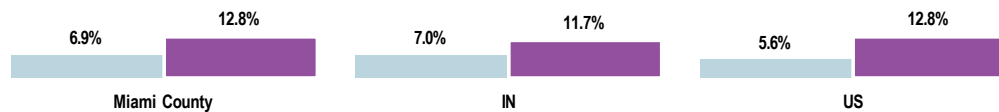
Health insurance coverage is a critical component of health care access and a key driver of health status. The following chart shows the latest figures for the prevalence of uninsured adults (age 18 to 64 years) in Miami County.

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Uninsured Population (2019)

Healthy People 2030 Target = 7.9%

■ Children (0-17) ■ Adults (18-64)

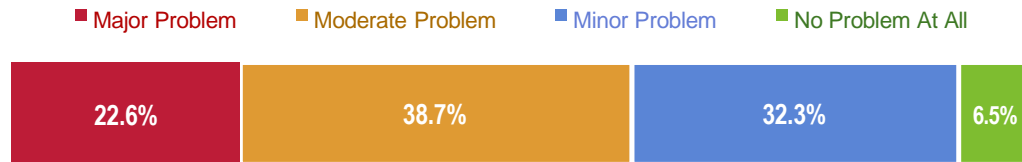


- Sources:
- US Census Bureau, Small Area Health Insurance Estimates. & American Community Survey 5-year estimates.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- The lack of health insurance is considered a *key driver* of health status. This indicator is relevant because lack of insurance is a primary barrier to healthcare access (including regular primary care, specialty care, and other health services) that contributes to poor health status.

Key Informant Input: Access to Health Care Services

Key informants' ratings of *Access to Health Care Services* as a problem in Miami County is outlined below.

Perceptions of Access to Health Care Services as a Problem in the Community (Key Informants, 2022)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Lack of Providers

- Not enough providers for the population. Public transportation for those that do not have access to a private vehicle. – Community Leader
- Lack of providers. – Community Leader
- Limited number of available healthcare providers, especially specialists. – Health Provider

Access to Care/Services

- Sufficient doctors for the care of senior citizens. Also, a hospital that our community can have confidence in. – Community Leader
- Access for basic health screens, preventative medicine, and basic health needs for families is limited. Most families either have to go out of town or wait for a long time to get an appointment. No real options for urgent care in town--no walk in clinic. – Social Services Provider

Lack of Specialty Services

- Occupational Health non-emergency care facilities in Miami County. Have to drive to neighboring counties for services, which is not timely and if urgent, is questionable, then they are driven to high cost Emergency Room care. – Community Leader
- Mental health, substance abuse and prevention care. – Community Leader

PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

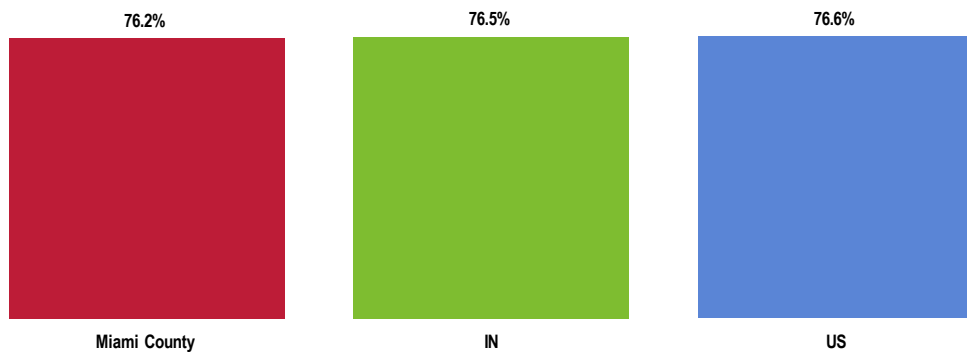
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Primary Care Visits

The following chart reports the percentage of Miami County adults who have had at least one visit to a doctor for a routine checkup in the past year.

Primary Care Visit in the Past Year
(2019)



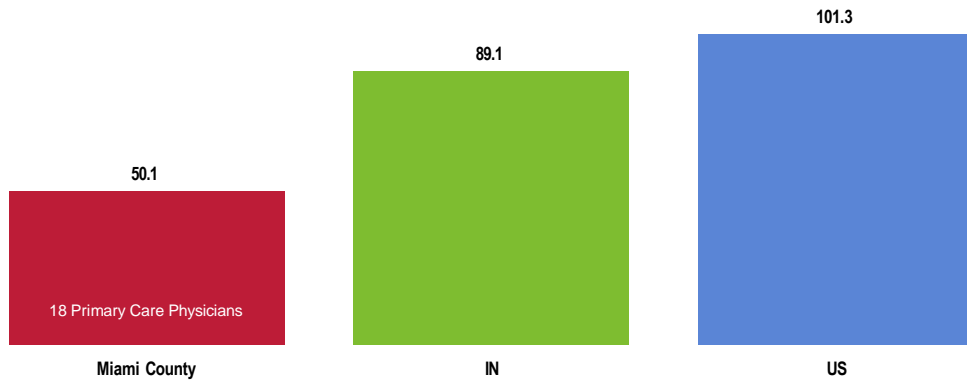
Sources: • Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
Notes: • This indicator reports the number and percentage of adults age 18 and older with one or more visits to a doctor for routine checkup within the past one year.

