



**NORTON**  
**KING'S DAUGHTERS'**  
**HEALTH**

**Community Health Needs Assessment**

**Community Health Needs Assessment Implementation Strategy**

*Community Health Needs Assessment*  
*2023*

## Table of Contents

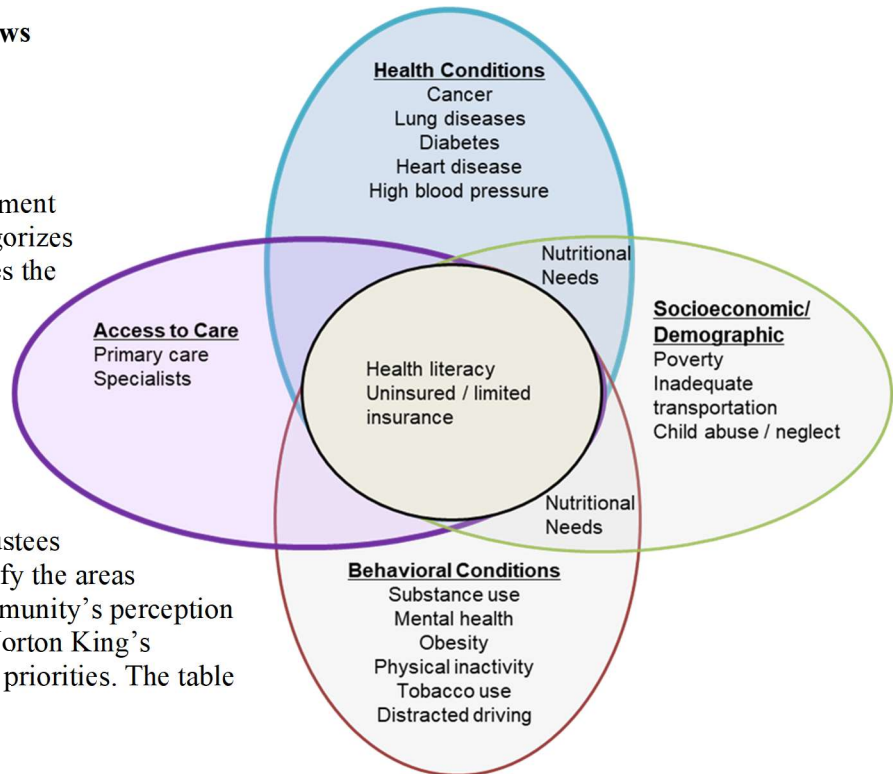
Executive Summary.....	1
Introduction.....	2
How the Assessment was Conducted.....	5
Norton King’s Daughters’ Health’s Community Benefit and Outreach .....	8
Areas Served by Norton King’s Daughters’ Health .....	12
Socioeconomic Characteristics of the Community.....	13
Community Health Status .....	14
Community Resources .....	14
Primary Data Assessment.....	16
Prioritization of Identified Health Needs.....	19
Appendices.....	21
<b>Appendix A: Demographic Characteristics of the Community .....</b>	<b>22</b>
<b>Appendix B: Socioeconomic Characteristics of the Community .....</b>	<b>25</b>
<b>Appendix C: Community Health Status .....</b>	<b>31</b>
<b>Appendix D: Community Resources .....</b>	<b>38</b>
<b>Appendix E: Primary Data Set .....</b>	<b>42</b>
<b>Appendix F: Detailed Summary of Topics and Findings .....</b>	<b>60</b>
<b>Appendix G: References .....</b>	<b>688</b>
<b>Community Health Needs Assessment Implementation Strategy .....</b>	<b>722</b>

Norton King's Daughters' Health has conducted a Community Health Needs Assessment (CHNA), using primary and secondary data, to ensure that our community benefit programs and resources are focused on the pressing health needs as perceived by the community at large. The primary data sources for this assessment were:

- **Community survey**
- Provider and community leader **interviews**
- Secondary market **research**

### Findings

A total of 19 issues were identified by the assessment process. The relational diagram to the right categorizes these concerns into four main areas and illustrates the overlap between them. Health literacy and the uninsured intersect all four categories of need.



### Prioritization

Norton King's Daughters' Health's Board of Trustees participated in the prioritization process to identify the areas of focus. The prioritization reflects both the community's perception of its needs and how well the issues align with Norton King's Daughters' mission, vision, values, and strategic priorities. The table below identified the 19 needs by category.

Health Conditions	Access to Care	Behavioral Conditions	Socioeconomic / Demographic
Cancer Lung disease Diabetes Heart disease High blood pressure	Access to care Primary care Specialists Uninsured / limited insurance	Substance use Mental health / suicide Obesity Physical inactivity Tobacco use including vaping Distracted driving	Nutritional needs Poverty Transportation Health literacy Child abuse / neglect

Norton King's Daughters' Health desires to continue providing clinical programs and health care services for our community while also pursuing continuous improvement in existing and future programs to meet community needs and improve the overall health of the communities we serve. The areas shaded in blue are those concerning health conditions and access to care, which pertain to Norton King's Daughters' Health's core business and will always be areas of priority. The unshaded areas to the right involve behavioral conditions and socioeconomic/demographic concerns that were prioritized for inclusion in our Community Health Needs Assessment.

## Introduction

Norton King's Daughters' Health has served the community since 1899. The current hospital location opened in 2013 and joined Norton Healthcare's health care system in January 2022. Norton King's Daughters' Health is a regional healthcare facility serving families throughout southeast Indiana and northern Kentucky.

Norton King's Daughters' Health is Madison's largest employer according to Madison's Chamber of Commerce<sup>1</sup>, with more than 800 employees. Norton King's Daughters' Health includes a hospital with 86 licensed beds, an outpatient rehabilitation center, home health and hospice services, seven practices in five counties, a convenient care center and an award-winning cancer treatment center affiliated with Norton Cancer Institute.

Norton King's Daughters' Health has a desire to continue providing clinical programs and services to meet community needs while also pursuing continuous improvement in existing and future programs to improve the overall health of the communities they serve. Norton King's Daughters' Health has conducted a Community Health Needs Assessment (CHNA), using primary and secondary data, to ensure community benefit programs and resources are focused on significant health needs as perceived by the community at large, as well as aligned with Norton King's Daughters' Health's mission, services and strategic priorities.

The 2023 Norton King's Daughters' Health CHNA has five main goals:

1. Gain a better understanding of community health care needs
2. Serve as a foundation for developing implementation strategies to direct resources where services are most needed and impact is most beneficial
3. Identify collaborative opportunities with community partners
4. Align focus areas developed through Norton King's Daughters' Health's implementation strategy with Norton King's Daughters' Health's existing programs and services and overall strategic priorities to provide a more integrated and coordinated approach to community benefit initiatives
5. Lead to actions that will improve the community's health

As discussed in more detail below, for purposes of this CHNA, Norton King's Daughters' Health has defined its "community" as Jefferson and Switzerland Counties in Indiana and Trimble County in Kentucky, which accounts for approximately 80% of Norton King's Daughters' Health's patients. While Norton King's Daughters' Health serves patients across a broader region, narrowing the community definition to three counties will allow Norton King's Daughters' Health to more effectively focus its resources to address identified significant health needs, targeting areas of greatest need and health disparities.

Norton King's Daughters' Health conducted a community wide survey to obtain feedback from the general public regarding health needs and perceptions. The community survey was made available in both English and Spanish through online and paper surveying methods. There were 551 surveys collected.

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<sup>1</sup> Madison Chamber of Commerce. "Workforce." 2022. [MadisonIndiana.com/Workforce](https://www.MadisonIndiana.com/Workforce).

Surveys that fell outside of the tri-county community or were missing the ZIP code were excluded from the results leaving 480 surveys to be used for the assessment.

Norton King's Daughters' Health obtained input from 23 various community stakeholders, including seven Norton King's Daughters' Health employed physicians or leaders and 16 representatives from the community through face-to-face virtual meetings or completed open response questionnaires. Community leaders represent areas of public health, major employers, public schools, social services organizations and community health departments.

Secondary data was collected, including:

- Demographics (population, age, sex, race)
- Socioeconomic indicators (household income, poverty status, unemployment, educational attainment)
- Health access indicators
- Community health status indicators (causes of death, chronic conditions, health behaviors, etc.)
- Availability of health care facilities and resources

Information gathered in the above steps was reviewed and analyzed to identify the health issues and opportunities in the community listed below:

Health Conditions	Access to Care	Behavioral Conditions	Socioeconomic / Demographic
Cancer Lung disease Diabetes Heart disease High blood pressure	Access to care Primary care Specialists Uninsured / limited insurance	Substance use Mental health / suicide Obesity Physical inactivity Tobacco use including vaping Distracted driving	Nutritional needs Poverty Transportation Health literacy Child abuse / neglect

Key findings for each identified health need were summarized and reviewed to determine the magnitude and severity of the problem and the importance of the issue to the community. This information was then taken to the Norton King's Daughters' Health board of trustees for further discussion.

The committee was asked to keep in mind 1) how closely the need aligns with Norton King's Daughters' Health's mission, key service lines, and/or strategic priorities; 2) alignment with state and local health department initiatives; and 3) whether or not programs exist (within Norton King's Daughters' Health or other community organizations) that are addressing the need.

A review of existing community benefit and outreach programs was conducted as part of this process, and opportunities for increased community collaboration were explored.

Based on the information gathered through this Community Health Needs Assessment and the prioritization process described above, the health needs above have been identified as significant in the community. These have been categorized in four categories: health conditions, access to care, behavioral

conditions, socioeconomic/demographic. Norton King's Daughters' Health's mission and core service offerings will continue to advance the issues outlined in the categories of health conditions and access to care including lack of primary care or specialty providers, and children's health. For purposes of this CHNA, future programming priorities will focus on the community health issues identified in the behavioral and socioeconomic categories.

Norton King's Daughters' Health board of trustees then worked to identify areas where Norton King's Daughters' Health can most effectively focus its resources to have significant impact and develop implementation strategies to advance our work in these areas. Through this process it was determined that Norton King's Daughters' Health is not in a position to significantly influence the poverty levels, transportation or distracted driving issues that exist within the population we serve.

Prioritized Community Health Issues	
Behavioral Conditions	Socioeconomic / Demographic
<ol style="list-style-type: none"> <li>1. Substance use</li> <li>2. Mental health</li> <li>3. Obesity</li> <li>4. Physical inactivity</li> <li>5. Tobacco use</li> <li>6. Distracted driving</li> </ol>	<ol style="list-style-type: none"> <li>1. Nutritional needs</li> <li>2. Poverty</li> <li>3. Transportation</li> <li>4. Lack of health literacy</li> <li>5. Child abuse / neglect</li> </ol>
Norton King's Daughters' Health Community Health Needs Areas of Focus	
<ol style="list-style-type: none"> <li>1. Substance use</li> <li>2. Mental health</li> <li>3. Obesity</li> <li>4. Physical inactivity</li> <li>5. Tobacco use</li> </ol>	<ol style="list-style-type: none"> <li>1. Nutritional needs</li> <li>2. Lack of health literacy</li> <li>3. Child abuse / neglect</li> </ol>

The access to care and health conditions categories are not noted as areas of focus for purposes of this CHNA. Norton King's Daughters' Health has excluded these categories, as these issues are part of Norton King's Daughters' Health's core business and, as such, will continue to be addressed as part of ongoing clinical programming. Norton King's Daughters' Health has a comprehensive charity policy, but is not in a position to significantly influence the poverty levels that exist within the population we serve. Similarly, Norton King's Daughters' is not in a position to significantly influence the transportation needs or distracted driving concerns in the community.

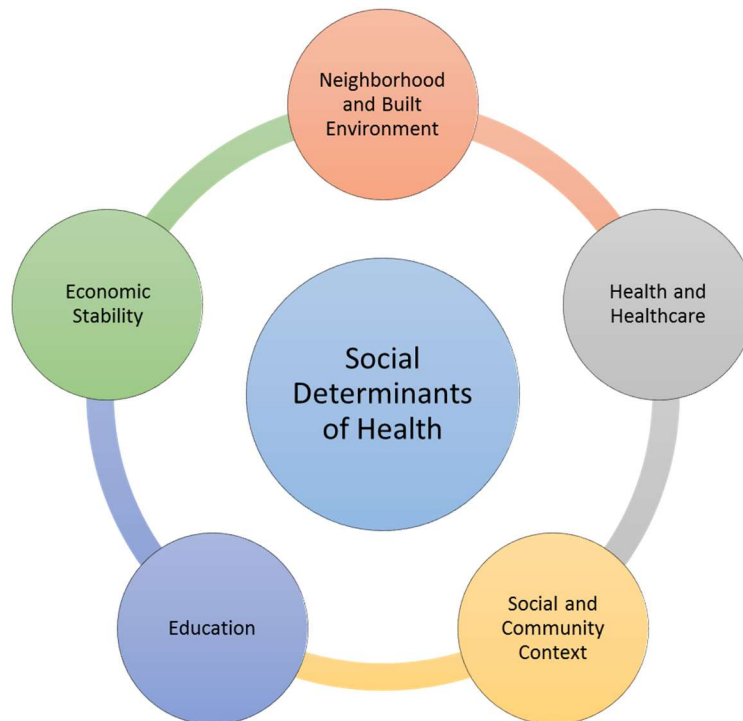
## How the Assessment was Conducted

Norton King's Daughters' Health conducted a Community Health Needs Assessment to support its mission to respond to needs in the communities it serves and to comply with the *Patient Protection and Affordable Care Act* of 2010 and federal tax-exemption requirements. Identified health needs were prioritized in order to facilitate the effective allocation of hospital resources to respond to the identified health needs. Based on current literature and other guidance from the Treasury and IRS, the following steps were followed as part of Norton King's Daughters' Health's CHNA:

- Community benefit initiatives that were implemented over the course of the past three years were evaluated.
- The “community” served by Norton King's Daughters' Health was defined by using inpatient data regarding patient origin and is inclusive of populations that are medically underserved, low income, minority groups and people with limited English proficiency. This process is further described in the section “Communities Served by Norton King's Daughters' Health.”
- Population demographics and socioeconomic characteristics of the community were gathered and assessed using various third-party tools.
- The health status of the community was assessed by reviewing community health status indicators from multiple sources. Health indicators with significant opportunity for improvement were noted. Information on the leading causes of death and morbidity information was analyzed in conjunction with social determinants of health.
- Community input was obtained through a communitywide survey for the general public.
- Community input also was obtained through key stakeholder interviews of 23 community leaders and health care providers. To ensure the medically underserved were represented in this CHNA, interviews were conducted with representatives from the county health departments, the public school system, as well as agencies providing services related to mental health, food insecurities and recent immigration to the United States.
- An inventory was prepared of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA.
- Identified health needs were then prioritized taking into account community perception regarding the significance of each identified need as well as the ability for Norton King's Daughters' Health to impact overall health based on alignment with Norton King's Daughters' Health's mission and services provided. Norton King's Daughters' Health board of trustees participated in identifying and prioritizing significant health needs.

## **Social Determinants of Health Framework**

Social determinants of health are defined as the personal, social, economic and environmental factors that influence an individual's health status. The framework below, accessed from the Office of Disease Prevention and Health Promotion,<sup>2</sup> describes what drives health and provides a context for how the data for the CHNA was compiled and analyzed, as well as the broader lens used to guide the process. Norton King's Daughters' Health's CHNA defines health in the broadest sense and recognizes that numerous factors impact a community's health — from health behaviors (e.g., diet and exercise), to clinical care (e.g., access to medical services), to social and economic factors (e.g., education, income and employment opportunities), to the physical environment (e.g., housing and air quality).



Adapted from Healthy People 2020

<sup>2</sup> Department of Disease Prevention and Health Promotion. "Social Determinants of Health." HealthyPeople.gov. 2020. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.



## ***Limitations and Information Gaps***

Several limitations related to the assessment's research methods should be acknowledged:

- Secondary research differs by data source in the timing of when the data was last collected. In some statistics, 2021 may be the most current year available for data, while 2018 may be the most current year for other sources. Survey data used to develop secondary research statistics can be based on self-reporting, and respondents may over- or under-report behaviors and illnesses based on fear of social stigma or misunderstanding of the question being asked. Despite these limitations, most of the self-reported surveys used to create secondary research statistics and analyzed in this CHNA, benefit from large sample sizes and repeated administrations, enabling comparison over time.
- In the Norton King's Daughters' Health community survey no attempt was made to randomly sample the population, but instead surveys were made available online and through community partners. Respondents may be prone to recall bias — that is, they may attempt to answer accurately, but they remember incorrectly. In some surveys, reporting and recall bias may differ according to a risk factor or health outcome of interest.
- The qualitative interview data collected for this assessment provides valuable insights, but results are not statistically representative of a larger population due to nonrandom recruiting techniques and a small sample size. Data was collected at one point in time and among a limited number of individuals. Therefore, findings, while directional and descriptive, should not be interpreted as definitive.

## **Norton King's Daughters' Health's Community Benefit and Outreach**

Norton King's Daughters' Health provides a broad array of services to the community. Below is a summary of some significant community benefit initiatives over the last few years and community support activities during the COVID-19 pandemic.

### **Health screenings and health**

- In 2019, 2021 and 2022, Norton King's Daughters' Health participated in the 4-H fair for Jefferson and Ripley counties in Indiana to provide health information to attendees.
- Norton King's Daughters' Health hosted a lung cancer screening event targeting community members with low incomes in 2019.
- For a period in 2021 through 2022, Norton King's Daughters' Health partnered with Purdue University and the Clearing House of Jefferson County, Indiana, to host a Reaching Rural Veteran's Event providing health education and blood pressure checks.
- Between 2019 and 2021, Norton King's Daughters' Health distributed over 150 colon cancer home screening kits and provided follow-up for any positive screening.
- Corporate flu shot clinics were held in calendar years 2019 to 2022 for various businesses in Madison, Indiana.
- In 2019, Norton King's Daughters' Health participated in the following additional health fairs: Trimble County High School, Ivy Tech employee/student community health fair, Anthem member health fair, and the Southeastern Indiana REMC health fairs for Ripley and Dearborn counties in Indiana.
- In 2021, Norton King's Daughters' Health hosted a corporate health screening for employees of Jefferson County with 65 participants.
- In 2022 a special skin cancer screening was held. Free sunscreen was provided at various events, fairs and not-for-profits in the community.
- In 2022, Norton King's Daughters' health wellness and tobacco cessation departments participated in a multi-county Veteran's Stand Down event, offering free health information and blood pressure checks.

### **Community education opportunities and special events**

- Norton King's Daughters' Health served as an American Heart Association provider site for CPR/AED and community first aid classes as well as Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS), and Pediatric Advanced Life Support (PALS) trainings for health care professionals. In 2019, 494 people graduated the community offered classes, which were not offered in 2020 or 2021 due to COVID-19. Training was provided to 1,061 health professionals in 2020 and 1,051 in 2021. In 2022, a total of 1,280 people received this training.
- Norton King's Daughters' Health provided the Fit Kids Program to five schools in 2019, three schools in 2020, five schools in 2021 and four schools in 2022. This program targets childhood obesity by focusing on healthy eating and exercise.
- In 2021, a community cooking class was offered providing health education and healthy recipes to participants.
- Norton King's Daughters' Health hosted the Fall 5K with 200 participants in 2019, 137 participants in 2021 and 199 participants in 2022.
- In 2019 the Norton King's Daughter's Health Girls on the Run program included 105 girls and 28 trained coaches at eight different sites for a 10-week running program to help encourage physical activity and healthy choices for girls in third grade through fifth

grade. Following a two-year break due to COVID-19, the program resumed in 2022. Fifty-one girls and 17 coaches participated in the 10-week program at six different locations. In addition approximately 200 people attended the Girls on the Run Fun Run event at the end of the season.

