



NORTON HEALTHCARE

Norton Audubon Hospital
Norton Brownsboro Hospital
Norton Children's Hospital
Norton Hospital
Norton Women's & Children's Hospital

*Community Health Needs Assessment
2019*

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Community Health Needs Assessment

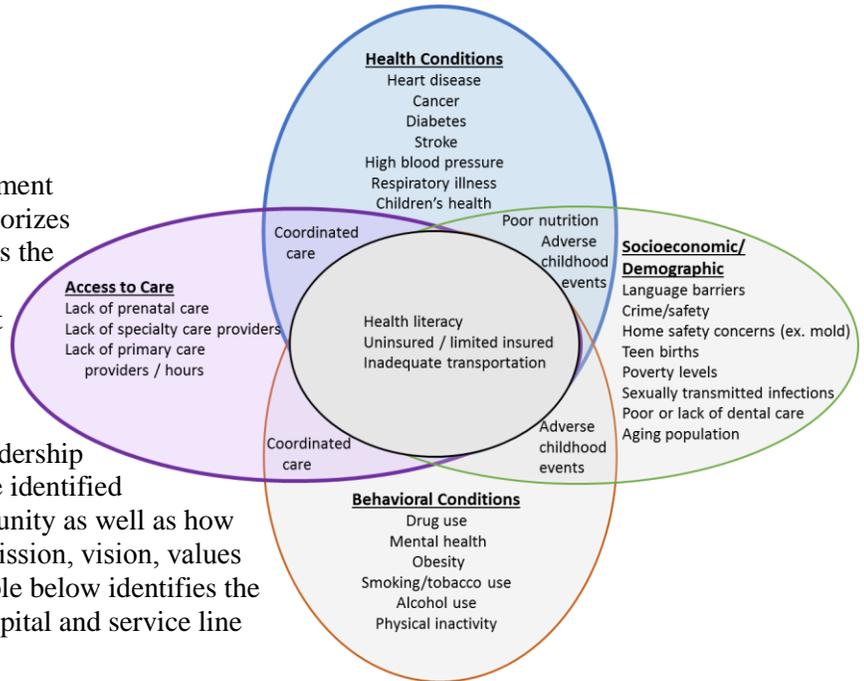
Executive Summary

Norton Healthcare 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** in partnership with the Louisville Metro Department of Public Health and Wellness (LMDPHW)
- Targeted **focus groups** to gain the perspective of those that were unrepresented in the community survey
- Provider and community leader **interviews**
- Secondary market **research**

Findings

A total of 32 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, the uninsured and inadequate transportation intersect all four categories of need.



Prioritization

Norton Healthcare’s hospital and service line leadership participated in a prioritization process to rank the identified issues based on both the perception of the community as well as how well the issues align with Norton Healthcare’s mission, vision, values and strategic priorities. The top section of the table below identifies the top 20 needs based on the feedback from our hospital and service line leadership.

	Health Conditions	Access to Care	Behavioral Conditions	Socioeconomic / Demographic
Top 20 issues	Heart disease Cancer Diabetes High blood pressure Stroke Respiratory illness Children’s health	Lack of primary care physicians / hours Lack of coordinated care across the continuum Lack of specialty providers Lack of prenatal care – low birth weight	Obesity Smoking/tobacco use Drug use Mental health Physical inactivity	Uninsured / limited insured Poor nutrition Aging population Lack of health literacy
			Adverse childhood events	Poverty levels Excessive alcohol use Poor or lack of dental care Teen births Sexually transmitted infections Crime and safety Food insecurity Language barriers Single parent households Inadequate transportation Home safety concerns (ex. mold)

Norton Healthcare 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 Healthcare’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

For more than 130 years, Norton Healthcare’s faith heritage has guided its mission to provide quality health care to all those it serves. Today, Norton Healthcare (Norton) is a leading comprehensive health system serving adult and pediatric patients throughout Greater Louisville, Southern Indiana, the state of Kentucky, and beyond.

Norton is Louisville’s fourth largest employer¹, providing care at more than 250 locations throughout Kentucky and Southern Indiana. The Louisville-based not-for-profit system includes five hospitals with 1,837 licensed beds; seven outpatient centers; 14 Norton Immediate Care Centers; more than 14,600 employees; nearly 1,000 employed medical providers; and approximately 2,000 total physicians on its medical staff. The hospitals provide inpatient and outpatient general care as well as specialty care including heart, neuroscience, cancer, orthopedic, women’s and pediatric services. A strong research program provides access to clinical trials in a multitude of areas.

Norton has demonstrated its commitment to quality and transparency, being the first health system in the country to display quality outcome metrics on the web, enabling patients and providers to compare performance with statewide and national results, as available. In addition, demonstrating Norton’s commitment to improving community health and promoting health and wellness for its workforce, they were named by Healthiest Employers as the fourth healthiest place to work in the country in 2018.

Norton 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 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’s mission, services and strategic priorities.

The 2019 Norton Healthcare 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’s implementation strategy with Norton’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 has defined its “community” as Jefferson County, which accounts for 71.1% of Norton’s patients. While Norton serves patients across a broader region, defining Jefferson County as its primary community will allow Norton to more effectively

¹ Louisville Business First. “Louisville’s Largest Employers”. 2018. <https://www.bizjournals.com/louisville/subscriber-only/2018/07/19/louisvilles-major-employers.html>

focus its resources to address identified significant health needs, targeting areas of greatest need and health disparities.

Norton also conducted interviews with health department officials in the surrounding counties to supplement this report. Issues identified were consistent with those found in Jefferson County.

Norton collaborated with the Louisville Metro Department of Public Health and Wellness (LMDPHW) and a variety of partners ranging from other local health systems to the Jefferson County Public School system and other community organizations. All of these organizations worked together to ensure a coordinated approach to gathering initial primary data. Through this collaboration, a community health survey was conducted using both online and paper survey methodologies. There were 5,168 surveys collected. Surveys that fell outside of Jefferson County or were missing the ZIP code, age, gender, race and educational attainment demographic information were excluded from the results. This left 3,672 surveys that were weighted based on age, gender, race and educational attainment in order to make the survey results more representative of the Jefferson County population as a whole.

After the conclusion of the survey, a few specific under-represented populations in the survey results were found. To ensure that the opinions and perspectives of these groups were adequately represented, eight targeted focus groups were held. These focus groups included underemployed or undereducated, African-American men ages 18 to 24, seniors, LGBTQ and transient populations, and four separate groups for non-English-speaking populations.

In addition, Norton obtained input from 43 various community stakeholders, including 16 Norton-employed physicians, 21 community leaders in Jefferson County and six leaders from areas surrounding Jefferson County through face-to-face meetings. 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, 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 health issues and opportunities in the community.

The interviews, survey and focus groups identified the following health issues:

	Health Conditions	Access to Care	Behavioral Conditions	Socioeconomic / Demographic
Top 20 issues	Heart disease Cancer Diabetes High blood pressure Stroke Respiratory illness Children's health	Lack of primary care physicians / hours Lack of coordinated care across the continuum Lack of specialty providers Lack of prenatal care – low birth weight	Obesity Smoking/tobacco use Drug use Mental health Physical inactivity	Uninsured / limited insured Poor nutrition Aging population Lack of health literacy
			Adverse childhood events	Poverty levels Excessive alcohol use Poor or lack of dental care Teen births Sexually transmitted infections Crime and safety Food insecurity Language barriers Single parent households Inadequate transportation Home safety concerns (ex. mold)

Key findings for each identified health need were summarized and health needs were prioritized with input from a broad base of members of Norton’s management, members of Norton’s executive leadership team and the Community Benefit Committee of the board of trustees using a weighting method that considers: 1) the size of the problem, 2) the seriousness of the problem, 3) the impact of the issues on vulnerable populations, 4) how important the issue is to the community, 5) the prevalence of common themes and 6) the ability to reduce overall health care costs for the community.

Significant needs were further reviewed and analyzed regarding: 1) how closely the need aligns with Norton’s mission, current and key 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 or other community organizations) that are addressing the need.

A review of existing community benefit and outreach programs also 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 below have been identified as significant health needs in the community. These have been categorized in four categories: Health Conditions, Access to Care, Behavioral Conditions, Socioeconomic/ Demographic. Norton’s mission and core service offerings will continue to advance the issues outlined in the categories of health conditions and certain elements within socioeconomic, such as access to care, lack of primary care or specialty providers, and children’s health. As such, for purposes of this CHNA, future programming priorities will focus on the community health issues identified in the behavioral and socioeconomic conditions. You will notice that we’ve excluded community demographics, as none of these issues were elevated during the prioritization process.

Norton executive leadership and the Community Benefit Committee of the board of trustees will work to identify areas where Norton can most effectively focus its resources to have significant impact and develop an implementation strategy to advance our work in these areas.

Prioritized Community Health Issues	
Behavioral Conditions	Socioeconomic Conditions
<ol style="list-style-type: none"> 1. Drug Use 2. Obesity 3. Smoking/Tobacco Use 4. Mental Health 5. Poor Nutrition 	<ol style="list-style-type: none"> 1. Uninsured/Limited Insurance 2. Access to Care 3. Lack of Primary Care Physicians/Hours 4. Lack of Specialty Care Providers 5. Coordinated Care Across the Continuum 6. Uninsured/Limited Insurance
Areas of Focus for Norton CHNA	
<ol style="list-style-type: none"> 1. Drug Use 2. Obesity 3. Smoking/Tobacco Use 4. Mental Health 5. Poor Nutrition 	<ol style="list-style-type: none"> 1. Coordinated Care Across the Continuum

You will notice that Access to Care, Lack of Primary Care Physicians/Hours and Lack of Specialty Care Providers have not been noted as areas of focus for purposes of this CHNA. Norton has excluded these categories, as these issues are part of Norton’s core business and, as such, will continue to be addressed as part of ongoing clinical programming. Further, while Norton has a comprehensive charity policy, Norton is not in a position to significantly influence the uninsured or limited insured population.

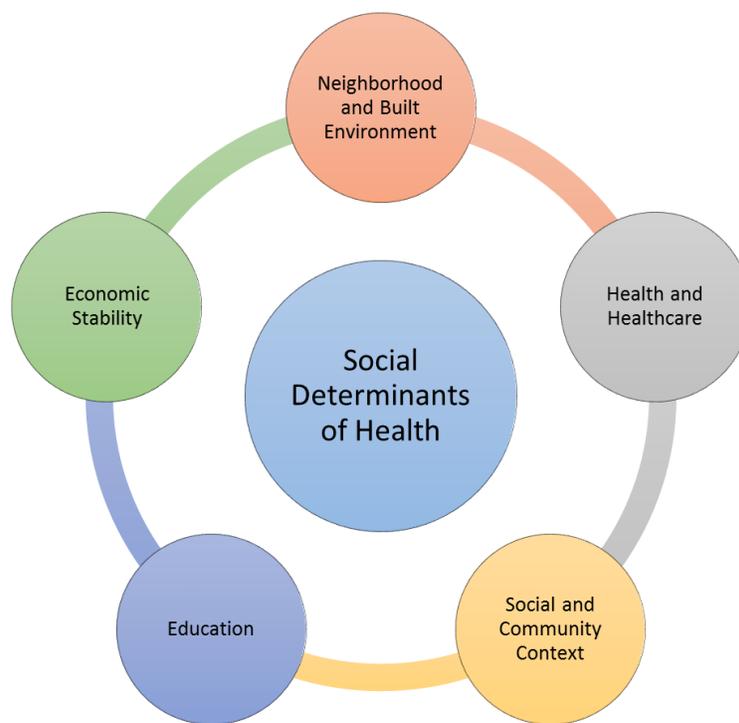
How the Assessment Was Conducted

Norton 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's CHNA:

- Community benefit initiatives that were implemented over the course of the past three years were evaluated.
- The “community” served by Norton was defined by using inpatient and outpatient data regarding patient origin and is inclusive of medically underserved, low-income, minority populations and people with limited English proficiency. This process is further described in *Communities Served by Norton Healthcare*.
- Population demographics and socioeconomic characteristics of the community were gathered and assessed using various third parties.
- 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.
- Through a collaborative process conducted by the LMDPHW, community input was obtained through a communitywide survey for the general public.
- To supplement the survey findings, LMDPHW conducted eight focus groups for those populations that were underrepresented in the survey results.
- Community input also was obtained through key stakeholder interviews of 43 community leaders and health care providers. To ensure the medically underserved were represented in this CHNA, interviews were conducted with representatives from LMDPHW, Jefferson County Public Schools and health care organizations serving neighborhoods where median household incomes are very low, as well as agencies providing services related to mental health, domestic violence 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 to impact overall health based on alignment with Norton's mission and services provided. Norton leadership and the Community Benefit Committee of the 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 Healthy People 2020², 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’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

² HealthyPeople.gov. “Social Determinants of Health.” 2019. <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, 2018 may be the most current year available for data, while 2015 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.
- A large percentage of respondents of the LMDPHW community survey came from a health care setting. No attempt was made to randomly sample the population, but instead surveys were handed out through community partners connected with the LMDPHW Community Health Needs Assessment. 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 study 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.
- The focus groups interviewed in partnership with LMDPHW were completed to target populations that were unrepresented in the community survey. The sample sizes for the groups were small, so they may not represent the most pressing needs in their community. Respondents may feel peer pressure to give similar answers to the moderator's questions, and the way the questions were asked may affect responses and skew results.

Norton's Community Benefit and Outreach

Norton provides a broad array of services that provide benefit to the community. Below is a summary of some significant community benefit initiatives.

Norton Healthcare Prevention & Wellness offers the following free health screenings at select locations throughout Greater Louisville: blood pressure, blood sugar, body mass index, bone density, cholesterol and skin cancer. The Norton Healthcare Mobile Prevention Center can provide mammograms, annual wellness exams (may include a Pap smear and clinical breast exam) and consultations regarding other screenings, including colon cancer, depending on date and location.

- From 2016 through 2018, the Mobile Prevention Center performed 7,543 patient visits and 7,147 mammograms, and identified 40 cases of breast cancer.
- Norton Healthcare has employed a promotora since 2014, which is a Hispanic/Latino promoter of services. The promotora focuses on educating Louisville's Hispanic/Latino population about the services offered through Norton Healthcare Prevention & Wellness.

Community partnerships – Norton participates in many community collaborations, including with the YMCA (diabetes prevention), county schools (asthma education, promotion of healthy nutrition, Safety City) and Kentucky Office of Highway Safety (car seat checks). As a partner in the Kentucky Perinatal Infant Health Network, Norton collaborates with local agencies and the Kentucky Cabinet for Health and Human Services to reduce health disparities and improve outcomes for Kentucky infants. Partnerships also are in place with several federally qualified health centers (Park DuValle and Shawnee Christian Healthcare Center) and LMDPHW, and other health clinics in underserved sectors of Jefferson County to promote health and wellness.

Community cancer initiatives – Since 2013, Norton has focused on increasing cancer screenings. In 2017 Norton provided 8,568 colon screenings and 26,320 mammography screenings. Norton Cancer Institute patients who receive a breast cancer diagnosis now have the option to be seen by multiple specialists the same day through a multidisciplinary Breast Clinic. The multidisciplinary setting offers the convenience of fewer appointments, thereby reducing travel and time in beginning the next steps in their care.

- Since its launch in 2016, the Comprehensive Lung Center has performed more than 2,000 baseline lung cancer screenings a year.
- With five area locations, Norton Cancer Institute Resource Centers provide patients and families with the latest information on cancer treatments and support services. Patients and families receive personal attention to address the physical, emotional and spiritual needs before, during and after cancer treatment.
- In April 2017, Norton Cancer Institute and Norton Children's Hospital, in affiliation with the University of Louisville, announced the creation of Norton Children's Cancer Institute to provide improved access, new programs to treat rare tumors and benign blood disorders, and a revamped program for bone marrow transplants.

Norton Children's Prevention & Wellness – Established in 1991, Norton Children's Prevention & Wellness works to promote safety and health among families, schools and communities by offering injury prevention information, and wellness programs and resources in Greater Louisville.

- 41,000 children, families and caregivers received safety and wellness education in 2017.
- 1,300 people attended safe sleep classes, Let's Talk parent-teen classes, Fruit and Boot Camp, and Healthy Living Workshops.

- 728 car seats were checked, 46 specialty seats were loaned, and 115 car seats were given at no cost.

Norton Faith & Health Ministries – As faith communities work to become centers of whole-person health, people who are passionate about health and healing are answering the call to serve in health ministries. Norton Faith & Health Ministries helps faith communities weave health and faith together. Services include educational programs and tools for health ministers and faith community nurses, opportunities to connect with others in health ministries, resources, seminars, workshops and more.

- During 2018, over 66,000 people were served through health fairs, speaker events, community events, screenings and more through events that advanced congregational health ministers, faith community nursing and other health-related programs.

Below is a summary of highlights of Norton’s service offerings in response to the needs identified in our 2016 Community Health Needs Assessment.

Top identified health need in 2016	Highlights
Cancer	Norton Cancer Institute – Brownsboro is a new \$38 million comprehensive cancer care center in northeastern Jefferson County that represents an investment in bringing all Norton oncology subspecialties and services together for the first time in one location. Designed to minimize wait times by providing streamlined registration and preregistration.
	Norton Cancer Institute’s newest Prompt Care Clinic is housed in the building to provide urgent care for oncology patients and help them avoid unnecessary emergency department visits outside regular office hours or scheduled appointments.
	Norton Healthcare, in affiliation with University of Louisville, announced the creation of Norton Children’s Cancer Institute to provide improved access and additional services to care for children fighting cancer and blood disorders. The program is expected to increase the number of clinical trials offered to patients and gain earlier access to new therapies, develop groundbreaking research and technologies, as well as recruit additional hematology/oncology specialists and medical students.
Heart disease	Norton Heart & Vascular Institute specialists treat more cardiovascular patients — about 100,000 every year — than any provider in Louisville and Southern Indiana. It operates 27 locations in Louisville and Southern Indiana. Telecardiology is offered at more than 30 clinical sites in the region.
	In 2017, Norton Heart & Vascular Institute conducted 13 classes with 177 participants through WomenHeart. It also provides free tai chi classes, which can help with stress management, anxiety and depression, high blood pressure and other ailments.
	Norton offers same-day new patient appointments through Norton Heart & Vascular Institute specialists.
Children’s health	Norton Children’s Medical Associates – Broadway Ulmer Family Wellness Program was created to provide social programming for families’ mental and physical health. The goal is to help kids succeed inside and outside of the classroom. Families will have access to safety supplies such as helmets and car seats, bus vouchers and on-site workshops for parents with a focus on job training, parenting, breastfeeding and child health. Norton Children’s Medical Associates – Broadway was chosen for the program because nearly 85% of its patients are on Medicaid, and nearly half come from medically underserved areas of the West End of Louisville.