Access to Primary Care

The following indicator outlines the number of primary care physicians per 100,000 population in Miami County. Having adequate primary care practitioners contributes to access to preventive care.

Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2021)



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
- Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

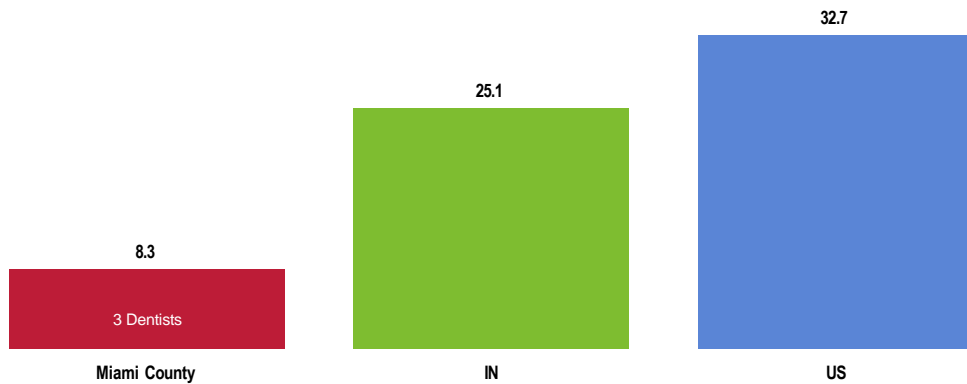
Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Access to Dentists

The following chart outlines the number of dentists for every 100,000 residents in Miami County.

Access to Dentists
(Number of Primary Care Physicians per 100,000 Population, 2021)

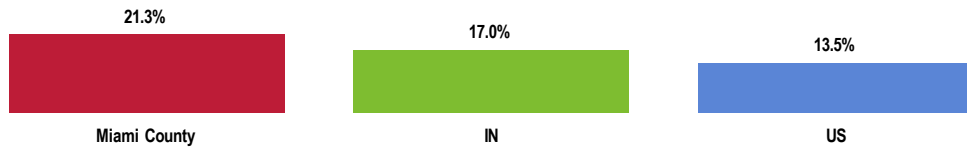


- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Poor Dental Health

The following chart shows the percentage of Miami County adults age 18 and older who have had six or more of their permanent teeth removed due to tooth decay, gum disease, or infection. This indicator can signify a lack of access to dental care and/or other barriers to the use of dental services.

Adults With Poor Dental Health
(Loss of All Permanent Teeth Among Adults Age 18+, 2018)



Sources:

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved via SparkMap (sparkmap.org).

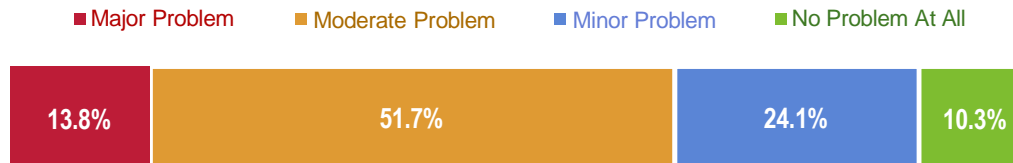
 Notes:

- This indicator reports the percentage of adults age 18 and older who self-report that all of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.

Key Informant Input: Oral Health

Key informants' perceptions of *Oral Health* are outlined below.

Perceptions of Oral Health
as a Problem in the Community
(Key Informants, 2022)



Sources:

- PRC Online Key Informant Survey, PRC, Inc.