- From 2019 through 2022 the wellness coordinator completed 92 community speaking engagements focused on wellness and disease prevention topics including nutrition, heart disease, stress management, physical activity and self-defense.
- Norton King's Daughters' Health participated in the monthly "To Your Health" radio show (2019-2022), providing a 30-minute health education program to listeners.
- The OB Prep program provided prenatal education to 422 expectant mothers in 2019, 405 in 2020, 385 in 2021 and 328 in 2022.
- Strive for Five a five-week weight loss education class, was offered to the community in 2019 and 2021.
- In 2019, Norton King's Daughters' Health participated in the monthly House of Health event to provide health education to participants serving 25 to 70 attendees monthly.
- In 2019, Norton King's Daughters' Health offered a community workshop pertaining to women's safety and self-defense at no cost.

#### **Community service activities**

- Norton King's Daughters' Health served as the host site for two La Leche League community meetings in 2020.

#### **Healthy Community Initiatives (HCI)**

- The HCI Healthy Lifestyles team hosted a community Healthy Youth Tailgate Party during calendar years 2019 to 2022. As many as 500 youth, their families and volunteers from various not-for-profits were in attendance.
- The Healthy Lifestyles team offered multiple group walking opportunities, including cigarette butt cleanup walks during calendar years 2019 to 2022.
- In 2022, the Healthy Lifestyles team hosted a large community health fair with free screens and health information. Norton King's Daughters' Health and various businesses and not-for-profits in the community participated.
- The Mental Health team hosted multiple showings of the film "Resilience". This film raises awareness of the Adverse Childhood Experiences initiative.

#### **COVID-19 response**

Although COVID-19 limited some of community benefit activities during 2020 and 2021, Norton King's Daughters' Health continued to meet the community needs through COVID-19 response initiatives.

- Served as the state testing site for Jefferson County, Indiana throughout the pandemic.
- In 2021, provided 8,871 PCR tests and 19,960 rapid tests.
- Administered an estimated 8,000 COVID-19 vaccinations in 2021. These were given to employees, community members at on-site vaccine clinics, walk-ins at pharmacy locations, and five corporate locations. In 2022, 9,196 COVID-19 tests and 184 COVID-19 vaccinations/boosters were administered.

The table below is a summary of highlights of Norton King's Daughters' Health's service offerings in response to the needs identified in our 2019 Community Health Needs Assessment.

Table 1

<b>Top Identified Health Need in 2019</b>	<b>Highlights</b>
<b>Substance use</b>	Norton King's Daughters' Health took a leading role for the Healthy Communities Initiative (HCI) Substance Abuse team, employing an HCI coordinator who oversees the team and schedules meetings and speakers.
	Norton King's Daughters' Health actively served on the Substance Use Coalitions in Jefferson and Switzerland counties. Three employees serve on the Jefferson County Justice Treatment and Prevention Coalition. The Switzerland County Awareness Network disbanded and is no longer an active coalition.
	Norton King's Daughters' Health placed an information board in the emergency department for patient education, community resources and referrals. A board was also placed in the Convenient Care Center.
<b>Mental health</b>	Norton King's Daughters' Health took on a leading role in the Healthy Communities Initiative Zero Suicide/Mental Health team. A subcommittee was developed to begin working on the Adverse Childhood Experiences initiative. The Healthy Communities Initiative Mental Health team created a mental health resources list at the beginning of the COVID-19 crisis to inform people about services.
	Norton King's Daughters' Health helped to lead the Healthy Communities Initiative to become a trauma-informed community. Working with the local community foundation, NKDH and HCI applied for and received a planning grant to begin work to become a trauma-informed community. This focused on the Adverse Childhood Events Initiative where Norton King's Daughters' Health hosted workshops with community leaders to begin planning efforts. A Resilient Jefferson County grant was received to fund the comprehensive ACEs plan.
	Norton King's Daughters' Health initiated the use of two mental health screenings in the health care setting. The PHQ-9 annual depression screening is used in the outpatient physician offices. The Columbia Suicide Severity Rating Scale (C-SSRS) depression assessment is utilized in the emergency department for all patients except infants and toddlers. In 2020, 58% of patients age 12 and older received the screening tool in outpatient provider offices. The patients receiving this tool increased to nearly 70% in 2021.
<b>Tobacco use</b>	Tobacco awareness education including prevention and cessation initiatives. The completion of the standardized tobacco assessment for retail settings (STARS) surveys were provided at 39 retailers in Jefferson County. Youth education regarding secondhand smoke was provided at the "Movie in the Park" event. Youth cessation resources were provided to Jefferson County middle and high school counselors.
	Tobacco awareness education and cessation resources for expecting mothers included 128 patient referrals to the Tobacco Quitline. Cessation literature continues to be provided to pregnant women currently using tobacco at perinatal education appointments through the use of a tobacco coordinator and perinatal educator. Norton King's Daughters' Health was able to enroll eight patients in the 2020 Baby & Me tobacco-free program. In addition, the tobacco coordinator works with the area Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) office to help expecting mothers with low incomes to quit smoking. The Breathe program was also started for the area Ohio Valley Opportunities Head Start preschool program, providing smoke-free environment education to staff and parents.
	Norton King's Daughters' Health increased referrals to the Indiana state Tobacco Quitline. In 2020, 1,032 patients were referred, an increase of 237 referrals compared to 2019. To help grow this program, monthly referral reports were provided to physicians and nurses with educational materials about the program.
<b>Nutrition, physical activity, weight</b>	Norton King's Daughters' Health took a leading role for the Healthy Communities Initiative Healthy Lifestyles team. The Healthy Lifestyles team focuses on disease prevention, healthy nutrition, physical activity, obesity and tobacco. Norton King's Daughters' Health's wellness coordinator served as the chair for the Healthy Lifestyles team. Three employees participate on this team including the tobacco prevention & cessation coordinator. Supplies, special events materials and advertising for activities were supplied by Norton King's Daughters' Health or the King's Daughters' Health Foundation.

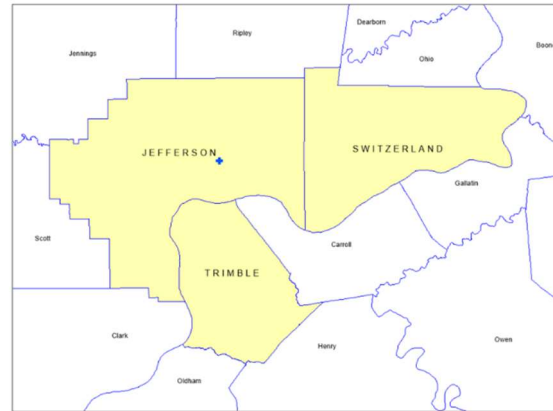
	<p>Norton King's Daughters' Health developed youth programming aimed at increasing physical activity and teaching healthy nutrition habits at a young age. Norton King's Daughters' Health Fit Kids program was taught in Jefferson County fifth-grade classrooms. This program consists of seven lessons targeting childhood obesity by teaching age-appropriate health, nutrition and exercise education with weekly take-home challenges for students and families. All Jefferson County, IN schools receive this program. Take-home education information involved families of participating students. In addition the Norton King's Daughters' Health wellness coordinator and Healthy Lifestyles team hosted a month-long Park Hop for area youth promoting the value of physical activity and incentivized youth and their families to visit area parks and trails. The Norton King's Daughters' Health Healthy Lifestyles team hosted a youth health event in coordination with a local "Movie in the Park" event, providing health education and community resource materials to youth and their families.</p> <p>Norton King's Daughters' Health hosted the Run the Falls community 5K run/walk in September 2020 with 179 participants. The run/walk occurred at the same time in 2021 with 137 participants and in 2022 with 199 participants. Norton King's Daughters' Health also serves as a council for the national Girls on the Run program, which is offered at multiple schools in Jefferson County, Indiana. This is a 20-lesson after school program for third grade to fifth grade girls. The program culminates with a 5K fun run event which hosts hundreds of participants and volunteers. The program was offered in 2019 and 2022 (a Girls on the Run season was not offered in 2020 and 2021 due to COVID-19).</p>
<b>Diabetes</b>	<p>Norton's King's Daughters' Health hired a full-time diabetes coordinator in 2019 to provide services to patients in both an inpatient and outpatient care setting. Patients are referred to the diabetes educator when they have a new diagnosis, complications, a change in therapy, A1C greater than 9%, have gestational diabetes or by patient request. The diabetes coordinator performs continuous glucose monitoring studies on patients seen. In 2020, the diabetes coordinator served approximately 250 patients and 158 patients in 2022.</p> <p>Norton King's Daughters' Health's diabetes educator worked directly with the population health nursing staff. In 2019, 33.53% of Norton King's Daughters' Health patient population had an A1C greater than nine. This rate decreased in 2020 to 27.7% and the 24.23% in 2021.</p> <p>In 2021, the NKDH Diabetes Educator spoke with residents at a senior citizen living center, provided educational material to the community at the 4-H fair, and offered prediabetes education to community members when referred by a physician.</p>
<b>Heart disease &amp; stroke</b>	<p>Norton King's Daughters' Health offered a structured population health program providing wellness visits for at-risk individuals with the goal of increasing preventive testing. Over 900 wellness visits were provided to Medicare patients in 2020, 2021 and 2022.</p> <p>Norton King's Daughters' Health provided Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS), and Pediatric Advanced Life Support (PALS) training in 2020, 2021 and 2022, training over 1,000 health care professionals each year.</p> <p>Norton King's Daughters' Health teaches a heart disease education class at the local Indiana Department of Corrections facility, located in Jefferson County, Indiana. New inmates/offenders participate in the class, which is held twice a month.</p> <p>Norton King's Daughters' Health provided blood pressure checks at the Reaching Rural Veteran's event and at a corporate health fair.</p> <p>Norton King's Daughters' Health provided training regarding the warning signs of heart disease and stroke in the community including nine community presentations.</p>
<b>Cancer</b>	<p>Norton King's Daughters' Health distributed take-home colon rectal screening kits in 2020 and 2021. Approximately 80 kits were returned and follow up was provided to all positive tests.</p> <p>Cancer prevention education was provided through county 4-H fairs, the Jefferson County Relay For Life event, the NKDH "To Your Health" podcast, and presentations offered through the wellness coordinator.</p> <p>Skin cancer prevention information and free sunscreen were provided at various opportunities.</p> <p>Norton King's Daughters' Health hosted the Women &amp; Cancer support group.</p>

## Areas Served by Norton King's Daughters' Health

### Norton King's Daughters' Health's Community

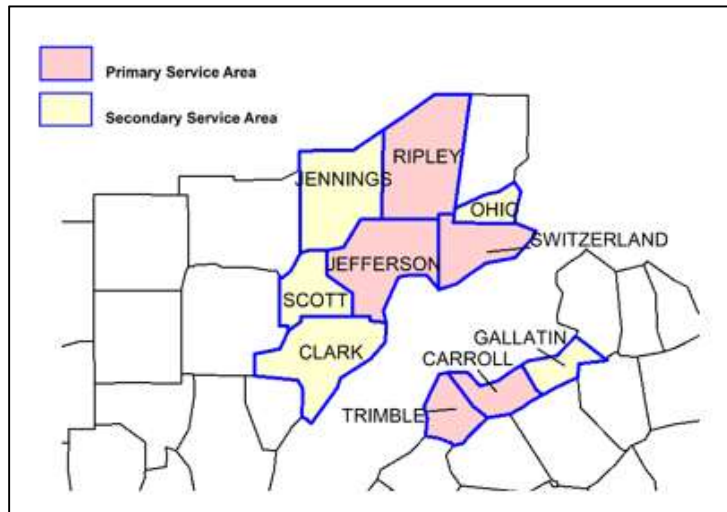
Residents of Jefferson and Switzerland Counties in Indiana and Trimble County in Kentucky, account for approximately 80% of Norton King's Daughters' Health's inpatient discharges. Therefore, for purposes of this CHNA, the Norton King's Daughters' Health community includes the three counties identified.

Discharges				
	2019	2020	YTD Sept 2021	%
Total discharges	3,559	2,884	2,131	100%
County	2019	2020	YTD Sept 2021	%
Jefferson - IN	1,959	1,799	1,330	62%
Switzerland - IN	293	308	218	10%
Trimble - KY	476	160	164	8%
	2,728	2,267	1,712	80%



### Norton King's Daughters' Health's primary service area

Norton King's Daughters' Health's primary service area (PSA) includes two counties in Kentucky and three counties Southern Indiana, as illustrated below.



## Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. Those variables also have an impact on community health, including household poverty level, employment, uninsured population and educational attainment for the community. These standard measures will be used to compare the socioeconomic status of Jefferson and Switzerland Counties in Indiana and Trimble County in Kentucky (the CHNA community) with the states of Kentucky and Indiana as well as the United States. Health access indicators by were also reviewed at the ZIP code level.

- Household poverty level – The nation sets a national poverty line based on the both income and the people living within a household. There is a significant variance in the percentage of the households that live below the poverty line for each county in the community served. Switzerland County, Indiana, at 19.6%, has the highest percentage of households living below the poverty line. Approximately 12.1% of households in Trimble County, Kentucky, live below the poverty line and Jefferson County, Indiana, has approximately 10.9% of households living below the poverty line.
- Employment – The unemployment rate has been relatively stable in recent years with the exception of 2020. The onset of a global pandemic disrupted the economy and lead to an increase in unemployment. In April of 2020 Indiana and Kentucky experienced the highest historical monthly unemployment rate with both surpassing 16% of the labor force being unemployed according to the Department of Labor and Statistics. This has improved in the last year with both states also experiencing their lowest historical unemployment rate, in April 2022 Indiana's monthly reported unemployment rate was 2.8% and in the following month Kentucky reached 3.8% unemployment. The unemployment rate has since become more stable and in alignment with the years prior to the pandemic.
- Insurance coverage – Most recent statistics found that in the defined community Switzerland County has the highest percentage of uninsured adults under 65 years of age at approximately 13.6%. Jefferson County is reported to have 10.3% of uninsured adults and Trimble County 8.1% remain uninsured. Nationally, about 13% of those under 65 remain uninsured according to community health rankings.
- Education – About 12.6% of the tri-county community's adult population over the age of 25 does not have a high school diploma and nearly 15% have a bachelor's degree or higher. Educational attainment has a direct impact on employment, income levels, insurance coverage and quality of life.

Norton King's Daughters' Health also obtained the Community Need Index (CNI), a tool developed by Dignity Health and IBM Watson Health. The CNI score is an average of five different barrier scores that measure socioeconomic indicators — income, culture, education, insurance and housing.

See Appendix B for further details on socioeconomic characteristics of the community.

## Community Health Status

Norton King's Daughters' Health compared external sources to assess the tri-county community health, including County Health Rankings, which indicated several areas of opportunity in the areas of length and quality of life, healthy behaviors, social and economic factors, and the physical environment, as outlined below.

- ❖ Length and quality of life – Opportunities to improve mortality rates as well as improving overall mental and physical health.
- ❖ Healthy behaviors – Opportunities for enhanced physical activity and healthy foods to reduce obesity and diabetes rates, smoking cessation and drug use, and teen birth rates.
- ❖ Clinical care – The biggest area of opportunity is to reduce preventable hospitalizations.
- ❖ Social and economic factors – Opportunities to improve the family unit so children grow up in a household with both parents; reduce poverty levels and reduce death rates, both from injuries as well as homicide.
- ❖ Physical environment – Air quality was the primary opportunity in this area.

These are outlined in detail in Appendix C.

## Community Resources

The availability of health care resources is a critical component to the health of a county's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community's health status. An overview of these resources follows.

### ***Hospitals and Health Centers***

According to the *Indiana Hospital Directory*, updated in November 2022, there are two hospitals within the community being assessed and both are located in Jefferson County, Indiana. Norton King's Daughters' Health's Hospital is the only short-term acute care hospital with approximately 60 staffed inpatient beds. Madison State Hospital, a psychiatric hospital with 150 inpatient beds, resides in Jefferson County, Indiana. Kentucky's Hospital Directory does not list any hospitals in Trimble County.

### ***Federally Qualified Health Centers***

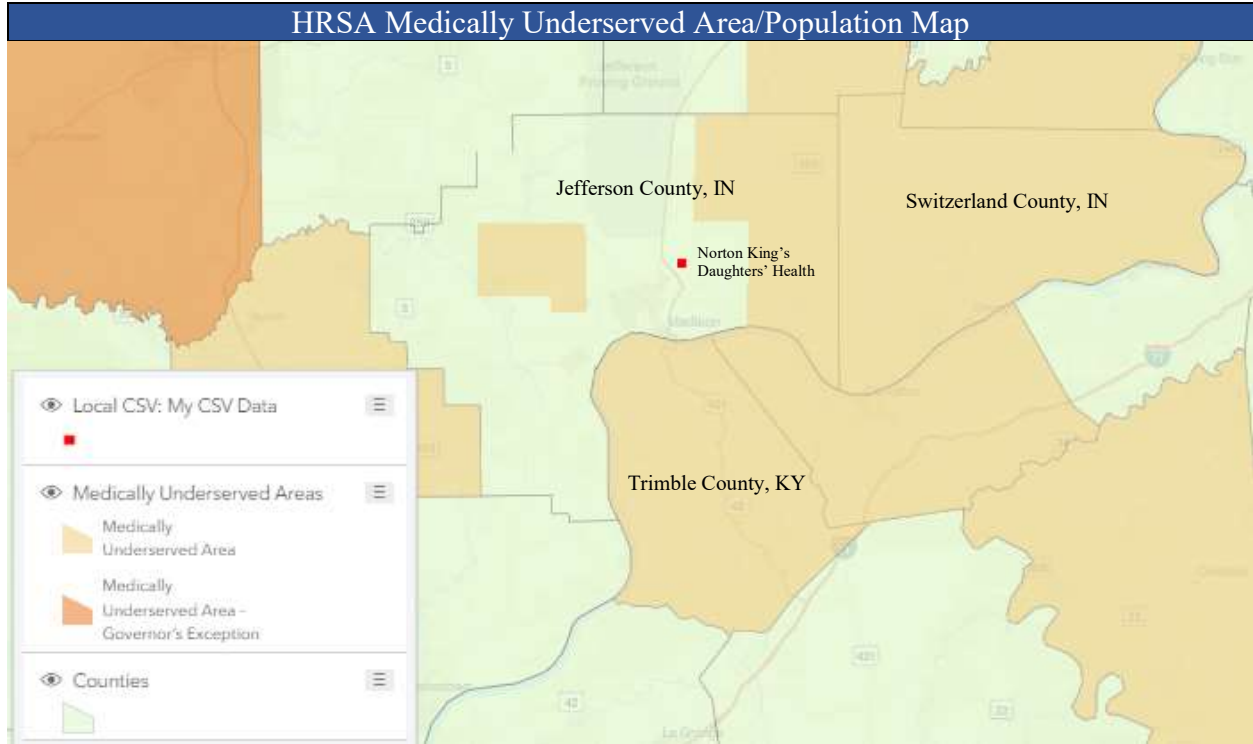
The Health Resources and Services Administration (HRSA) is the primary federal agency for improving health care for people who are economically and medically vulnerable. It works with state partners to determine areas with too few primary care, dental and mental health providers and services. There are limited federal resources, so the designation helps to prioritize and focus resources to areas with this designation. The Federally Qualified Health Centers and Look-Alikes listing on HRSA.gov did not list locations for the tri-county community. There were several service locations listed for adjacent counties. The table below lists federally qualified health center service delivery sites located in counties adjacent to the defined Norton King's Daughters' Health community that have been established to serve underserved areas or populations.