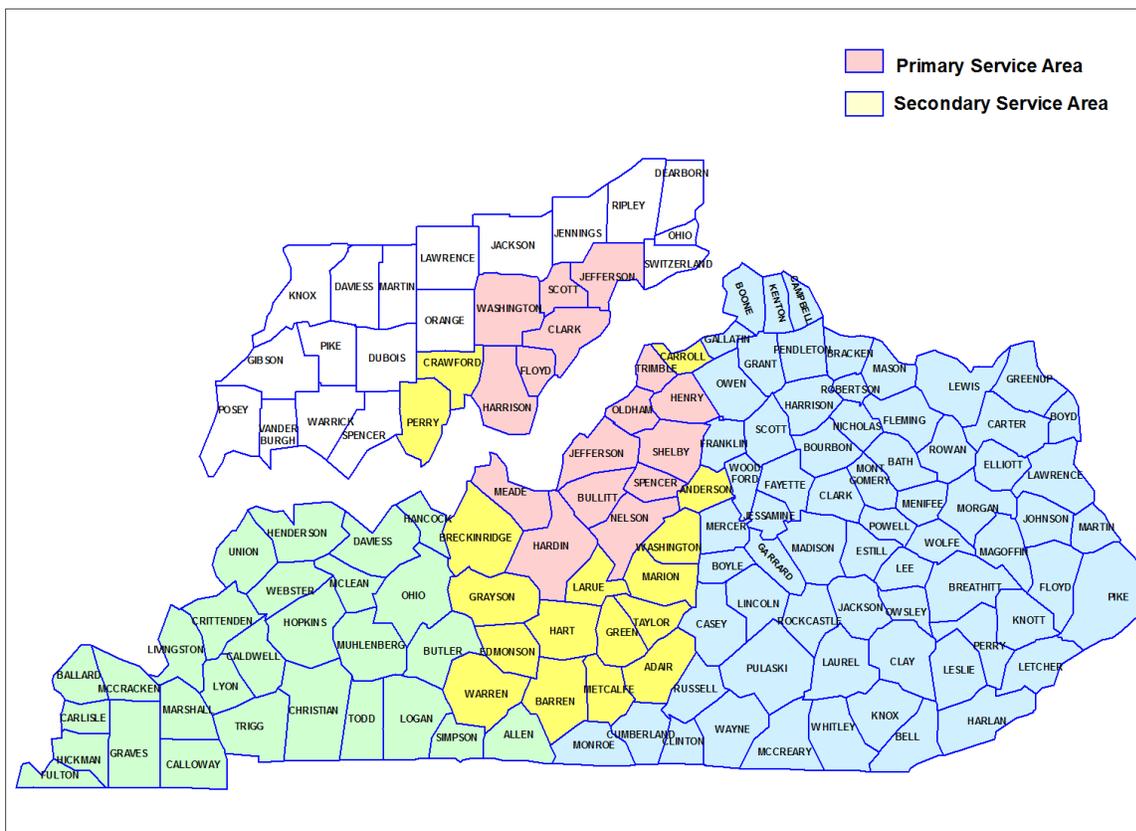
	<p>Norton Children’s Medical Associates recently began integrating mental health care in its practices. At the end of 2017, a pediatric psychologist was seeing patients at four Norton Children’s Medical Associates offices — Dixie, Middletown, Elizabethtown and the Broadway office downtown — as well as at Norton Children’s Gynecology.</p> <p>As part of all wellness visits, select Norton Children’s pediatric practices screen patients to identify families with food insecurities. These patients are given access to a food pantry that stocks healthy options such as low-sugar cereal, brown rice, nuts, spices, canned fruit in natural juices and canned vegetables with no added salt. Norton Children’s Medical Associates – Broadway partnered with Dare to Care food Bank to open Dare to Care’s first Prescriptive Pantry, a food pantry located in a health care setting. Providers ask patients about their food security and offer pantry food on-site to those who need it, then follow up with conversation about how nutrition relates to health. Patients also are offered budget-friendly recipes developed by the office’s nutrition team.</p>
Diabetes	<p>The Wendy Novak Diabetes Center at Norton Children’s Hospital and University of Louisville currently cares for more than 1,540 children with Type 1 diabetes. The center offers personalized diabetes education programs for patients, families and community members.</p>
	<p>The Norton Children’s Hospital diabetes program was recently ranked by U.S. News & World Report as one of the top 50 Best Hospitals for Pediatric Diabetes & Endocrinology services in the United States. Dedicated outpatient diabetes care is provided at the new Novak Center for Children’s Health.</p>
	<p>Norton offers a diabetes telemedicine program for children in rural areas, improving access for patients outside of Louisville.</p>
Obesity	<p>Norton Children’s Prevention & Wellness teamed up with the YMCA of Greater Louisville to offer Healthy Living Workshops and Sprouting Cooks cooking classes. The family-based lifestyle change program is free and offered to children ages 13 to 18.</p>
	<p>Norton Weight Management Services is a resource for individuals who struggle with weight loss after having little or no success through traditional dieting or exercise. It offers the latest surgical and medical weight loss solutions, nutritional and behavioral counseling, personalized and group support, and ongoing follow-up care to help patients succeed. The team is made up of fellowship-trained, board-certified surgeons who perform more than 500 procedures each year, nurses, dietitians and behavioral health specialists.</p>
	<p>GoNoodle is an online series of movement videos that includes kids’ favorites such as Zumba, stretching and mindfulness practices. Passport Health Plan joined with Norton Children’s Hospital to make GoNoodle physical activity breaks available to elementary schools in the region. Through this sponsorship, more than 191,000 students in 537 schools had access to a premium version of GoNoodle through the 2017-18 school year.</p>
Stroke	<p>Norton is the only health care system in Louisville with a neuroscience resource center to help patients navigate life after a stroke. Norton Neuroscience Institute Resource Center services are free. The center offers two stroke support groups, one for older patients and a second for patients age 59 and younger. The groups feature guest speakers on topics including nutrition, sleep disorders, wellness and estate planning.</p>
	<p>The resource center has a dietitian to develop customized diet plans for patients and offers exercise classes.</p>
	<p>The resource center has dedicated patient navigators who can help with transportation, schedule follow-up appointments and confirm that you can afford prescriptions. The center also can help with issues such as access to medical care and medical equipment, disability assistance, housing decisions, financial issues and employment advice.</p>
Aging population	<p>The Geriatric Care Services at Norton Audubon Hospital is a program focused on caring for senior patients in a way that keeps them active and mobile with the goal of getting them home from the hospital with more mobility than they had when they were admitted.</p>
	<p>Norton Community Medical Associates – Geriatrics is a physician practice that provides cost-effective, quality, on-site care to patients in nursing homes.</p>
	<p>Norton House Calls sends nurse practitioners to homebound seniors so they can maintain their independence longer.</p>



Lack of primary care providers/ hours	Norton began operating health care clinics at eight existing Walgreens in 2019. Norton Prompt Care at Walgreens operate daily, including evenings and weekends, and can accommodate walk-ins. This gives patients the option to access a variety of health care services without an appointment.
	Norton eCare went live in October 2016, offering care 24 hours a day, seven days a week on any Internet-connected device. Whether you have the, a Norton Healthcare provider can treat nonemergency medical needs through a video visit or eVisit, including flu, UTIs, sinus infections and cold symptoms. Visits are consumer-oriented, low cost and easy to access.
	Jefferson County Public Schools has partnered with Norton to offer telemedicine at three JCPS schools. Video visits are convenient and designed so that the child does not miss school. A secure video feed connects children to providers, and at the end of the video visit they will provide an after-visit summary with instructions. Any prescriptions that come from the visit will be sent to a local pharmacy for pickup. The visit is provided at no cost to the parent.
Access to care	Norton helps veterans navigate the health care system through a specialized patient navigator at (502) 629-VETS or veterans@nortonhealthcare.org.
	In 2017, Norton launched a community project called Unity Jam, focused on providing free access to health care screening services and education for residents of underserved areas in the community. Nearly 1,100 people representing 267 households attended the first Unity Jam in 2017. The event is driven by a needs assessment that found ZIP codes 40211 and 40212 have Jefferson County’s highest poverty rates. Residents in these areas face major health care barriers.
	The Norton Healthcare Mobile Prevention Center offers free health screenings, including mammograms and annual wellness exams, at various locations in Jefferson County in an effort to increase health awareness, promote healthy living and improve access to health care.
Smoking/ tobacco use	Norton Children’s Prevention & Wellness worked with a group of media students on a Teens Against Tobacco project called SmokeFreePRP. The students developed campaign materials to raise awareness of the dangers of smoking and e-cigarette use, including original videos, artwork and social media posts.
	Norton Healthcare offers a free tobacco cessation program called Freedom From Smoking, available in group classes or one-on-one sessions.
	Norton’s Lung Cancer Screening Program has experienced success in usage and appropriateness. According to the Kentucky Hospital Association info suite outpatient data base, Norton performed just over 1,500 lung screenings in 2016, representing 28% of all lung cancer screenings in the commonwealth of Kentucky, and increased that volume to over 1,700 in 2018 (~15% increase in volume).

Communities Served by Norton Healthcare

Norton’s primary service area (PSA) includes 16 counties in Kentucky and Southern Indiana, as illustrated below, with a combined population of approximately 1.5 million. Norton’s patients collectively come from a large geographic area that includes the entire commonwealth of Kentucky as well counties located in Southeast Indiana. As an integrated health care system, the organization continuously monitors health care activities in the primary and secondary service areas.



Residents of Jefferson County, Kentucky, account for approximately 65% of Norton’s inpatient discharges and 71% of Norton’s inpatient and outpatient cases combined. Therefore, for purposes of this CHNA, the Norton community is defined as Jefferson County, Kentucky, as the hospital primarily serves residents of this geographic area. Further details can be found in *Appendix A*, including population in Jefferson County by sector, age, gender and ethnicity.

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 population and educational attainment for the community. These standard measures will be used to compare the socioeconomic status of Jefferson County (the CHNA community) with the commonwealth of Kentucky and the United States. Health access indicators by ZIP code also were reviewed.

- Household income and poverty – Per capita income for the CHNA community exceeds Kentucky rates. However, large disparities exist across various segments of the county. For example, while the average household income averages \$53,668, the central and western segments of the county average \$35,000 and \$28,000, respectively, with about one-third of these households living in poverty.
- Employment – Jefferson County employment rates have been stable historically, with the exception of 2009 when the community sustained excessive unemployment rates. Since that time, employment rates have improved substantially and have beaten national benchmarks in both 2016 and 2017.
- Insurance coverage – Kentucky was a Medicaid expansion state following implementation of the Affordable Care Act. Most recent statistics for Jefferson County indicated that less than 9% of the population is uninsured and 18% of residents have Medicaid coverage, which approximates national averages.
- Education – About one-third of Jefferson County residents have attained a postsecondary degree, with only 38% not having a college degree and about 11% not having a high school diploma. Clearly, this has an impact on employment, income levels, insurance coverage and quality of life.

Norton also obtained the Community Need Index (CNI) using a tool developed by Dignity Health and Truven Health. The CNI score is an average of five different barrier scores that measure socioeconomic indicators — oncome, culture, education, insurance and housing. These indices were highest for the central, west and southwest sectors of the community.

See *Appendix B* for further details on socioeconomic characteristics of Jefferson County.

Community Health Status

Norton compared external sources to assess Jefferson 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.

- ❖ Length and quality of life – Opportunities to improve mortality rates, birth weight of infants and overall physical health
- ❖ Healthy behaviors – Opportunities for enhanced physical activity and healthy foods to reduce obesity and diabetes rates, smoking cessation and drug use, and to improve motor vehicle safety
- ❖ Clinical care – The biggest area of opportunity is to reduce preventable hospitalizations

- ❖ Social and economic factors – Opportunities to reduce teen births; improve the family unit so children grow up in a household with both parents; reduce poverty levels and, thus, the number of children on reduced or free lunches; 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*.

The Louisville Metro area also has developed specific goals in partnership with LMDPHW to improve community health. These goals focus on certain chronic conditions such as cancer, hypertension and stroke; healthy moms and babies; access to care; prevention and screenings; as well as environmental and safety concerns. See Healthy Louisville 2020 metrics in *Appendix C-1*.

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.

Hospitals and health centers

Norton's primary service area has adequate access to hospital care, with over 3,400 inpatient short-term acute care beds, 1,837 (53.5%) of which are part of the Norton Healthcare system. Review of occupancy rates for each hospital indicates that the inpatient need is currently being met. Through a Certificate of Need (CON) process, Kentucky has a State Health Plan that regulates health services provided. The CON process establishes criteria based on community need in an attempt to ensure that unnecessary duplication of services does not occur.

The primary service area has modest access to psychiatric inpatient care and chemical dependency beds, with 882 beds. These services also are regulated by the State Health Plan and the CON process. A detailed summary of acute and psychiatric care hospitals and related beds can be found in *Appendix D*.

It should be noted that while Norton does not have any specifically identified chemical dependency licensed beds, medical detoxification services are provided at two facilities — Norton Audubon Hospital and Norton Women's & Children's Hospital. This service is offered in partnership with a third party, New Vision, whereby supervised medical stabilization treatment is provided to help individuals get through the stages of withdrawal. New Vision for Expectant Mothers is an additional program, provided at Norton Women's & Children's Hospital, that offers medical help for pregnant women looking to quit their addictions. The typical length of stay in the hospital is two to seven days. When the patient is ready to leave the hospital, a qualified clinician provides discharge planning, information and referrals for follow-up recovery treatment.

The Kentucky Office of the Inspector General's inventory lists licensed health care facilities in Jefferson County. The listing includes ambulatory surgery centers, adult day health care, long-term care, hospice, rehabilitation and more. A listing may be obtained through the Kentucky Cabinet for Health and Family Services at <https://chfs.ky.gov/agencies/os/oig/dcn/Pages/inventory.aspx>.

Federally qualified health centers

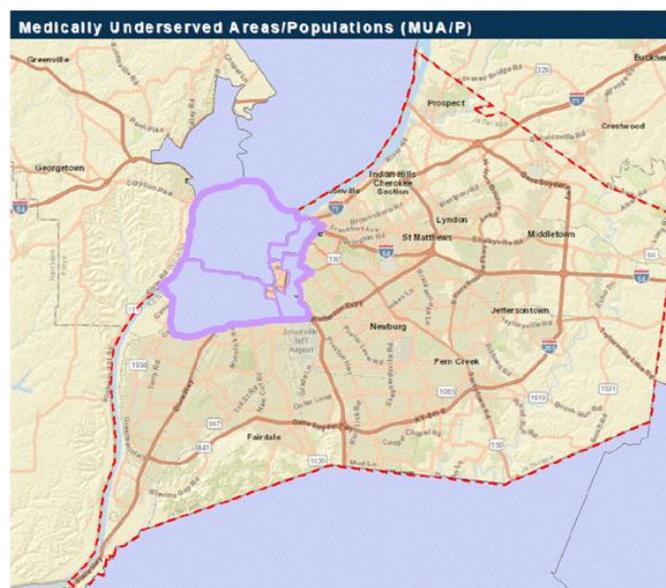
Four areas within Jefferson County have been designated as medically underserved areas by the Health Resources and Services Administration (HRSA). The HRSA is the primary federal agency for improving health care for people who are economically and medically vulnerable. It works with state partners to 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 table below lists federally qualified health centers located in Jefferson County that have been established to serve underserved areas or populations.

**Norton Healthcare
Summary of Federally Qualified Health Centers Located in Jefferson County**

Name	Address	Sector
Family Health Centers – East Broadway	834 E Broadway, Louisville, KY 40204	Central
Family Health Centers – West Market	2500 West Market Street, Louisville, KY 40204	Central
Family Health Centers – Phoenix Health Care for the Homeless	712 E. Muhammad Ali Blvd., Louisville, KY 40202	Central
Park Duvalle At City View Park Duvalle Community Health Center Inc	1015 W Chestnut St, Louisville, KY 40203	Central
Family Health Centers – Fairdale	1000 Neighborhood Place, Fairdale, KY 40118	South
Park Duvalle At Newburg Park Duvalle Community Health Center Inc	2237 Hikes Ln. Louisville, KY 40218	South
Family Health Centers – Americana	4805 Southside Dr., Louisville, KY 40214	Southwest
Family Health Centers – Iroquois	4100 Taylor Blvd, Louisville, KY 40215	Southwest
Family Health Centers – Southwest	9702 Stonestreet Road, Louisville, KY 40272	Southwest
Family Health Centers – Portland	2215 Portland Ave., Louisville, KY 40212	West
Shawnee Christian Healthcare Center Inc	234 Amy Avenue Louisville, KY 40212	West
Park DuValle Community Health Center Main Office	3015 Wilson Avenue, Louisville, KY 40211	West

Source: National Provider Database

The map below shows Jefferson County outlined in red. Four specific areas in Jefferson County are highlighted in purple based on their designation by the HRSA as areas or populations with too few primary care providers, high infant mortality, high poverty or a high elderly population.



Health departments

LMDPHW is located within Norton’s primary service area of Jefferson County. LMDPHW offers preventive health clinics and educational programs throughout Louisville Metro to community members regardless of their residency status or ability to pay.

Services provided at some LMDPHW clinics include supplemental nutrition program for Women, Infants and Children (WIC), pregnancy tests and emergency contraception, HIV tests, immunizations, sexually transmitted infection testing, tuberculosis testing and treatment, a methadone treatment center, and more.

The department also operates some mobile preventive clinics that can be deployed for mass vaccinations, infectious disease outbreaks or service delivery to underserved areas.

**Table 16
Norton Healthcare**

Louisville Metro Department of Public Health and Wellness Clinics		
Name	Address	Sector
L & N Clinic	908 W. Broadway Louisville, KY 40203	Central
Sexually Transmitted Disease Prevention - Specialty Clinic	914 E. Broadway, Louisville, KY 40204	Central
Syringe Exchange Program	400 East Gray Street Louisville, KY 40202	Central
Tuberculosis (TB) Clinic	400 East Gray Street Louisville, KY 40202	Central
Newburg Health Center	4810 Exeter Drive, Louisville, KY 40218	South
Dixie Health Center	7219 Dixie Highway Louisville, KY 40258	Southwest
MORE Center- Methadone/Opiate Rehab & Education	1448 South 15th St., Louisville, KY 40210	West

Source: Louisville Department for Health and Wellness

Other community resources

Various social service agencies throughout Jefferson County are available to assist residents with needs that fall outside the health care delivery system yet impact overall health, such as food, housing and utilities, child care and job training services. *Appendix D* provides a partial list of agencies available to address certain identified health needs. Information was pulled from Metro United Way’s 211 service available at <https://metrounitedway.org/get-help-now/> or by calling 211.

Primary Data Assessment

As previously stated, a community health needs survey was conducted by LMDPHW in collaboration with a consortium of area health systems and stakeholders, including Norton Healthcare, to obtain feedback from the general public. The community survey was made available in multiple languages, including English, Spanish, French and Arabic, through online and paper surveying methods. To supplement the survey and ensure adequate representation from the community, LMDPHW also held eight focus groups centered around the elderly, LGBTQ, undereducated, young adult African-American males, and populations in which English is not the primary language.

Survey findings were categorized in four areas:

Areas of focus	Top priorities
Community health problems	Addiction to/overdose from drugs or alcohol Obesity Gun violence Mental health problems
Unhealthy behaviors	Distracted driving Poor eating habits Alcohol use Tobacco use
Barriers to health care	Financial – taking time off work, affordable prescriptions, more affordable health care visits Nonfinancial – timely appointments, wait time upon arrival for a visit, finding a provider who accepts my insurance
Community needs to be healthy	Access to health care Affordable fresh foods Good schools/good place to raise children Good jobs Clean environment

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

- Health status – While 62% of residents believe the community to be somewhat to very healthy, residents in the central, southwest and western sectors of the county are less optimistic.
- Housing – 86% of residents have housing and feel confident in their status. However, this decreases to 76% and 73% for the western and central sectors of the county.
- Environmental safety – Less than 20% of Jefferson County residents have environmental concerns, such as mold, bug infestations, lead paint or pipes, etc. However, this increases to 26% and 30% for the central and western sectors of the community.
- Food insecurity – 23% of residents indicate they sometimes or often experience food insecurities. Consistent with other areas of focus, this increases to 35% and 39% for the central and western sectors of the community.
- Affordability – While 24% of all Jefferson County residents stated that they put off health care due to affordability, this rate increases to 34% and 30% for central and western sector residents.
- Discrimination – Almost one-third of all residents and 53% of western Jefferson County residents indicated they sometimes or often felt discriminated against.

Key themes identified in the focus groups were centered on access and infrastructure, time or financial issues, and social and health concerns.

- Access and infrastructure concerns – Difficulty navigating both the health care system and social services, lack of health resources, and the need for free clinics and health service sites that accept uninsured patients.

- Financial issues – Lack of affordable transportation, confusion regarding what is covered by insurance, as well as the high cost of health care.
- Social and health concerns – Mistrust of the health care system, language barriers, homelessness/housing needs, caregiver burnout, substance use, crime and social isolation.

In addition to these concerns, the focus groups spent time discussing the community’s strengths and assets. The most common positive feature discussed within all the focus groups was the strong social support networks that exist in the Jefferson County community.

To ensure we had a complete assessment of needs and perceptions, Norton conducted 22 community leader and physician interviews. These interviews focused on 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 in the first area are as follows:

Pressing problems and barriers to health care

- Access to care – Availability of providers and the need for additional prevention screenings and programs
- Mental health – Uncertainty about access to services and the overall stigma associated with behavioral health
- Substance use – Opioid crisis and long-term effects of drug use
- Adverse childhood events – High-risk behaviors; social, emotional and cognitive impairment
- Overuse of emergency services – Strained use of EMS and emergency departments for non-emergent services
- Health literacy – The need for education around a healthy lifestyle as well as educating the population on navigation of services
- Social determinants of health – Transportation, safe and stable housing, financial barriers, food insecurities, cultural and language barriers
- Chronic disease and obesity – Additional management program needs
- Aging population – Expected to stress the health care infrastructure

Norton also wanted to explore engagement and perceptions around the delivery of health care services. Three topic areas were focused on and are outlined below:

Health care engagement

The ideal health care experience	Characteristics of a great human interaction	Motivating factors for seeking care at alternative access points
Efficiency	Showing empathy and compassion	Telehealth – convenience and cost
Clear communication	Taking time with patients	Urgent care or retail clinic – convenience, easy access, minor health issue, PCP unavailable
Kindness/friendliness	Kindness from start to finish	

Compassion/empathy	Easy explanations of care – health literacy	
Not rushed		

Most interview candidates referenced the challenges our community is facing in the areas of mental health and substance use, and the impact of those elements on other behavioral and social issues.

Some specific population segments also were identified as high needs for our community, including the impoverished and poor; mental health and substance use population; some minority groups, such as African-Americans, non-English-speaking communities and the elderly.