 Notes:

- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Affordable Care/Services

Many can't afford dental care. – Community Leader

In my work with women and children up to age five, we almost always ask about seeing a dentist, and most have not in the past year. – Social Services Provider

Lack of Providers

Not enough dentists in the area. Patient compliance. – Health Provider



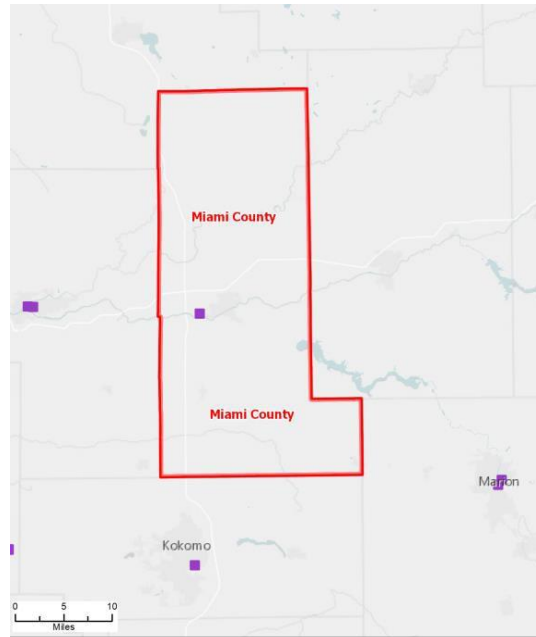
LOCAL RESOURCES

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Miami County.

FQHCs are community assets that provide health care to vulnerable populations; they receive federal funding to promote access to ambulatory care in areas designated as medically underserved.



Federally Qualified Health Centers, POS
September 2020



Map Legend

Report Location, County



SparkMap



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- American Health Network
- Dukes Memorial Hospital
- Four County Counseling Center
- Indiana Health Care
- Logansport Memorial Hospital
- Marion Health
- Miami County Medical Clinic
- Peace of Mind
- Peru Medical Clinic
- YMCA

Cancer

- Veterans

Coronavirus

- CDC
- Four County
- Health Department
- Hospitals
- Miami County Community Foundation
- Miami County Department of Health
- Miami County Economic Development Authority
- Pharmacies
- Testing Sites
- United Way
- Vaccination Sites

Chronic Kidney Disease

- Early Education

Dementia/Alzheimer's Disease

- Aperion Nursing Home-Grissom
- School System

Diabetes

- Doctor's Offices
- Dukes Memorial Hospital
- Logansport Memorial Hospital
- Miami County Department of Health
- Peru Medical Clinic
- School System
- VA Clinic
- YMCA

Disabilities

- Area Five
- Dukes Health Care System
- Dukes Memorial Hospital
- Logansport Memorial Hospital
- Miami County Extension Service
- YMCA

Infant Health and Family Planning

- Birthright
- Department of Child Services
- Dukes Memorial Hospital
- Healthy Families
- Logansport Memorial Hospital
- Miami County Extension Service
- YMCA

Heart Disease

- Dukes Health Care System
- Dukes Memorial Hospital
- Indiana Health Care
- Logansport Memorial Hospital
- Miami County Extension Service
- School System
- St. Vincent Cardiology
- YMCA



Injury and Violence

- Department of Child Services
- Doctor's Offices
- Family Services Association
- Law Enforcement

Mental Health

- AA/NA
- Bowen Center
- Churches
- Dukes Health Care System
- Four County Counseling Center
- Hospitals
- Miami County Systems of Care
- Peace of Mind
- School System
- United Way
- YMCA

Nutrition, Physical Activity, and Weight

- Fitness Centers/Gyms
- Healthy Families
- Helping Hands
- Indiana Health Care
- Logansport Memorial Hospital
- Miami County Extension Service
- Parks and Recreation
- Peru Medical Clinic
- Purdue Extension
- School System
- SNAP
- United Way
- WIC
- YMCA

Oral Health

- Dentist's Offices
- Indiana Health Care
- Ladd Dental
- United Way

Respiratory Diseases

- Dukes Health Care System
- Dukes Memorial Hospital
- Indiana Health Care
- Logansport Memorial Hospital
- YMCA