Table 2

Summary of Federally Qualified Health Centers Near the Community Served		
Health Center Name	Address	County/State
Family Health Centers of Southern Indiana Clarksville	1420 Blackiston Mill Road, Clarksville, IN 47129	Clark County, IN
LifeSpring Community Medical Services	1036 Sharon Drive, Jeffersonville, IN 47130	Clark County, IN
Life Spring Adult Integrated Medical Services	404 Spring St. Jeffersonville, IN 47130	Clark County, IN
Austin Medical Center	2277 W Frontage Road, Austin, IN 47102	Scott County, IN
Life Spring Mobile Health Services	2277 W Frontage Road, Austin, IN 47102	Scott County, IN
Carroll Floyd Drive	329 Floyd Drive, Suite A, Carrollton, KY 41008	Carroll County, KY
Kathryn Winn Elementary School	907 Hawkins St., Carrollton, KY 41008	Carroll County, KY
Carroll County High School	1706 Highland Ave., Carrollton, KY 41008	Carroll County, KY
Cartmell Elementary School	1708 Highland Ave., Carrollton, KY 41008	Carroll County, KY
Carroll County Middle School	408 5th St., Carrollton, KY 41008	Carroll County, KY
Carroll County Alternative Learning Center	519 Park Ave., Carrollton, KY 41008	Carroll County, KY
Carroll County Early Childhood Development Center	619 9th St., Carrollton, KY 41008	Carroll County, KY
Carroll County Behavioral Health	329 Floyd Drive, Suite E, Carrollton, KY 41008	Carroll County, KY
Henry County Community Health Center	75 Park Road, New Castle, KY 40050	Henry County, KY

The map below shows the tri-county community area and the hospitals located in proximity. The map identifies the medically underserved areas in orange, as defined through the Health Resources and Services Administration. Medically underserved areas have too few primary care providers, high infant mortality, high poverty and/or a high elderly population.



Source: <https://data.hrsa.gov/maps/map-tool/>

## Health Departments

There are three health departments serving the Norton King's Daughters' Health community. The departments are listed below along with their locations and sample of services provided and website. For full listings, visit the health department websites.

**Table 3**

Health Departments Serving the Community			
County	Address	Services	Website
Jefferson County, IN	715 Green Road Madison, IN 47250	<ul style="list-style-type: none"> <li>• Immunization services</li> <li>• Health screenings</li> <li>• Lead testing</li> <li>• Child safety seat inspections</li> <li>• Environmental health inspections</li> </ul>	<a href="http://JeffersonCounty.in.gov/159/Health-Department">JeffersonCounty.in.gov/159/Health-Department</a>
Switzerland County, IN	1190 W. Main St., Suite 300 Vevay, IN 47043	<ul style="list-style-type: none"> <li>• Immunization services</li> <li>• Health screenings</li> <li>• Medication administration</li> <li>• Sharps container exchange</li> </ul>	<a href="http://Switzerland-County.com/Health.html">Switzerland-County.com/Health.html</a>
Trimble County, KY	138 Miller Lane Bedford, KY 40006	<ul style="list-style-type: none"> <li>• Immunization services</li> <li>• Well child care</li> <li>• Nutritional services</li> <li>• Health screenings</li> </ul>	<a href="http://ncdhd.com/Clinic-Services">ncdhd.com/Clinic-Services</a>

### **Other Community Resources**

Various social service agencies throughout are available to assist residents with needs that fall outside the health care delivery system yet impact overall health, including food, housing and utilities, child care and job training services. Appendix D provides a few samples of resource listings and services available to address certain identified needs and links to resource listings available for the area, including Indiana 211 and Jefferson County Resource & Referral Guide.

## **Primary Data Assessment**

As previously stated, a community health needs survey was conducted to obtain feedback from the general public regarding their needs and perception of the health of the community. The community survey was made available in English and Spanish through online and paper surveying methods. A total of 551 surveys were collected. For the analysis only the 480 surveys collected from ZIP codes located in the defined community of Jefferson and Switzerland Counties in Indiana and Trimble County in Kentucky were included.

Survey findings were categorized in four areas:

Areas of Focus	Top Priorities
<b>Community health problems</b>	<ul style="list-style-type: none"> <li>Drug or alcohol addiction</li> <li>Mental health issues</li> <li>Obesity</li> <li>Cancer</li> <li>Suicide</li> <li>Diseases that affect the lungs (ex: chronic obstructive pulmonary disease, emphysema, asthma)</li> </ul>
<b>Unhealthy behaviors</b>	<ul style="list-style-type: none"> <li>Drug abuse</li> </ul>

	Alcohol abuse Tobacco use Distracted driving (texting, drinking) Poor eating habits Not getting adequate preventive health care
<b>Barriers to health care</b>	Hard to get an appointment in a timely manner Can't take time off work Past due bill with a health care provider Can't afford the health care visit Can't afford prescription medicine Other barrier due to money
<b>Community needs to be healthy</b>	Good jobs or jobs paying a living wage Access to affordable fresh foods Affordable housing Easy access to health care providers Clean environment (clean air, water, soil and streets) Access to a primary care provider or a family doctor

Other interesting findings when the results are evaluated at a more granular level:

- Health status – 54% of those surveyed believe that the community they live in is somewhat to very healthy.
- Food insecurity – 18% of residents indicate they sometimes or often experience food insecurity.
- Affordability – 28% of respondents stated that they delayed health care due to affordability.
- Health literacy – 42% reported some difficulty understanding information given by their health care provider and 18% expressed some discomfort in filling out medical forms.
- Access to care – 35.2% of responses reported having difficulty finding a specialist. The top specialists identified were: mental health, dermatology, bone and joint, women's health and dental care.
- Trust – 32% indicated that trust is the most important attribute when choosing a health care provider.

To ensure we had a complete assessment of needs and perceptions, Norton King's Daughters' Health interviewed 23 community leaders and physicians. These interviews focused the following four key areas: pressing problems in health care, barriers to health care, health care engagement and global or universal issues involving health care. Key themes identified area as follows:

Pressing problems and barriers to health care

- Access to care – More local primary care and specialty care providers would help reduce the travel burden for patients and encourage them to follow through on the health plan that they work out with their providers. Needed specialties included cardiology, mental health, substance use, diabetes, women's health, wound care and dentistry.
- Mental health – An increase in mental health issues in the community, including suicide rates, is a concern. The growing needs in the community have highlighted the shortage of mental health providers and services that are available.

- Substance use – Drug use continues to increase throughout the community. There are limited treatment resources for those suffering from addiction. There is a need for interventions that can take place prior to law enforcement involvement and wraparound support services to support individuals after treatment to prevent relapse.
- Health literacy – The need for education around a healthy lifestyle as well as educating the population on navigation of health care services as well the ability to understand health information and materials provided by health providers.
- Social determinants of health – Transportation, financial barriers, food insecurities, cultural and language barriers continue to be areas of concern in the community.
- Chronic disease – As the population ages the percentage of people experiencing chronic disease is expected to grow. There is a growing need for care coordination and a need to focus on the prevention of chronic disease in the community.

For more detail pertaining to the survey and interview findings, review Appendix E.

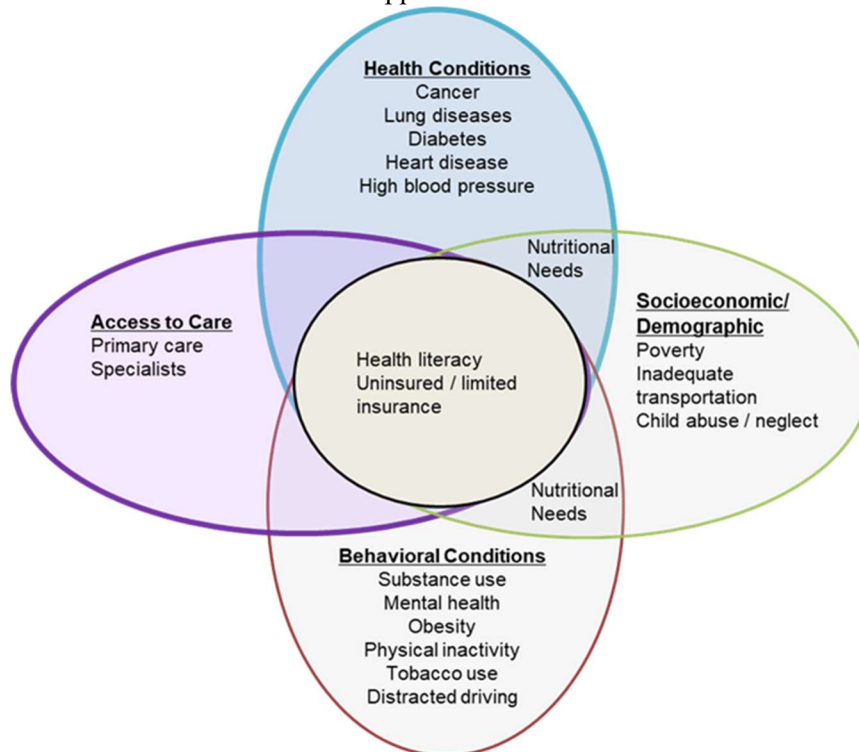
## Prioritization of Identified Health Needs

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

The first step in the prioritization process was to identify a comprehensive list of the community health needs identified through the data-gathering techniques used, including:

- **Primary data**
  - Community health survey
  - Health provider interviews
  - Community leader interviews
- **Secondary data – socioeconomic indicators**
  - Poverty levels
  - Employment
  - Insurance coverage
  - Educational attainment
- **Secondary data – community health status indicators**
  - Leading causes of death
  - Community health status indicators
  - County and state health rankings

As a result, the following summary list of needs was identified. A more detailed grid outlining key findings for each identified need is located in Appendix G.



To facilitate prioritization of identified health needs the key findings were summarized and reviewed to determine the magnitude and severity of the problem and the importance emphasized by the community.

This information was then taken to Norton King’s Daughters’ Health board of trustees for further discussion.

The committee was asked to keep in mind 1) how closely the need aligns with Norton King’s Daughters’ Health’s mission, service lines, and/or strategic priorities; 2) alignment with state and local health department initiatives; and 3) whether or not existing programs exist (within Norton King’s Daughters’ Health or other community organizations) that are addressing the need.

The board of trustees participated in a thorough discussion of the 19 needs identified to provide input and further narrow the needs to the areas of focus for the 2023 Community Health Needs Assessment.

Based on this prioritization process, the health needs below have been identified as the most significant opportunities in the community. Norton King’s Daughters’ Health leadership and the board of trustees worked to identify areas where Norton King’s Daughters’ Health can most effectively focus its resources to have significant impact and develop an implementation strategy for 2020-2022 directly through programming as a collaborator or convener.

Health Conditions	Access to Care	Behavioral Conditions	Socioeconomic / Demographic
Cancer Lung disease Diabetes Heart disease High blood pressure	Access to care Primary care Specialists Uninsured / limited insurance	Substance use Mental health / suicide Obesity Physical inactivity Tobacco use including vaping Distracted driving	Nutritional needs Poverty Transportation Health literacy Child abuse / neglect

# Appendices

# **Appendix A**

## **Demographic Characteristics of the Community**



**Community Population and Demographics**

The U.S. Census Bureau has compiled population and demographic data and projected growth over the next five years. Table 4 below shows the total population of the community. Jefferson County is expected to have continued population growth of around 1% over the next five years. Switzerland County and Trimble County expect a reduction in total population of 1.6% and .5% respectively. The largest projected growth rate by age is the 65 and older population for all ZIP codes. The age group comprising of those 40 to 64 years of age is projected to have the greatest percentage decrease population, with an overall 6.2% decrease for all three counties. The child and adolescent age group shows an overall decrease of 1.8%. The growth rate for the primary service area is expected to remain less than 1%.

**Table 4**  
**Norton Healthcare Kings Daughter Community**

2023 Population								
County	ZIP code	Population	Male	Female	0-17	18-44	40-64	65+
Trimble Kentucky	40006	5,115	2,549	2,566	1,094	1,544	1,462	1,015
	40045	2,999	1,515	1,484	640	918	845	596
	<b>Total</b>	<b>8,114</b>	<b>4,064</b>	<b>4,050</b>	<b>1,734</b>	<b>2,462</b>	<b>2,307</b>	<b>1,611</b>
Switzerland Indiana	47011	980	508	472	249	293	259	179
	47020	1,069	551	518	255	329	292	193
	47038	1,118	590	528	264	315	332	207
	47043	5,091	2,629	2,462	1,074	1,537	1,387	1,093
	<b>Total</b>	<b>8,258</b>	<b>4,278</b>	<b>3,980</b>	<b>1,842</b>	<b>2,474</b>	<b>2,270</b>	<b>1,672</b>
Jefferson Indiana	47224	649	339	310	177	195	161	116
	47230	2,084	1,045	1,039	411	641	618	414
	47231	1,008	511	497	223	329	277	179
	47243	6,438	3,053	3,385	1,222	2,675	1,446	1,095
	47250	22,301	10,608	11,693	4,523	7,186	5,968	4,624
	<b>Total</b>	<b>32,480</b>	<b>15,556</b>	<b>16,924</b>	<b>6,556</b>	<b>11,026</b>	<b>8,470</b>	<b>6,428</b>
<b>Primary Service Area</b>		<b>48,852</b>	<b>23,898</b>	<b>24,954</b>	<b>10,132</b>	<b>15,962</b>	<b>13,047</b>	<b>9,711</b>

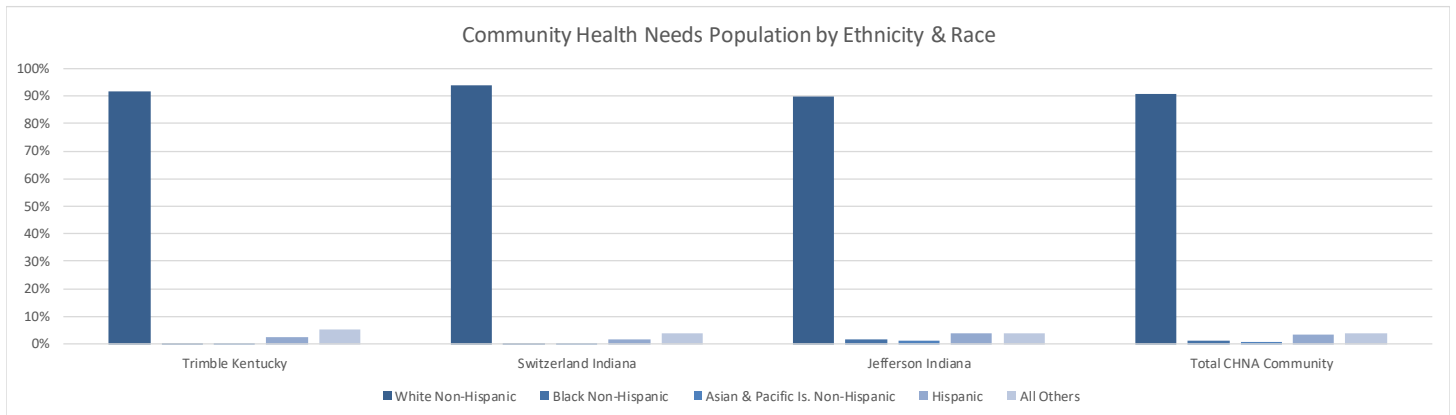
2028 Population								
County	ZIP code	Population	Male	Female	0-17	18-44	40-64	65+
Trimble Kentucky	40006	5,125	2,558	2,567	1,064	1,563	1,345	1,153
	40045	2,948	1,495	1,453	627	882	782	657
	<b>Total</b>	<b>8,073</b>	<b>4,053</b>	<b>4,020</b>	<b>1,691</b>	<b>2,445</b>	<b>2,127</b>	<b>1,810</b>
Switzerland Indiana	47011	959	502	457	229	298	237	195
	47020	1,059	545	514	237	329	275	218
	47038	1,091	567	524	244	318	296	233
	47043	5,019	2,591	2,428	980	1,532	1,302	1,205
	<b>Total</b>	<b>8,128</b>	<b>4,205</b>	<b>3,923</b>	<b>1,690</b>	<b>2,477</b>	<b>2,110</b>	<b>1,851</b>
Jefferson Indiana	47224	652	343	309	177	201	145	129
	47230	2,078	1,043	1,035	407	636	566	469
	47231	1,014	518	496	221	330	259	204
	47243	6,576	3,112	3,464	1,220	2,702	1,405	1,249
	47250	22,445	10,676	11,769	4,548	7,125	5,626	5,146
	<b>Total</b>	<b>32,765</b>	<b>15,692</b>	<b>17,073</b>	<b>6,573</b>	<b>10,994</b>	<b>8,001</b>	<b>7,197</b>
<b>Primary Service Area</b>		<b>48,966</b>	<b>23,950</b>	<b>25,016</b>	<b>9,954</b>	<b>15,916</b>	<b>12,238</b>	<b>10,858</b>

Percentage Change								
County	ZIP code	Population	Male	Female	0-17	18-44	40-64	65+
Trimble Kentucky	40006	0.2%	0.4%	0.0%	-2.7%	1.2%	-8.0%	13.6%
	40045	-1.7%	-1.3%	-2.1%	-2.0%	-3.9%	-7.5%	10.2%
	<b>Total</b>	<b>-0.5%</b>	<b>-0.3%</b>	<b>-0.7%</b>	<b>-2.5%</b>	<b>-0.7%</b>	<b>-7.8%</b>	<b>12.4%</b>
Switzerland Indiana	47011	-2.1%	-1.2%	-3.2%	-8.0%	1.7%	-8.5%	8.9%
	47020	-0.9%	-1.1%	-0.8%	-7.1%	0.0%	-5.8%	13.0%
	47038	-2.4%	-3.9%	-0.8%	-7.6%	1.0%	-10.8%	12.6%
	47043	-1.4%	-1.4%	-1.4%	-8.8%	-0.3%	-6.1%	10.2%
	<b>Total</b>	<b>-1.6%</b>	<b>-1.7%</b>	<b>-1.4%</b>	<b>-8.3%</b>	<b>0.1%</b>	<b>-7.0%</b>	<b>10.7%</b>
Jefferson Indiana	47224	0.5%	1.2%	-0.3%	0.0%	3.1%	-9.9%	11.2%
	47230	-0.3%	-0.2%	-0.4%	-1.0%	-0.8%	-8.4%	13.3%
	47231	0.6%	1.4%	-0.2%	-0.9%	0.3%	-6.5%	14.0%
	47243	2.1%	1.9%	2.3%	-0.2%	1.0%	-2.8%	14.1%
	47250	0.6%	0.6%	0.6%	0.6%	-0.8%	-5.7%	11.3%
	<b>Total</b>	<b>0.9%</b>	<b>0.9%</b>	<b>0.9%</b>	<b>0.3%</b>	<b>-0.3%</b>	<b>-5.5%</b>	<b>12.0%</b>
<b>Primary Service Area</b>		<b>0.2%</b>	<b>0.2%</b>	<b>0.2%</b>	<b>-1.8%</b>	<b>-0.3%</b>	<b>-6.2%</b>	<b>11.8%</b>

The relative age, ethnicity and race of a population can impact community health needs. The following table shows the population by ethnicity and race, illustrating Hispanic versus non-Hispanic residents. Jefferson County has the most diverse population of the tri-county community, with 4% of the population being Hispanic, two percent being black non-Hispanic, one percent being of Asian or Pacific Island non-Hispanic, and 4% being a mix of other ethnic or racial decent.