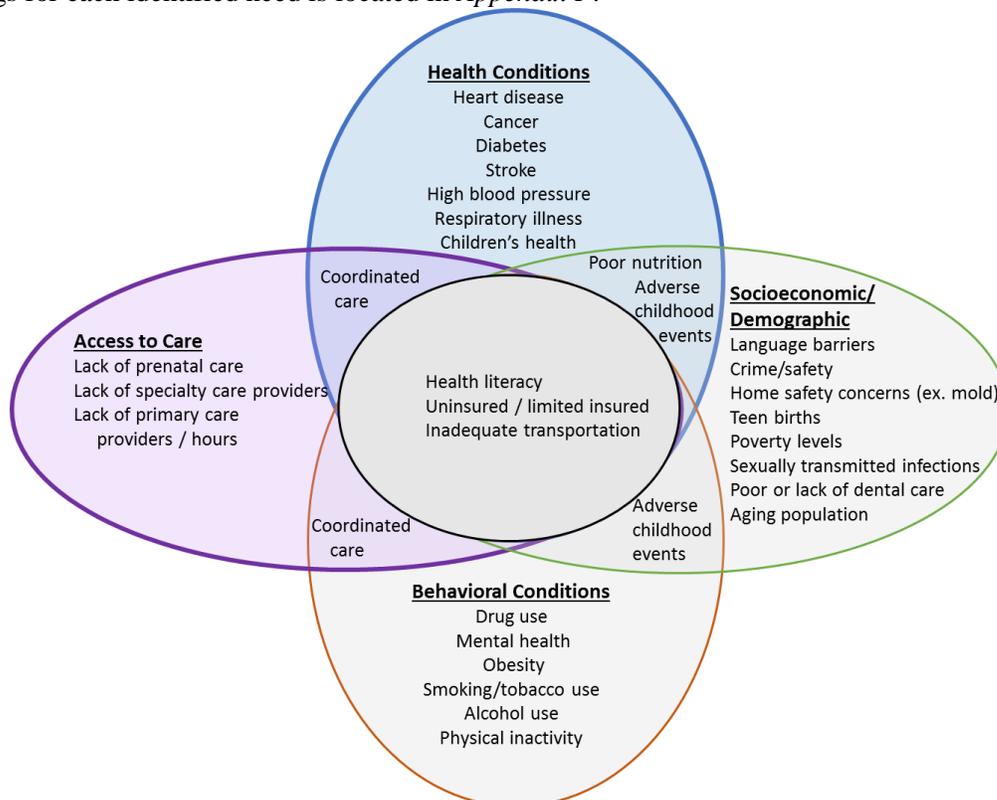
Prioritization of Identified Health Needs

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
 - Focus groups
 - Health provider interviews
 - Community leader interviews
- **Secondary data – socioeconomic Indicators**
 - Household income and poverty
 - Employment
 - Insurance coverage
 - Educational attainment
- **Secondary data – community health status indicators**
 - Leading causes of death
 - Community health status indicators
 - Healthy Louisville 2020 indicators

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 F*.



To facilitate prioritization of identified health needs, a modified Hanlon Method was used to rank the identified needs. The Hanlon Method is a well-respected technique that objectively takes into consideration explicitly defined criteria, such as prevalence and magnitude of each need. *Appendix H* contains a detailed listing of the criteria used, the scale used to rank the needs and the detailed prioritization table.

The following factors were used to prioritize the identified health needs:

1. The size of the problem
2. The seriousness of the problem
3. The impact of the issues on vulnerable populations
4. How important the issue is to the community
5. The prevalence of common themes
6. The ability to reduce overall health care costs for the community

Significant needs were further reviewed and analyzed regarding 1) how closely the need aligns with Norton’s mission and strategic priorities; 2) alignment with state and local health department initiatives; and 3) whether existing programs exist (within Norton or other community organizations) that are addressing the need.

To prioritize the identified needs, 30 key members of Norton’s leadership weighted each need based on the criteria outlined above. Their cumulative responses informed the identification of the top areas of focus that are perceived by the community as a significant need and align with Norton’s mission and strategic priorities.

Based on this prioritization process, the health needs below have been identified as the most significant in the community. Opportunities for health improvement exist in each area. Norton leadership and the Community Benefit Committee of the board of trustees will work to identify areas where Norton can most effectively focus its resources to have significant impact and develop an implementation strategy for 2020-2022.

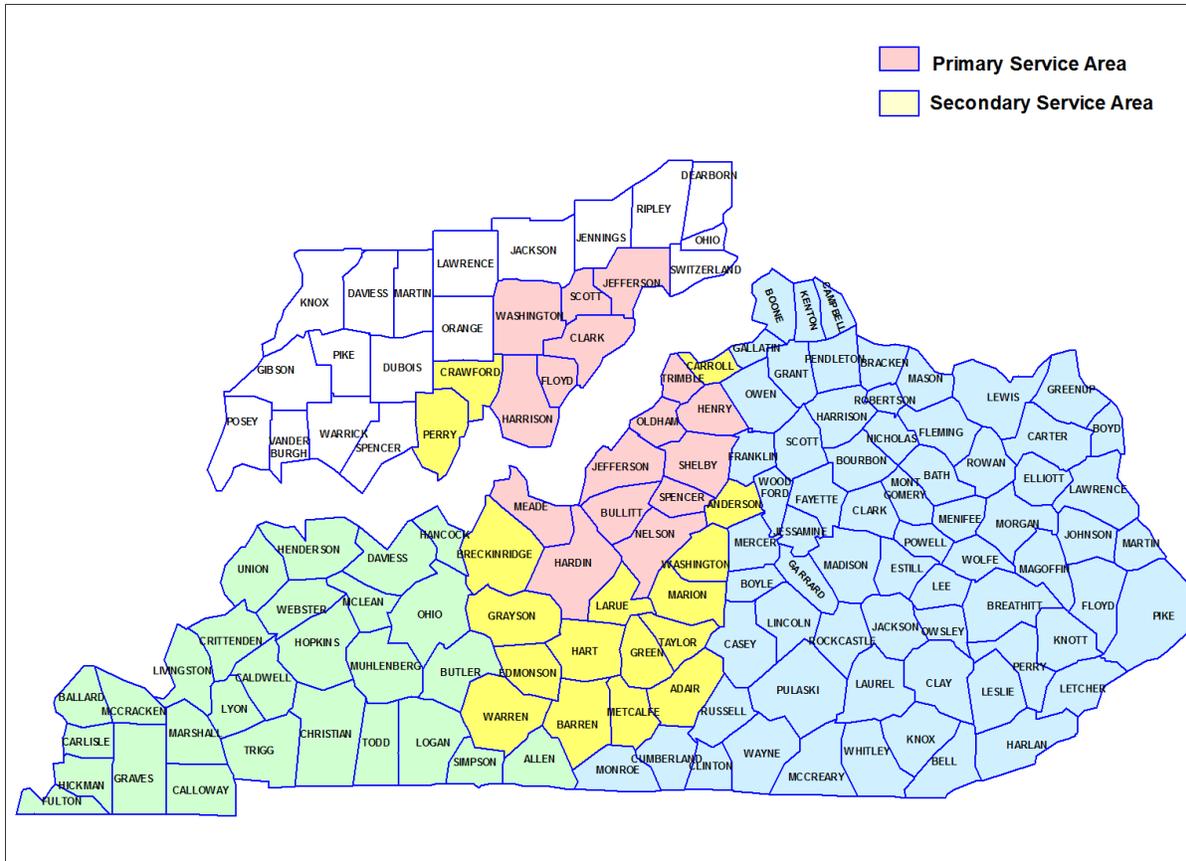
	Health Conditions	Access to Care	Behavioral Conditions	Socioeconomic / Demographic
Top 20 issues	1. Heart Disease 2. Cancer 3. Children’s Health 6. Diabetes 7. High blood pressure 11. Stroke 17. Respiratory Illness	5. Lack of primary care physicians / hours 13. Lack of coordinated care across the continuum 14. Lack of Specialty providers 20. Lack of Prenatal care – Low birth weight	4. Obesity 9. Smoking/Tobacco Use 15. Drug Use 16. Mental Health 19. Physical Inactivity	8. Uninsured / Limited Insured 18. Poor Nutrition 10. Aging Population 12. Lack of Health Literacy
			23. Adverse Childhood events	21. Poverty levels 22. Excessive alcohol use 24. Teen Births 25. Language barriers 26. Sexually Transmitted Infections 27. Single Parent Households 28. Crime and Safety 29. Adequate Public transportation 30. Poor or lack of Dental Care 31. Home safety concerns (ex. mold) 32. Food insecurity

Appendices

Appendix A

Communities Served by Norton Healthcare

Norton’s primary service area (PSA) includes 16 counties in Kentucky and Southern Indiana, as illustrated below, with a combined population of approximately 1.5 million. Norton’s patients collectively come from a large geographic area that includes the entire commonwealth of Kentucky as well as counties located in Southeast Indiana. As an integrated health care system, the organization continuously monitors health care activities in the primary and secondary service areas.



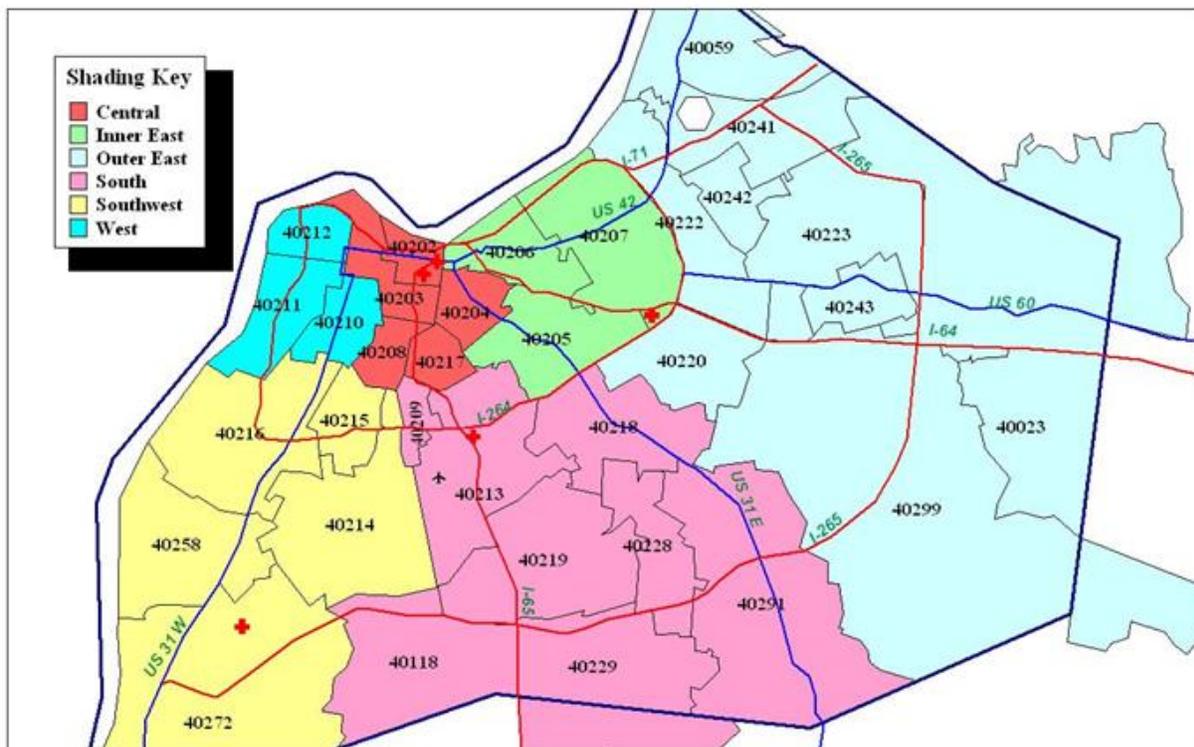
While Norton serves a large geographic area, the majority of patients served originate in Jefferson County, Kentucky. Table 1 summarizes total hospital encounters from Jefferson County, as well as percent of total encounters in the calendar year 2018.

Table 1
Norton Healthcare
Patient Origin- Discharges and Outpatient Cases 1/1/2018 to 12/31/2018

Facility	Total	Jefferson County, KY	% Jefferson County, KY
Norton Hospital	119,640	81,074	67.8%
Norton Audubon Hospital	135,958	108,781	80.0%
Norton Brownsboro Hospital	99,129	61,483	62.0%
Norton Women's & Children's Hospital	164,207	124,752	76.0%
Norton Children's Hospital	96,048	57,585	60.0%
Total	614,982	433,675	70.5%

Source: Norton Healthcare

Norton further delineates patients served by sector within Jefferson County, as shown below. While there are some dominate areas within Jefferson County that each facility serves, each facility is providing community health services to all ZIP codes within Jefferson County. Information will be presented and assessed by sector when available. Focusing on Jefferson County will allow Norton to respond to the needs represented by the majority of the patients they serve. Evaluating specific locations within Jefferson County will highlight areas of greatest need and will allow Norton to best commit resources to those who are poor and underserved.



Community population and demographics

The U.S. Census Bureau has compiled population and demographic data and projected growth over the next five years. *Table 2* below shows the total population of the community. The Outer East, South and Southwest segments of Jefferson County are expected to grow 3.8%, 3.2% and 1.7%, respectively, by 2023, while the other segments are projecting growth less than 1%. Children and adolescents are expected to remain stable over the next five years, while the 65+ population segment is expected to grow at the greatest rate. Overall, the segmented population for Jefferson County is expected to increase 18,486 with the most impacted segments being the Outer East and the South.

Table 2
Norton Healthcare
Jefferson County Population

Sector	2018 Population						Male	Female
	0-17	18-34	35-54	55-64	65+	Total		
Central	12,895	18,971	17,214	8,280	8,608	65,968	33,976	31,992
Inner East	13,167	16,168	18,396	10,418	14,352	72,501	34,651	37,850
Outer East	50,639	46,501	58,783	32,438	40,826	229,187	109,969	119,218
South	45,957	43,506	51,828	24,508	28,515	194,314	94,374	99,940
Southwest	41,337	39,960	44,660	23,582	26,314	175,853	84,935	90,918
West	14,455	13,330	12,380	7,276	7,660	55,101	25,518	29,583
	<u>178,450</u>	<u>178,436</u>	<u>203,261</u>	<u>106,502</u>	<u>126,275</u>	<u>792,924</u>	<u>383,423</u>	<u>409,501</u>
	22.5%	22.5%	25.6%	13.4%	15.9%		48.4%	51.6%

Sector	2023 Population						Male	Female
	0-17	18-34	35-54	55-64	65+	Total		
Central	13,107	16,409	18,650	7,715	10,363	66,244	34,165	32,079
Inner East	13,429	14,545	18,849	9,571	16,224	72,618	34,795	37,823
Outer East	51,724	48,231	56,916	32,916	48,123	237,910	114,214	123,696
South	47,176	41,274	53,565	24,834	33,670	200,519	97,516	103,003
Southwest	42,067	37,254	46,049	22,644	30,759	178,773	86,558	92,215
West	14,449	13,100	12,317	6,522	8,958	55,346	25,789	29,557
	<u>181,952</u>	<u>170,813</u>	<u>206,346</u>	<u>104,202</u>	<u>148,097</u>	<u>811,410</u>	<u>393,037</u>	<u>418,373</u>
	22.4%	21.1%	25.4%	12.8%	18.3%		48.4%	51.6%

Sector	Percentage Change						Male	Female
	0-17	18-34	35-54	55-64	65+	Total		
Central	1.64%	-13.50%	8.34%	-6.82%	20.39%	0.42%	0.56%	0.27%
Inner East	1.99%	-10.04%	2.46%	-8.13%	13.04%	0.16%	0.42%	-0.07%
Outer East	2.14%	3.72%	-3.18%	1.47%	17.87%	3.81%	3.86%	3.76%
South	2.65%	-5.13%	3.35%	1.33%	18.08%	3.19%	3.33%	3.06%
Southwest	1.77%	-6.77%	3.11%	-3.98%	16.89%	1.66%	1.91%	1.43%
West	-0.04%	-1.73%	-0.51%	-10.36%	16.95%	0.44%	1.06%	-0.09%
	<u>1.96%</u>	<u>-4.27%</u>	<u>1.52%</u>	<u>-2.16%</u>	<u>17.28%</u>	<u>2.33%</u>	<u>2.51%</u>	<u>2.17%</u>

Source: Truven Health Analytics

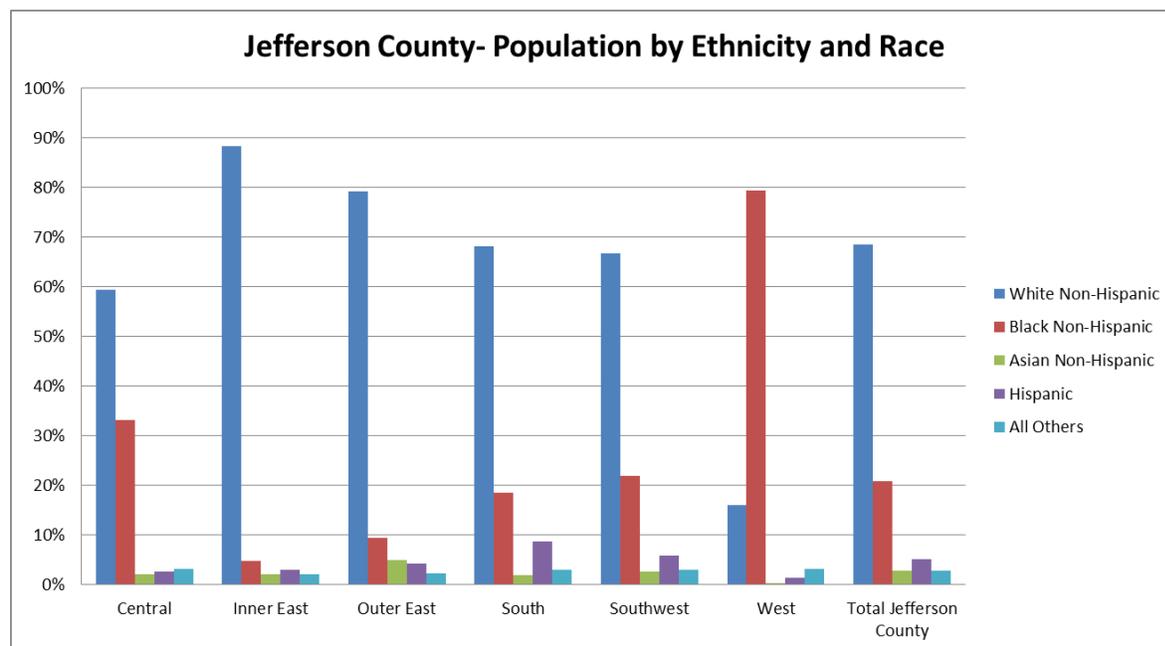
While the relative age of our population can impact community health needs, so can the ethnicity and race of a population. The following table shows the population by ethnicity and race, illustrating Hispanic versus non-Hispanic residents. The black non-Hispanic population makes up 21% of the population, with Asian non-Hispanic accounting for 3%, Hispanic 5% and all others at 3%.

**Table 3
Norton Healthcare**

Jefferson County- Population by Ethnicity & Race

Population	2018 Population					2018 Mix				
	White Non-Hispanic	Black Non-Hispanic	Asian Non-Hispanic	Hispanic	All Others	White Non-Hispanic	Black Non-Hispanic	Asian Non-Hispanic	Hispanic	All Others
65,968	39,129	21,800	1,300	1,662	2,077	59%	33%	2%	3%	3%
72,501	63,985	3,457	1,533	2,068	1,458	88%	5%	2%	3%	2%
229,187	181,684	21,638	11,077	9,569	5,219	79%	9%	5%	4%	2%
194,314	132,309	35,993	3,659	16,653	5,700	68%	19%	2%	9%	3%
175,853	117,314	38,460	4,544	10,237	5,298	67%	22%	3%	6%	3%
55,101	8,804	43,786	92	679	1,740	16%	79%	0%	1%	3%
792,924	543,225	165,134	22,205	40,868	21,492	69%	21%	3%	5%	3%

Source: Truven Health Analytics



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 population and educational attainment for the community. These standard measures will be used to compare the socioeconomic status of Jefferson County (the CHNA community) with the commonwealth of Kentucky and the United States. Health access indicators by ZIP code also were reviewed.

Household Income and Poverty

Table 4 presents household income statistics for the CHNA community. Per capita income for the CHNA community exceeds Kentucky rates. However, there are large disparities in income among the segments of Jefferson County. The Central and West sectors of Jefferson County have the lowest household income, with approximately one-third of these households living in poverty. Average household income for Jefferson County in total is approximately \$53,668, with the Inner East and Outer East sectors being the most affluent.

Table 4
Norton Healthcare
Jefferson County Population

Sector	2018 Total Households	2018 Total Average HH Size	2018 Median HH Income	Median Age of Total Population	Median Home Value
Central	31,078	2.12	\$ 34,737	36	\$ 143,758
Inner East	34,547	2.10	\$ 74,178	42	\$ 273,330
Outer East	93,511	2.45	\$ 86,735	42	\$ 263,277
South	78,056	2.49	\$ 55,892	38	\$ 150,878
Southwest	70,942	2.48	\$ 47,034	38	\$ 126,480
West	22,024	2.50	\$ 27,722	35	\$ 74,330
	330,158	2.40	\$ 60,767	39	\$ 194,720

Source: Truven Health Analytics

Table 5 presents the percent of total population below 100% federal poverty level (FPL). Poverty is a key driver of health status and is relevant because poverty creates barriers to access, including health services, healthy food choices and other factors that contribute to poor health. Certain segments of the communities served by Norton have extreme poverty. The Central and West segments of Jefferson County have poverty rates twice that of the Kentucky and national rates.

**Table 5
Norton Healthcare
Jefferson County- Population Below 100% of Federal Poverty Level**

	Total Population	Population in Poverty	Percent Population in Poverty
Jefferson County KY	744,185	119,158	16.01%
Central	71,297	24,431	34.27%
Inner East	78,500	9,097	11.59%
Outer East	183,985	12,714	6.91%
South	171,459	25,342	14.78%
Southwest	167,379	29,189	17.44%
West	41,103	14,026	34.12%
Kentucky	4,275,202	804,139	18.81%
United States	310,629,645	46,932,225	15.11%

Source: US Census Bureau, American Community Survey. 2012-2016 5-Year Estimates, Source geography: Tract

Employment

Retail, health care and professional services make up a significant portion of the 19,800 business establishments in Jefferson County.