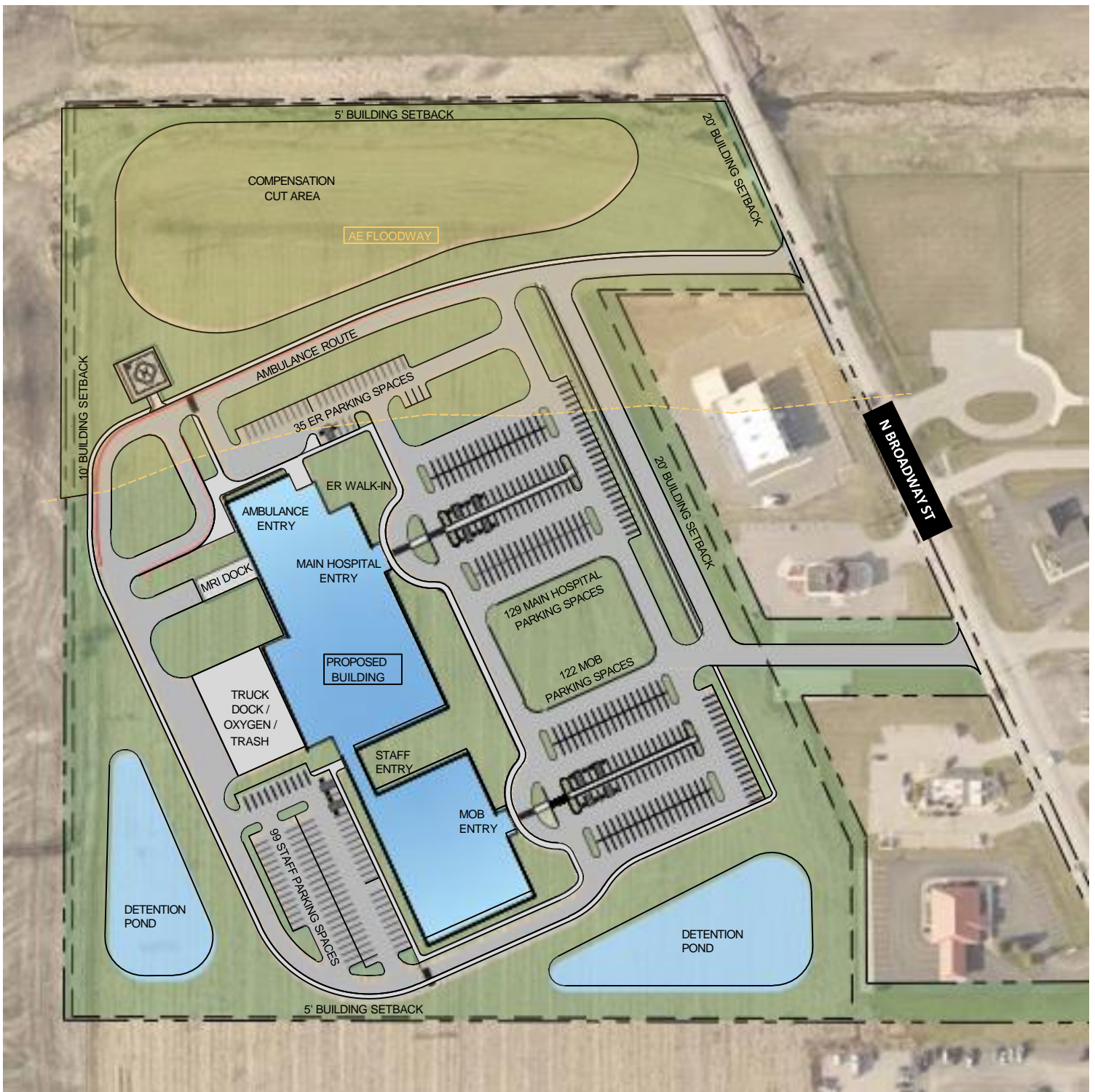
Substance Abuse

- AA/NA
- Above All Things, Inc.
- All Things are Possible
- Bowen Center
- Churches
- Dukes Health Care System
- Dukes Memorial Hospital
- Four County Mental Health
- Freedom Therapy and Recovery Services
- Hospitals
- Law Enforcement
- Living Free
- Miami County Courthouse
- Peace of Mind
- YMCA

Tobacco Use

- Baby and Me Tobacco Free
- Doctor's Offices
- Four County Mental Health
- Pharmacies
- Tobacco Coalition
- Tobacco Quit Line
- YMCA






Proposed Site: Layout Diagram

This proposed site diagram illustrates all of the proposed phases to their completion, including the potential Emergency Department/Urgent Care, and the attached Medical Office Building. The site also includes a Helipad, Mobile MRI Dock, Stormwater Detention, and a Floodway Compensation Cut Area that is anticipated to be necessary to construct at this location.

Revised Program-Endoscopy, Imaging, Urgent Care

										
MCEDA Healthcare Feasibility Analysis July 31, 2023										
SPACE PROGRAMMING										
SPACE TYPE	NO. OF SPACES	NO. OF OCCUPANTS	S.F. PER OCCUPANT	IDEAL SPACE SIZE		NET S.F. PER SPACE	TOTAL SPACE NET S.F.	IDEAL FLOOR LEVEL	PROXIMITY TO OTHER SPACES	COMMENTS
				L	W					
AREA NAME-GI										
Endoscopy Procedure Room	2					225	450			
Scope Processing	1					250	250		Endoscopy Procedure	
Patient Restroom	2					60	120		Endoscopy Procedure	
Post Op	1					80	80			
Pre Op	1					80	80			
Soiled Utility	1					150	150			
Clean Utility/Supply	1					200	200			
Changing	2					90	180			
Janitor Closet	1					90	90			
Consult	1					120	120			
Staff Locker	2					200	400		Centrally Located	
Staff Breakroom	1					250	250			
Manager's Office	1					110	110		Back of Department	
Entry Vestibule	1					150	150		Restroom	
Waiting	1					1,200	1,200			
Waiting Restroom	2					80	160		Restroom	
Scheduling	2					100	200		Near On-Call Room	
Workroom	1					250	250		Near Physician's Room	
										Near Vending
Total Area Net S.F.:							4,440			
25% Grossing Factor S.F.:							1,110			
AREA NAME-GI							TOTAL GROSS S.F.	5,550		