Table 5

2023 Population								2023 Mix					
County	ZIP Code	Total Population	White Non-Hispanic	Black Non-Hispanic	Asian & Pacific Is.			All Others	White Non-Hispanic	Black Non-Hispanic	Asian & Pacific Is.		
					Non-Hispanic	Hispanic	All Others				Non-Hispanic	Hispanic	All Others
Trimble Kentucky	40006	5,115	4,666	22	14	129	284	91%	0%	0%	3%	6%	
	40045	2,999	2,754	6	19	75	145	92%	0%	1%	3%	5%	
	<b>Total</b>	<b>8,114</b>	<b>7,420</b>	<b>28</b>	<b>33</b>	<b>204</b>	<b>429</b>	<b>91%</b>	<b>0%</b>	<b>0%</b>	<b>3%</b>	<b>5%</b>	
Switzerland Indiana	47011	980	927		2	15	36	95%	0%	0%	2%	4%	
	47020	1,069	1,012	1	1	8	47	95%	0%	0%	1%	4%	
	47038	1,118	1,055	4	2	12	45	94%	0%	0%	1%	4%	
	47043	5,091	4,771	15	19	82	204	94%	0%	0%	2%	4%	
	<b>Total</b>	<b>8,258</b>	<b>7,765</b>	<b>20</b>	<b>24</b>	<b>117</b>	<b>332</b>	<b>94%</b>	<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>4%</b>	
Jefferson Indiana	47224	649	624	1		6	18	96%	0%	0%	1%	3%	
	47230	2,084	1,962	4	7	41	70	94%	0%	0%	2%	3%	
	47231	1,008	931	7	8	25	37	92%	1%	1%	2%	4%	
	47243	6,438	5,548	178	43	408	261	86%	3%	1%	6%	4%	
	47250	22,301	20,121	347	270	763	800	90%	2%	1%	3%	4%	
	<b>Total</b>	<b>32,480</b>	<b>29,186</b>	<b>537</b>	<b>328</b>	<b>1,243</b>	<b>1,186</b>	<b>90%</b>	<b>2%</b>	<b>1%</b>	<b>4%</b>	<b>4%</b>	
<b>Primary Service Area</b>		<b>48,852</b>	<b>44,371</b>	<b>585</b>	<b>385</b>	<b>1,564</b>	<b>1,947</b>	<b>91%</b>	<b>1%</b>	<b>1%</b>	<b>3%</b>	<b>4%</b>	



## **Appendix B**

### **Socioeconomic Characteristics of the Community**

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. Those variables also have an impact on community health, including household income and poverty, employment, uninsured status and educational attainment for the community. These standard measures will be used to compare the socioeconomic status of the CHNA community with the states of Indiana and Kentucky and the United States. Health access indicators by ZIP code were also reviewed.

The federal government maintains a set of poverty thresholds based on the age and size of each family. These are updated on an annual basis. Below you will find the poverty thresholds set for 2022 according to the U.S. Census Bureau.

**Poverty Thresholds for 2022 by Size of Family and Number of Related Children Under 18 Years**

Size of family unit	Related children under 18 years								
	None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual):									
Under 65 years.....	15,225								
65 years and over.....	14,036								
Two people:									
Householder under 65 years.....	19,597	20,172							
Householder 65 years and over.....	17,689	20,095							
Three people.....	22,892	23,556	23,578						
Four people.....	30,186	30,679	29,678	29,782					
Five people.....	36,402	36,932	35,801	34,926	34,391				
Six people.....	41,869	42,035	41,169	40,339	39,104	38,373			
Seven people.....	48,176	48,477	47,440	46,717	45,371	43,800	42,076		
Eight people.....	53,881	54,357	53,378	52,521	51,304	49,760	48,153	47,745	
Nine people or more.....	64,815	65,129	64,263	63,536	62,342	60,699	59,213	58,845	56,578

Source: U.S. Census Bureau, 2023.

The table below represents household income and poverty rates for the CHNA community by county.

**Table 6**

**Community Households**

	Trimble County	Switzerland County	Jefferson County	Kentucky	Indiana	United States
Household count	3,258	3,265	12,715	1,808,943	2,697,008	128,298,177
Average Household income	\$77,597	\$75,227	\$73,499	\$81,746	\$87,802	\$104,972
% with income <\$50K	44.0%	42.8%	45.6%	43.1%	38.3%	34.8%
% below poverty line	13.4%	19.6%	10.9%	12.1%	8.4%	11.6%
% with Children	40.6%	48.5%	46.6%	46.4%	46.3%	

Source: SG2.com; Census.gov

According to the data above Switzerland and Trimble counties have the highest percentage of households that live below the poverty line. Each county in the community has an average household income below that of the nation, Kentucky, and Indiana.

***Employment***

Health care and manufacturing make up a significant portion of the business establishments in Jefferson County, Indiana and make up the top five employers for the area. According to the Madison Area Chamber of Commerce the residential labor force is approximately 15,100. The top employers are listed below:

Table 7

Company	Industry
Norton King's Daughters' Health	Health care
Arvin Sango	Automotive manufacturing
Madison Precision Products	Automotive manufacturing
Grote Industries, LLC	Automotive manufacturing
Madison State Hospital	Health care

Source: <https://www.madisonindiana.com/workforce>

For Switzerland County, Indiana many of the top employers are within the school system making up three of the top five employers. The other two involve the health care and gaming industries.

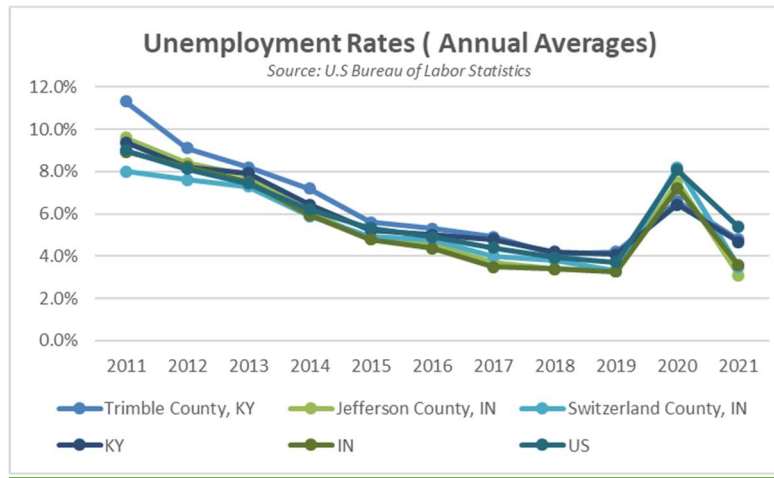
Table 8

Company	Industry
FanDuel Sportsbook At Belterra	Gaming industry
Switzerland County Sch Corp Fd	Education system
Switzerland County School Corp.	Education system
Swiss Villa Nursing & Rehab	Health care
Switzerland County High School	Education system

Source: [HoosierData.IN.gov/Major Employers.asp?areaID=155](https://www.hoosierdata.in.gov/Major_Employers.asp?areaID=155)

According to the Trimble County Comprehensive Plan the largest employment industry in Trimble County is agriculture, forestry, fishing and hunting followed by the educational industry and then health and social assistance.

The unemployment rate has been relatively stable in recent years with the exception of 2020. The onset of a global pandemic disrupted the economy and lead to an increase in unemployment. The annual average for 2021 for all three counties returned to a rate more in alignment with prior years as can be seen in the graph below.



**Educational Attainment**

Links exist between education, economy and quality of life. Table nine represents the level of education for each segment in the CHNA community. Education often plays a key role in career success and economic self-sufficiency. The population that does not have a high school education varies from 10.8% in Jefferson County to 16.3% in Trimble County. Approximately 8.9% of Switzerland County’s population have obtained a postsecondary degree at a bachelor’s degree or higher, significantly lower than that of Trimble and Jefferson counties at 14.2% and 16.4 % respectively. All three counties remain at significantly lower percentages than the states of Kentucky or Indiana and the nation. This impacts the household income levels of the community and the insured population and levels of coverage.

**Table 9**

Educational Attainment and English Proficiency

Education Level**	Trimble County	Switzerland County	Jefferson County	Kentucky	Indiana	United States
Less than High School	3.6%	4.0%	3.7%	5.2%	3.6%	4.9%
Some High School	12.7%	12.0%	7.1%	7.9%	7.1%	6.6%
High School Degree	45.2%	51.6%	41.7%	33.1%	33.6%	26.9%
Some College/Assoc. Degree	24.4%	23.6%	31.1%	30.9%	30.3%	30.9%
Bachelor’s Degree or Greater	14.2%	8.9%	16.4%	23.0%	25.5%	30.7%
*% of the population that speak English less than "very well"	1.99%	0.29%	0.29%	2.43%	3.13%	8.3%

\*Excludes population age<5, \*\*Excludes population age<25

Sources: SG2.com; Census.gov

English remains the dominant language within the CHNA community with over 97% of the community speaking only English in the home. There continue to be portions of the community that are unable to speak English “very well.” The tri-county community that have the highest percentage of their population with the most difficulty in understanding English is Trimble County, Kentucky.

***Insurance Coverage***

The table below reports the percent of the population without health insurance coverage and the percent of the population enrolled in Medicaid (or other means-tested public health insurance). The uninsured population is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, specialty care and other health services that contribute to poor health status.

The Medicaid indicator is relevant because it assesses vulnerable populations, which are more likely to have multiple health issues, poor health status and social support needs. When combined with poverty data providers can use this measure to identify gaps in eligibility and enrollment. The table below indicates that Switzerland County has the highest percentage of adults under 65 years old and children without health insurance coverage.

Table 10  
**Insurance Coverage**

	Jefferson County	Switzerland County	Trimble County	Kentucky	Indiana	United States
% Uninsured adults (under age of 65)	10.3%	13.6%	8.1%	9.0%	11.7%	13%
% Uninsured Children	5.8%	9.9%	4.6%	4.3%	7.0%	6%

*Sources: County Health Rankings*

***Community Need Index***

“Dignity Health and IBM Watson Health jointly developed a Community Need Index (CNI) to assist in the process of gathering vital socioeconomic factors in the community.”<sup>3</sup> The CNI is strongly linked to variations in community health care needs and is a strong indicator of a community’s demand for various health care services. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). Based on a wide array of demographic and economic statistics, the CNI provides a score for every populated ZIP code in the United States on a scale of 1.0 to 5.0. A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need.

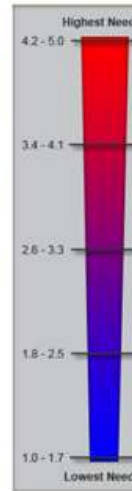
Table 11 summarizes the CNI for ZIP codes within the Norton King’s Daughters’ Health community as of 2018. The greatest needs can be found in the ZIP codes highlighted below:

<sup>3</sup> Dignity Health and IBM Watson Health. 2021 Community Needs Index Methodology and Source Notes. 2022.

Table 11

Community Needs Index by Zipcode

County	ZipCode	CNI
Trimble Kentucky	40006	3.2
	40045	3.4
Switzerland Indiana	47011	2.4
	47020	3.2
	47038	3
	47043	3.6
Jefferson Indiana	47224	2
	47230	1.8
	47231	2.2
	47243	3
	47250	3.4





# **Appendix C**

## **Community Health Status**

**Community Health Status Indicators**

America's Health Rankings, compiled through the United Health Foundation for over 30 years, assesses the health of our nation on a state-by-state basis utilizing the World Health Organization's definition of health as a state of physical, mental, and social well-being and not the absence of disease or infirmity.<sup>4</sup> The annual report looks at measures falling into five categories including social and economic factors, physical environment, clinical care, behaviors, and health outcomes. Kentucky had the most challenges in the behaviors and health outcomes categories ranking 48th and 47th respectively in 2021. Indiana had the most challenges in clinical care and behaviors, ranking 36th in total for both categories.

**Table 12**

2021 America's Health Rankings Select Category			Kentucky	Indiana
<b>Clinical Care</b>			<b>30</b>	<b>36</b>
Access to care	Avoided care due to cost		24	27
	Dental care providers per 100,000 population		29	40
	Mental health providers per 100,000 population		29	43
	Primary care providers per 100,000 population		17	34
	Uninsured (% of population)		14	29
Preventive clinical services	Colorectal cancer screening (% ages 50-75)		20	36
	Dental visits (% ages 18+)		49	35
	Childhood immunizations (% by age 35 months)		16	41
	Flu vaccination (% ages 18+)		30	35
	HPV vaccination (% ages 13-17)		29	36
Quality of care	Dedicated health care provider (% ages 18+)		17	21
	Preventable hospitalizations (discharges per 100,000 Medicare beneficiaries)		48	42
<b>Behaviors</b>			<b>48</b>	<b>36</b>
Nutrition and physical activity	Exercise (% ages 18+)		50	35
	Fruit and vegetable consumption (% ages 18+)		50	8
	Physical inactivity (% ages 18+)		50	41
Sexual health	Chlamydia (new cases per 100,000 population)		15	27
	High-risk HIV behaviors (% ages 18+)		30	12
	Teen births (births per 1,000 females ages 15-19)		44	39
Sleep health	Insufficient sleep (% ages 18+)		48	39
Smoking and tobacco use	Smoking (% ages 18+)		49	45
<b>Health outcomes</b>			<b>47</b>	<b>35</b>
Behavioral health	Excessive drinking (% ages 18+)		11	23
	Frequent mental distress (% ages 18+)		47	40
	Non-medical drug use (% ages 18+)		45	16
Mortality	Premature death (years lost before age 75 per 100,000 population)		45	38
	Premature death racial disparity (ratio)		3	23
Physical health	Frequent physical distress (% ages 18+)		49	36
	Low birthweight (% of live births)		32	24
	Low birthweight racial disparity (ratio)		10	17
	Multiple chronic conditions (% ages 18+)		49	37
	Obesity (% ages 18+)		45	46

(Ranks are 1 to 50 with 1 being the best and 50 being the worst)

<sup>4</sup> America's Health Rankings. "About America's Health Rankings". 2021 retrieved from: [AmericasHealthRankings.org/About/Methodology/Introduction](https://AmericasHealthRankings.org/About/Methodology/Introduction).

### County Health Rankings

County Health Rankings & Roadmaps (CHR&R) is a program at University of Wisconsin Population Health Institute. This program takes into consideration multiple factors to measure the health of the majority of the counties in the United States. Below you can find a few of the statistics that this program collects on a regular basis that have not previously been discussed in this report.

**Table 13  
Norton King's Daughters' Health**

Category	Measure	Jefferson County	Switzerland County	Trimble County
Length and quality of life	Life Expectancy	75.36	75.81	75.03
	% of adults who report fair or poor health (age adjusted)	19.9%	24.1%	23.9%
	% of population reporting 15+ poor mental health days in a 30 day period	16.6%	18.4%	18.3%
	% of population reporting 15+ poor physical health days in a 30 day period	13.9%	16.3%	16.1%
	% Low birthweight	8.1%	9.4%	9.0%
Health behaviors	% of adults who are current smokers	22.5%	26.1%	25.9%
	Adult Obesity: Percentage of the adult population (age 18 and older) who report a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).	35.0%	37.8%	37.5%
	Rating for a healthy food environment (0-10)	7.9	7.5	
	% of the population lack adequate access to food	0.135	0.157	0.151
	% of adults 20 yrs+ reporting no leisure time physical activity	32.8%	36.2%	35.7%
	% of population reporting adequate access to physical activity options	59.4%	38.7%	50.1%
	% of adults who report binge or heavy drinking	19.1%	16.8%	15.7%
	% Driving deaths involving alcohol	10.8%	18.8%	33.3%
	Newly diagnosed sexually transmitted diseases per 100,000	343.60	223.20	200.70
Births per 1,000 female teens (15-19 years of age)	27.96	30.02	34.03	
Clinical care	Primary Care Physician: Ratio population to provider	1700:1		4236:1
	Primary Care Other: Ratio population to provider	944:1	3575:1	2827:1
	Mental Health: Ratio population to provider	868:1	3575:1	4241:1
	Dentist: Ratio population to provider	1690:1	10724:1	8481:1
	Preventable hospital stays: Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	5,181	6,133	5,911
	Mammogram screening: Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening.	44%	37%	38%
	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.	56%	55%	44%
Social and economic factors	Income inequality ratio: Ratio of household income at the 80th percentile to income at the 20th percentile.	4.5	4.3	5.3
	Percentage of children who live in a household headed by a single parent.	19.3%	24.1%	20.0%
	Number of membership associations per 10,000 population.	11.45	3.72	10.62
	Number of deaths due to injury per 100,000 population.	96.19	119.82	117.24
Physical Environment	Average daily density of fine particulate matter in micrograms per cubic meter	9.2%	9.3%	9.1%
	Has health related drinking water violations	No	No	No
	% of households that have severe monthly housing costs exceeding 50% of n	9.5%	10.8%	10.5%
	Broadband Access	77.4%	69.8%	68.0%
	% Drive Alone to Work	83%	82%	75%
	% Long Commute - Drives Alone: Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	31%	57%	46%

Source: County Health Rankings

### ***Leading Causes of Death***

The table below shows leading causes of death for the five-year period ending in 2020 within Kentucky, Indiana and the United States. The age-adjusted rate is shown per 100,000 residents. For both Kentucky and Indiana the age-adjusted death rate remains higher than the nation in the majority of categories listed.

Table 14  
**Fifteen Leading Causes of Death : Age Adjusted Rate 2016-2020**

Cause of Death	Kentucky	Indiana	United States
Heart disease	199.6	181.4	164.8
Cancer	182.8	166.7	149.4
Chronic lower respiratory diseases	62.2	55.3	39.1
Accident	73.3	57.7	50.4
Cerebrovascular diseases including stroke	41.3	40.2	37.6
Alzheimer's disease	33.4	33.9	30.8
Diabetes	28.2	26.6	22.1
Covid-19	15.4	21.3	17.7
Kidney disease or disorder	18.5	17.8	12.9
Septicemia	17.2	14.9	10.1
Suicide	17.1	15.4	13.8
Influenza and pneumonia	17.1	12.9	13.6
Chronic liver disease and cirrhosis	13.7	12.4	11.5
Hypertension	7.9	10.3	9.1
Parkinson's disease	9.3	9.8	8.8

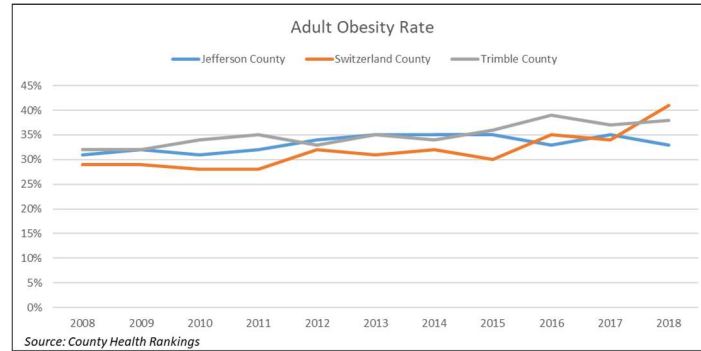
Source: Centers for Disease Control and Prevention - CDC Wonder

### ***Additional Findings Related to Behavioral Conditions***

As can be seen from the data from America’s Health Rankings, County Health Rankings, and the leading causes of death, Kentucky, Indiana, and the three counties included in the analysis have many areas of concern that fall into areas of unhealthy behaviors, poor health outcomes, and social and economic challenges.

**Smoking:** The percent of adults that smoke in Kentucky is 21.4% and 19.4% in Indiana, ranking 49th and 45th out of all 50 states respectively. All three counties in the community being analyzed have higher rates of adult smokers. Switzerland County has the highest rate with 26.1% of adults that are current smokers, followed by Trimble County at 25.9% and Jefferson County at 22.5%. Smoking has been linked to multiple diseases that can result in premature death. Approximately 480,000 American’s die from smoking each year accounting for 1 in every 5 deaths. According to the U.S. Department of Health & Human Services, nearly all tobacco use begins during youth and young adulthood. Over 3,800 youth under the age of 18 start smoking each day across the United States. The use of smokeless tobacco is no longer declining and appears to be increasing among some groups.