According to the December 2017 Business First Major Employer Ranking, the top four companies based on number of local employees were:

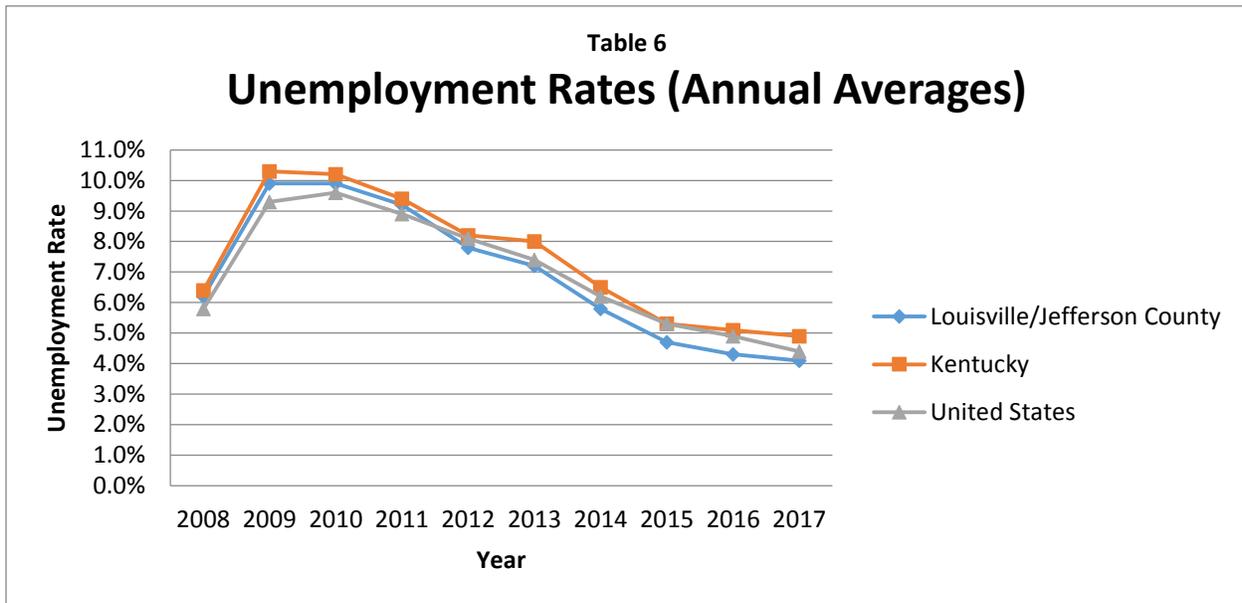
United Parcel Service Inc. – Employs 21,233 local employees and specializes in logistics and distribution; financial services; air, ocean, rail and road freight chain services; and international trade management.

Jefferson County Public Schools – Employs 14,576 local employees and is a leading urban school district that provides a high-quality education for more than 100,000 students.

Ford Motor Co. – Employs 12,600 local employees and is a global automotive and mobility company. The company’s business includes designing, manufacturing, marketing and servicing a line of Ford cars, trucks and sport utility vehicles, as well as Lincoln luxury vehicles.

Norton Healthcare Inc. – Employs 12,247 local employees and is a health care provider, including hospitals, diagnostic centers, immediate care centers and physician offices.

The unemployment rate was relatively stable until 2009, when the community sustained tremendous unemployment; however, it has since improved. Historically, both Jefferson County and the commonwealth of Kentucky have had higher rates of unemployment than the national average. However, in 2016 and 2017 unemployment rates for Jefferson County were favorable compared with state and national rates. (See Table 6.)



Insurance Coverage

Table 7 reports the percent of the total civilian noninstitutionalized population without health insurance coverage and the percent of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). The uninsured population is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, specialty care and other health services that contribute to poor health status.

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. Table 7 shows that over 65,000 persons are uninsured in the CHNA community based on the most recent five-year estimates produced by the U.S. Census Bureau’s 2012-2016 American Community Survey. However, the 2016 uninsured rate for Jefferson County reported at www.enrollamerica.org is estimated to be 5%, which indicates the uninsured population has further decreased by over 37,000 persons in Jefferson County; primarily the result of the Affordable Care Act.

Table 7
Norton Healthcare
Jefferson County- Insurance Coverage

	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Jefferson County KY	751,564	65,333	8.69%	126,865	18.49%
Kentucky	4,327,357	415,778	9.61%	974,678	24.92%
United States	313,576,137	36,700,246	11.70%	49,874,221	18.01%

Source: US Census Bureau, American Community Survey. 2012-2016 5-Year Estimates, Source geography: Tract

Educational Attainment

Links exist between education, economy and quality of life. Table 8 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. Nearly 38% of the adults in the CHNA community do not have a college education or, from a professional perspective, only 33% successfully attained postsecondary degrees at a bachelor’s level or higher. Clearly, this impacts the household income levels of the community and the insured population and levels of coverage.

Almost 10% of Jefferson County residents do not have a high school degree. The Eastern sectors capture the more highly educated populations. The South, Southwest and West sectors are dominated by a high school education or less. More than 10.9% have less than a high school degree, which correlates to 21% of households in the PSA having an average household income of less than \$25,000.

**Table 8
Norton Healthcare
Jefferson County- 2018 Adult Education Level**

	For Population Age 25+					
	Inner East	Outer East	South	Southwest	West	Central
Less than High School	1.4%	1.7%	3.8%	4.7%	4.2%	4.4%
Some High School	2.0%	2.4%	7.5%	10.7%	15.3%	10.3%
High School Degree	12.6%	17.2%	32.2%	38.2%	37.2%	25.6%
Some College/Assoc. Degree	22.9%	27.8%	31.9%	32.0%	32.6%	28.7%
Bachelor's Degree or Greater	61.1%	50.9%	24.6%	14.3%	10.6%	30.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100%

Source: Truven Health Analytics

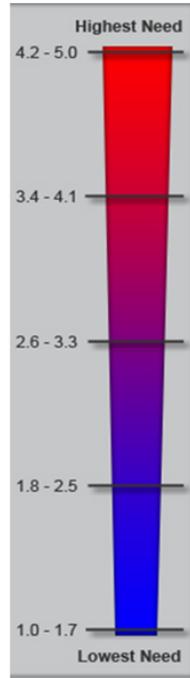
Community Need Index for Jefferson County ZIP codes

Dignity Health and Truven Health jointly developed a Community Need Index (CNI) to assist in the process of gathering vital socioeconomic factors in the community. 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 9 summarizes the CNI for ZIP codes within Jefferson County as of 2018. Within Jefferson County, CNI scores indicate needs are greatest in 10 ZIP codes: 40203, 40210, 40212, 40202, 40211, 40215, 40208, 40209, 40219 and 40216.

**Table 9
Norton Healthcare
Community Need by Zip Code**

ZIP Code	CNI Score	Population	Jefferson County Sector
40202	4.6	6,106	Central
40203	4.8	20,804	Central
40204	2.8	13,952	Central
40208	4.4	12,531	Central
40217	3.2	12,575	Central
40041	2.6	294	Inner East
40205	2	23,106	Inner East
40206	2.6	19,368	Inner East
40207	2.2	29,733	Inner East
40025	1.6	141	Outer East
40059	1.4	18,858	Outer East
40220	2.6	32,952	Outer East
40222	2.4	21,784	Outer East
40223	2.2	23,848	Outer East
40241	2.4	31,204	Outer East
40242	2	10,467	Outer East
40243	2.2	11,353	Outer East
40245	1.6	35,705	Outer East
40292	3	558	Outer East
40299	1.8	42,317	Outer East



ZIP Code	CNI Score	Population	Jefferson County Sector
40118	3.2	9,990	South
40209	4.4	436	South
40213	3.6	16,855	South
40218	3.6	31,354	South
40219	4	38,034	South
40228	2.2	19,000	South
40229	2.4	39,211	South
40291	2	39,434	South
40214	3.6	47,948	Southwest
40215	4.4	21,390	Southwest
40216	3.8	41,980	Southwest
40258	2.8	27,224	Southwest
40272	2.6	37,311	Southwest
40210	4.8	14,873	West
40211	4.4	22,666	West
40212	4.8	17,562	West

Appendix C

Community Health Status

Community Health Status Indicators

The Community Health Status Indicators (CHSI) Project of the U.S. Department of Health & Human Services compares many health status and access indicators with both the median rates in the United States and with rates in “peer counties” across the United States. County Health Rankings & Roadmaps and CDC’s CHSI teamed up to offer an enhanced peer county comparison feature. Counties are considered peers if they share common characteristics based on key demographic, social and economic indicators.

Jefferson County has been compared with 33 peer counties within multiple states based on the peer county comparison feature, including Jackson County in Missouri, Franklin County in Ohio and Davidson County in Tennessee. *Table 10* provides a summary of how Jefferson County compares with peer counties on the full set of primary indicators. Peer county values for each indicator were ranked and then divided into quartiles.

Table 10
Norton Healthcare
Jefferson County, Kentucky-Community Health Status Indicators

	Most favorable quartile	Middle two quartiles	Least favorable quartile
Length and quality of life			<ul style="list-style-type: none"> Premature death Child mortality rate Infant mortality rate Percentage of adults reporting fair or poor health Average number of physically unhealthy days reported in past 30 days Low birth weight
Health behaviors	<ul style="list-style-type: none"> HIV prevalence rate 	<ul style="list-style-type: none"> Excessive drinking Alcohol-impaired driving deaths Sexually transmitted infections Insufficient sleep 	<ul style="list-style-type: none"> Adult obesity Adult smoking Food environment index Diabetes prevalence Drug overdose deaths Motor vehicle crash deaths
Clinical care	<ul style="list-style-type: none"> Mammography screenings 	<ul style="list-style-type: none"> Uninsured Primary care physicians Dentists Mental health providers % of diabetics receiving monitoring 	<ul style="list-style-type: none"> Preventable hospital stays
Social and economic factors	<ul style="list-style-type: none"> High school graduation rate 	<ul style="list-style-type: none"> % of some college Unemployment rate Social associations Violent crime rate Disconnected youth Firearms fatalities 	<ul style="list-style-type: none"> Teen birth rates Children in single parent households Injury death rate Children eligible for free or reduced price lunch Homicide rate
Physical environment	<ul style="list-style-type: none"> Severe housing problems 		<ul style="list-style-type: none"> Air pollution Driving alone to work

Source: County Health Rankings

Healthy Louisville 2020 tracker³

In October 2014, Mayor Greg Fischer and former Public Health Director LaQuandra Nesbitt, M.D., unveiled an online tool to track community goals for improving Louisville’s health. The city published *Healthy Louisville 2020* in February 2014, a comprehensive strategic plan to significantly improve the city’s health. The 59-page document contains data on key health indicators, such as local rates of cancer mortality, chronic disease, tobacco use, low birth weight babies and obesity. It lays out specific goals to improve health in Louisville by the year 2020.

Healthy Louisville 2020 had a website that tracked progress toward achieving those goals. The website brought data, local resources and a wealth of other information to one accessible, user-friendly location. It also posted best practices, news articles and information about community events. It gave Louisville residents and policy-makers up-to-date information to track progress toward building a healthier Louisville through 12 focus areas. A summary of the Healthy Louisville 2020 tracker indicators is included in *Appendix C-1*. In instances where the current measurement reported is less favorable from the previous measurement, the current measurement has been recorded in red. Table 11 provides a list of those measures that are not meeting the Healthy Louisville 2020 established targets.

**Table 11
Norton Healthcare**

Healthy Louisville Tracker – Summary of Indicators *Not* Meeting Established Targets

Focus area	Indicator	Measurement	2018	Target 2020
Access to care	Residents who have a primary care provider	Percent	79.6	99
	Residents without insurance	Percent	6.3	0
Cancer prevention and screening	Age-adjusted death rate due to breast cancer	Deaths/100,000 females	23.5	20.3
	Age-adjusted death rate due to cancer	Deaths/100,000 population	182.2	171.7
	Mammogram history	Percent	75.7	87.5
Chronic disease prevention and screening	Adults with hypertension	Percent	38	35.1
	Age-adjusted death rate due to cerebrovascular disease (stroke)	Deaths/100,000 population	59.6	35.4
Healthy mothers and healthy babies	Babies with low birth weight	Percent	10	8.5
	Children attending day care who received immunizations	Percent	94.7	100
	Mothers who received early prenatal care	Percent	77.3	88
	Preterm births	Percent	10.9	7.8
	Racial disparity in infant mortality rate	Per 100,000 live births	7.1	5.7
Healthy neighborhoods and healthy homes	Air quality	Days	15	10
	Childhood lead poisoning	Micrograms per deciliter	2.4	2.3

³ Healthy Louisville 2020 tracker is no longer available through HealthyLouisvilleMetro.org

HIV prevention and screening	People who know their HIV status	Percent	73.4	90
Injury and violence prevention	Fatal injuries	Per 100,000 population	71.8	46.2
	Homicide rates	Per 100,000 population	16.7	6.3
	JCPS schools with a serious violent incidence	Percent	49.7	30.7
	Nonfatal gun-shot rate	Per 100,000 population	41.4	21.1
Mental and behavioral health	Age-adjusted death rate due to suicide	Deaths/100,000 population	16.2	12.6
	Depression hospitalization for preteens/teens	Per 100,000 population	505.1	207.7
Obesity prevention	Adults who are obese	Percent	30.9	26.4
	Kindergartners who are obese	Percent	17.6	16.1
	Sixth-graders who are obese	Percent	27.6	21.8
Oral health	Adults who used oral health care system	Percent	66.9	76
	Children enrolled in Medicaid dental services	Percent	49	100
Substance abuse	Adults who binge drink	Percent	26.2	14.1
	Death rate caused by overdose	Deaths/100,000 population	43.1	14.4

Source: HealthyLouisvilleMetro.org (Reported as of 9/19/2018)

Leading causes of death

Table 12 below shows leading causes of death for calendar year 2016 within Kentucky and the United States. The age-adjusted rate is shown per 100,000 residents. All leading causes of death in Kentucky are greater than or equal to the United States rates.

Table 12
Norton Healthcare
Selected Causes of Resident Deaths: Age Adjusted Rate

Kentucky Leading Causes of Death, 2016	Deaths	Kentucky Rate	State Rank*	United States Rate
1. Heart Disease	10,519	203	43	165.5
2. Cancer	10,363	193.8	50	155.8
3. Chronic Lower Respiratory Disease	3,486	66.3	50	40.6
4. Accidents	3,194	71	48	47.4
5. Stroke	2,057	40.4	36	37.3
6. Alzheimer's disease	1,728	35.1	32	30.3
7. Diabetes	1,479	28.4	46	21
8. Kidney Disease	1,034	20.3	47	20.3
9. Flu/Pneumonia	888	17.3	44	13.5
10. Septicemia	878	17.1	45	10.7

*1 is the best score and 50 is the worst

Source: Centers for Disease Control and Prevention - National Vital Statistics System 2016

Additional findings related to behavioral conditions

As indicated in *Tables 10, 11 and 12*, Jefferson County has numerous challenges primarily related to lifestyle choices and individual behaviors. These lifestyle choices and behaviors are prevalent throughout the commonwealth of Kentucky as evidenced by Kentucky’s health rankings (as reported by America’s Health Rankings), which are some of the poorest in the nation. Among the 50 states, with 1 being the best score and 50 the worst, Kentucky ranks as follows:

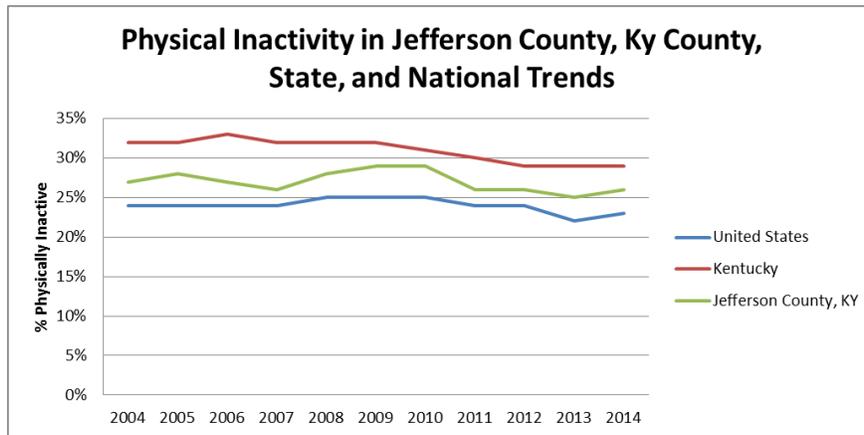
	<u>2017</u>
Smoking	49
Obesity	44
Physical inactivity	48
Poor mental health days	48
Poor physical health days	49
Drug deaths	49
Diabetes	46

Smoking: The percent of smokers in Kentucky (24%) is historically one of the highest in the nation, and Jefferson County’s current percent of smokers is only slightly better (19%). Tobacco use brings premature death to almost 500,000 Americans each year, about one in five deaths. According to the U.S. Department of Health & Human Services, the use of electronic cigarettes (or e-cigarettes) is growing rapidly among American youth and young adults. Using nicotine in adolescence also may increase risk for future addiction to other drugs, according to a 2018 National Academy of Medicine report that found some evidence that e-cigarette use increases the frequency and amount of cigarette smoking in the future.

Obesity: Kentucky’s adult obesity rate is currently at 34%, up from 21.7% in 2000 and from 12.7% in 1990. Of Jefferson County adults, 32% are obese, and this rate compares negatively with peer cities and national averages. There is a strong correlation between obesity and poor health outcomes, with obesity as one of the top underlying causes of death in the U.S. due to its contribution to chronic diseases. Obesity increases the risk for many chronic conditions, including diabetes, stroke, heart disease and some cancers.

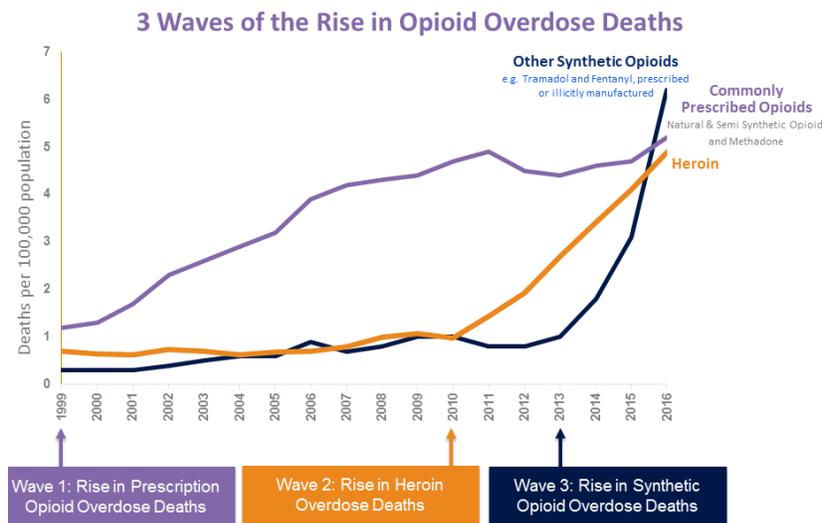
The rate of obesity has increased among children as well, per the *Healthy Louisville 2020 – Creating a Healthier City* report. According to the report, nearly 18% of kindergartners and 28% of sixth-graders attending Jefferson County Public Schools were reported as obese in 2012, compared with 18.4% of the nation’s children ages 6 to 11.

Physical inactivity: Physical inactivity is defined as not getting the recommended level of regular physical activity. Since 2012, the percent of adults who are physically inactive in Jefferson County has not improved. Although Jefferson County’s rate is favorable to the commonwealth of Kentucky, it compares negatively with national rates and ranks 46 out of 50 among all states, according to America’s Health Rankings.



Mental health: Per America’s Health Rankings, Kentucky ranks 48th in “poor mental health days,” which are days when people report limiting normal activity due to mental health difficulties. According to the CDC, just over 1 in 5 children in the United States has a seriously debilitating mental disorder. Suicide, which often is associated with mental illness, is the 10th leading cause of death in the United States. According to the National Alliance on Mental Illness, 1 in 17 people lives with a serious mental illness such as schizophrenia or bipolar disorder. In addition to the person experiencing the mental illness, the person’s family, friends and community also are affected.

Substance abuse: As a result of the increase in prescription drug abuse, deaths from overdose of pharmaceutical drugs have increased. According to the American’s Health Rankings by the United Health Foundation, in the past four years drug deaths in Kentucky have increased by 47% from 17.4 to 25.5 deaths per 100,000 people. Drug use can affect not only the people using them but also those around them, increasing the risk for trauma and violence. According to the CDC, in the United States from 1999 to 2017 more than 630,000 people died from drug overdoses. In 2016 there were 63,000 drug and 66% of deaths were from opioids. Deaths per 100,000 in the U.S. continue to increase as opioid overdose deaths continue to increase. From 2015 to 2016, the drug overdose death rate increased 15% in Kentucky.



SOURCE: National Vital Statistics System Mortality File.

Excessive alcohol use: The rate of adults who drink excessively or binge drink is currently 15.8% for Jefferson County, according to County Health Rankings. This indicator is relevant because current behaviors are determinants of future health, and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers and mental health issues, including depression and anxiety.