Revised Program-Endoscopy, Imaging, Urgent Care

SPACE TYPE	NO. OF SPACES	NO. OF OCCUPANTS	S.F. PER OCCUPANT	IDEAL SPACE SIZE			NET S.F. PER SPACE	TOTAL SPACE NET S.F.	IDEAL FLOOR LEVEL	PROXIMITY TO OTHER SPACES	COMMENTS
				L	x	W					
AREA NAME-Urgent Care											
Examination	3						130	390			
Supply	1						100	100			
Entry Vestibule	1						150	150			
Lobby	1						320	320			Separate Entrance
Reception	1						170	170			
Workroom	1						130	130			
Toilet	1						80	80			
JC	1						100	100			
Data Closet	1						80	80			
Lab	1						300	300			
Storage	1						150	150			
Audiology Booth	1						150	150			
Consult.	1						120	120			
							Total Area Net S.F.:	2,240			
							25% Grossing Factor S.F.:	560			
							TOTAL GROSS S.F.	2,800			
AREA NAME-Imaging											
X Ray	1						350	350			
Viewing	1						125	125			
Mammography	1						250	250			
Changing	2						100	200			
Sub-Waiting	1						150	150			
Patient Toilet	1						80	80			
Manager's Office	1						120	120			
Supply	1						150	150			
							Total Area Net S.F.:	1,425			
							25% Grossing Factor S.F.:	356			
							TOTAL GROSS S.F.	1,781			



MCEDA

Healthcare Feasibility Analysis

July 14, 2022

SPACE PROGRAMMING											
SPACE TYPE	NO. OF SPACES	NO. OF OCCUPANTS	S.F. PER OCCUPANT	IDEAL SPACE SIZE			NET S.F. PER SPACE	TOTAL SPACE NET S.F.	IDEAL FLOOR LEVEL	PROXIMITY TO OTHER SPACES	COMMENTS
				L	x	W					
AREA NAME-Emergency Dept.											
Trauma Room	2						265	530		Ambulance Entry	
Soiled Utility	1						115	115		Trauma Rooms	
Ambulance Vestibule	1						60	60		Trauma Rooms	Access to Decontamination Area
Decontamination Area	1						80	80		Ambulance Entry	Sink
Treatment Bay	4						175	700			1 for Women's Exams w/ Restroom
Consultation Room	1						210	210		Restroom	Access to Department Entry
Triage	1						166	166		Restroom	Designed as Additional Treatment Bay
Equipment Storage	2						125	250			Centrally Located, May Be Alcoves
Medication Safety Zone/Room	1						115	115		Nurses Station	
Dictation	2						35	70			Centrally Located
Clean Supply	1						185	185			Centrally Located
EVS/Data Closets	2						80	160			
Manager's Office	1						110	110			Back of Department
Staff Breakroom	1						150	150		Restroom	
Nurses Station	1						150	150			
Physician Breakroom	1						160	160		Restroom	Near On-Call Room
On-Call Room	1						70	70			Near Physician's Room
Restrooms	6						60	360			
Greeter Station	1						175	175			
Waiting/Vestibule	1						1,250	1,250			Near Vending
							Total Area Net S.F.	5,066			
							40% Grossing Factor S.F.	2,026			
							TOTAL GROSS S.F.	7,092			

AREA NAME-Emergency Dept.

SPACE TYPE	NO. OF SPACES	NO. OF OCCUPANTS	S.F. PER OCCUPANT	IDEAL SPACE SIZE			NET S.F. PER SPACE	TOTAL SPACE NET S.F.	IDEAL FLOOR LEVEL	PROXIMITY TO OTHER SPACES	COMMENTS	
				L	x	W						
AREA NAME-Lab												
Bariatric Draw	1					130	130	130		Near Restroom		
Blood Draw	2					62	124	124		Near Lab and Work Counter		
Restroom	1					60	60	60				
Lab	1					310	310	310				
Lab Storage	1					115	115	115				
Clean Utility	1					100	100	100		May Be Shared with Imaging Dept.		
EVS	1					100	100	100		May Be Shared with Imaging Dept.		
Soiled Utility	1					100	100	100		May Be Shared with Imaging Dept.		
Data Closet	1					80	80	80		May Be Shared with Imaging Dept.		
Consultation	1					135	135	135		Main Entrance		
Private Registration	1					170	170	170		Main Entrance		
Check-In	1					170	170	170		Main Entrance		
Waiting	1					650	650	650		Main Entrance		
							Total Area Net S.F.:	2,244				
							40% Grossing Factor S.F.:	898				
							AREA NAME-Lab	TOTAL GROSS S.F.	3,142			