**Obesity:** The 2021 American Health Rankings shows 36.8% of Indiana’s adult population are obese, an increase of 18% since 2015, and ranking 46th out of the 50 states. Kentucky is ranked 45th with 36.6% of adults obese. The graph below shows that each county in the community have also experienced an increase in the percentage of adults that are obese. According to the Centers for Disease Control and Prevention (CDC), obesity is associated with poorer mental health outcomes as well as many of the leading causes of death in the United States including diabetes, heart disease and stroke.<sup>5</sup>



**Physical Inactivity:** Physical inactivity is defined as not getting the recommended level of regular physical activity. Kentucky is ranked 50th of all the states, with 30.6% of the adult population reporting as inactive. Indiana is ranked 41st with 26.3% of adults physically inactive. County Health reported that a high percentage of adults in all counties report no leisure time physical activity. The table below shows the percentage of adults reporting inactivity and the percentage that report having adequate access to physical activity options.

Table 15

**Physical inactivity and Access to Physical Activity Options**

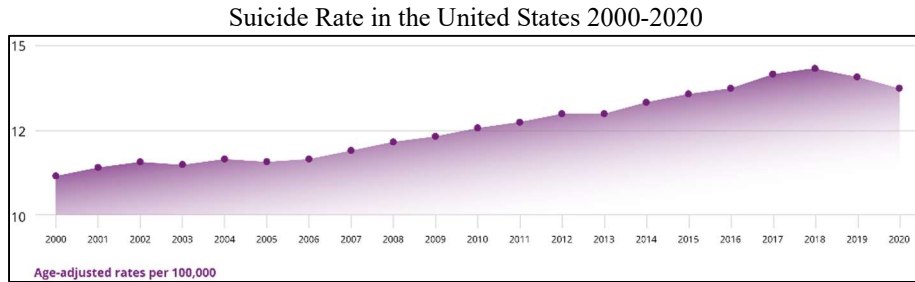
	Jefferson County	Switzerland County	Trimble County
% of adults 20 years+ reporting no leisure time physical activity	32.8%	36.2%	35.7%
% of population reporting adequate access to physical activity options	59.4%	38.7%	50.1%

**Mental Health:** Per America’s Health Rankings, Kentucky ranks 47th (17.4%) and Indiana ranks 40th (15.3%) for having a high percentage of the population reporting “frequent mental distress.” This metric represents the percentage of adults who report their mental health was not good 14 or more days in a 30-day period of time. America’s Health Rankings states that there is a strong relationship between the 14-day period and clinically diagnosed mental disorders such as depression and anxiety, as well with smoking, physical inactivity, housing insecurity, food insecurity and insufficient sleep.<sup>6</sup> Based on the County Health Rankings the percentage of people experiencing frequent mental distress is around 17%; Switzerland and Trimble Counties are slightly higher at 18%. According to the CDC, 1 in 5 children either currently or at some point during their life, have had a seriously debilitating mental illness. The Table below shows that the rate of suicide in the United States increased 36% between 2000 and 2018 and declined 5% from 2018 to 2020. In 2020, Indiana’s age-adjusted suicide rate was 15 per 100,000 and

<sup>5</sup> Center for Disease Control and Prevention. “Consequences of Obesity.” Retrieved July 2023, from [CDC.gov/Obesity/Basics/Consequences.html](https://www.cdc.gov/Obesity/Basics/Consequences.html).

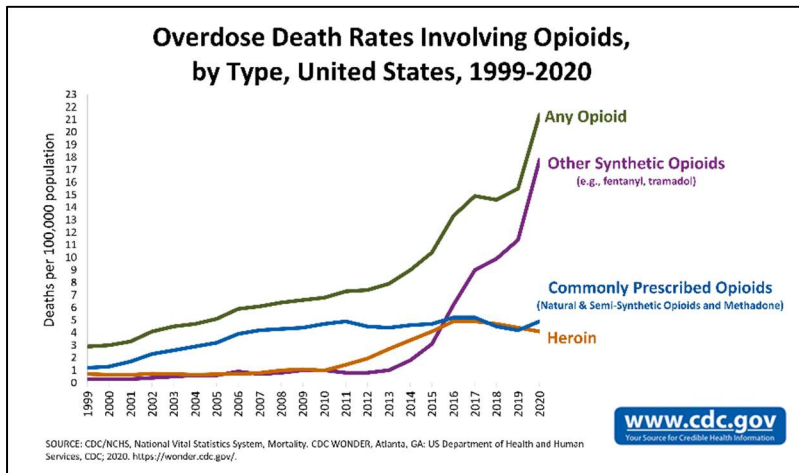
<sup>6</sup> America’s Health Rankings. “About Frequent Mental Distress” retrieved February 2023 from [AmericasHealthRankings.org/Explore/Annual/Measure/Mental\\_Distress](https://www.america'shealthrankings.org/Explore/Annual/Measure/Mental_Distress).

Kentucky's was 17.7. The CDC also reports that in 2020, suicide was the leading cause of death for people ages 25 to 34.



Source: CDC Vital Statistics

**Substance use:** The CDC reports that 91,799 drug overdose deaths occurred in the United States in 2020. Increasing 31% from 2019 (21.6 per 100,000) to 2020 (28.3 per 100,000). In this same time period there was a 38% increase in the overdose death rate in Indiana and a 51% increase in Kentucky. According to the CDC, opioids were involved in 74.8% of drug overdose deaths in 2020. The graph below shows the opioid overdose death rate in the United States since 1999. Drug use affects not only the people using them but also those around them, increasing the risk for trauma and violence.



**Excessive alcohol use:** The rate of adults who drink excessively or binge drink is currently reported at 19% for Jefferson County, according to County Health Rankings and this is the highest in the tri-county community. The percentages for Switzerland and Trimble counties are 17% and 16 % respectively. This indicator is relevant due to the effects of prolonged excessive alcohol use. The Center for Disease Control reports that excessive alcohol use can lead to the development of chronic diseases including liver disease, heart disease, as well as multiple forms of cancer and weakening of the immune system. The effects are not only on the physical health of the individual but also on mental health and memory, and substance use creates social problems involving family and work.

**Accidents or Unintentional Injuries:** Accidents are one of the leading causes of death in the United States, Kentucky and Indiana. According to the CDC accidents are the leading cause of death in children between ages 1 to 14 in the United States. This is significant because they have the potential to be prevented. According to the CDC, the leading cause of death in adults 65 years or older is falls,

accounting for over 36,000 deaths for this age group in 2020. Fall risk can potentially reduce an older adult's ability to remain independent.

**Abuse and Neglect:** Based on the 2021 Child Maltreatment report, Indiana has 13.6 child victims per 1,000 children and ranked 40th out of 50 states. Kentucky has a rate of 14.7 per 1,000 children and ranked 45th out of the 50 states. The national rate is 8 per 1,000 children. Experiencing child abuse is considered to be an adverse childhood event (ACE) which can lead to mental and physical health issues into adulthood.

**High Blood Pressure:** High blood pressure, or hypertension, is a common risk factor for heart disease and stroke, and is prevalent in the United States. According to the CDC, unhealthy behaviors can increase the risk for high blood pressure, including smoking, physical inactivity, obesity and substance use. Hypertension was a contributing factor to over 670,000 deaths in the United States in 2020. The CDC also reports that only 1 in every 4 adults with hypertension have the condition under control. In 2020 Kentucky's death rate per 100,000 for hypertension was 8.1 and Indiana's rate was 11.3.

**Poor Nutrition:** Unhealthy eating habits may increase the risk of significant health issues, including obesity, heart disease and diabetes. According to County Health Rankings 10.4% of Jefferson County adults report being diabetic. Switzerland County has the highest percentage at 11.9 and Trimble County has 11.6% reporting being diabetic. Environmental factors affect people's diet, including access to healthy food options. County Health Rankings developed a food environment index that takes into account the proximity to healthy food with a result range of 0 (worst) to 10 (best). This rating was not available for Trimble County but has 15% of their population lacking adequate access to food. Jefferson County has a rating of 7.9 and 14% of the population lack adequate access to food. Lastly, Switzerland scored a 6.6 on the index and 16% of the population lacks adequate access to food.

# **Appendix D**

## **Community Resources**



Within the three-county community there are several resource listings available. In this section you will find links to a few local resource listings and samples to show the types of services listed.

***River Valley Resources:***

River Valley Resources is an organization founded in 1990 to help disadvantaged and lower income populations maintain gainful employment. On their website they have a resource guide to help those seeking assistance. Below is a sample of organizations that are listed within the guide:

Organization	Program	Email	Office Phone	Cell Phone
River Valley Resources	Child Care Voucher Fund, Program Supervisor	leslie@rivervalleyresources.com	812-949-4381	812-599-2160
Jefferson County House of Hope	Board Member, President	stammon@aol.com		812-292-4290 ext. 1969
Child Advocacy Center	Forensic Interviewer	Stephanie@CACsoutheast.org	812-432-3200	
WorkOne - Madison	Program Aide, National Able Network	sbate@nationalable.org	812-265-3734	812-571-1532
River Valley Resources	WIOA Youth/JAG Supervisor	kristal@rivervalleyresources.com	812-569-1776	
Child Advocacy Center	Forensic Interviewer	Kelly@CACsoutheast.org	812-432-3200	
Jefferson County United Way	Community Outreach	funds670@gmail.com		
River Valley Resources	Data Management Director	jenny@rivervalleyresources.com		812-599-1053
Jefferson County House of Hope	Secretary	burtond@cinergymetro.net		317-416-7805
Jefferson County House of Hope	Assistant Treasurer, Board Member	bush45@cinergymetro.net	812-274-0349	
Jefferson County United Way	Executive Director	Jcunitedway@gmail.com	812-265-2036	
WorkOne - Madison	Senior Employment	ecombs@rivervalleyresources.com	812-265-3734	
Clearinghouse/River Valley Resources	Volunteer Coordinator, Summer Meals for Kids program	lucy_dattilo@outlook.com		
River Valley Resources	Child Care Development Fund, Intake Agent	edunagan@rivervalleyresources.com	812-273-0964	

Table 16

The full guide can be accessed here:

[https://www.rivervalleyresources.com/files/ugd/74a876\\_4790524c56d04b08abca8f4895ab472a.pdf](https://www.rivervalleyresources.com/files/ugd/74a876_4790524c56d04b08abca8f4895ab472a.pdf)

Another guide maintained through River Valley Resources is the Jefferson County Resource and Referral Guide. This guide is categorized to make identifying resources for a specific service easier to find for those in need. Below is a sample of resources listed in the guide.

Table 17

Section	Listing	Contact
Clothing	Goodwill, Madison	812-273-7121
Dental services	Salvation Army	812-265-2157
Education	River Valley Resources, Adult Education	812-265-2652
Emergency/disaster services	Jefferson County Emergency Management	812-265-7616
Employment	Rural Works Employment Program	812-801-6210
Family and child related services	Children's Advocacy Center of Southern Indiana	812-432-3200
Financial	VITA Free Tax Preparation (January/February)	812-274-0349
Food pantries	Jefferson Community House of Hope	812-274-0349
Other food resources	Summer Meals for Kids	812-265-2652
Furniture and household	Habitat for Humanity Restore	812-273-9500
Health and nutrition	Healthy Indiana Plan	877-438-4479
Housing	Affordable Apartments:	
	Dover Apartments	812-265-6155
	The Greens Apartments	812-265-1130
	Rainbow Apartments	812-866-5355
	CBJ Properties	812-265-6050
Resources for the homeless	PATH (Projects for Assistance in Transition from Homelessness) Kadie Clark Brandi Pirtle	812-981-2594 ext. 1934 ext. 1928
Legal services	Coalition for Court Access	<a href="https://indianalegalhelp.org/">https://indianalegalhelp.org/</a>
Libraries	Hannover Public Library	812-866-1470
Mental health services:	Centerstone	812-265-1918
Rent and utility assistance	Ohio Valley Opportunities: Energy Assistance	812-265-5882
Senior services	Jefferson County Senior Center	812-265-4758
Support groups	Al-Anon Meeting Information	888-425-2666
	Substance Abuse Support Group Listing for Jefferson County: <a href="#">Listing of Support Groups in Jefferson County.xlsx (rivervalleyresources.com)</a>	
Transportation	Catch-A-Ride	800-330-7603
Veteran services	Local County Veterans Service Office	812-265-3600

The full listing can be found here: [74a876 bbaf036463f4708a4ad8ac531dea3ee.pdf](https://www.rivervalleyresources.com/74a876-bbaf036463f4708a4ad8ac531dea3ee.pdf)  
[\(RiverValleyResources.com\)](https://www.rivervalleyresources.com).

### ***Healthy Communities of Jefferson County:***

The Healthy Communities Initiative group developed a “Healthy Lifestyles Resource Guide” to identify resources available in the community to support a healthy lifestyle for residents. A sample of resources from this guide are listed below:

Table 18

Section	Listing	Contact / Information
Health clubs and fitness	Madison Fitness	812-571-2049
Local clubs	Madison Area Bicycling Club	<a href="mailto:info@madisonbicycleclub.org">info@madisonbicycleclub.org</a>
Nutritional resources	Madison Farmer’s Market	<a href="http://www.farmersmarketmadison.com">www.farmersmarketmadison.com</a>
Parks	Clifty Falls State Park	812-273-8885
Swimming pools / water exercise	Crystal Beach	812-273-6268
Races	Madison-Jefferson County Animal Shelter 5k	812-273-1788
Recreational opportunities / miscellaneous	Dance: Fit for the King Flyers	812-701-2579
Exercise for adults 65+	Silver Sneakers Classes	812-273-1543
Walking and hiking path / trails	Clifty Falls State Park <a href="http://IN.gov/dnr/ParkLake/Files/Clifty_Falls_Trail.pdf">IN.gov/dnr/ParkLake/Files/Clifty_Falls_Trail.pdf</a>	812-273-8885
Yoga	ASU Yoga	812-599-2638

The full resource guide can be found here: [res.cloudinary.com/dpmykpsih/image/upload/kdh-upgrade-site-344/media/2526/resource-guide-healthy-lifestyles.pdf](https://res.cloudinary.com/dpmykpsih/image/upload/kdh-upgrade-site-344/media/2526/resource-guide-healthy-lifestyles.pdf)

### ***Trimble County Community Resource Listing:***

Trimble County Public Library has a resource directory available on their website. Below you will see examples from various sections of the resource directory published in 2017.

Table 19

Section	Listing	Address	Phone/Other
Emergency Services/ Protection/ Firedepartments (Call 911 for an emergency)	Trimble County Sheriff’s Office	30 Highway 42 East P.O. Box 56 Bedford, KY 40006	(502) 255-7138
	Kentucky Poison Control of Norton Children’s Hospital		(502) 589-8222 or (800) 222-1222
	Bedford Volunteer Fire Department	23 Church St. Bedford, KY 40006	(502) 255-3339 (non-emergency number)
Hospitals/ Health Departments	Norton King’s Daughters’ Health	1 King’s Daughters Drive Madison, IN 47250	(812) 801-0800
	Trimble County Health Department	138 Miller Lane Bedford, KY 40006	(502) 255-7701 (medical) (502) 255-4851 (Environmental)
Mental Health/ Counseling Services	COMPASS Program (Substance abuse resource program)	3240 Highway 421 North Trimble County Park Bedford, KY 40006	(502) 255-7514
	First Steps – Kentucky’s Early Intervention System (Support services for children with developmental disabilities)	Kentuckiana Point of Entry Office, Suite 200 310 Whittington Parkway Louisville, KY 40222	(800) 442-0087
Education	Trimble County Board of Education	Administration offices P.O. Box 275 116 Wentworth Ave. Bedford, KY 40006	(502) 255-3201
Child Care/Learning Centers/Library/ Christian Center	Bedford Elementary School – After School Program		Family Resource Center: (502) 663-0083
	Trimble County Public Library	35 Equity Drive P.O. Box 249 Bedford, KY 40006	(502) 255-7362

Churches	Bedford Baptist Church	1425 Highway 42 East Bedford, KY 40006	(502) 255-3240
Clothing and Food assistance	Salvation Army	331 E. Main St. Madison, IN 47250	(812) 265-2157
	Feed the Children Committee		(502) 663-0102
Utilities	Kentucky Utilities/ODP (Home Service)		(800) 981-0600
City and County Offices	City of Bedford	147 Victory Ave. Bedford, KY 40006	(502) 255-3684
	City of Milton	10179 Hwy 421 North Milton, KY 40045	(502) 268-5224
	Trimble County Clerk's Office	30 Highway 42 East Bedford, KY 40006	(502) 255-7174
County Offices providing services / Office of Attorney General	Animal Control	Henry Trimble Animal Shelter 9213 Sulphur Road Sulphur, KY 40070	(502) 845-8050
	Trimble County Attorney	1318 Highway 421 Bedford, KY 40006	(502) 255-0070
Kentucky state government offices	District Court	District Judges Office (Oldham County)	(502) 222-7447
Department of Corrections/ Facilities/ Jails/ Legal	Division of Probation & Parole	2202 Commerce Parkway, Suite C LaGrange, KY 40031	(502) 222-1492
Organizations	Alcoholics Anonymous & Al-Anon for friends and family of alcoholics		(502) 582-1849
Public Housing/	Bedford Village Apartments	701 Leisure Court Bedford, KY 40006	(502) 255-7483
Trimble County Quick List	Listing of many of the service needs for example: child support, property valuation, welfare, sewer, etc.		For the full resource directory visit: <a href="http://TrimbleLibrary.org/Community-Directory.html">TrimbleLibrary.org/Community-Directory.html</a>

# **Appendix E**

## **Primary Data Assessment**

***Community Input: Community Health Needs Survey***

As previously stated, Norton King’s Daughters’ Health conducted a community wide survey to obtain feedback from the general public regarding health needs and perceptions. The community survey was made available in both English and Spanish through online and paper surveying methods. There were 551 surveys collected. Surveys that fell outside of the tri-county community were excluded from the results. This left 480 surveys to include in the analysis.

*Respondent demographics*

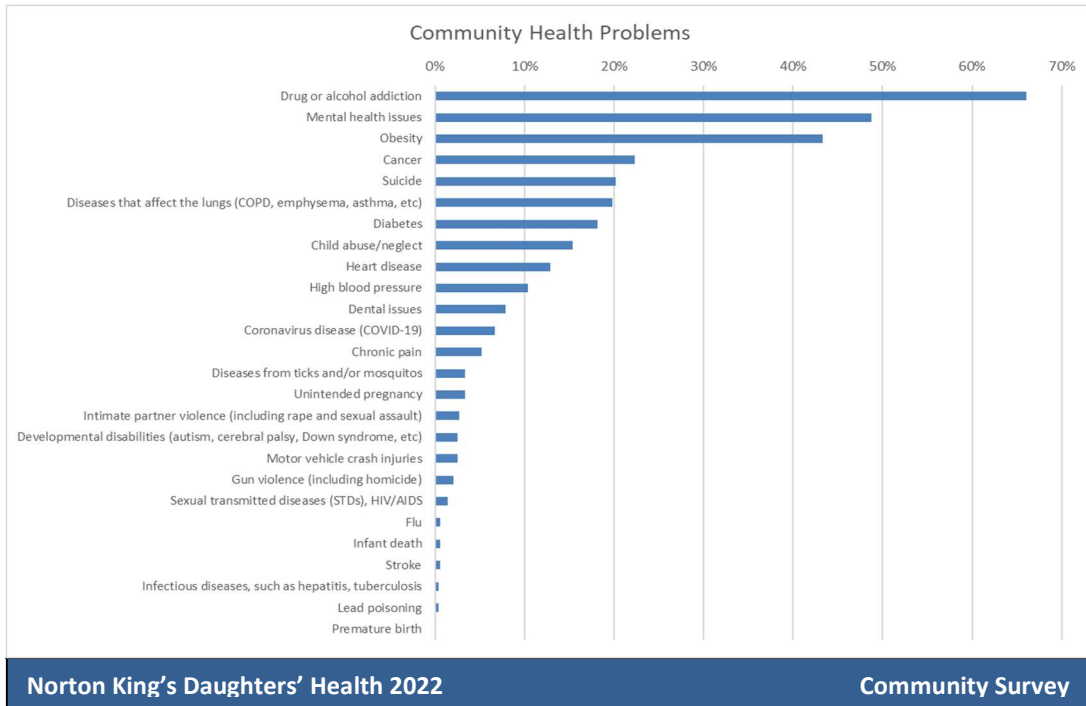
Below are the demographics of gender, race, age and educational attainment for survey respondents as well as county participation rates.