Accidents or unintentional injuries: In 2017 Jefferson County had 31,866 collisions resulting in 5,080 nonfatal injuries, according to the *Kentucky Traffic Collision Facts*. Of the collisions in Jefferson County, 684 involved drinking drivers, and 226 of the drivers were suspected of being under the influence of drugs. According to the Kentucky Cabinet for Health and Family Services Division of Maternal and Child Health, accidents are the leading cause of death in children between ages 1 and 17 in Kentucky. This is significant because they have the potential to be prevented. According to the CDC, unintentional injuries are the seventh leading cause of death in the U.S. among older adults, and falls account for the largest percentage of those deaths.

Abuse and neglect: Over the past three years, Norton has seen an increase in pediatric and adult assault cases. From 2016 to 2018, Norton saw a 44% increase in sexual assault and rape cases. Of 709 rape and sexual assault cases seen in the past three years at Norton, 79% have been children under age 18. In the past three years, Norton has seen almost 7,000 cases of assault based on ICD code related to assault, with 42% coming from assault by unarmed brawl or fight. Kentucky is ranked first in the United States for child abuse rates, according to the United States Children’s Bureau. According to the Kentucky Cabinet for Health and Family services, there was an increase in findings and allegations of abuse from 2016 to 2018 across the commonwealth. Findings of abuse and neglect in Kentucky have increased 14% from 2016 to 2018. Kentucky had a total of 9,786 children in out-of-home care placements as of March 30, 2010.

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 drinking too much alcohol. The current percent of adults with hypertension in Jefferson County is 38%, according to the *Healthy Louisville 2020* tracker.

Poor nutrition: Unhealthy eating habits may cause significant health issues, such as obesity and diabetes. Kentucky’s diabetic population has continued to increase from less than 4% in 1996 to more than 13.1% in 2017. According to the *State of Obesity*, an annual report produced by the Robert Wood Johnson Foundation, there were 394,029 diabetes cases in 2010 in the commonwealth of Kentucky. At the current pace, the number of diabetes cases is projected to grow to 594,058 by 2030. Truven estimates 57,602 adults in Jefferson County have diabetes; and within the next five years it is expected to increase 7.41%.

Health disparities

Health outcomes often are related to the environments in which people are raised, and many studies have shown the connection between an individual’s social and physical environment and their health, often stated as social determinants of health. According to the Louisville Metro Health Equity Report issued in November 2017, health outcomes range from well-being to sickness to death. The goal of the health equity report is to help identify connections between health outcomes, root causes and the historical context that creates inequity as well as practices that can move the community forward. The 2017 health equity report is a follow-up on the prior two reports released in 2014 and 2012.

The 2017 health equity report discusses that fact that health outcomes from early life have effects on outcomes later in life. For example, oral health is correlated with Alzheimer's and heart disease in later life. Improving health outcomes in the Louisville area will require focus on chronic diseases by the residents themselves, organizations in the area, the community as a whole, as well as governmental policy. A great deal of the report focuses on identifying root causes that impact health outcomes, including:

- Neighborhood development – This examines the economic and social characteristics of a neighborhood; types of businesses and capital available; kinds of development; and whether there is intergenerational wealth or poverty
- Housing – Affordability and quality; ability to attain and maintain ownership
- Transportation – Ways people are able to move through the community: walking, biking, driving and public transit
- Criminal justice – The system that involves police, courts and incarceration, as well as how they are linked together and how people move through and are impacted by the system
- Built environment – The physical environment in which people live: buildings, transportation pathways, parks, green space, natural resources and community centers; the structures and resources that help facilitate neighborhood development
- Food systems – Food supply chains; programs that examine affordability and accessibility of food
- Early childhood development – The environment in which children grow up and develop cognitive, social and linguistic skills
- Environmental quality – Quality of air, water and soil in a community
- Education – Elementary school to doctorate degrees; vocational training programs, apprenticeships, resources and opportunities to educate the community
- Health and human services – Health care and public health; insurance, provider availability and proximity; patient-provider communication; cost of health care; and navigation of the health care system
- Employment and income – Types of jobs people have: part time/full time; unemployment; benefits received; what type of wealth and assets they are able to build up over time

One of the key findings from the equity report is the large variance in life expectancy based on the region in which a person lives. While the overall Louisville Metro life expectancy is 76.8 years, there is a variance of 12.6 years across the community. The highest life expectancy community areas are in the East End of Louisville (78.61 to 82.21 years). The lowest life expectancy community areas are in the northwestern area of Louisville (69.64 to 71.79 years).

Appendix C-1

Healthy Louisville 2020 Tracker

Focus area	Indicator	Measurement	2018	Target 2020
Access to care	Residents who have a primary care provider	Percent	79.6	99
	Residents without insurance	Percent	6.3	0
Cancer prevention and screening	Age-adjusted death rate due to breast cancer	Deaths/100,000 females	23.5	20.3
	Age-adjusted death rate due to cancer	Deaths/100,000 population	182.2	171.7
	Age-adjusted death rate due to cervical cancer	Deaths/100,000 females	3.1	3.2
	Age-adjusted death rate due to lung cancer	Deaths/100,000 population	54.6	57.5
	Age-adjusted death rate due to prostate cancer	Deaths/100,000 population	17.2	17.5
	Mammogram history	Percent	75.7	87.5
Chronic disease prevention and screening	Adults with hypertension	Percent	38	35.1
	Age-adjusted death rate due to cerebrovascular disease (stroke)	Deaths/100,000 population	59.6	35.4
	Age-adjusted death rate due to coronary heart disease	Deaths/100,000 population	72	78.8
	Age-adjusted death rate due to diabetes	Deaths/100,000 population	24.5	2.7
Healthy mothers and healthy babies	Babies with low birth weight	Percent	10	8.5
	Children attending day care who received immunizations	Percent	94.7	100
	Infant mortality rate	Death per 1,000 live births	6.1	6.3
	Mothers who received early prenatal care	Percent	77.3	88
	Mothers who smoked during pregnancy	Percent	11.2	16.1
	Preterm births	Percent	10.9	7.8
	Racial disparity in infant mortality rate	Per 100,000 live births	7.1	5.7
	Teen birth rate	Live births per 1,000 females ages 15-19	26.2	27.2
Healthy neighborhoods and healthy homes	Adults who smoke	Percent	23.9	29
	Air quality	Days	15	10
	Childhood lead poisoning	Micrograms per deciliter	2.4	2.3
	Smoking among adolescents	Percent	3.5	4.4
HIV prevention and screening	HIV people who know their status	Percent	73.4	90

Injury and violence prevention	Fatal injuries	Per 100,000 population	71.8	46.2
	Homicide rates	Per 100,000 population	16.7	6.3
	JCPS schools with a serious violent incidence	Percent	49.7	30.7
	Nonfatal gunshot rate	Per 100,000 population	41.4	21.1
Mental and behavioral health	Age-adjusted death rate due to suicide	Deaths/100,000 population	16.2	12.6
	Depression hospitalization for preteens/teens	Per 100,000 population	505.1	207.7
	Depression hospitalizations for suicide attempts in preteens/teens	Per 100,000 population	9.8	10.4
Obesity prevention	Adults who are obese	Percent	30.9	26.4
	Kindergartners who are obese	Percent	17.6	16.1
	Sixth-graders who are obese	Percent	27.6	21.8
Oral health	Adults who used oral health care system	Percent	66.9	76
	Children enrolled in Medicaid dental services	Percent	49	100
Social determinants of health	Adults at or below poverty level	Percent	13.8	15.5
	Food deserts in Louisville Metro	Percent	6.1	7.5
	Gap in life expectancy	Years	2.8	4.1
	Homeless people	People	6,373	8,150
	SNAP-eligible but not enrolled	Percent	7.6	7.7
	Unemployed workers in civilian labor force	Percent	4.7	9.2
Substance abuse	Adults who binge drink	Percent	26.2	14.1
	Death rate caused by overdose	Deaths/100,000 population	43.1	14.4
	Jefferson County students reporting use of alcohol or any illicit drug	Percent	8.4	10

Source: HealthyLouisvilleMetro.org (Reported as of 9/19/2018)

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⁴ Healthy Louisville 2020 tracker is no longer available through HealthyLouisvilleMetro.org.

Appendix D

Community Resources

Hospitals

**Table 13
Norton Healthcare
Summary Of Acute Care Hospitals and Health Centers**

Facility	County	Licensed Acute Beds
Norton Hsp/Norton Medical Pav/Norton Children's Hospital	Jefferson	859
Norton Audubon Hospital	Jefferson	432
Norton Women's and Children's Hospital	Jefferson	373
Norton Brownsboro Hospital	Jefferson	127
Baptist Health Louisville	Jefferson	468
Jewish Hospital & St Mary's Healthcare	Jefferson	442
Saints Mary And Elizabeth Hospital	Jefferson	298
University Of Louisville Hospital	Jefferson	384

Source: Commonwealth of Kentucky Cabinet for Health and Family Services

**Table 14
Norton Healthcare
Summary Of Psychiatric Facilities**

Facility	Chemical Dependency Beds	Psychiatric General Beds	Psychiatric Adult (18-64) Beds
Baptist Health Louisville			22
Central State Hospital			192
Jewish Hospital & St. Mary's Healthcare			20
Norton Hospital/Norton Medical Pavilion/Norton Children's Hospital			46
Our Lady of Peace			396
The Brook - Dupont	12	56	20
The Brook Hospital - KMI	12	86	
University Of Louisville Hospital			20

Source: Commonwealth of Kentucky Cabinet for Health and Family Services

**Table 17
Norton Healthcare
Community Resources**

Name	Address	Select Community Resources Available Through Organization
American Cancer Society - Louisville	1640 Lyndon Farm Court Suite 104 Louisville, KY 40223	Provides transportation to and from cancer treatment appointments. This transportation is provided by volunteers. Provides cancer patients with supplies to help cope with cancer related issues, including wigs, hats, and turbans.
American Red Cross - Louisville Area Chapter	510 East Chestnut Street Louisville, KY	Disaster Services - Disaster Relief Services, Public Safety - Health And Safety Classes, Public Safety - Home Fire Campaign, Veteran / Active Military Services
Americana World	4801 Southside Drive	Community Garden
Baptist Fellowship Center	1351 Catalpa Street Louisville, KY 40211	Provides financial assistance for utilities; food assistance as a Dare-to-Care site; used clothing from the Clothes Closet; and toiletry and household items. Also assists qualified persons in getting their prescription medication free or at a reduced cost.
Bates Community Development Corporation	1228 South Jackson Street Louisville, KY	Provides emergency food services including fresh produce, infant formula and a community meal. Also offers a clothes closet.
Bluegrass Center For Autism	9810 Bluegrass Parkway Jeffersontown,	Provides daily one-on-one intensive Applied Behavior Analysis (ABA) Therapy for children and young adults.
Cabbage Patch Settlement	1413 South 6th Street	Provides long term case management for at risk families to assist with self sufficiency goals.
Catholic Charities Of	2911 South 4th Street	Provides assistance and support to women who are pregnant or who have recently had babies.
Center For Women And Families	27 South 2nd Street Louisville, KY 40203	Provides supportive services for victims of domestic violence, including hospital and court advocacy, individual counseling and support groups.
Coalition For The	1300 South 4th Street	Single Point Of Entry-Shelter Bed Reservation
Dare To Care - Food Bank	5803 Fern Valley Road Louisville, KY 40228	Provides a mobile food pantry that offers fresh produce and other food and household items such as toilet paper.
Dare To Care Senior	3360 Commerce Center	Provides monthly packages of broadly nutritious food for older adults.
Day Spring	3430 Day Spring Court Louisville, KY 40213	Provides a range of housing and residential services for adults with intellectual disabilities, including group homes, supported apartments, staffed residences, and support services for persons who live in their own homes.
Goodwill Industries Of Kentucky - Louisville Metro	962 East Chestnut Street Louisville, KY	Sells donated vehicles for approved applicants at about 20% discount from market value. Offers refundable-interest loans. Also provides 24 month / 24,000 mile service contract.
House Of Ruth	607 East St Catherine Street Louisville, KY	Bus Fare for AIDS/HIV, Rent Payment Assistance for AIDS/HIV, Rental Deposit Assistance for AIDS/HIV, Utility Service Payment Assistance for AIDS/HIV
Leukemia And Lymphoma Society - Kentucky And Southern Indiana Chapter	301 East Main Street Suite 100 Louisville, KY 40202	Provides financial assistance for medical bill and prescription expense co-pays for persons with blood cancers. Also offers travel assistance stipend for pediatrics patients in Kentucky.
Meals on Wheels America / Louisville Metro Senior Nutrition Program	701 West Ormsby Avenue, Suite 201 Louisville, Kentucky 40203	The Senior Nutrition Program provides nutritious meals for all seniors age 60 and older regardless of income promoting health throughout the community. Senior Nutrition encourages sites to provide activities and fitness programs. Meals are delivered to most sites Monday through Friday.
Metro United Way	334 E. Broadway Louisville, KY 40204	2-1-1 help referral service supports community by connecting them to the organizations to provide support in the community
Re:Center Ministries	733 East Jefferson Street Louisville, KY 40202	Provides emergency day shelter services for men and women experiencing homelessness. Guests have access to restrooms, showers, laundry, personal belonging storage, and a mailbox. Various community service partners assist in meeting the needs of the population including medical, dental, and housing services.
Salvation Army Of Louisville	911 South Brook Street Louisville, KY 40203	Provides emergency shelter for homeless men for up to 45 days.
Seniorcare Experts	145 Thierman Lane Louisville, KY 40207	Provides transportation for frail, home-bound older adults to doctor's appointments, the grocery store, and other necessary or recreational destinations. No shared rides.
Southwest Center For The Developmentally Disabled	8009 Terry Road Louisville, KY 40258	Provides wheelchair accessible vehicle to transport persons with disabilities to medical appointments.
Transit Authority Of River City	1000 West Broadway Louisville, KY 40203	TARC3 Paratransit Service provides public transportation for people with disabilities who cannot use regular fixed-route bus service.
Volunteers Of America Mid-States	570 South 4th Street Suite 100 Louisville, KY 40202	Provides homelessness prevention services and case management for veterans and their families. Connects veterans with benefits such as vocational and rehabilitation counseling, job training and educational assistance, health care services, transportation, legal assistance, child care, and other services.
Wellspring	225 West Breckinridge Street Louisville, KY 40203	Provides intensive supportive housing for persons with mental illness. Services include support, rehabilitation, skills training, case management and peer support.
YMCA of Greater Louisville	2400 Crittenden Drive Louisville, KY 40217	Provides a network of community partners throughout Jefferson, Oldham and Bullitt counties, where teens can go to get help and be transported to the YMCA Safe Place Services' Shelter House facility at 2400 Crittenden Drive. Shelter House accommodates up to 12 boys and 12 girls, and the average stay ranges from six to ten days. Also offers outreach to homeless youth.

Source: Metro United Way

Appendix E

Primary Data Assessment

Community input: community health needs survey

As previously stated, a community health needs survey was conducted by the Louisville Metro Department of Public Health and Wellness (LMDPHW) in collaboration with a consortium of area health systems and stakeholders, including Norton Healthcare, to obtain feedback from the general public. The community survey was made available in multiple languages, including English, Spanish, French and Arabic, through online and paper surveying methods. LMDPHW contracted with IQS, an independent research organization, to assist with the collection of the surveys.

There were 5,168 surveys collected. Surveys that fell outside of Jefferson County or were incomplete were excluded from the results. This left 3,672 surveys that were weighted based on age, gender, race and educational attainment to make the survey results more representative of the Jefferson County population as a whole.

A high number of respondents were employed by or obtaining health care from a health care system or entity. This should be taken into consideration when interpreting the survey results. The results presented here use the weighted results, as they are more representative of the population as a whole.

Respondent demographics

For the demographics of gender, race, age and educational attainment, the survey results are presented showing county statistical data, CHNA survey raw percentages and CHNA weighted results.

Gender distribution	Jefferson County	CHNA Survey	Weighted Results
Female	52%	78%	52%
Male	48%	22%	49%
*1% identify Trans & other			

Race / Ethnicity	Jefferson County	CHNA Survey	Weighted Results
White	69%	64%	67%
Black / AA	21%	25%	24%
Other	5%	7%	5%
Hispanic	5%	4%	4%

Country of Origin	Weighted Results
Born in the US	92%
Foreign Born	7%
No response	1%

Age Group Distribution	Jefferson County	CHNA Survey	Weighted Results
18-24	16%	7%	11%
25-34	18%	21%	18%
35-44	16%	20%	17%
45-54	17%	20%	17%
55-64	16%	22%	18%
65-74	10%	8%	11%
75+	8%	3%	8%

Education Attainment	Jefferson County	CHNA Survey	Weighted Results
No HS	33%	3%	12%
HS Diploma	18%	18%	27%
Some College	26%	37%	30%
BA/BS	14%	25%	18%
Graduate	10%	16%	13%

Language	Weighted Results
English	98.50%
Spanish	1.27%
French	0.16%
Arabic	0.07%

Louisville Metro Health 2017-2018		Community Survey
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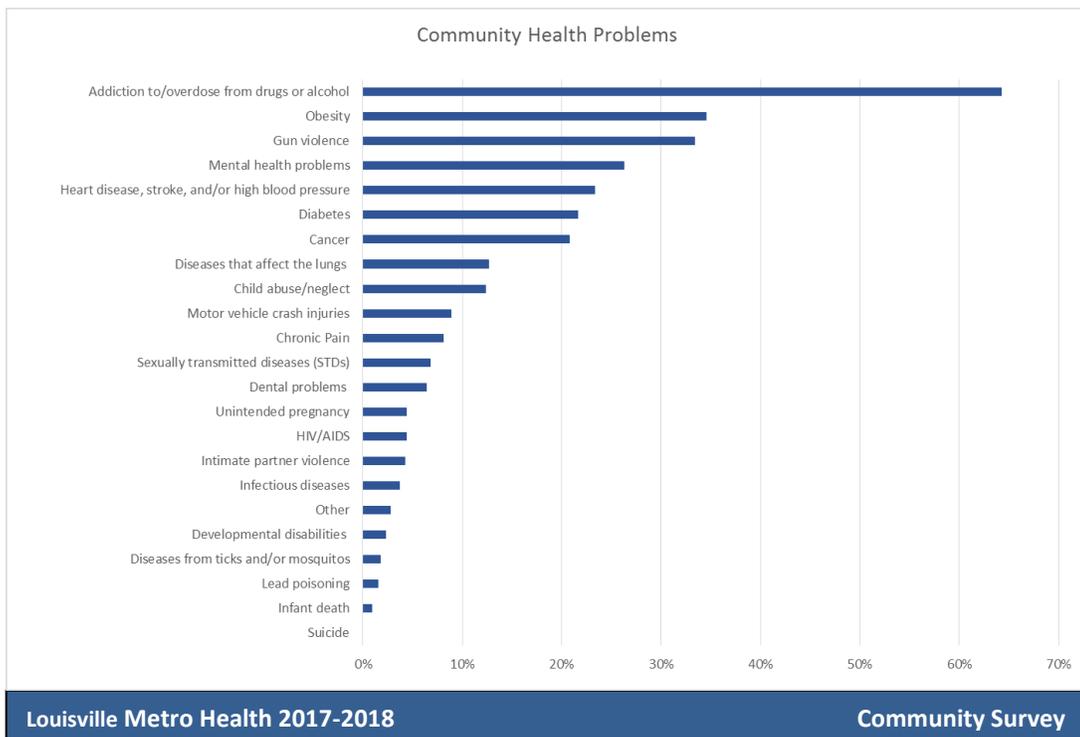
The highlighted areas indicate groups that were underrepresented through the survey. To ensure that these groups were adequately represented in the results, LMDPHW held eight focus groups. The focus groups involved the elderly, LGBTQ, undereducated, young adult African-American males, and populations that do not speak English as their primary language.

In addition, Norton Healthcare requested an additional targeted survey sample through an independent contract with IQS to gather additional surveys from underrepresented ZIP codes in the southwest region of Louisville as well as the undereducated population.

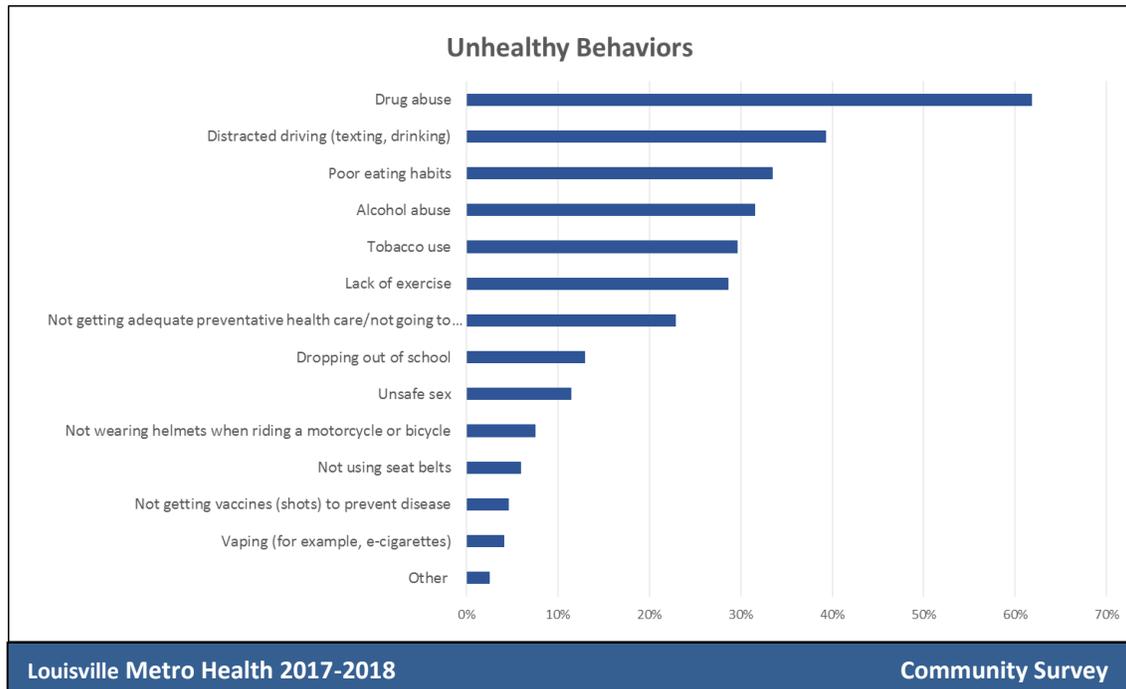
Findings

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 (64%) indicated that addiction to/overdose from drugs or alcohol as a current issue for our community. Other top community health problems included obesity (35%), gun violence (33%) and mental health conditions (26%). See the chart below for the full list of survey options and the results.