AREA NAME-Imaging												
CT Scan	1					440	440	440		ED Dept.	Associated Control Room	
Control Room	1					125	125	125		CT Scan	May Be Shared with X-Ray	
Restroom	1					60	60	60				
X-Ray	1					355	355	355		Restroom	Shared Control Room	
Reading Room	1					190	190	190				
Tech Room	1					180	180	180		Control Room		
Manager's Office	1					155	155	155				
Women's Services Exam Room	1					150	150	150				
Women's Services Mammography	1					175	175	175		Restroom		
Women's Services Ultrasound	1					165	165	165		Restroom		
Restroom	2					51	102	102				
Women's Services Gowning	2					32	64	64				
Women's Services Gowned waiting	1					130	130	130				
MRI											Future, Currently Mobile Pad	
							Total Area Net S.F.:	2,291				
							45% Grossing Factor S.F.:	1,031				
							AREA NAME-Imaging	TOTAL GROSS S.F.	3,322			

SPACE TYPE	NO. OF SPACES	NO. OF OCCUPANTS	S.F. PER OCCUPANT	IDEAL SPACE SIZE			NET S.F. PER SPACE	TOTAL SPACE NET S.F.	IDEAL FLOOR LEVEL	PROXIMITY TO OTHER SPACES	COMMENTS
				L	x	W					

AREA NAME-Pharmacy											
Secure Vestibule	1						150	150			
Pharmacy							700	700			Pharmacy may or may not be a part of the end planning. Discussion regarding inpatient medications versus outpatient medications, separation, and patient access to outpatient alternatives had not concluded a final direction at the time of functional space programming.
							Total Area Net S.F.:	850			
							25% Grossing Factor S.F.:	213			
							TOTAL GROSS S.F.	1,063			

AREA NAME-Surgery/PRE/Post											
Registration/Scheduling	1						210	210			
Pre-Post Op	8						88	704			Private Room, or (2) Private Bays
Restrooms	4						50	200			
Nursing/Collaboration	1						440	440			Centrally Located
PACU Bays	3						90	270			
Isolation Bay	1						115	115			Restroom
Isolation Restroom	1						65	65			
Medication Safety Zone	1						120	120			Nurses Station
Dictation	2						35	70			
Nutrition Room	1						120	120			Nurses Station
Equipment Storage	1						150	150			Ice Machine
Clean Supply	1						150	150			
Soiled Utility	1						170	170			May Be Shared with OR Area
EVS	1						50	50			
Shared Offices-Dept. Director	1						240	240			(3) Cubicles
IT/Data Closet	1						100	100			Shared with OR
Waiting Room	1						600	600			Main Entrance Close to Restrooms
							Total Area Net S.F.:	3,774			
							40% Grossing Factor S.F.:	1,510			
							TOTAL GROSS S.F.	5,284			

SPACE TYPE	NO. OF SPACES	NO. OF OCCUPANTS	S.F. PER OCCUPANT	IDEAL SPACE SIZE			NET S.F. PER SPACE	TOTAL SPACE NET S.F.	IDEAL FLOOR LEVEL	PROXIMITY TO OTHER SPACES	COMMENTS
				L	x	W					

AREA NAME-Surgery OR											
Clean Supply	1						440	440	Centrally Located		
Control Desk	1						100	100	Near Pre Op	Digital Scheduling Board	
Equipment Storage	1						450	450			
OR Room	3						450	450		Sized for Orthopedic Procedures	
Scrub Sink Alcoves	2						21	42	OR Entrance		
Bed Alcoves	3						50	150	OR Entrance		
Central Decontamination	1						400	400			
Central Sterile Processing	1						750	750		Steam and Pass-Thru Sterilizers	
Sterile Storage	1						140	140	Central Sterile		
Specimen Processing	1						70	70			
Water Treatment Room	1						150	150	Central Sterile	RO and Water Treatment	
Staff Lounge	1						260	260			
Women's Locker Room	1						440	440		Dirty/Clean Path-Scrub Vending	
Men's Locker Room	1						250	250		Dirty/Clean Path-Scrub Vending	
Staff Restroom with Shower	2						65	130			
Packaging Breakdown Area	1						150	150			
							Total Area Net S.F.:	4,372			
							70% Grossing Factor S.F.:	3,060			
							TOTAL GROSS S.F.	7,432			