Norton King’s Daughters’ Health 2022		Community Survey	
Jefferson County, Indiana	87%	Male	13%
Switzerland County, Indiana	4%	No response	7%
Trimble County, Kentucky	9%	<b>Race and Ethnicity</b>	
		White	90%
		Hispanic or Latino	2%
		Black or African American	0%
		Asian	0%
		All other	1%
		No response	6%
		<b>Educational Attainment</b>	
		45-64	42%
		65+	15%
		No response	8%
		Less than highschool	3%
		High school diploma	11%
		Some college / associate degree	39%
		Bachelor's degree or greater	41%
		No response	6%

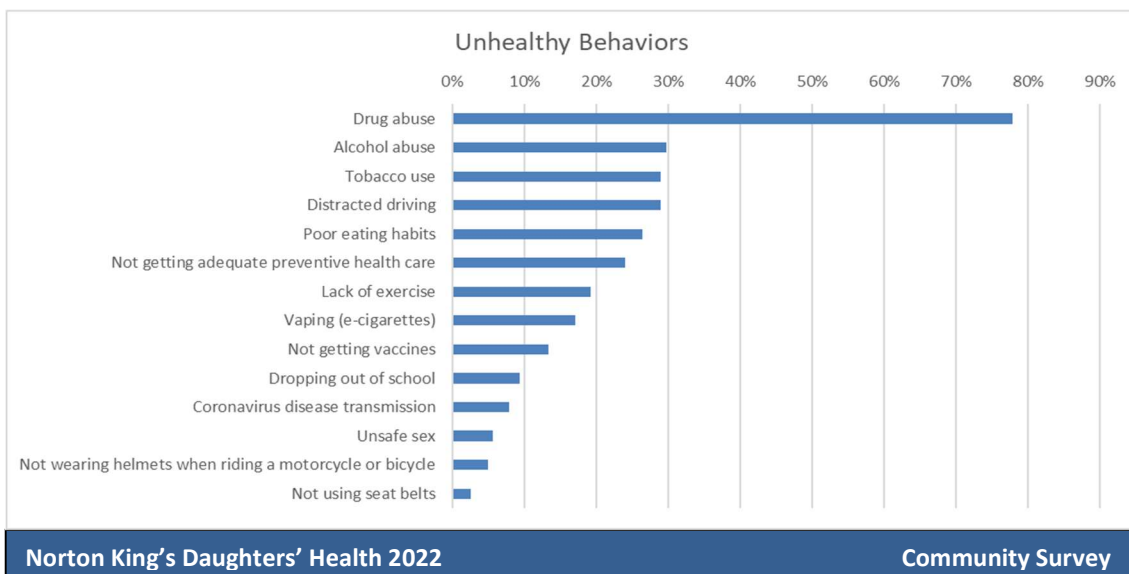
*Findings*

The purpose of the community survey was to gather opinions and perspectives on multiple issues impacting health. This included community health problems, behaviors, barriers to health care and what is needed for the community to be healthy. For these questions each respondent was able to mark more than one response, therefore percentages do not equal 100%.

**Community health problems:** A high number of respondents (66%) indicated that drug or alcohol addiction as a current issue for the community. Other top community health problems included mental health (49%), obesity (43%) and cancer (22%). See the chart below for the full list of survey options and the results.

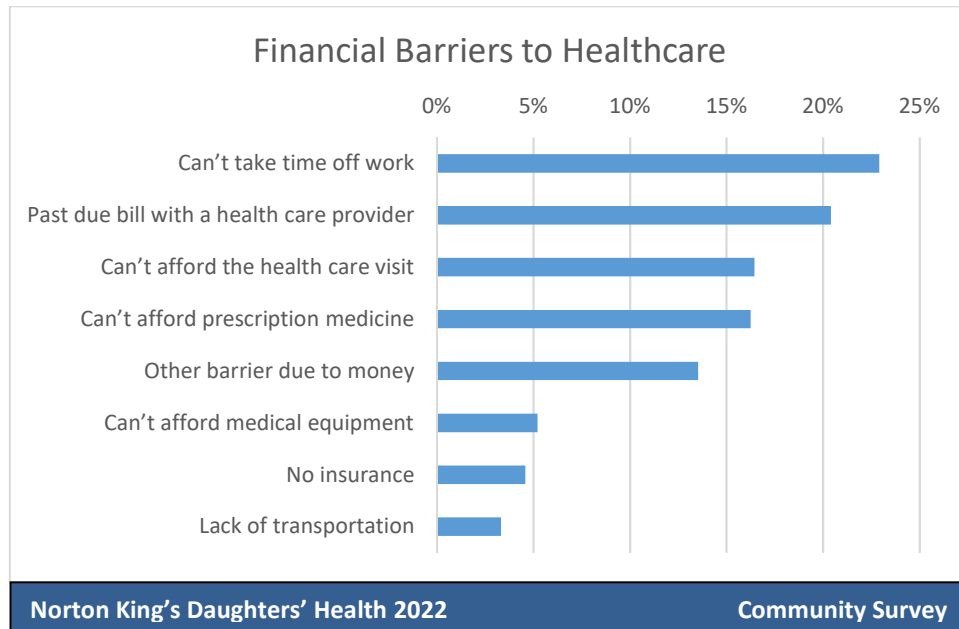


**Unhealthy behaviors:** Similar to the community health problem question, one of the most frequent behavioral issues was drug abuse (78%). This was followed by alcohol abuse (30%), tobacco use (29%), distracted driving (29%) and poor eating habits (26%).



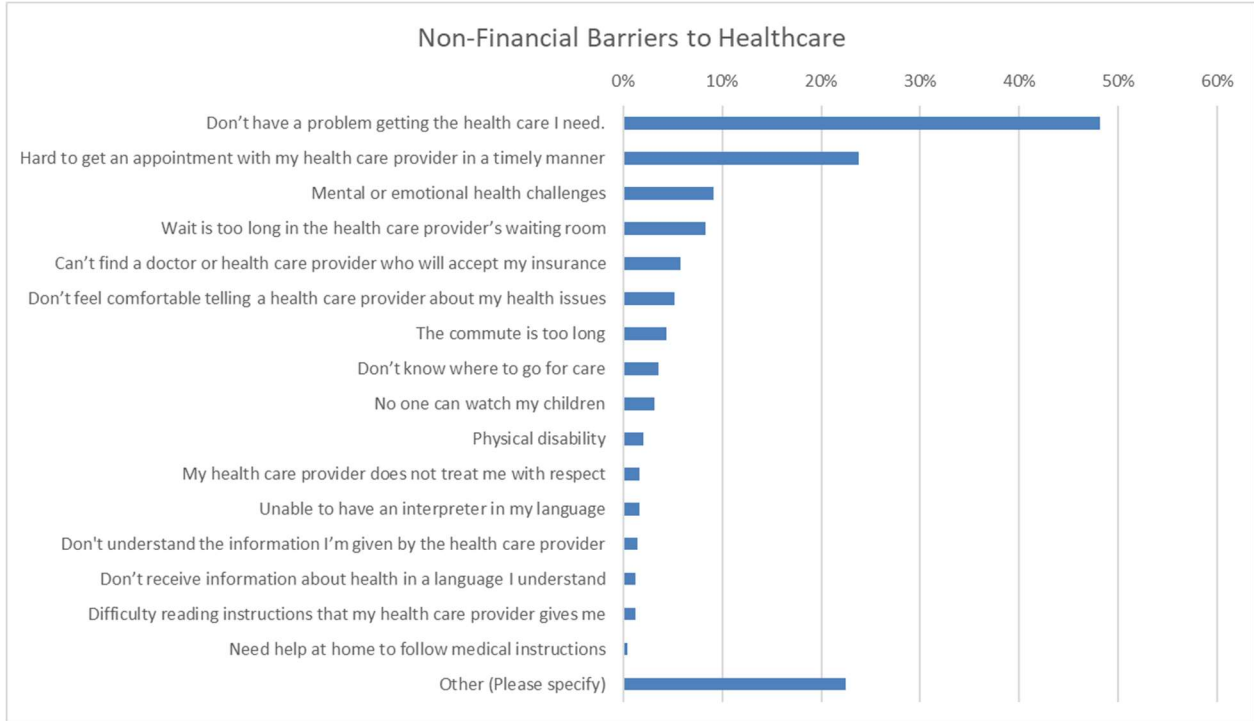
**Barriers to health care:** The survey instrument used two questions to obtain information regarding barriers to health care. The first question dealt with financial barriers. More than half (53%) of respondents identified at least one financial barriers. The second question dealt with nonfinancial barriers to health care. Thirty-nine percent of respondents indicated other barriers to health care.

In reviewing the financial barriers listed, the most prevalent financial barriers are: the inability to take time off of work (23%), past due bill with a health care provider (20%), can't afford the health care visit (16%) and can't afford prescription medicine (16%).



The most prevalent nonfinancial barriers were not being able to get an appointment with a provider in a timely manner (24%), mental or emotional health challenges (9%) and the wait is too long in the health

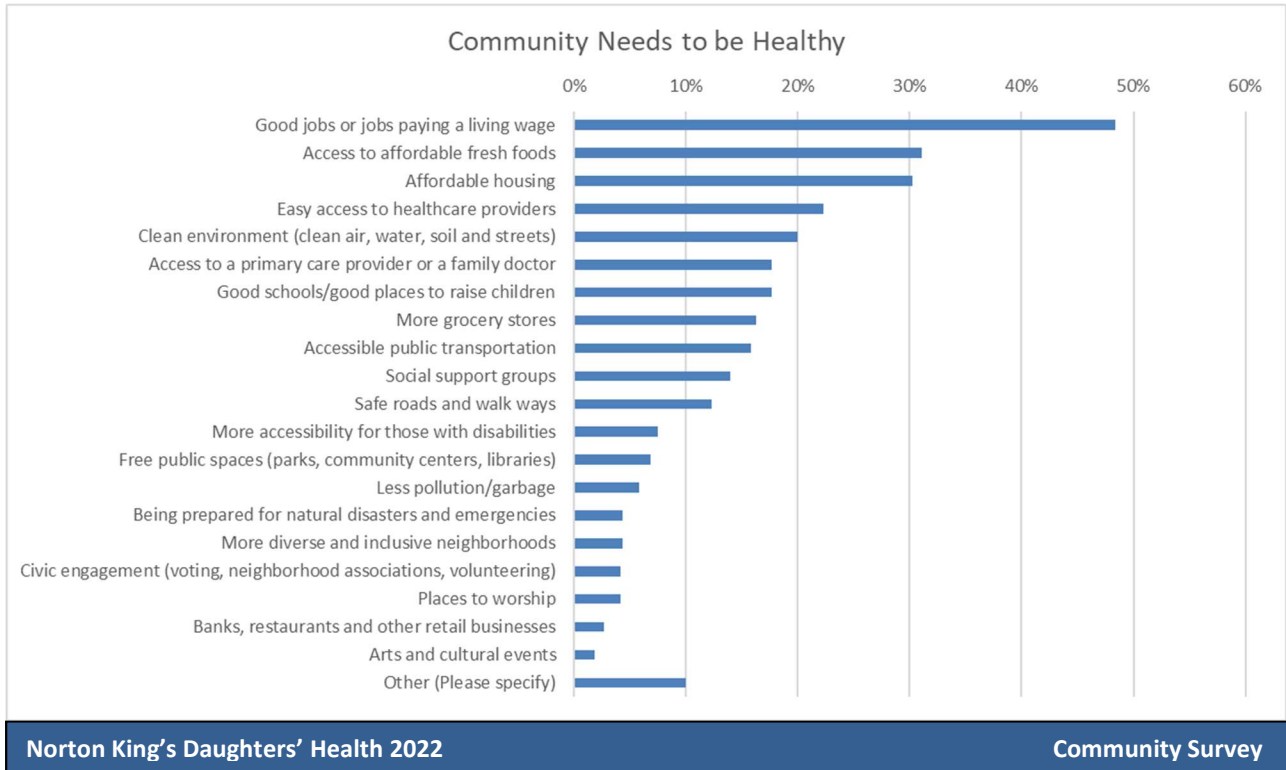
care provider's waiting room (8%). The graphs below show the full results from the survey. Twenty-three percent did indicate there were other concerns outside of those listed, a high majority of those concerns pertained to financial barriers discussed previously.



**Community needs to be healthy:** When asked what the community needs to be healthy, the most common response was good paying jobs that pay a living wage (48%), access to affordable fresh foods



(31%), affordable housing (30%), easy access to health care providers (22%) and a clean environment including clean air, water, soil, and streets (20%).



**Community Health Needs Survey 2022**

**Norton King's Daughters' Health  
Community Health Needs Survey**

2022

**We want to hear from you!**

What you think about the health needs of our community is important. That is why Norton King's Daughters. Health, an area leader in health care, regularly conducts a Community Health Needs Assessment. This survey helps us ensure our programs and resources are focused on the health needs you identify as important.

Thank you for participating in this survey. It should take three to five minutes to complete.

This survey is completely confidential, and no personal information is collected. You will not receive any direct responses or additional emails from Norton Healthcare after completing the survey.

**1. In what ZIP code do you live?** \_\_\_\_\_

**2. In your opinion, the community where you live is:**

- Very healthy       Somewhat healthy       Somewhat unhealthy       Very unhealthy

**3. Looking at the list below, what are the three most important health issues that your community needs to work on? (That is, what health issues have the greatest impact on overall community health?) Select only three.**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Flu                            | <input type="checkbox"/> Developmental disabilities such as autism spectrum disorder, cerebral palsy, Down syndrome             | <input type="checkbox"/> Drug or alcohol addiction                                  | <input type="checkbox"/> Obesity  |
| <input type="checkbox"/> Suicide                        | <input type="checkbox"/> Diseases that affect the lungs such as chronic obstructive pulmonary disease (COPD), emphysema, asthma | <input type="checkbox"/> Heart disease  | <input type="checkbox"/> Lead poisoning                                 |
| <input type="checkbox"/> Coronavirus disease (COVID-19) | <input type="checkbox"/> Motor vehicle crash injuries   | <input type="checkbox"/> Dental issues such as gum disease, tooth decay, tooth loss | <input type="checkbox"/> Sexually transmitted diseases (STDs), HIV/AIDS |
| <input type="checkbox"/> Stroke                         | <input type="checkbox"/> Chronic pain   | <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Gun violence (including homicide)              |
| <input type="checkbox"/> Infant death                   | <input type="checkbox"/> Intimate partner violence (including rape and sexual assault)  | <input type="checkbox"/> Child abuse/neglect  | <input type="checkbox"/> High blood pressure                            |
| <input type="checkbox"/> Mental health                  | <input type="checkbox"/> Diseases from ticks and/or mosquitoes  | <input type="checkbox"/> Infectious diseases such as hepatitis, tuberculosis        | <input type="checkbox"/> Unintended pregnancy                           |
| <input type="checkbox"/> Cancer                         |   | <input type="checkbox"/> Premature birth  | <input type="checkbox"/> Other (Please specify.)                        |

**4. What are the three most unsafe behaviors that you wish could be stopped? Select only three.**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Lack of exercise   | <input type="checkbox"/> Drug abuse                                      | <input type="checkbox"/> Poor eating habits                          | <input type="checkbox"/> Distracted driving (texting, drinking)                 |
| <input type="checkbox"/> Not getting adequate preventive health care/not going to doctor appointments | <input type="checkbox"/> Not getting vaccines (shots) to prevent disease | <input type="checkbox"/> Coronavirus disease (COVID-19) transmission | <input type="checkbox"/> Not wearing helmet when riding a motorcycle or bicycle |
| <input type="checkbox"/> Dropping out of school   | <input type="checkbox"/> Alcohol abuse                                   | <input type="checkbox"/> Tobacco use                                 | <input type="checkbox"/> Vaping (e-cigarettes)                                  |
| <input type="checkbox"/> Unsafe sex   | <input type="checkbox"/> Not using seat belts                            | <input type="checkbox"/> Other (please specify) _____                |   |

**5. In your opinion, what are the three most important things your community needs to be healthy? Select only three.**

- |   |   |
|---|---|
| <input type="checkbox"/> Social support groups                                    | <input type="checkbox"/> Access to a primary care provider or a family doctor               |
| <input type="checkbox"/> Accessible public transportation                         | <input type="checkbox"/> Clean environment (clean air, water, soil and streets)             |
| <input type="checkbox"/> Free public spaces (parks, community centers, libraries) | <input type="checkbox"/> Places to worship  |
| <input type="checkbox"/> Less pollution/garbage                                   | <input type="checkbox"/> More accessibility for those with disabilities                     |
| <input type="checkbox"/> Good schools/good places to raise children               | <input type="checkbox"/> Easy access to health care providers                               |
| <input type="checkbox"/> Good jobs or jobs paying a living wage                   | <input type="checkbox"/> Civic engagement (voting, neighborhood associations, volunteering) |
| <input type="checkbox"/> Arts and cultural events                                 | <input type="checkbox"/> Safe roads and walkways  |
| <input type="checkbox"/> Affordable housing                                       | <input type="checkbox"/> More diverse and inclusive neighborhoods                           |
| <input type="checkbox"/> Banks, restaurants and other retail businesses           | <input type="checkbox"/> More grocery stores  |
| <input type="checkbox"/> Access to affordable fresh foods                         | <input type="checkbox"/> Other (Please specify.) _____                                      |
| <input type="checkbox"/> Being prepared for natural disasters and emergencies     |   |

**6. In the past year, have you or anyone living with you been unable to get the health care you needed when you needed it?**

- Yes       No

**7. How does the cost of health care affect you? Select all that apply.**

- |   |  |
|---|--|
| <input type="checkbox"/> No insurance                       | <input type="checkbox"/> Can't take time off work                        |
| <input type="checkbox"/> Can't afford the health care visit | <input type="checkbox"/> Other barrier due to money                      |
| <input type="checkbox"/> Can't afford prescription medicine | <input type="checkbox"/> Paying for health care is not much of a problem |
| <input type="checkbox"/> Can't afford medical equipment     | <input type="checkbox"/> Lack of transportation                          |

- Past due bill with a health care provider       Other (Please specify): \_\_\_\_\_