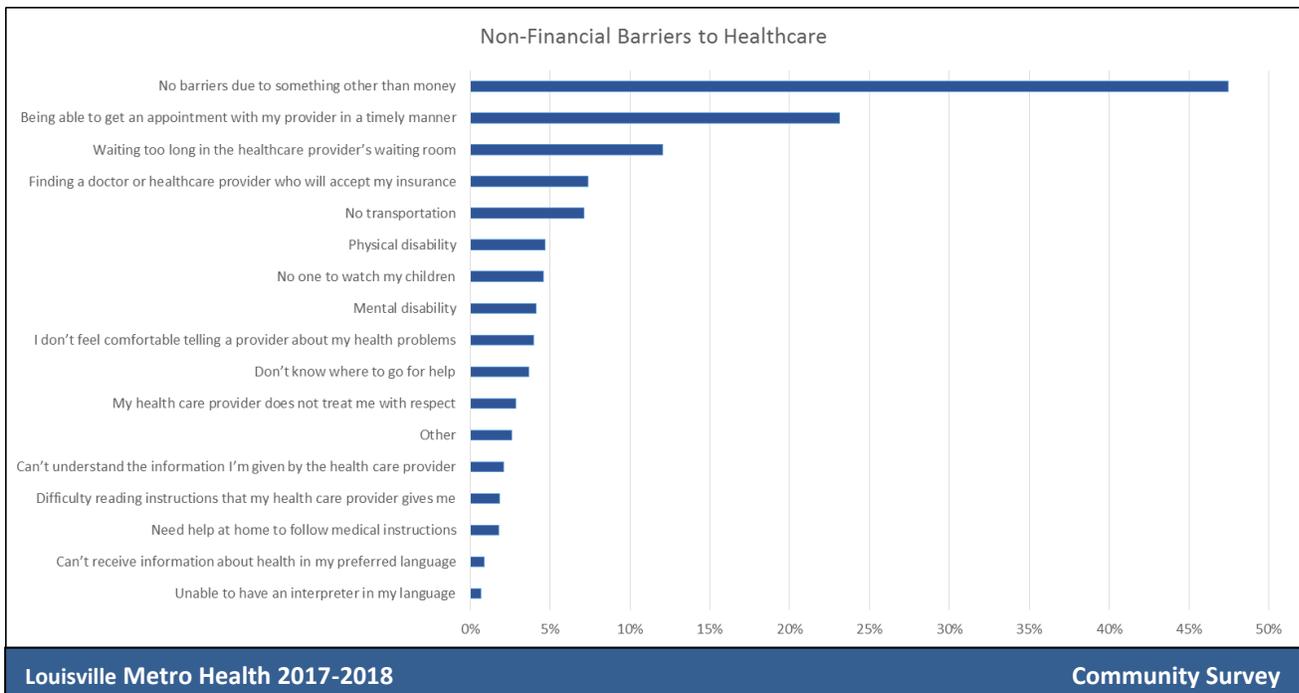
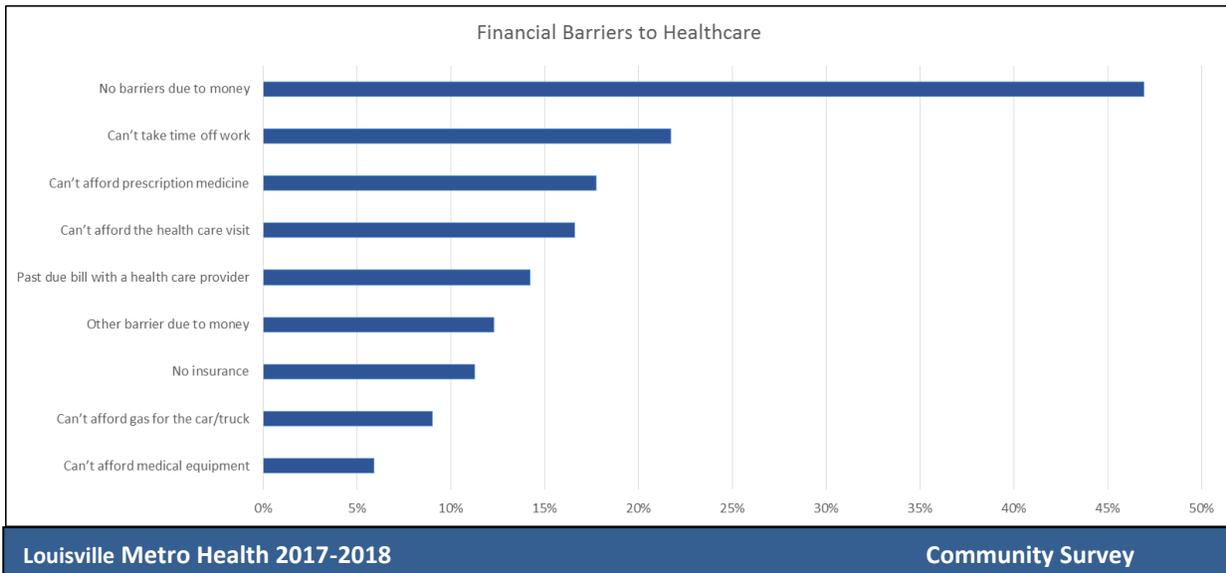
Unhealthy behaviors: Similar to the community health needs, the most frequent behavioral issue was drug abuse (62% of respondents). This was followed by distracted driving (39%), poor eating habits (33%), alcohol abuse (32%) and tobacco use (30%).



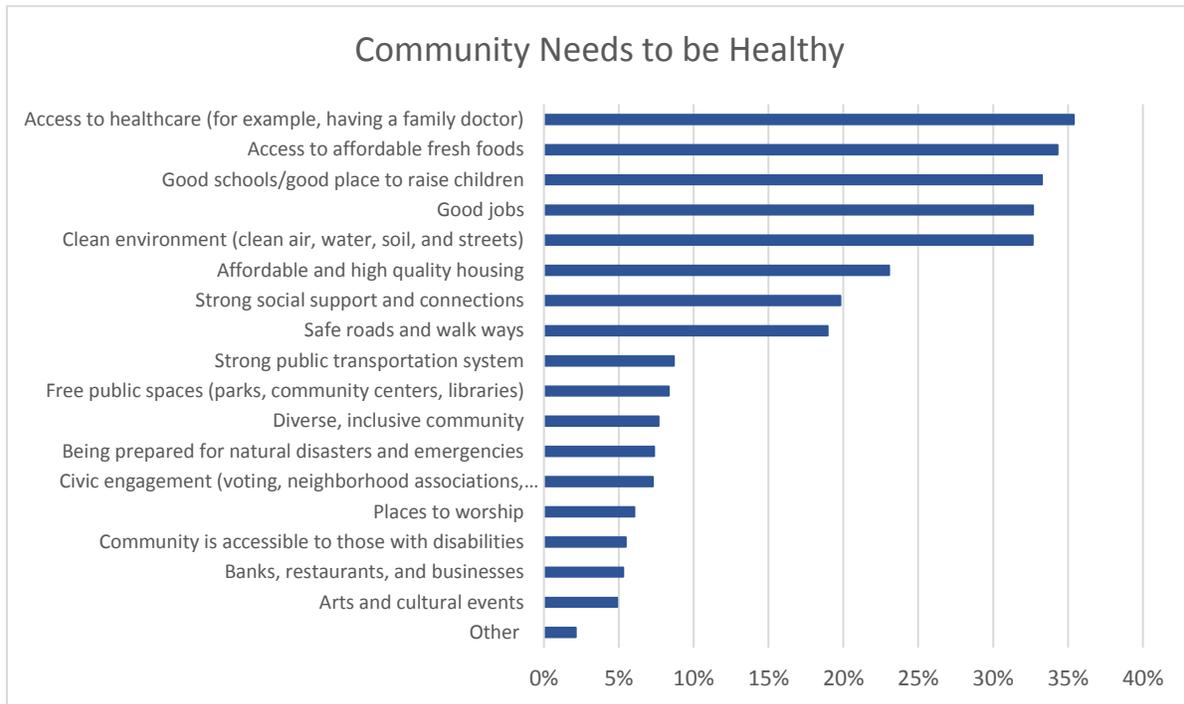
Barriers to Health care: The survey instrument used two questions to obtain information regarding barriers to health care. The first question dealt with financial barriers to health care and the second dealt with nonfinancial barriers to health care. In both categories, nearly 50% of respondents indicated they did not have barriers to health care. It is important to note that a high majority of the surveys were received from persons who work for or are receiving health care from a health care system or entity.

In reviewing the other barriers listed, the most prevalent financial barriers are can't take time off work (22%), can't afford prescription medicine (18%) and can't afford the health care visit (17%).

The most prevalent nonfinancial barriers are not being able to get an appointment with my provider in a timely manner (23%), waiting too long in the provider's waiting room (12%) and finding a provider who will accept my insurance (7%). The graphs below show the full results from the survey.



Community needs to be healthy: When asked what the community needs to be healthy, the most common response was access to health care (35%), followed by access to affordable fresh foods (34%), good schools/good place to raise children (33%), good jobs (33%) and a clean environment (33%).


Louisville Metro Health 2017-2018
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Additional survey results:

- 62% of residents believe that the community is somewhat to very healthy. However, in the west, southwest and central regions of Jefferson County, the results are less optimistic.

Health Status	West	Southwest	South	Central	Inner East	Outer East	Grand Total
Somewhat to Very Healthy	43%	55%	63%	53%	83%	79%	62%

- 14% of residents do not have housing or are worried about losing it. This number increases to 24% in the west and 27% in the central regions of Jefferson County.
- 19% of residents have environmental safety concerns (mold, bug infestations, lead paint or pipes, water leaks, etc.) that make their housing unsafe/healthy. There is a significant variance based on the region a person lives in Jefferson County.

Environmental Safety	West	Southwest	South	Central	Inner East	Outer East	Grand Total
No issues	68%	76%	79%	73%	89%	89%	79%
Have Housing safety concerns	30%	22%	17%	26%	10%	9%	19%

- 23% of residents sometimes or often experience food insecurities. In the west and central regions, over 35% of residents sometimes or often experience food insecurities. There is a significant variance among the different regions of Jefferson County.

Food Insecurities	West	Southwest	South	Central	Inner East	Outer East	Grand Total
Never	38%	53%	59%	47%	80%	80%	59%
Rarely	22%	23%	17%	16%	14%	10%	17%
Sometimes or Often	39%	24%	22%	35%	6%	10%	23%

- 24% sometimes or often put off health care because they could not afford it. The west, southwest and central regions of Jefferson County have higher percentages of their population, indicating they have put off getting health care.

Affordability	West	Southwest	South	Central	Inner East	Outer East	Grand Total
Never	55%	54%	56%	48%	71%	72%	59%
Rarely	12%	17%	18%	16%	15%	11%	15%
Sometimes or Often	30%	27%	24%	34%	13%	15%	24%

- 32% of respondents sometimes or often felt personally discriminated against. There is a significant variance in this finding based on the region a person lives in Jefferson County.

Discrimination	West	Southwest	South	Central	Inner East	Outer East	Grand Total
Never	22%	39%	37%	35%	49%	44%	37%
Rarely	21%	29%	33%	26%	34%	33%	30%
Sometimes or Often	53%	31%	28%	37%	16%	23%	32%

Norton Healthcare has seen similar patterns related to the use of hospital services. As can be seen in the table below, there is a significantly higher use rate for emergency services in the west, southwest, south and central regions of Jefferson County.

Utilization of Hospital Services per 1000 population								
	WEST	SOUTH WEST	SOUTH	CENTRAL	INNER EAST	OUTER EAST NORTH	OUTER EAST SOUTH	Total
Inpatient Admissions	178.35	133.71	116.42	146.10	94.50	82.36	104.74	112.32
Emergency Room Visits	993.42	660.04	512.43	795.35	282.27	265.62	357.37	491.81
Outpatient procedures	66.68	63.96	62.06	59.21	57.08	59.65	63.92	61.03

Focus groups and targeted supplemental survey results

Focus groups

As mentioned above, LMDPHW held eight focus groups to gain the perspectives of underrepresented groups in the survey results. Those targeted populations and focus groups are:

1. Underemployed/undereducated
 2. African-American men ages 18 to 24
 3. Seniors
 4. LGBTQ/transient
 5. Spanish speaking
 6. Syria/Iraq (Arabic)
 7. Nepali/Bhutanese
 8. East African (Somali)
- } Multiple Non-English-speaking focus groups were needed to address translation needs

The following table summarizes a few of the key items from each group and topic.

Focus Group Findings					
	Underemployed / Undereducated	African American Men ages 18-24	Seniors	LGBTQ/ Transient	Non-English Speaking Communities
Community Strengths and Assets	Easy to get around Health of the People <u>Assets</u> NULU Science Center Yum Center	Close knit Community Easy to connect with others <u>Assets</u> Local artists movement Urban League Kentucky Kingdom	Everyone is helpful Volunteer programs <u>Assets</u> Park systems Family People are helpful	Feel safe We have fairness <u>Assets</u> Foodie City Social Services One person can use their voice	Life is good Peaceful <u>Assets</u> Welcoming for immigrants Schools Parks
Community Challenges and Greatest health Issues	Gun violence Crime (Alleys need cameras) Homelessness Public Transportation Drugs (addiction/crime) Poor air quality (west end) Lack of health resources	Employment rate Crime rate Fear the healthcare system Sex education No black owned -media Cooperation can improve Hard to get lines of credit Cost of Healthcare	Transportation Isolation Housing needs Depression Adjustment after retirement More activities for seniors Mobility issues Feeling left behind by technology (forced to use it)	Drugs / addiction Family network Homelessness Judgement Loss of Kroger @ 2nd Street Human trafficking Mental health vs. detox Mental health programs in schools Medicaid requirements	Language as a barrier Need educated translators Cancer Chronic health conditions Drugs Alcohol and tobacco use Better dental coverage Caregiving prevents our ability to work Need better communion with doctors
What would make our community better?	More kid activities Road safety Respect for each other Race issues Schools Crackdown on spice	Focus Cooperation Humility Resources Shelby park is becoming more like the highlands Need to know our history Unity	Better TARC stops Better sidewalks More caregiver resources Personal care advocates The public is not aware of what the seniors can offer	2nd chance housing Family network Justice and mental health LGBTQ shelter	Transportation Unjust landlords Acceptance / Open mindedness Need an interpreter for drivers lincenses Section 8 does not value children, they only consider parents
Barriers and resources	Mental health services General Knowledge More places that accept patients without insurance <u>Resource to turn to:</u> Open arm clinics Phoenix Health clinic Shawnee Christian health center	People get shot and then have to pay for the injury Automatic drug testing - "showing proof" awiting periods <u>Resource to turn to:</u> Free clinics	Counseling <u>Resource to turn to:</u> Get a pet Library Movies Answer the doorbell / phone to prevent loneliness	Need more free clinics Good providers that understand our needs (But we need to know where to find them) <u>Resource to turn to:</u> Phoenix Health clinic Glama.org Outcarehealth.org Radremedy.org	Resources that reflect our culture (food, traditions) We don't know where to go for resources Inform caretakers about resources <u>Resource to turn to:</u> We recommend the hospitals, the clinics. We get most of our resources

The key themes of the focus groups were centered on access and infrastructure, time or financial issues, and social and health concerns. The key access and infrastructure concerns dealt with the difficulty of navigating both the health care system and social services, lack of health resources and the need for free clinics and health service sites that accept uninsured patients. Financial issues discussed throughout the focus groups pertained to the lack of affordable transportation, confusion regarding what is covered by insurance, as well as the high cost of health care. Many of the concerns brought up during the focus groups focused on social and health concerns, including mistrust of the health care system, language barriers, homelessness/housing needs, caregiver burnout, substance use, crime and social isolation. In addition to the concerns, the focus groups spent time discussing community strengths and assets. The most common positive feature discussed within all the focus groups was the strong social support networks that exist in the Jefferson County community.

Targeted survey sample results

As previously stated, Norton Healthcare requested that IQS perform a targeted sample to represent the southwest region of Jefferson County and the undereducated population.

Respondent demographics

For the demographics of gender, race, age and educational attainment, the survey results are presented showing the targeted sample raw percentages.

Gender	% Respondents	Race / Ethnicity	% Respondents	Country of Origin	% Respondents
Male	57%	White	64%	Born in the US	89%
Female	43%	Black /AA	25%	Foreign Born	4%
		Other	10%	No response	7%
		Hispanic	1%		

Age Group Distribution	% Respondents	Education Attainment	% Respondents	Region	% Respondents
18-24	26%	No HS	13%	Central	3%
25-34	34%	HS Diploma	27%	Outer East	2%
35-44	20%	Some College	37%	South	5%
45-54	9%	BA/BS	13%	Southwest	87%
55-64	7%	Graduate	3%	West	3%
65-74	3%	No Response	7%	No response	1%
75+	0%				
No response	2%				

Norton Healthcare Targeted Sample 2017-2018			Community Survey		
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In addition to the demographics stated above, 100% of respondents spoke English. The highlighted results above indicate the initial underrepresented populations and their representation percentage in this targeted data at a higher rate. The results of the targeted sample were consistent with the findings found through the initial survey.

Community Health Needs Survey 2017

This survey is being conducted by the Louisville Metro Department of Public Health and Wellness on behalf of organizations who serve the community. The results of this survey will help us improve the health of people who live in Louisville. Your answers will be combined with many others; we will not share your individual responses with anyone.

Please answer each of the following questions to the best of your ability. We would like to hear about the issues that are most important to you, even if you don't experience any of these issues yourself. If you feel uncomfortable answering any of the questions, you may leave them blank or you can stop at any time.

For more information on this survey, including how we will use the results to create a community health plan, please visit www.healthylouisvillemetro.org or contact us at chna@louisvilleky.gov

Thank you for your time!

1. In what zip code do you live? _____

2. How healthy or unhealthy would you say our community is? (Please think of "community" as the ZIP code in Jefferson County where you live.)

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Very healthy | Somewhat healthy | Somewhat unhealthy | Very unhealthy |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

- | | | |
|--|---|--|
| <input type="radio"/> Addiction to/overdose from drugs or alcohol | <input type="radio"/> Diseases that affect the lungs (for example, COPD, emphysema, asthma) | <input type="radio"/> Mental health problems |
| <input type="radio"/> Cancer | <input type="radio"/> Gun violence (including homicide) | <input type="radio"/> Motor vehicle crash injuries |
| <input type="radio"/> Child abuse/neglect | <input type="radio"/> Heart disease, stroke, and/or high blood pressure | <input type="radio"/> Obesity |
| <input type="radio"/> Chronic Pain | <input type="radio"/> HIV/AIDS | <input type="radio"/> Sexually transmitted diseases (STDs) |
| <input type="radio"/> Dental problems (for example, gum disease, tooth decay, tooth loss) | <input type="radio"/> Infant death | <input type="radio"/> Suicide |
| <input type="radio"/> Developmental disabilities (for example, autism spectrum disorders, cerebral palsy, Down syndrome) | <input type="radio"/> Infectious diseases (for example, hepatitis, tuberculosis, flu) | <input type="radio"/> Unintended pregnancy |
| <input type="radio"/> Diabetes | <input type="radio"/> Intimate partner violence (including rape and sexual assault) | <input type="radio"/> Other (please specify): |
| <input type="radio"/> Diseases from ticks and/or mosquitos | <input type="radio"/> Lead poisoning | <input type="radio"/> _____ |

4. Looking at the list below, what do you think are the 3 most important behaviors your community needs to work on? (That is, what behaviors have the greatest impact on the overall community's health?)

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

5. Looking at the list below, what are the 3 most important things your community needs to be healthy?

- | | | |
|--|--|---|
| <input type="radio"/> Access to affordable fresh foods | <input type="radio"/> Civic engagement (voting, neighborhood associations, volunteering) | <input type="radio"/> Good schools/good place to raise children |
| <input type="radio"/> Access to healthcare (for example, having a family doctor) | <input type="radio"/> Clean environment (clean air, water, soil, and streets) | <input type="radio"/> Places to worship |
| <input type="radio"/> Affordable and high quality housing | <input type="radio"/> Community is accessible to those with disabilities | <input type="radio"/> Safe roads and walk ways |
| <input type="radio"/> Arts and cultural events | <input type="radio"/> Diverse, inclusive community | <input type="radio"/> Strong public transportation system |
| <input type="radio"/> Banks, restaurants, and businesses | <input type="radio"/> Free public spaces (parks, community centers, libraries) | <input type="radio"/> Strong social support and connections |
| <input type="radio"/> Being prepared for natural disasters and emergencies | <input type="radio"/> Good jobs | <input type="radio"/> Other (please specify): |
| | | <input type="radio"/> _____ |

For the remainder of the survey, please think about the things you have personally experienced.