AREA NAME-Public Spaces											
Entry Vestibule	1						350	350		Includes Wheelchair Storage	
Reception	1						250	250			
Restrooms	2						400	800		(5) Water Closets Each	
Public Circulation/Waiting/Med. Mall							2,500	2,500		Includes Waiting Spaces	
							Total Area Net S.F.:	3,900			
							25% Grossing Factor S.F.:	975			
							TOTAL GROSS S.F.	4,875			

SPACE TYPE	NO. OF SPACES	NO. OF OCCUPANTS	S.F. PER OCCUPANT	IDEAL SPACE SIZE			NET S.F. PER SPACE	TOTAL SPACE NET S.F.	IDEAL FLOOR LEVEL	PROXIMITY TO OTHER SPACES	COMMENTS	
				L	x	W						
AREA NAME-Administration												
Waiting	1						150	150				
Registration/Billing	1						375	375		(4) Shared Hotel Desks		
Admin. Assistant	1						150	150		Site Administrator		
Administrator	1						180	180				
Staff Workroom	1						260	260		Includes Staff Breakroom		
HR Private Office	2						140	280				
Business Office	1						270	270		Open Workstations		
Conference Room Med.	1						225	225				
Staff Director	1						150	150				
Medical Informatics Office	1						150	150				
Medical Records Area	1						150	150		May Not Be Necessary		
							Total Area Net S.F.:	2,340				
							35% Grossing Factor S.F.:	819				
							AREA NAME-Administration	TOTAL GROSS S.F.:	3,159			
AREA NAME-Building Services												
Materials Management	1						860	860		Dock	Assumes Health System Relationship	
Mechanical/Plumbing	1						1,600	1,600		Dock	Assumes Rooftop Penthouse	
Electrical	1						150	150				
Dock	1									Open		
Staff Back-Stage Corridor	1						1,800	1,800				
Additional Items for Consideration												
Oxygen Tank Area												
Generator Area												
Waste/Dumpster Area												
Recycling Area												
Breakdown Area												
Morgue/Holding Area												
Med Gas Supply Room												
							Total Area Net S.F.:	4,410				
							25% Grossing Factor S.F.:	1,103				
							AREA NAME-Building Services	TOTAL GROSS S.F.:	5,513			