**8. Why is health care hard to get? Select all that apply.**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> The commute is too long  | <input type="checkbox"/> Wait is too long in the health care provider's waiting room            | <input type="checkbox"/> Difficulty reading instructions that my health care provider gives me        | <input type="checkbox"/> Don't have a problem getting the health care I need |
| <input type="checkbox"/> Don't know where to go for care  | <input type="checkbox"/> No one can watch my children   | <input type="checkbox"/> Need help at home to follow medical instructions                             | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> My health care provider does not treat me with respect                     | <input type="checkbox"/> Don't understand the information I'm given by the health care provider | <input type="checkbox"/> Physical disability  |  |
| <input type="checkbox"/> Can't find a doctor or health care provider who will accept my insurance   | <input type="checkbox"/> Unable to have an interpreter in my language                           | <input type="checkbox"/> Mental or emotional health challenges  |  |
| <input type="checkbox"/> Hard to get an appointment with my health care provider in a timely manner | <input type="checkbox"/> Don't receive information about health in a language I understand      | <input type="checkbox"/> Don't feel comfortable telling a health care provider about my health issues |  |

**9. Do you have any kind of health care coverage? (Examples: health insurance, prepaid plans such as HMOs, government plans such as Medicare, Medicaid or Indian Health Service)**

- Yes       No

**10. Do you have a regular doctor or provider you see for most of your health care needs?**

- Yes       No

**11. What's most important when choosing a doctor or provider?**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Accepted by my medical or health insurance plan | <input type="checkbox"/> Quality ratings from agencies (such as Centers for Medicare & Medicaid Services (CMS) star ratings) | <input type="checkbox"/> Able to get an appointment in a timely manner | <input type="checkbox"/> Able to trust them |
|  |  |  | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Expertise                                       | <input type="checkbox"/> Office is close to my home or work  | <input type="checkbox"/> Recommended by friends or family              |   |

**12. What is the source of health information that you rely on most often?**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Health department             | <input type="checkbox"/> Social media<br>(Facebook, Instagram,<br>Twitter, Snapchat,<br>etc.) | <input type="checkbox"/> My doctor or<br>provider | <input type="checkbox"/> Internet (Google WebMd,<br>blogs, etc.)             |
| <input type="checkbox"/> Hospital staff                | <input type="checkbox"/> TV, radio, newspaper   | <input type="checkbox"/> Family and<br>friends    | <input type="checkbox"/> Nurse, nurse practitioner or<br>physician assistant |
| <input type="checkbox"/> Other (Please specify.) _____ |   |   |  |

**13. How often do you have difficulty understanding the information that your health care provider (doctor, nurse, nurse practitioner) gives you?**

- Always    Sometimes    Never    Often    Occasionally

**14. How comfortable are you with filling out medical forms by yourself?**

- Extremely    Somewhat    Not at all    Quite a bit    A little bit

**15. How many times during the past 12 months have you or any household member used a hospital emergency room?**

\_\_\_\_\_

**16. How many times during the past 12 months have you or any household member used an urgent or immediate care facility?**

\_\_\_\_\_

**17. How many times during the past 12 months have you or any household member used a smartphone, tablet or computer for a health care visit?**

\_\_\_\_\_

**18. If you used a smartphone, tablet or computer for a health care visit, why did you choose it?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Ease of use        | <input type="checkbox"/> Couldn't get in to see my doctor/provider | <input type="checkbox"/> Cost is more affordable       |
| <input type="checkbox"/> Basic health needs | <input type="checkbox"/> Does not apply                            | <input type="checkbox"/> Other (Please specify.) _____ |

**19. Within the past two years, have you or anyone in your household had difficulty finding a doctor/provider who treats specific illnesses or conditions in your area?**

- Yes    No

**20. What kind of specialist did you look for?**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Women's health specialist, such as an OB/GYN | <input type="checkbox"/> Mental health specialist, such as a social worker, psychologist or psychiatrist | <input type="checkbox"/> Dentist               | <input type="checkbox"/> Lung and breathing specialist |
| <input type="checkbox"/> Diabetes specialist                          | <input type="checkbox"/> Bone and joint specialist   | <input type="checkbox"/> Children's specialist | <input type="checkbox"/> Nerve and brain specialist    |
| <input type="checkbox"/> Dermatologist                                | <input type="checkbox"/> Heart specialist  | <input type="checkbox"/> Cancer specialist     | <input type="checkbox"/> Other (Please specify.)       |
- 

**21. Why were you unable to visit the specialist when you needed one?**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> The specialist was not covered by my health insurance     | <input type="checkbox"/> Did not know how to find a specialist  | <input type="checkbox"/> Could not get to the office while they were open | <input type="checkbox"/> No appointments were available |
| <input type="checkbox"/> Did not have a car or transportation to get to the office | <input type="checkbox"/> No specialist was available in my area | <input type="checkbox"/> Could not afford to pay for the specialist       | <input type="checkbox"/> Other (Please Specify.)        |
- 

**22. What is your housing situation today?**

- I currently do not have housing. (Examples: staying in a shelter, homeless)
- I have housing today, but I am worried about losing housing in the future.
- I have housing

**23. In the place you live now, have you ever had issues such as mold, bug infestations, lead paint or pipes, inadequate heat, water leaks or other issues that made it unsuitable or unhealthy to live there?**

- Yes    No

**24. How many people live in your house or household?**

- 1 to 2    3 to 5    6 to 10    More than 10

**25. In a typical week, how often do you interact (by phone or in person) with family, friends or neighbors?**

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Never       | <input type="checkbox"/> Twice a week       | <input type="checkbox"/> More than three times a week |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> Three times a week |   |

**26. Within the past 12 months, how often have you not had enough money to buy the food you needed?**

- Never    Rarely    Sometimes    Often

27. Within the past 12 months, how often have you put off getting medical care because you couldn't afford it?

- Never       Rarely       Sometimes       Often

28. What is your age?

\_\_\_\_\_

29. What sex were you assigned at birth? (What appears on your original birth certificate?)

- Female       Male

30. What is your gender identity? (Choose all that apply.)

- Female    Male       Nonbinary       Different identity (please specify) \_\_\_\_\_

31. What is your race or ethnicity? Select all that apply.

- American Indian or Alaska Native       Black or African American       Native Hawaiian/Pacific Islander       Other \_\_\_\_\_
- Asian       Hispanic, Latino or Spanish       White \_\_\_\_\_

32. How often do you feel that you, personally, have been discriminated against because of your race, ethnicity or gender identity?

- Never       Rarely       Sometimes       Often

33. How long have you lived in the United States?

- Less than 1 year    1 to 5 years    6 to 10 years       More than 10 years

34. What is the highest degree or level of school you have completed? If you completed your education outside of the U.S., please select the equivalent.

- Less than a high school diploma (1 to 12 years)       GED or alternative       Associate degree       Master's degree, professional degree or doctorate
- High school diploma       Some college, but no degree       Bachelor's degree

**35. What is your employment status?**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Employed full time | <input type="checkbox"/> Unable to work due to a disability | <input type="checkbox"/> Student                             | <input type="checkbox"/> Other (Please specify.)<br>_____<br>_____ |
| <input type="checkbox"/> Employed part time | <input type="checkbox"/> Retired                            | <input type="checkbox"/> Furloughed/<br>temporarily laid off |  |
| <input type="checkbox"/> Not employed       |   |  |  |

**36. What was your total household income from all sources in 2021?**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Less than \$15,000   | <input type="checkbox"/> \$35,000 to \$49,999 | <input type="checkbox"/> \$100,000 and above  |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$50,000 to \$74,999 | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$75,000 to \$99,999 |   |

Thank you for completing the 2022 Norton King's Daughters' Health Community Health Needs Survey. We appreciate your feedback, as it helps us ensure our programs and resources are focused on the significant health needs of the community.



Norton King's Daughters' Health conducted interviews with seven leaders and physicians from Norton King's Daughters' Health and 16 community leaders to gather their feedback on the health needs of the community. The specific interview questions and a list of organizations included in the interview process are provided later in this appendix. These interviews focused on major events and the following key areas: pressing problems in health care, barriers to health care, health care engagement and global or universal issues involving health care. The questions were designed to gather feedback and perspectives on barriers to health care and greatest areas of need in the community. The key themes identified as a result of the interviews can be found below.

### **Pressing problems and barriers**

For the purpose of getting input on the areas of greatest need in the community, several questions focused on identifying services needed, barriers to accessing care, as well as major areas of focus that could impact the health of the community. The following issues were highlighted:

<p><b>Substance Use</b></p> <ul style="list-style-type: none"> <li>-Increase in substance use in the community</li> <li>-Limited addiction treatment resources</li> <li>-Need interventions that come prior to law enforcement</li> <li>-Need wraparound resources to support individuals after treatment to reduce the chances of relapse</li> </ul>	<p><b>Social Determinants of Health</b></p> <ul style="list-style-type: none"> <li>-Transportation</li> <li>-Financial barriers</li> <li>-Food insecurities</li> <li>-Language barriers</li> <li>-Uninsured / under insured</li> </ul>
<p><b>Mental Health</b></p> <ul style="list-style-type: none"> <li>-Increase in mental health concerns in the community</li> <li>-Over half of interviews discussed concerns over suicide rates</li> <li>-Shortage of mental health providers</li> <li>-Need for local inpatient mental health programs</li> </ul>	<p><b>Access to Care</b></p> <ul style="list-style-type: none"> <li>-Need for more local specialists so that people do not have to travel to get the care they need. Specialties mentioned: cardiology, mental health, substance use, diabetes, women's health/OB-GYN, wound care and dentistry</li> </ul>
<p><b>Tobacco Use</b></p> <ul style="list-style-type: none"> <li>-High rates of tobacco use throughout the community</li> <li>-Need for tobacco cessation and educational programs</li> </ul>	<p><b>Chronic Conditions</b></p> <ul style="list-style-type: none"> <li>-The following conditions were identified as health concerns: diabetes, heart disease, cancer and obesity</li> </ul>

### **Substance use**

Approximately 70% of interviews identified substance use as a top health concern for the community. Some of the concerns that were discussed were centered on treatment options and intervention opportunities. Many interviews discussed the barriers for treatment for people in the community including the lack of local treatment options or interventions that could be done before court involvement, and an emphasis on the need for supportive wraparound services once a person completed treatment. The full impact of the current opioid epidemic is not fully known or realized, as there are long term effects for children who experience traumatic events associated with having a parent with substance use issues (also known as adverse childhood events or ACEs). The effects of trauma and the increasing need for trauma-informed care options are growing throughout the community.

### **Mental health**

A significant amount of time was spent discussing the current mental health landscape, including the increasing demand for mental health services in the community and the issues in the community pertaining to suicide. Over half of the interviews discussed issues pertaining to suicide as a major

concern. The discussions focused on the need to increase awareness through clear communication for where to get help as well as the need for more local mental health resources. Mental health was also discussed as a driver for other behavioral and social issues, including suicide, addiction and homelessness.

### **Populations with unmet health needs**

Those interviewed identified several populations at higher risk for unmet health needs. These populations included:

- People with low incomes and the unhoused: Populations that are living at poverty level but do not qualify for assistance, experiencing homelessness, lacking means of transportation, or those living in food deserts or with the inability to afford healthy food options, and children living in poverty.
- Elderly population: There is a large elderly population in the community and their needs continue to increase with limited resources to help them remain safely in their home environment. There continues to be limited geriatric care providers. This population often experiences social isolation, lack of access to transportation, and increasing comorbidities making health navigation more difficult.
- Populations with higher risk of mental health and substance use disorders: Addiction medicine continues to be limited in the community, and mental health cases and substance use continues to increase throughout the community. Populations that have mental health or substance use issues have limited resources available in the local communities. There is a continuing need for trauma and mental health training for health providers as well to ensure they are able to identify concerns and make referrals when needed.
- Chronic health conditions: Populations that have chronic health conditions often need specialized treatment that may not be available locally. Having local care options would reduce barriers to needed health care.
- Rural communities: The populations that live in more rural areas of the community often experience difficulty in accessing health care due to transportation and time barriers.
- English as a second language: The populations that struggle with understanding and communicating in English have significant barriers to care as it can be difficult for the patient and provider to communicate effectively.

### **Actions and reflections**

Participants were asked to reflect on the health care environment and the needs and barriers discussed to determine actions to improve the health of the community. Below you will find a list of identified actions that could improve the health of our community:

- Increase or improve community health education programs including subjects on healthy living, health care navigation, preventive care, tobacco, substance use and mental health.
- Reduce health care cost and billing complexity. Suggestions included offering clinic days at a reduced cost or no cost, preventive care screenings at health fairs or mobile units, consolidated billing for services, and partnering with school systems to provide sports physicals for students at the school.
- Provide local access to specialists to reduce transportation barriers for those with increased health care needs.
- Support the development of a central health facility that would include wellness and fitness programs as well as health care access points.

### ***Community Input: Key Findings***

Input from the community proved valuable in narrowing the focus on many of the themes that became apparent throughout this process. It was through the community health needs survey and community leader interviews that seven core themes were identified that the community sees as priorities:

1. Improving access to care
2. Management of chronic conditions
3. Resources in the areas of mental health, substance use and trauma-informed care models
4. Affordability of health care services
5. Health literacy including the navigation of the health care landscape
6. Engagement with community organizations and faith partners

**Improving access to care:** 28% of survey respondents indicated that they sometimes or often put off health care because they cannot afford it. 22% identified easy access to health care providers as a community need and 35.2% reported difficulty finding a provider for specific illnesses with the most prevalent reason being no appointments available or no specialist in the area. The most frequent services needed were in the areas of mental health, dermatology, bone and joint, and women's health. During the interview process, all interviewees discussed access to care as a concern. Among these concerns were the shortage of both primary care providers and specialty providers throughout the community. In addition to provider and access point shortages, the inability to access providers due to work commitments or the inability to take time off, transportation barriers, as well as financial barriers were identified in both the survey and interviews.

**Management of chronic conditions:** The community health needs survey identified obesity, diabetes, cancer, heart, lung diseases and high blood pressure as top community health problems. Chronic conditions such as these were discussed by 30% of interviewees as a major health concern for the community. In addition, the population experiencing chronic health conditions was identified as a group with significant unmet health needs. Many interviewees spoke of the need for local specialists a way to reduce barriers and improve health care navigation for this patient population.

**Resources for mental health and substance use:** Sixty-six percent (66%) of survey respondents identified drug or alcohol addiction as a top community health problem and 49% identified mental health as a top health concern. Seventy-eight percent (78%) identified drug abuse as an unsafe behavior in the community. Seventy percent (70%) of interviewees discussed substance use as a concern and 65% identified mental health as a community health concern. Many of these concerns dealt with the increasing prevalence of mental health issues, uncertainty around accessing services, the opioid crisis, stigma surrounding mental health care, and trauma, including adverse childhood events. Many interviewees spoke up about the importance of having trauma and mental health training for health care providers.

**Affordability of health care services:** Economic issues, such as affordability, insurance and financial concerns, were named as a significant barrier to health care in 48% of interviews. Six of the top 10 barriers to health care identified through the community survey were financial concerns. Twenty-eight percent (28%) have sometimes or often put off health care because they could not afford it.

**Health literacy:** Forty-two percent (42%) of survey respondents report that they have some difficulty understanding information given by their health care provider. Seventeen percent (17%) of interviews discussed health literacy including the knowledge of how to navigate health systems and understanding what makes up a healthy lifestyle. The interviewees discussed this as a specific area where the health care community could partner with community organizations and educational systems to make a difference.

**Engagement with community organizations and faith partners:** Many of the interviewees discussed the development and strengthening of partnerships among health systems, schools, churches and other community programs to improve health access and health literacy as a method of improving the overall health of the community.

### **Key leader interview questions**

#### Pressing Problems

- 1 In your opinion, what are the top three health concerns facing Jefferson County?
  - a. Follow up: If you could choose just one health concern that would be labeled as the biggest or more pressing health issues impacting our community what would it be?
- 2 What health care services are lacking in Jefferson County?
  - a. Follow up: Are there any significant difference in lacking services for the populations surrounding Jefferson County (if so, what are they)?
- 3 During our last Community Health Needs Assessment, when surveying our community in 2019, it was determined that tobacco use, lack of physical activity and poor nutrition were included in the list of top health concerns. Do you feel these are still significant problems today?
- 4 Substance Use continues to be a major health concern for our community. What action or program do you feel could have a significant impact on substance use? What can our health care system do to further support the community in regard to substance abuse?
- 5 Mental health and suicide continue to be major health concerns for our community. Over the last few years what initiatives / actions have had the most impact on mental health concerns?
  - a. Follow up: What can our hospital do to further address the mental health needs in this community?

#### Barriers:

- 6 In your opinion, what barriers keep people in our community from getting health care services?
  - a. Follow up: What do you think could be done to help alleviate some of those barriers?
- 7 Do you feel telehealth (including video visits and e-visits) are important to the residents of Jefferson County?

#### Hospitals/Health care Engagement/Responses:

- 8 Do you feel that Norton King's Daughters' Health met the needs of the community during the recent COVID-19 crisis?
  - a. Follow up: What could the hospital have done differently?
  - b. Follow up: In your opinion, what is the responsibility of a hospital during a public health crisis, such as the recent COVID-19 pandemic?
- 9 What groups of people in your community do you believe have the most serious unmet health care needs?
- 10 In general, what do you think hospitals / health care systems can do to improve the health of our community?
- 11 Think to a time when you had a positive health care experience in a hospital or physician office. What about that experience made it stand out to you as being positive?

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King's Daughters' Health	Salvation Army
Ruth Haven	Madison Consolidated High School
Morgan-Nay Funeral Center/Jefferson County	Hanover Baptist Church
Madison Consolidated Schools	Super ATV
Trimble County Health Department	Jefferson County Health Department
Ivy Tech	Girls Incorporated
Centerstone	Community Foundation
Jefferson County Judge	City of Hanover city council
Casa Amiga	

# **Appendix F**

## **Detailed Summary of Topics and Findings**

Category	Topic	Secondary Data	Survey Data	Interviews																				
Access to Care	Access to health care Primary care Specialists Uninsured / Limited insurance	<p>According to the 2021 American Health Rankings approximately 79% of the Indiana population and 80% of Kentucky's population report having a regular health care provider.</p> <p>The County Health Rankings reports for 2022 show that approximately 13.6% of Switzerland County adults are uninsured. In Jefferson County 10.3% of adults are uninsured and in Trimble County approximate 8% remain uninsured. Nationally 13% of the adult population is uninsured.</p> <p>Part of accessing care is the availability of health care professionals. The County Health Rankings reports the population to provider ratios for primary care physicians, primary care other, mental health providers and dentists. The ratio for primary care physicians in Switzerland County was not provided. In the table below the counties with the highest population to provider ratio are highlighted.</p> <table border="1"> <thead> <tr> <th>Population to Provider Ratios</th> <th>Jefferson County</th> <th>Switzerland County</th> <th>Trimble County</th> </tr> </thead> <tbody> <tr> <td>Primary Care Physicians</td> <td>1700:1</td> <td>3575:1</td> <td>4236:1</td> </tr> <tr> <td>Primary Care Other</td> <td>944:1</td> <td>3575:1</td> <td>2827:1</td> </tr> <tr> <td>Mental Health</td> <td>868:1</td> <td>3575:1</td> <td>4241:1</td> </tr> <tr> <td>Dentist</td> <td>1690:1</td> <td>10724:1</td> <td>8481:1</td> </tr> </tbody> </table>	Population to Provider Ratios	Jefferson County	Switzerland County	Trimble County	Primary Care Physicians	1700:1	3575:1	4236:1	Primary Care Other	944:1	3575:1	2827:1	Mental Health	868:1	3575:1	4241:1	Dentist	1690:1	10724:1	8481:1	22% of respondents identified easy access to health care providers as important for a healthy community.	<p>74% discussed access to health care services including preventive care and specialists such as cardiologist and mental health professionals.</p> <p>Several discussed the issues that those with low incomes have in accessing health care, specifically those that are uninsured or under insured.</p>
		Population to Provider Ratios	Jefferson County	Switzerland County	Trimble County																			
Primary Care Physicians	1700:1	3575:1	4236:1																					
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Dentist	1690:1	10724:1	8481:1																					

<b>Chronic Conditions</b>	<b>Diabetes</b>	According to the County Health Rankings 9% of the adult population report being diagnosed with diabetes. The percentages are slightly higher in the counties included in the community for this assessment. Jefferson County, Indiana, is reported to have 10.4% of the adult population diagnosed with diabetes. Switzerland County, Indiana, has 11.9% and Trimble County, Kentucky, has 11.6% of the adult population reporting a diabetes diagnosis.	18% of respondents identified diabetes as a top health concern in the community.	22% of interviews discussed concerns regarding diabetes in the community.
	<b>Diseases that affect the lungs</b>	According to the 2021 American Health Rankings 9.6% of the adult population in Indiana and 11.5% of the population in Kentucky report that they have been told by a health professional that they currently have asthma.	20% identified diseases of the lungs such as asthma, and COPD as a top health concern in the community.  20% identified a clean environment such as clean air, water, soil and streets as a need for a healthy community.	
	<b>Heart disease</b>	The leading cause of death in the United States for the five-year period ending in 2020 was diseases of the heart with an age-adjusted death rate of 164.8 per 100,000. Indiana and Kentucky's age-adjusted rates were significantly higher and both above 200 / 100,000 (217 and 240 respectively) according to the CDC Wonder tool. At the county level heart disease remains a leading cause of death for all three counties. Trimble County had the highest rate of 238.3 followed by Jefferson at 219.3 and then 188.1 for Switzerland County.	13% identified heart disease as a major health concern in the community.  10.6% of respondents had trouble accessing a specialist in the prior two years.	17% of interviewees discussed heart disease as a health concerns.