6. Where do you go most often when you have a health problem?

- | | | |
|---|---|---|
| <input type="radio"/> A primary care doctor or family practitioner | <input type="radio"/> Urgent care or immediate care clinic | <input type="radio"/> I rely on a family member |
| <input type="radio"/> A community health center (such as Family Health Centers, Park DuValle Community Health Center, Shawnee Christian Health Center, or others) | <input type="radio"/> A specialist (such as an OB/GYN, dentist, mental health professional, cardiologist, etc.) | <input type="radio"/> Other |
| <input type="radio"/> Chiropractor | <input type="radio"/> Pharmacist | <input type="radio"/> None |
| <input type="radio"/> Drug/grocery store clinic | <input type="radio"/> I call a help line | |
| <input type="radio"/> Emergency room | <input type="radio"/> I treat myself at home or use over the counter medicine | |

7. Where do you go when you can't see your regular doctor or healthcare professional? Please select all that apply. If you don't have a doctor or regular healthcare professional, please select "N/A."

- | | | |
|---|---|---|
| <input type="radio"/> A primary care doctor or family practitioner | <input type="radio"/> Urgent care or Immediate care clinic | <input type="radio"/> I rely on a family member |
| <input type="radio"/> A community health center (such as Family Health Centers, Park DuValle Community Health Center, Shawnee Christian Health Center, or others) | <input type="radio"/> A specialist (such as an OB/GYN, dentist, mental health professional, cardiologist, etc.) | <input type="radio"/> N/A |
| <input type="radio"/> Chiropractor | <input type="radio"/> Pharmacist | <input type="radio"/> None |
| <input type="radio"/> Drug/grocery store clinic | <input type="radio"/> I call a help line | |
| <input type="radio"/> Emergency room | <input type="radio"/> I treat myself at home or use over the counter medicine | |

8. In the past year, have you or anyone in your household experienced any of the following barriers to receiving health care when you needed it? Barriers can be related to money or something else. In each list below, please select all that apply. (Household can refer to the people who live with you or a friend/family member you provide care for.)

Barriers due to money:

- | | | |
|--|--|---|
| <input type="radio"/> Can't afford gas for the car/truck | <input type="radio"/> Can't afford the health care visit | <input type="radio"/> Other barrier due to money |
| <input type="radio"/> Can't afford medical equipment | <input type="radio"/> Can't take time off work | <input type="radio"/> Past due bill with a health care provider |
| <input type="radio"/> Can't afford prescription medicine | <input type="radio"/> No insurance | <input type="radio"/> None |

9. In the past year, have you or anyone in your household experienced any of the following barriers to receiving health care when you needed it? Barriers can be related to money or something else. In each list below, please select all that apply. (Household can refer to the people who live with you or a friend/family member you provide care for.)

Barriers due to something other than money:

- | | | |
|---|---|--|
| <input type="radio"/> Being able to get an appointment with my healthcare provider in a timely manner | <input type="radio"/> I don't feel comfortable telling a healthcare provider about my health problems | <input type="radio"/> Physical disability |
| <input type="radio"/> Can't receive information about health in my preferred language | <input type="radio"/> Mental disability | <input type="radio"/> Unable to have an interpreter in my language |
| <input type="radio"/> Can't understand the information I'm given by the health care provider | <input type="radio"/> My health care provider does not treat me with respect | <input type="radio"/> Waiting too long in the healthcare provider's waiting room |
| <input type="radio"/> Difficulty reading instructions that my health care provider gives me | <input type="radio"/> Need help at home to follow medical instructions | <input type="radio"/> Other |
| <input type="radio"/> Don't know where to go for help | <input type="radio"/> No one to watch my children | <input type="radio"/> None |
| <input type="radio"/> Finding a doctor or healthcare provider who will accept my insurance | <input type="radio"/> No transportation | |



10. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, Medicaid or Indian Health Service?

- Yes No Not sure
-

11. Who do you rely on most often for information about health?

- My doctor Hospital staff Nurse, nurse practitioner, or physician assistant
- Family and friends Internet (Google, WebMD, blogs, etc.) TV, radio, newspaper
- Health department Social media (Facebook, Instagram, Twitter, Snapchat, etc.) Other

12. What is your housing situation today?

- I do not have permanent housing (I am staying in a hotel, in a homeless shelter, living outside on the street, in a camp, in a car, abandoned building, bus station, or in a park)
- I have housing today, but I am worried about losing housing in the future
- I have housing

13. Think about the place you live. 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 in?

- Yes No
-

14. Within the past 12 months, how often did the food you bought just not last and you didn't have money to buy more?

- Never Rarely Sometimes Often
-

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

- Never Rarely Sometimes Often
-

16. How often do you feel isolated from others?

- Never Rarely Sometimes Often
-

17. In general, would you say your health is...?

- Excellent Very Good Good Fair Poor
-



18. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? _____
19. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? _____
20. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? _____

Demographic Questions

21. What is your age? _____

22. What sex were you assigned at birth, on your original birth certificate?

- Female Male
-

23. What is your current gender identity? (Choose all that apply):

- Female Trans female/
Trans woman Genderqueer/
Gender non-conforming
- Male Trans male/
Trans man Different identity (please state):

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

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

25. How often do you feel that racial/ethnic groups who are not white, such as African Americans and Latinos, are discriminated against?

- Never Rarely Sometimes Often
-

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

- Never Rarely Sometimes Often
-

27. Were you born in the United States?

- Yes No
-



28. What is your current marital status?

- Married
 Living with a Partner
 Separated
 Divorced
 Widowed
 Never Married

29. Are you the parent or guardian of a child (or children) under the age of 18?

- No
 Yes, child(ren) live with me all of the time
 Yes, child(ren) live with me most of the time
 Yes, child(ren) live with me half of the time
 Yes, child(ren) live with me some of the time
 Yes, child(ren) do not live with me

30. Do you provide unpaid care for a family member or friend who is unable to take care of themselves due to a medical condition?

- Yes
 No

31. Which of the following do you consider yourself to be?

- Heterosexual or straight
 Gay or lesbian
 Bisexual
 Something else

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

- No schooling completed
 High school diploma
 Some college, but no degree
 Bachelor's degree
 Master's degree, professional degree (MD, DDS, DVM, JD), or doctorate (PhD, EdD)
- Less than a high school diploma (1-12 years)
 GED or alternative
 Associate's degree

33. Are you...?

- Employed full time
 Not employed
 Retired
 Other
- Employed part time
 Unable to work due to a disability
 Student

34. What was your total household income from all sources in 2016?

- Less than \$15,000
 \$25,000 – \$34,999
 \$50,000 – \$74,999
 \$100,000 and above
- \$15,000 – \$24,999
 \$35,000 – \$49,999
 \$75,000 – \$99,999

Thank you for your time!

If you are currently in need of assistance for things like housing, food, or other necessities, call Metro United Way by calling 211, texting 'TXT211' or visiting <http://www.navigateresources.net/metro/Search.aspx>



County Health Rankings

County Ranking Categories	Metric specifics	Kentucky										US Overall	
		Jefferson	Bullitt	Hardin	Henry	Meade	Nelson	Oldham	Shelby	Spencer	Trimble		Kentucky
Premature death (per 100,000)	Years of Potential Life Lost Rate	8759	7224	7407	8586	8470	7314	4918	6051	6149	10534	9047	
Poor or fair health	% Fair/Poor	18.73	17.44	19.56	18.18	18.56	19.22	12.86	18.36	15.68	20.22	21.25	16.0%
Poor physical health days	Physically Unhealthy Days	3.87	4.12	4.12	4.39	4.48	4.32	3.57	4.16	4.02	4.71	4.77	3.7
Poor mental health days	Mentally Unhealthy Days	4.11	4.15	4.16	4.18	4.34	4.39	3.56	4.16	4.08	4.30	4.81	3.8
Low birthweight	% LBW	9.19	7.79	7.61	7.31	7.25	8.66	7.94	7.25	9.47	8.18	8.86	8%
Adult smoking	% Smokers	19.22	20.02	19.89	21.41	24.10	19.92	15.88	18.83	19.94	21.18	24.47	17%
Adult obesity	% Obese	31.90	35.70	34.70	32.90	37.70	31.70	28.00	34.00	35.30	36.10	33.7	28%
Food environment index	Food Environment Index	7.4	8	7.2	8.2	7.6	8	8.6	8.4	N/A	8.2	7	7.70
Physical inactivity	% Physically Inactive	25.7	30.4	26.1	32	27.4	29.2	24.00	27.4	27.9	28.9	28.1	23%
Access to exercise opportunities	% With Access	89.56	76.91	69.72	43.95	53.51	68.33	95.02	78.36	77.06	48.69	72.43	83%
Excessive drinking	% Excessive Drinking	19.13	16.90	15.28	14.35	16.05	16.18	19.14	15.46	16.51	15.50	15.78	18%
Alcohol-impaired driving deaths	% Alcohol-impaired	30.12	18.37	17.39	21.05	48.39	35.29	43.48	25.64	27.27	6.25	27.64	29%
Sexually transmitted infections	Chlamydia Rate	676.4	225.8	520	205.5	188.8	343.7	200	387.7	254.7	352.8	395.2	478.8
Teen births	Teen Birth Rate	33.80	28.11	39.27	43.43	31.56	34.86	10.23	29.39	25.27	42.02	38.50	27.0
Uninsured	% Uninsured	6.75	5.18	5.96	7.68	6.59	6.20	4.24	8.84	5.95	6.63	7.09	11%
Primary care physicians	PCP Ratio	1043:1	6054:1	1663:1	2231:1	4654:1	1962:1	1442:1	2402:1	1988:1	4385:1	1507:1	1,320:1
Dentists	Dentist Ratio	980:1	3044:1	1106:1	3955:1	4018:1	1687:1	2732:1	2443:1	4569:1	8620:1	1561:1	1,480:1
Mental health providers	MHP Ratio	361:1	1199:1	297:1	2636:1	1005:1	735:1	1130:1	928:1	3046:1	4310:1	525:1	470:1
Preventable hospital stays	Preventable Hosp. Rate	54.82	74.07	82.01	80.31	70.71	47.41	48.5	57.62	65.72	102.27	76.51	49.00
Diabetes monitoring	% Receiving HbA1c	87.38	85.07	83.56	88.60	87.48	84.49	88.11	87.78	81.90	83.46	85.87	85.0%
Mammography screening	% Mammography	64.37	59.46	55.60	54.40	53.80	53.93	69.48	63.01	60.00	51.14	58.94	63.0%
High school graduation	Graduation Rate	79.00	86.00	90.29	97.00	93.00	91.97	96.00	92.00	92.50	92.50	89.17	83.0%
Some college	% Some College	69.16	55.83	67.13	45.23	55.90	56.21	71.78	56.46	65.80	49.01	60.34	65.0%
Unemployment	% Unemployed	4.37	4.13	4.40	4.06	5.04	4.46	3.38	3.54	3.79	5.34	5.01	4.9%
Children in poverty	% Children in Poverty	20.90	14.40	18.50	30.70	18.00	16.40	6.00	15.70	10.70	21.20	24.40	20.0%
Income inequality	Income Ratio	4.88	3.67	4.28	4.37	4.01	4.05	3.86	4.20	3.82	4.45	5.14	5.00
Children in single-parent households	% Single-Parent Households	41.77	32.32	33.73	35.08	28.06	28.72	17.38	29.16	24.37	34.36	34.59	34.0%
Social associations	Association Rate	10.08	6.73	9.86	12.80	6.45	11.08	7.55	11.18	7.27	11.40	10.70	9.30
Violent crime	Violent Crime Rate	562.46	117.76	123.66	36.11	72.34	98.11	64.68	137.31	47.40	30.34	214.68	380.00
Injury deaths	Injury Death Rate	87.42	69.23	65.71	81.00	85.63	78.89	46.27	59.18	64.12	98.22	87.96	65.00
Air pollution - particulate matter	Average Daily PM2.5	11.3	10.7	10.4	10.3	10.4	10.2	10.9	10.4	10.2	10.4	10	8.70
Drinking water violations	Presence of violation	No	No	No	No	Yes	Yes	No	Yes	No	No	No	NA
Severe housing problems	% Severe Housing Problems	15.62	11.58	12.56	14.95	13.69	14.17	9.38	13.05	7.54	12.01	14.38	19.0%
Driving alone to work	% Drive Alone	81.45	85.50	81.82	79.39	87.61	85.13	85.55	80.54	88.84	82.16	82.25	76.0%
Long commute - driving alone	% Long Commute - Drives Alone	24.90	47.50	26.30	49.70	47.90	39.50	46.00	40.50	63.00	44.20	29	35.0%

County Ranking Categories	Metric specifics	Indiana						Indiana
		Clark	Floyd	Harrison	Jefferson	Scott	Washington	
Premature death (per 100,000)	Years of Potential Life Lost Rate	9140	7112	7777	8370	12957	10169	7794
Poor or fair health	% Fair/Poor	14.93	16.08	15.26	17.16	18.68	16.16	17.67
Poor physical health days	Physically Unhealthy Days	3.75	3.87	3.73	3.89	4.25	4.02	3.92
Poor mental health days	Mentally Unhealthy Days	3.92	3.96	4.08	4.04	4.47	4.17	4.25
Low birthweight	% LBW	8.36	8.24	7.00	8.97	9.31	7.29	8.02
Adult smoking	% Smokers	21.01	18.66	20.10	20.53	21.52	22.57	21.14
Adult obesity	% Obese	34.40	29.80	35.80	34.60	32.40	34.30	32
Food environment index	Food Environment Index	7.90	7.70	8.50	7.70	8.00	8.00	7
Physical inactivity	% Physically Inactive	29.30	30.20	30.70	30.30	35.80	30.60	26.8
Access to exercise opportunities	% With Access	86.55	82.57	57.97	59.66	52.00	48.66	76.57
Excessive drinking	% Excessive Drinking	19.14	17.56	19.02	17.24	17.26	18.25	18.59
Alcohol-impaired driving deaths	% Alcohol-impaired	18.33	34.38	15.38	13.33	10.00	25.00	22.39
Sexually transmitted infections	Chlamydia Rate	394.70	401.70	285.00	427.80	341.60	211.60	437.9
Teen births	Teen Birth Rate	36.95	28.06	30.58	33.34	48.33	35.48	30.48
Uninsured	% Uninsured	10.67	8.79	9.69	10.56	11.43	13.47	11.31
Primary care physicians	PCP Ratio	2307:1	1706:1	1885:1	1801:1	2374:1	3092:1	1505:1
Dentists	Dentist Ratio	2830:1	1604:1	2213:1	1621:1	3955:1	4612:1	1852:1
Mental health providers	MHP Ratio	483:1	810:1	4425:1	1046:1	2966:1	3459:1	701:1
Preventable hospital stays	Preventable Hosp. Rate	73.70	64.46	72.86	63.39	96.82	62.72	56.79
Diabetes monitoring	% Receiving HbA1c	83.72	84.57	80.31	82.90	83.67	82.86	84.75
Mammography screening	% Mammography	63.14	63.62	70.20	58.89	53.09	58.50	62.13
High school graduation	Graduation Rate	92.46	91.14	92.52	85.90	87.50	92.50	87.22
Some college	% Some College	62.52	65.46	56.00	49.73	51.01	46.86	62.03
Unemployment	% Unemployed	4.13	4.08	4.19	4.70	4.84	4.54	4.42
Children in poverty	% Children in Poverty	15.70	14.70	13.60	20.30	23.70	21.80	19.10
Income inequality	Income Ratio	3.93	4.69	4.00	4.07	3.89	3.99	4.38
Children in single-parent households	% Single-Parent Households	31.34	32.66	28.04	38.95	23.57	31.99	33.69
Social associations	Association Rate	9.88	10.94	9.10	13.57	12.21	7.91	12.31
Violent crime	Violent Crime Rate	538.76	152.88	91.71	N/A	243.12	N/A	356.19
Injury deaths	Injury Death Rate	74.84	65.54	81.73	83.16	111.81	103.54	69.86
Air pollution - particulate matter	Average Daily PM2.5	11.80	11.00	10.60	10.70	10.70	10.60	11.1
Drinking water violations	Presence of violation	Yes	No	No	No	Yes	Yes	0
Severe housing problems	% Severe Housing Problems	12.78	12.60	10.35	14.40	13.15	11.61	14.03
Driving alone to work	% Drive Alone	85.19	85.47	86.43	84.22	84.27	82.24	82.99
Long commute - driving alone	% Long Commute - Drives Alone	34.60	30.30	52.10	29.80	41.90	53.30	30.5

Source: County Health Rankings & Roadmaps
Robert Wood Johnson Foundation 2018 county rankings for Kentucky and Indiana

Community input: community leader and physician interviews

Norton Healthcare conducted interviews with 16 Norton employed physicians, 21 Jefferson County community leaders, and six leaders from areas surrounding Jefferson County to gather their feedback on the health needs of the community. The specific interview questions and interviewees are identified later in this appendix. These interviews focused on four key areas: pressing problems in health care, barriers to health care, health care engagement, and global or universal issues involving health care. The questions within these four areas were designed to gather feedback/perspectives on barriers to health care and greatest areas of need in the community. Below are the key themes identified as a result of the interviews.

Pressing problems and barriers

Access to Care Availability of providers for primary and specialty care. Need for targeted prevention screenings and programs Shortage of specialists in the Louisville Market	Social Determinants of Health Transportation Safe and stable housing Financial barriers Cultural environment Language Food insecurities Work hours
Mental Health / Substance Use Stigma Uncertainty of how to access care options Substance abuse (current opioid crisis & longterm effects)	Chronic disease and obesity Expected increase / management programs needed
Adverse Childhood Events Social, emotional, & Cognitive Impairment Adoption of high-risk behaviors Increase risk of disease, disability, and social problems	Aging Population Expected to stress the healthcare infrastructure
Over Utilization of Emergency Services EMS - strained resource -drug related Utilization of the ER for non-emergent issues	
Health Literacy Lack of understanding regarding the navigation of the healthcare system. Need for education around healthy lifestyle.	

Health care engagement

Ideal health care experience

- Streamlined/efficient
- Clear communication
- Kindness/friendliness
- Compassion/empathy
- Not rushed

“Great human interaction” in health care

- Show empathy and compassion
- Take time with patients
- Kindness from start to finish
- Physician explains things in a way easy for the patient to understand

Consistency in the health care provider was often stated as more important than expeditious access.

- Consistency helps to build trust between the patient and provider
- Expeditious care becomes more important when the need is emergent or pain related.

Tele-Health	
Pros	Cons
Easy and accessible for a large population	Elderly, disabled, and poor would be left behind
Would allow access to care for rural settings	Dependent on health literacy
Could be used for palliative care options	Not as satisfying as human connection
Could help keep kids in school	Could contribute to the overuse of antibiotics
Could be used to reduce the cost of healthcare by providing a lower cost option for care	Confusion regarding what and how to use telehealth
	Could increase the lack of continuity in care
	Limits access based on access to the internet or phone

Motivating factors for seeking care at other access points:

Tele-health
 Convenience
 Cost

Urgent care/retail clinic
 Convenience/easy access
 Minor issues

Primary care provider unavailable

Mental health and substance use

A significant amount of time was spent discussing the current mental health landscape, including the increasing demand for mental health services in Jefferson County. Mental health issues drive many other behavioral and social issues, including suicide, addiction and homelessness. The full impact of the current opioid epidemic is not fully known or realized, as it could include neurological issues for the number of children born exposed to opioids in the womb and children who experience traumatic events associated with having a parent with substance abuse issues (also known as adverse childhood events [ACEs]).

Populations with unmet health needs

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

- The impoverished or poor populations: Specifically, those living in the West End and those who are experiencing homelessness.
- The portions of the population with mental health and substance abuse issues: Mental health issues increase risk for drug use. Drug use remains a high-risk behavior that can have detrimental results.
- Minority populations: African-American populations have higher rates of cancer and preterm births. Non-English-speaking communities may have difficulty accessing quality health care.
- Elderly or aging population: There are limited geriatric providers, and this population is more susceptible to social isolation.

Community input: key findings

Input from the community we serve has proven valuable in narrowing the focus on many of the themes that became apparent throughout this process. It was through the community health needs survey, community focus groups, and provider and community leader interviews that we were able to identify seven core themes that the community sees as priorities:

1. Improving access to care
2. The need for prevention and wellness services
3. Management of chronic conditions
4. Resources in the areas of mental health and substance use
5. Affordability of health care services
6. Health literacy
7. Increased engagement with community organizations and faith partners

Improving access to care: 35% of survey respondents identified access to health care as a community need. During the interview process, 76% of interviewees discussed access to care as a concern. Among these concerns were the shortage of both primary care providers and specialty providers. Specific shortages discussed for our community were palliative care, endocrinology, adolescent medicine,

neurology, headache services, pediatric obesity programs, pediatric rheumatology, pediatric gastroenterology and programs for medically complex children transitioning into adult care. In addition to provider shortages, the inability to access providers due to work commitments or the inability to take time off was identified in both the survey and interviews. Transportation and financial needs were discussed in all three primary data collection methods as health care barriers.