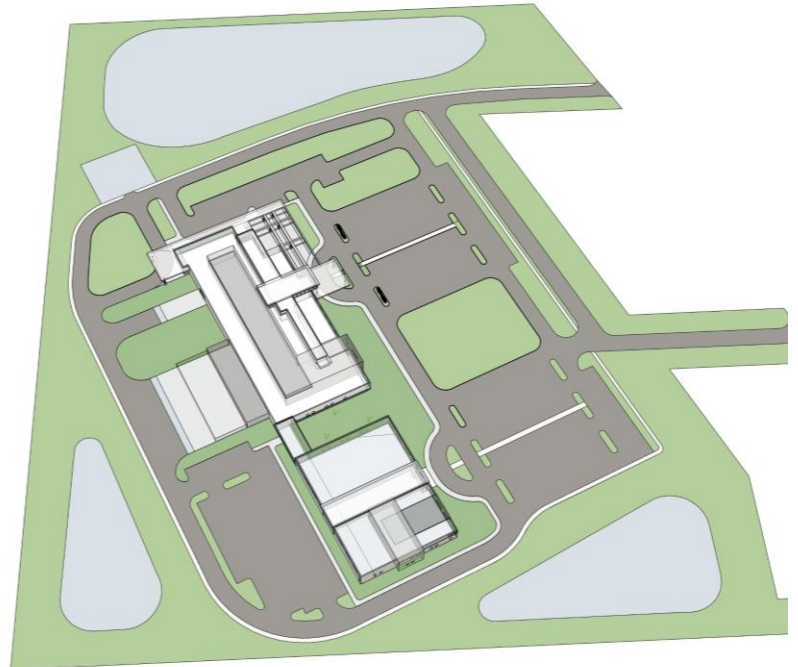
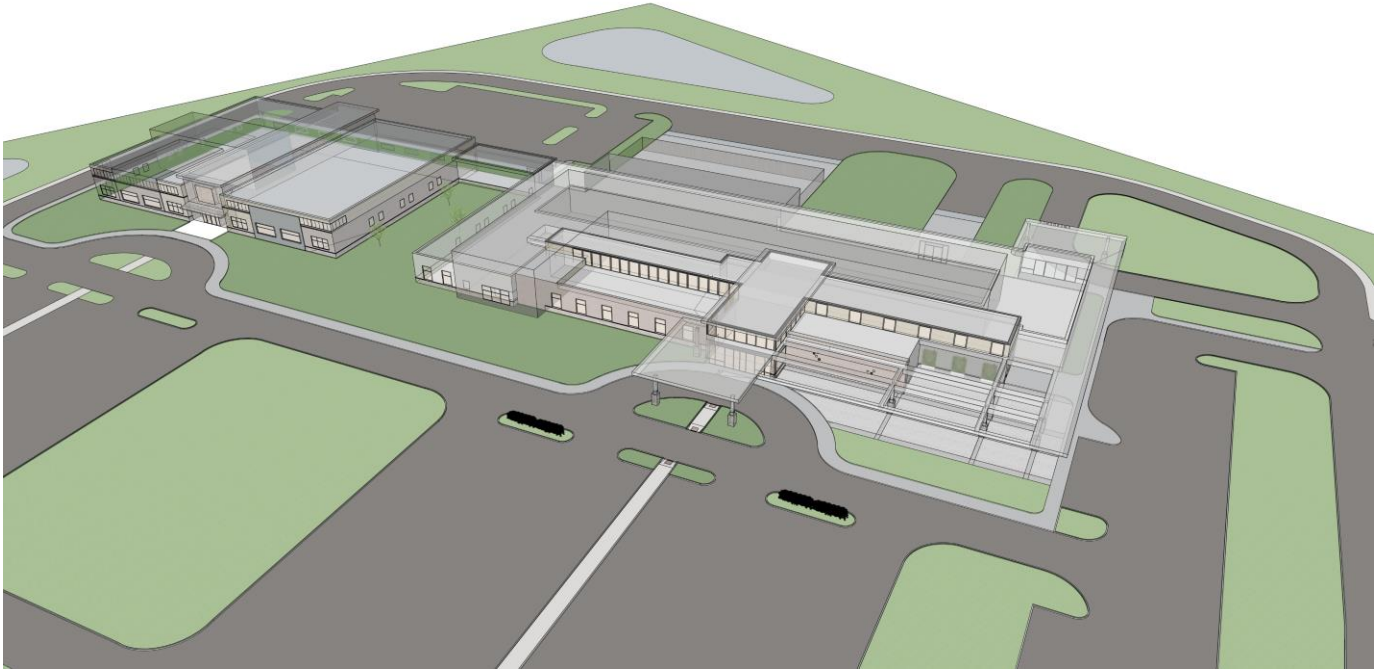
SPACE TYPE	NO. OF SPACES	NO. OF OCCUPANTS	S.F. PER OCCUPANT	IDEAL SPACE SIZE			NET S.F. PER SPACE	TOTAL SPACE NET S.F.	IDEAL FLOOR LEVEL	PROXIMITY TO OTHER SPACES	COMMENTS	
				L	x	W						
AREA NAME-Inpatient Dept.												
Patient Room	12						280	3,360			Excludes Patients of Size Rooms	
Patient Restroom	12						40	480			Assumes European Shower	
Isolation Vestibule	2						100	200				
Equipment Storage	1						350	350				
Nurses Station	1						370	370				
Clean Hold	1						210	210			Assumes Mobile Shelving/PAR System	
Durable Equipment	1						250	250				
Soiled Utility	1						125	125				
Crash Cart Alcove	1						15	15			Centrally Located	
EVS	1						70	70				
Office	2						140	280				
Data Closet	1						80	80				
Respiratory Therapy Storage	1						200	200				
Electrical Panel	1						80	80				
Staff/Public Restroom	2						60	120				
Wet EVS	1						100	100				
Shared Office	1						200	200			(2) Cubicles	
Back Service Corridor	1						850	850			if Desired For Off-Stage Supply	
Food Service	1						2,200	2,200			Assumes Warming for Inpatient Only	
							Total Area Net S.F.	9,540				
							40% Grossing Factor S.F.	3,816				
							AREA NAME-Inpatient Dept.	TOTAL GROSS S.F.	13,356			

TOTAL BUILDING NET S.F. 40,678
TOTAL BUILDING GROSS S.F. 54,237

Floor Plan: Space Organization



Conceptual Floor Plan



Design Imagery

The facility is imagined as a single-story structure, with separate entrances for public, staff, emergency walk-in and medical office functions. Materials will include brick, stone and aluminum composite material panels. There will be an emphasis on natural light, to aid in wayfinding and the augmentation of the interior environment.



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Opinion of Probable Costs

08/01/2023

Re: **Feasibility Analysis-Opinion of Probable Costs**

Construction Costs	4,657,815
Architecture/Engineering Fees (@ 7%)	326,047
Site Acquisition, Construction and Utilities	1,050,350
10% Design/Construction Contingency	600,000
10% Escalation Factor (Dependent Upon Const. Start)	600,000
FFE (Furniture, Fixtures and Equipment)	1,364,310
Total Anticipated Project Cost	8,598,522



Report by:

**BONA
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