	<b>Cancer</b>	According to the CDC's Cancer At-A-Glance dashboard the 2019 national rate of new cancer cases per 100,000 people was 439 cases. Indiana's rate was reported at 410 cases and Kentucky's rate was 504 cases.	22% of respondents identified cancer as a top health concern in the community.	About 5% of interviewees discussed cancer as a major health concern in the community.
	<b>High blood pressure</b>	According to the CDC's 15 leading causes of death, hypertension is ranked 14th for the nation and Indiana and is the 15th leading cause for Kentucky.	10% of respondents identified high blood pressure as a top health concern in the community.	13% of interviews discussed the need for blood pressure checks to be made available in the community, specifically as part of a clinic that offers services at no cost or a mobile service.
<b>Behavioral Conditions</b>	<b>Substance use</b>	According to the CDC there was a 30% increase in overdose deaths from 2019 to 2020 on a national level. In 2021, there was an additional 15% increase. The increasing rate of overdose deaths was seen in both Kentucky and Indiana as well. According to the CDC's Provisional Drug Overdose Death Counts report the number of drug overdoses per year increased by 85% from 2016 to 2021 in Indiana and 67% increase was reported in Kentucky for the same time frame.	66% of respondents reported drug and alcohol addiction as one of the top three health concerns in the community.  78% reported that drug abuse is one of the top unhealthy behaviors in the community.	Nearly 70% of interviews identified substance use as one of the top health concerns in the community. The interviews discussed the increase in substance use in the community and the need for treatment resources including: closer inpatient treatment options, interventions that would be prior to law enforcement involvement, and the need for wraparound support services after treatment.
	<b>Obesity</b>	According to the County Health Rankings 32% of the adult population report a body mass index greater than 30 kg/m <sup>2</sup> in the United States, which is within the obese range. All three counties' population falling in this range is greater than the national percentage. County Health Rankings reports the following: in Jefferson County, Indiana, 35% of the adult population is obese, with	43% of respondents identified obesity as one of the top health concerns in the community.  26% identified poor eating habits as an unsafe behavior in the community.	48% discussed obesity or weight management as a community health issue or need during the interview process. Many interviewees focused on educating the community on healthy life styles including the need to start educating children to make healthier choices.

		Switzerland, Indiana, at 37.8%, and Trimble County, Kentucky, with 37.5%.		
	<b>Mental health / suicide</b>	<p>According to County Health Ranking the average number of mentally unhealthy days were between 5 and 6 out of 30 for all three counties. Greater than 16% of the population in all three counties report frequent mental distress (defined as 15 or more mentally unhealthy days in a 30-day period). Switzerland County had the highest percentage of population reporting frequent mental distress at 18.4%.</p> <p>In the 2022 County Health Rankings report, the rate of suicide per 100,000 population was reported for two of the counties in the health community, with 22 per 100,000 reported in Jefferson County, Indiana, and 25 per 100,000 reported in Trimble County, Kentucky. The national rate is 14 per 100,000.</p>	<p>49% of respondents identified mental health as one of the top three health issues in the community.</p> <p>20% specifically identified suicide as a top health concern.</p> <p>35% of respondents had trouble accessing a specialist in the prior two years, and over a third of those identified mental health as the specialty needed.</p>	<p>65% of interviews discussed mental health as a top health concern in the community including concerns pertaining to suicide rates.</p> <p>When asked what health services were lacking in the community approximately 61% identified mental health services, including the lack of mental health providers and the need for inpatient treatment options.</p>
	<b>Physical inactivity</b>	<p>According to County Health Rankings approximately 36.2% of Switzerland County report no leisure time physical activity. The percentage is slightly lower in Trimble and Jefferson Counties with 35.7% and 32.8% reporting no leisure time physical activity.</p>	<p>19% reported lack of exercise as an unsafe behavior they would like to see changed in the community.</p>	<p>The majority of those interviewed felt that tobacco use, physical inactivity and poor nutrition continue to be issues in the community.</p>

	<b>Tobacco use including vaping</b>	Nationally, the County Health Rankings reports approximately 16% of adults are current smokers. The county with the highest percentage is Switzerland at 26.1% followed by Trimble at 25.9% and Jefferson at 22.5% of adults currently smoking.	29% identified tobacco use as an unhealthy behavior in the community.	The majority of those interviewed felt that tobacco use, physical inactivity and poor nutrition continue to be issues in the community. Several interviewees discuss the issues pertaining personal choice and need for education specifically for the youth regarding tobacco issues. Several interviewees described tobacco use as cultural. Kids grow up exposed to tobacco, which increases the likelihood that they will use tobacco themselves.
	<b>Motor vehicle crash injuries/distracted driving</b>	According to County Health Rankings, deaths due to motor vehicle crashes per 100,000 population for each county are significantly greater than the national rate (12) and rates for both Kentucky (17.28) and Indiana (12.49). Switzerland County has the highest rate at 28.23 followed by Trimble County at 24.92 and Jefferson County has a rate of 22.12 per 100,000 population.	29% of respondents identified distracted driving as an unsafe behavior they would like to see changed in the community.	
<b>Socio-economic Conditions</b>	<b>Poverty</b>	According to the statistics provided through SG2 analytics, about 12.8% of families in the community served live below the poverty line. Switzerland County has the highest percentage of families living below the poverty line with 19.6%, followed by Trimble County at 13.4% and 10.9% in Jefferson County.	52% of respondents identified at least one financial health care barrier that affects them personally.  28% sometimes or often put off medical care because they could not afford it at the time.	61% of interviews identified those experiencing poverty or homelessness as a population for significant unmet health needs in the community.

<b>Child abuse / neglect</b>	According to the 2020 Child Maltreatment report provided by the Office of the Administration for Children and Families, in 2020 Indiana reported 14.5 child victims per 1,000 children in the state, ranking 40th out of all 50 states. Kentucky reported 16.7 child victims per 1,000 children, ranking 46th out of all 50 states.	15% identified child abuse/neglect as one of the top health issues in the community.	13% of interviews discussed issues pertaining to child abuse and neglect as a community health concern.
<b>Nutritional needs</b>	According to the County Health Rankings data 14% of Jefferson County, Indiana, 16% of Switzerland, Indiana, and 15% of the population of Trimble County, Kentucky, lack adequate access for food. Over 50% of the public school students in all three counties remain eligible for free or reduced priced lunch.	26% identified poor eating habits as an unsafe behavior in the community.  18% sometimes or often experienced food insecurity.	The majority of those interviewed felt that tobacco use, physical inactivity and poor nutrition continue to be issues in the community. Several interviewees discussed the issues pertaining to personal choice and need for education regarding how to live a healthy lifestyle while others discussed issues pertaining to access to and the cost of healthy foods.
<b>Transportation</b>	Over 75% of the workforce in all three counties drive to work alone. Of those that drive to work alone around 31-32% in Jefferson and Switzerland counties in Indiana and 46% in Trimble County, Kentucky, commute 30 minutes or more.	16% of respondents identified accessible public transportation as something the community needs to be healthy.	57% of interviews discussed transportation issues as a health care concern. Several representatives specifically discussed the lack of public transportation as well as the difficulty of traveling to access health care services.

	<p><b>Health Literacy</b></p>	<p>The Agency for Healthcare Research and Quality estimates the cost of low health literacy to be between \$106 billion and \$238 billion. This represents between 7% and 17% of all U.S. personal health care expenditures.</p>	<p>42% of respondents reported having some difficulty understanding information given by their health care provider.</p>	<p>17% of interviews discussed health literacy including the knowledge of how to navigate health systems and the understanding of what makes up a healthy lifestyle as a community need.</p>
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## **Appendix G**

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**NORTON**  
KING'S DAUGHTERS'  
HEALTH

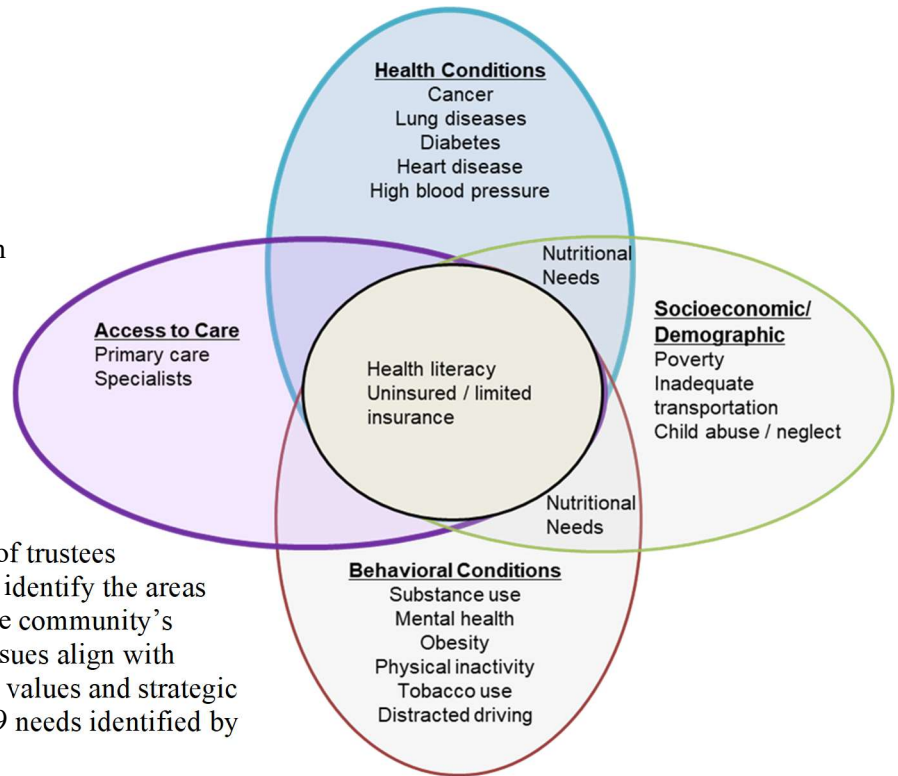
*Community Health Needs Assessment  
Implementation Strategy  
2022*

the pressing health needs as perceived by the community at large. The primary data sources for this assessment were:

- Community survey
- Provider and community leader interviews
- Secondary market research

**Findings**

A total of 19 issues were identified by the assessment process. The relational diagram to the right categorizes these concerns into four main areas and illustrates the overlap between them. Health literacy and the uninsured intersect all four categories of need.



**Prioritization**

Norton King’s Daughters’ Health’s board of trustees participated in the prioritization process to identify the areas of focus. The prioritization reflects both the community’s perception of its needs and how well the issues align with Norton King’s Daughters’ mission, vision, values and strategic priorities. The table below identified the 19 needs identified by category.

Health Conditions	Access to Care	Behavioral Conditions	Socioeconomic / Demographic
Cancer Lung disease Diabetes Heart disease High blood pressure	Access to care Primary care Specialists Uninsured / limited insurance	Substance use Mental health / suicide Obesity Physical inactivity Tobacco use including vaping Distracted driving	Nutritional needs Poverty Transportation Health literacy Child abuse / neglect

Norton King’s Daughters’ Health desires to continue providing clinical programs and health care services for our community while also pursuing continuous improvement in existing and future programs to meet community needs and improve the overall health of the communities we serve. The areas shaded in blue are those concerning health conditions and access to care, which pertain to Norton King’s Daughters’ Health’s core business and will always be areas of priority. The unshaded areas to the right involve behavioral conditions and socioeconomic/demographic concerns that were prioritized for inclusion in our Community Health Needs Assessment.

From those areas of need, we identified eight areas of focus for implementation. These strategic areas are substance use, mental health / suicide, obesity, physical inactivity, tobacco use including vaping,

nutritional needs, health literacy, and child abuse / neglect. Poverty levels were not included as a strategic area. Norton King's Daughters' Health continues to have a comprehensive charity care policy however, we are not currently in a position to significantly influence the poverty levels or transportation concerns that exist in the population that we serve.

Implementation strategies have been developed for eight strategic areas and are outlined in the following pages. These are not intended to be all-inclusive or a comprehensive catalog of all activities by Norton King's Daughters' Health, but rather a representation of specific actions and measures that have been committed specific to these areas of community need and will be monitored over the course of the next three years.

## Substance use

Initiative	Description	Measure
<b>Community involvement pertaining to substance use reduction</b>	<ul style="list-style-type: none"> <li>Continue a leadership role with the Healthy Communities Initiative's Substance Abuse team, growing community programs to increase awareness and communication of resources.</li> <li>Continue to serve on county substance abuse coalitions.</li> </ul>	Activities and programs developed  Number of employees involved and programs and activities developed

## Mental health / suicide

Initiative	Description	Measure
<b>Increase mental health screenings</b>	<ul style="list-style-type: none"> <li>Increase the utilization of mental health screening tools at all health access points.</li> </ul>	Percentage of patients assessed
<b>Increase public awareness and education pertaining to mental health needs and suicide</b>	<ul style="list-style-type: none"> <li>Continue to support the Healthy Communities Initiative by supporting growth of mental health trainings, community education on suicide and mental health needs</li> </ul>	Number of staff participating  Number of activities and programs developed

## Obesity

Initiative	Description	Measure
<b>Increase access to nutritional education for target populations</b>	<ul style="list-style-type: none"> <li>Grow the Diabetes Education program tailored to the population suffering from diabetes or at risk for diabetes.</li> </ul>	Number of people served
<b>Encourage the development of healthy lifestyle choices</b>	<ul style="list-style-type: none"> <li>Continue to host the Fit Kids program for all Jefferson County 5th grade classrooms teaching health information and targeting areas of improving nutrition and physical activity.</li> </ul>	Number of schools participating  Number of students completing the program

## Physical inactivity

Initiative	Description	Measure
<b>Continue to support and grow post treatment exercise programs</b>	<ul style="list-style-type: none"> <li>Continue to support and promote post-treatment exercise programs including the support and promotions of the "Be Strong" exercise program and the</li> </ul>	Number of participants

	development of other resources for the post-cancer treatment population.	
<b>Increase awareness of local resources and opportunities to increase physical activity</b>	<ul style="list-style-type: none"> <li>Encourage local opportunities to be physically active through the development and distribution of the Healthy Lifestyles Resource Guide made available on the NKDH website.</li> </ul>	Publication and maintenance of the resource guide
<b>Continue to support the Healthy Community Initiative's Healthy Lifestyles team</b>	<ul style="list-style-type: none"> <li>Continue a leadership role with the Healthy Communities Initiative's Healthy Lifestyles team, growing community programs to encourage healthy living practices.</li> </ul>	Activities and programs developed
<b>Continue to support and encourage youth engagement in physical activity</b>	<ul style="list-style-type: none"> <li>Continue to grow the Girls on the Run program, a 10-week fall program including a 5K fun run.</li> </ul>	Number of coaches and girls participating in the program

## Tobacco use including vaping

Initiative	Description	Measure
<b>Increase tobacco screenings</b>	<ul style="list-style-type: none"> <li>Have tobacco screenings available at all physician practice location. Tobacco cessation intervention made available when appropriate.</li> </ul>	<p>Percentage of patients screened</p> <p>Percentage of patients that use tobacco that received tobacco cessation interventions</p>
<b>Increase referrals to the Indiana Tobacco Quit line</b>	<ul style="list-style-type: none"> <li>Increase the referrals to the Indiana Tobacco Quitline (Quit Now Indiana) for counseling resources, provided at no cost.</li> </ul>	Number of referrals to Quit Now Indiana
<b>Increase awareness of the dangers of vaping</b>	<ul style="list-style-type: none"> <li>Norton King's Daughters' Health tobacco coordinator will educate youth, guardians, and teachers on the subject of vaping (e-tobacco use).</li> </ul>	Number of speaking engagements / presentations that include the subject of vaping

## Nutritional needs

Initiative	Description	Measure
<b>Increase access to healthy food options</b>	<ul style="list-style-type: none"> <li>Norton Cancer Institute in Madison, Indiana, to develop an on-site food bank.</li> </ul>	Date opened / Utilization rate
<b>Educate youth regarding healthy lifestyles and choices</b>	<ul style="list-style-type: none"> <li>Continue to host the Fit Kids program to all Jefferson County fifth-grade classrooms teaching health information and targeting areas of improving nutrition and physical activity.</li> </ul>	<p>Number of schools participating</p> <p>Number of students that complete the program</p>

## Health literacy

Initiative	Description	Measure
<b>Train staff on how to tailor health information to the patient's need</b>	<ul style="list-style-type: none"> <li>Train nursing staff on the availability of translators, the teach-back method and how to adapt health information to meet the patient need.</li> </ul>	Number of staff trained

<b>Provide community-based education opportunities</b>	<ul style="list-style-type: none"> <li>• Improve access and awareness of health information through community outreach such as health fairs and community speaking engagements on healthy living.</li> </ul>	Number of speaking engagements
<b>Partnership with the House of Hope</b>	<ul style="list-style-type: none"> <li>• Norton King's Daughters' Health's cardiology department to continue providing regular blood pressure checks and heart health information at the House of Hope each quarter.</li> </ul>	Number of events at the House of Hope  Number of blood pressure checks completed

## Child abuse / neglect

<b>Initiative</b>	<b>Description</b>	<b>Measure</b>
<b>Participation in the Healthy Communities ACE's Team</b>	<ul style="list-style-type: none"> <li>• Continue to play a lead role on the Jefferson County Healthy Communities steering committee focused on adverse childhood experiences.</li> </ul>	Number of Norton King's Daughters' Health staff serving on this committee
<b>Development of education opportunities for health care professional and community members</b>	<ul style="list-style-type: none"> <li>• Norton King's Daughters' Health staff to support the Resilient Jefferson County effort to make Jefferson County a trauma-informed community through the development of education for health care providers and the community.</li> </ul>	Programs developed
<b>Partnership with the Indiana Department of Children Services</b>	<ul style="list-style-type: none"> <li>• Continue to serve the community as the partner with the Indiana Department of Children Services to support medical exams and reviews for children in need.</li> </ul>	

The implementation strategies listed above were approved by the Norton King's Daughters' Health's board of trustees on May 8, 2023.