The need for prevention and wellness services: Primary care services were discussed as both an access to care concern due to the limited supply of providers as well as a cultural concern. The cultural concern was discussed in depth during many interviews as a contributing factor to unmet health needs. Many of those interviewed discussed how the cultural environment in which we live and are raised impact the importance or priority we place on health care and specifically preventive care. Twenty-three percent (23%) of survey respondents indicated that not getting adequate preventive care as a top behavioral concern for the community.

Management of chronic conditions: The community health needs survey identified obesity, diabetes, cancer, heart and stroke conditions as top community health problems. Chronic conditions were discussed by 65% of interviewees as a major health concern. The increasing prevalence of chronic conditions was specifically identified as an emerging health concern. Many interviewees had the perception that this trend will continue into the future due to the aging population as well as the unhealthy lifestyles of the population we serve.

Resources for mental health and substance use: 64% of survey respondents identified addiction to or overdose from drugs or alcohol as a top community health problem, and 26% identified mental health as a top community health problem. Seventy-six percent (76%) of interviewees discussed mental health/substance use as a concern. Some of these concerns were uncertainty around accessing services, a growing student population with behavioral health issues, the opioid crisis, stigma surrounding mental health and adverse childhood events. The focus groups identified many of the same concerns.

Affordability of health care services: Lack of financial resources was the most common response when interviewees were asked, “What is the primary cause of unmet health needs?” This includes confusion regarding what is covered by the individual’s health insurance as well as the inability to obtain or afford insurance coverage. Seven of the top 10 barriers to health care identified through the community survey were financial concerns. Financial concerns or the need for services such as free clinics were discussed in most of the focus groups.

Health literacy: The need to improve health literacy in an effort to increase awareness and promote healthy lifestyles was identified through both the focus groups and the physician and community leader interviews. Sixty-two percent (62%) discussed health literacy as a barrier to care. This included knowledge regarding how to navigate health systems and the understanding of what makes up a healthy lifestyle. The interviewees discussed this as a specific area where the health care community could partner with the community to make a difference.

Increased 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 as a way to work toward solutions to target health literacy and to increase the use of preventive services.

Key leader interview questions*Pressing problems*

1. What health care services are lacking in Jefferson County?
2. What health care services are lacking in surrounding counties?
3. What health care services in the community are not being used well or to their capacity?
4. What emerging health needs do you expect to see in the coming years?
5. What do you believe is the single most pressing health issue impacting our community?
6. What do you feel are the primary causes contributing to the unmet health needs?

Barriers

1. Have you or your family (or are you aware of colleagues/co-workers who have) encountered any barriers to receiving health services? If so, what were they?
2. What challenges keep individuals from seeking health care services?
3. What role does community diversity play in the health of our community? Do you feel our community embraces cultural diversity and recognizes the impact?
4. Do you feel telehealth, including video visits and e-visits, are an effective and satisfying way to receive health care? If so, why? If not, why?

Hospitals/health care engagement/responses

1. What do you think hospitals/health systems can do to improve the health of our community?
2. What is the best way to communicate information about health topics or health resources to consumers?
3. Describe your ideal hospital experience and your ideal physician office visit experience.
4. What is more important to you from a health care delivery standpoint: expeditious access to any provider or consistency with the provider that you receive care from?
5. Do you use an electronic device to track nutrition intake? Physical activity? Do the results motivate you to make changes in your health habits?
6. Can you provide the best example of a “great human interaction” in the health care environment?
7. What variables would motivate you to seek an urgent care center or a retail clinic for health care services?
8. Is it important to you to have your clinical health information in one location, including all health care providers? Is it important to have your physical activity and nutrition content included (if you use such a device) and why?
9. What would motivate you to use a video visit or e-visit option for care?

Global/universalizing

1. What is the single most important thing that could be done to improve health care in the community?
2. If you were in charge of improving the health of individuals in your community, what would you do first?
3. What groups of people in your community do you believe have the most serious unmet health care needs?
4. Do you feel community coalitions are an effective way to impact community health? Can you provide an example of a successful collaboration?

Key leader interview acknowledgements**Norton provider interviews**

- Dr. Dashti, Shervin and Dr. Yao, Tom (2018, March 26). [Interviewed by Pyzocha, Kelly]
Dr. Driscoll, Michael and Dr. Hadley, Terence (2018, April 25). [Interviewed by Brown, Ashley and Pyzocha, Kelly]
Dr. Dunn, Edward (2018, April 2). [Interviewed by Pyzocha, Kelly]
Dr. Flynn, Joseph (2018, April 11). [Interviewed by Pyzocha, Kelly]
Dr. Frazier, James M. (2018, March 14). [Interviewed by Brown, Ashley]
Dr. Hamm, John (2018, March 22). [Interviewed by Pyzocha, Kelly]
Dr. Honaker, Joshua (2018, April 05). [Interviewed by Pyzocha, Kelly]
Dr. Lash, Joseph (2018, April 9). [Interviewed by Brown, Ashley]
Dr. Plato, Brian (2018, March 27). [Interviewed by Brown, Ashley]
Dr. Weeks, Jonathan (2018, April 24). [Interviewed by Ballard, Jessica]
Dr. Wilson, Ken and Dr. Jennings, James (2018, April 05). [Interviewed by Pyzocha, Kelly]
Dr. Wright, Stephen and Dr. Frazier, Erin (2018, April 17). [Interviewed by Brown, Ashley]

Jefferson County community leaders

- Dr. Berry, Matt (2018, April 19). Community Foundation of Louisville. [Interviewed by Pyzocha, Kelly]
Boyd Smith, Shandy; Pryor, Lydon; and Rowland, Ritu (2018, June 5). Urban League. [Interviewed by Brown, Ashley]
Dr. Dageforde (2018, April 17). Shawnee Christian Healthcare Center. [Interviewed by Brown, Ashley]
Deaton, Randa (2018, April 3). Ford Community Healthcare Initiative. [Interviewed by Ballard, Jessica]
Elder, Maggie (2018, March 26). Metro United Way. [Interviewed by Brown, Ashley]
Finke, David (2018, May 7). Uspiritus. [Interviewed by Brown, Ashley]
Graham, Teri; Marshall, Phil and Orman, Sharon (2018, May 24). Hosparus. [Interviewed by Brown, Ashley and Pyzocha, Kelly]
Hagan, Ann (2018, April 18). Park DuValle Community Health Center. [Interviewed by Ballard, Jessica]
Mansilla, Edgardo (2018, April 10). Americana Community Center. [Interviewed by Ballard, Jessica]
Mendoza, Amalia (2018, April 9). Foundation for Healthy Kentucky. [Interviewed by Brown, Ashley]
Patterson, Andy (2018, May 9). Phoenix Healthcare for the Homeless. [Interviewed by Ballard, Jessica]
Santiago, Ricky (2018, April 20). Louisville Metro Government Globalization Programs. [Interviewed by Brown, Ashley]
Wagner, Bill (2018, May 16). Portland Family Health Center. [Interviewed by Pyzocha, Kelly]
Wessells-Martin, Elizabeth (2018, March 30). The Center for Women and Families. [Interviewed by Ballard, Jessica and Pyzocha, Kelly]
Dr. Wilson, Richard (2018, March 27). University of Louisville School of Public Health. [Interviewed by Pyzocha, Kelly]
Wunsch, Beverly (2018, April 23). Jefferson County Public Schools. [Interviewed by Brown, Ashley]
Zipple, Tony (2018, May 14). Centerstone. [Interviewed by Pyzocha, Kelly]

Community leaders outside of Jefferson County

Gamsky, Teresa and Kommer, Leanne (2018, May 10). Oldham County Health Department. [Interviewed by Brown, Ashley]

Lindley, Laura (2018, April 2). Clark County Health Department. [Interviewed by Brown, Ashley]

Poynter, Elizabeth (2018, May 8). Lincoln Trail Health Department. [Interviewed by Ballard, Jessica]

Renfrow, Andrea (2018, April 17). Bullitt County Health Department. [Interviewed by Ballard, Jessica]

Rice, Roanya (2018, May 30). North Central Kentucky Health Department. [Interviewed by Ballard, Jessica]

Appendix F

Detailed Summary of Community Survey, Focus Groups and Interviews

	Data Assessment (Secondary research)	2018 Health Equity Report (Secondary research)	Community Survey (Primary research)	Focus Groups (Primary research)	Physician and Community Leader Interviews (Primary research)
Heart Disease	<ul style="list-style-type: none"> Heart disease is the leading cause of death in Kentucky according to the Centers for Disease Control and Prevention. 	<ul style="list-style-type: none"> Heart disease is the second leading cause of death in Louisville Metro. Men die from heart disease at higher rates than women, and African Americans die at higher rates than their Caucasian counterparts. 	<ul style="list-style-type: none"> 23% of respondents identified heart disease, stroke and high blood pressure as a community health problem in Jefferson County. 	<ul style="list-style-type: none"> Chronic diseases came up during the focus group discussion as a community health issue. 	<ul style="list-style-type: none"> Chronic health conditions, such as heart disease, are expected to increase due to the combination of the aging population and the unhealthy lifestyle of many within our community.
Cancer	<ul style="list-style-type: none"> Cancer is the second leading cause of death in Kentucky according to the Centers for Disease Control and Prevention. 	<ul style="list-style-type: none"> Cancer is the leading cause of death in Louisville Metro. Breast and prostate cancers are the predominant types that affect residents. 	<ul style="list-style-type: none"> 21% of respondents identified cancer as a community health problem in Jefferson County. 	<ul style="list-style-type: none"> Cancer was discussed as a community health issue during the focus groups. 	<ul style="list-style-type: none"> Cancer rates within the community we serve were discussed frequently during the interviews. However, many of the interviewees discussed the importance of preventive care and screenings as a way to prevent, catch and treat cancer in the most successful manner.
Diabetes	<ul style="list-style-type: none"> Truven Health Analytics estimates 57,602 adults in Jefferson County have diabetes. Within the next five years, it is expected to increase 7.41%. 	<ul style="list-style-type: none"> All communities, regardless of race or income, are impacted by diabetes. However, communities where residents have lower incomes are more likely to experience risk factors that contribute to diabetes, particularly access to healthy food. 	<ul style="list-style-type: none"> 22% of respondents identified diabetes as a community health problem in Jefferson County. 	<ul style="list-style-type: none"> Diabetes as a condition was discussed as a community health issue. Diabetic test strips are not covered by some insurance, affecting the ability of people with diabetes to care for themselves. 	<ul style="list-style-type: none"> The issue of diabetes and its prevalence among the community, along with other chronic health conditions, is expected to continue to rise. This is due to lack of adherence to medical regimens, an overarching unhealthy diet and lack of physical activity in portions of the population we serve.

	Data Assessment (Secondary research)	2018 Health Equity Report (Secondary research)	Community Survey (Primary research)	Focus Groups (Primary research)	Physician and Community Leader Interviews (Primary research)
High Blood Pressure	<ul style="list-style-type: none"> According to the Centers for Disease Control and Prevention, unhealthy behaviors can increase the risk for high blood pressure, including smoking, physical inactivity, obesity and drinking too much alcohol. Currently in Jefferson County, 38% of adults have high blood pressure, according to the Healthy Louisville 2020 tracker. 	<ul style="list-style-type: none"> Healthy, fresh foods are critical to overall good health. A high-salt diet increases blood pressure and the risk of heart attack and stroke. 	<ul style="list-style-type: none"> 23% of respondents identified heart disease, stroke and high blood pressure as a community health problem in Jefferson County. 	<ul style="list-style-type: none"> High blood pressure came up as a community health issue during the focus group discussion among the non-English focus groups. 	<ul style="list-style-type: none"> Chronic health conditions, such as high blood pressure, are expected to increase due to the combination of the aging population and the unhealthy lifestyle of many within our community.
Stroke	<ul style="list-style-type: none"> 59.6 deaths are due to cerebrovascular disease and stroke per 100,000, according to the Healthy Louisville 2020 tracker. The U.S. national value is 36.9 per 100,000 and the Healthy Louisville 2020 target is 35.4. 	<ul style="list-style-type: none"> The highest rates of stroke death are in the northwest corner of Louisville. African-American men are dying at 52.19 per 100,000 and African-American women in Louisville Metro are dying at 43.67 per 100,000. The overall age adjusted stroke rate per 100,000 is 35.56 for the entire population. 	<ul style="list-style-type: none"> 23% of respondents identified heart disease, stroke and high blood pressure as a community health problem in Jefferson County. 		<ul style="list-style-type: none"> Chronic health conditions, such as stroke, are expected to increase due to the combination of the aging population and the unhealthy lifestyle of many within our community.

	Data Assessment (Secondary research)	2018 Health Equity Report (Secondary research)	Community Survey (Primary research)	Focus Groups (Primary research)	Physician and Community Leader Interviews (Primary research)
Respiratory Illness	<ul style="list-style-type: none"> Jefferson County's annual number of high ozone days was 15 days, according to the Healthy Louisville 2020 tracker. The 2020 goal is 10. Although everyone is susceptible to ozone's effects, children, people with lung disease and older adults tend to be most affected. 	<ul style="list-style-type: none"> The exact causes of asthma are not known. However, research shows that exposure to certain triggers that can be found in under-resourced housing and unhealthy neighborhood conditions, among other places, increase a child's risk of developing asthma as well as worsens symptoms for those who already have asthma. 	<ul style="list-style-type: none"> 13% of respondents identified diseases that affect the lungs as a community health problem in Jefferson County. 	<ul style="list-style-type: none"> Poor air quality was discussed as a significant health concern for the community. 	
Children's Health	<p>According to Kentucky Cabinet for Health and Family Services Division of Maternal and Child Health, accidents are the leading cause of death in children between ages 1 and 17 in Kentucky. This is significant because they have the potential to be prevented.</p>	<ul style="list-style-type: none"> Children with asthma need a safe environment and good nutrition to stay healthy. However, because continued housing segregation concentrates poverty and deprives neighborhoods of quality development, accessing the needed resources to manage childhood asthma can be extremely difficult for some residents. 	<ul style="list-style-type: none"> 12% of respondents identified child abuse/neglect as a community health problem in Jefferson County. 	<ul style="list-style-type: none"> Smoking among youth was discussed by the underemployed/undereducated populations as an urgent health issue for their community. Multiple focus groups discussed the need for safe places and programs for the communities' youth to play and grow. This included investment in schools, libraries, parks and community centers. There is a need for mental health services in the schools. The foster care age-out process came up as an issue in the LGBTQ and transient populations focus group conversation. 	<ul style="list-style-type: none"> The importance of educating our youth on what it means to live a healthy lifestyle and the importance of preventive care. Both are important to build a healthier future with fewer preventable diseases. There remains a high level of concern around the prevalence of drug, alcohol and tobacco use among youth in our community. Mental health issues are a growing concern in schools.

	Data Assessment (Secondary research)	2018 Health Equity Report (Secondary research)	Community Survey (Primary research)	Focus Groups (Primary research)	Physician and Community Leader Interviews (Primary research)
Lack of Primary Care Physicians/Hours	<ul style="list-style-type: none"> The Health Louisville 2020 goal was to increase the percent of people who have a primary care provider from 89.7% to 99% or more of the Louisville Metro population. In 2018, 79.6% of Louisville residents have a primary care provider. 	<ul style="list-style-type: none"> As a leading cause of childhood hospitalization and school absences, asthma can affect academic performance. When children have to miss school, this may also mean that their parents have to miss work to stay at home and take care of them. Frequent missed work days among parents who are paid hourly or have used all of their sick leave also can widen the opportunity/financial gap. 	<ul style="list-style-type: none"> 22% of respondents indicated that they experience not being able to take time off from work as a barrier to health care. 	<ul style="list-style-type: none"> Many of the targeted focus groups discussed the need for more free clinics and services in locations that are easier to get to. The seniors focus group discussed a need for patient doctors. 	<ul style="list-style-type: none"> Almost half of the interviewees identified a need for more primary care and preventive services. They specifically identified a shortage of providers in the western region of Jefferson County. A shortage in health care providers was identified as a community health issue. The hours of operation of physician practices was identified as a barrier to care for many in our community. Noting that physician offices often work a Monday to Friday, 8 a.m. to 5 p.m. schedule. This can make getting to the provider difficult for those working a regular shift. Many interviewees discussed having weekend and evening hours as an option for patient care to help reduce barriers for the community we serve.
Lack of Specialty Providers		<ul style="list-style-type: none"> With a lack of access to care (prenatal included), it also is difficult for marginalized youth to access proper contraception. In addition, youth may not understand how contraception can be used because health and human service providers, even those outside of clinical settings, may provide little to no discussions on sexual health. 		<ul style="list-style-type: none"> The need for a care advocate was brought up by the seniors focus group. 	<ul style="list-style-type: none"> Understanding the importance of health care and how to access needed care has been identified as an important aspect of care. More coordination of care between health systems was discussed as a method for improving the health of our community. Health care navigators were discussed frequently as a need for patients who have chronic conditions and multiple providers. This would help assist patients in getting through the health system efficiently and ensuring they understand what their individual needs are.

	Data Assessment (Secondary research)	2018 Health Equity Report (Secondary research)	Community Survey (Primary research)	Focus Groups (Primary research)	Physician and Community Leader Interviews (Primary research)
Lack of Prenatal Care Low Birth Weight	<ul style="list-style-type: none"> 10% of newborn babies are born with low birth weight in Jefferson County compared with 8.1% for the U.S. The target is 8.5% from Healthy Louisville 2020. 	<ul style="list-style-type: none"> Low weight at birth has the potential for lifelong impact on motor skills, social development and learning disabilities, as well as financial instability of the parent/guardian due to the significant associated medical costs. 		<ul style="list-style-type: none"> The underemployed/undereducated population discussed concerns regarding pregnant teens and pregnant homeless women. 	
Lack of Coordinated Care Across the Continuum		<ul style="list-style-type: none"> Using health care services is critical for everyone. Access varies across populations and may require innovative practices to reach communities, particularly where there are a high number of residents living in poverty. 		<ul style="list-style-type: none"> The need for a care advocate was brought up by the seniors focus group. 	<ul style="list-style-type: none"> Understanding the importance of health care and how to access needed care has been identified as an important aspect of care. More coordination of care between health systems was discussed as a method for improving the health of our community. Health care navigators were discussed frequently as a need for patients who have chronic conditions and multiple providers. This would help assist patients in getting through the health system efficiently and ensuring they understand what their individual needs are.
Obesity	<ul style="list-style-type: none"> According to the Healthy Louisville 2020 tracker in Louisville: 30.9% of adults are obese, 17.6% of kindergarteners are obese, and 27.6% of sixth graders are obese. 	<ul style="list-style-type: none"> Research shows that when communities have ample access to fresh fruits, vegetables and foods that aren't processed, they are more likely to maintain a healthy diet. 	<ul style="list-style-type: none"> 33% identified poor eating habits as a community behavioral issue. 	<ul style="list-style-type: none"> The underemployed/ undereducated population discussed concerns regarding obesity and that there are fast food options on every corner. 	<ul style="list-style-type: none"> The prevalence of obesity is expected to continue to rise as many people in the community continue unhealthy eating and exercise habits. Obesity continues to be a contributing or complicating factor to many chronic health conditions.

	Data Assessment (Secondary research)	2018 Health Equity Report (Secondary research)	Community Survey (Primary research)	Focus Groups (Primary research)	Physician and Community Leader Interviews (Primary research)
Smoking/ Tobacco Use	<ul style="list-style-type: none"> The percent of smokers in Kentucky (24%) is historically one of the highest in the nation, and Jefferson County's current percent of smokers is only slightly better (19%) according to the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System. 	<p>Research shows health and human services providers can have a significant impact on prevention of initial tobacco use, as well as successfully quitting.</p>	<ul style="list-style-type: none"> 30% identified tobacco use as a community behavioral issue. 	<ul style="list-style-type: none"> Smoking among youth was discussed by the underemployed/undereducated populations as an urgent health issue for their community. 	<ul style="list-style-type: none"> Many interviewees discussed the importance of reducing the rate of smoking within our community, specifically youth. There is a high amount of concern around the marketing techniques used to target youth. Promoting a healthy lifestyle, including providing programs such as smoking cessation classes, was stated as one of the most important ways we could improve the health of the community we serve.
Drug Use	<ul style="list-style-type: none"> According to the American's Health Rankings by the United Health Foundation, in the past four years drug deaths in Kentucky have increased by 47%, from 17.4 to 25.5 deaths per 100,000 people. 	<ul style="list-style-type: none"> Unlike many other health outcomes that have either declined or remained stable, the recent opioid epidemic has caused drug- and alcohol-related deaths to rise across all demographic groups. 	<ul style="list-style-type: none"> 64% of respondents identified addiction to/overdose from drugs or alcohol as a community health problem in Jefferson County. 62% identified drug abuse as a community behavioral issue." 	<ul style="list-style-type: none"> Drug use was discussed as a concern in nearly all focus groups. This included drug crimes, the need for resources, the prevalence of the issue, etc. 	<ul style="list-style-type: none"> Mental health and drug use was discussed in 76% of interviews. The existing stigma surrounding mental health and substance use often keeps people from seeking care. There is a significant amount of uncertainty surrounding how to access care options, including how to ask for help, how to access help and the continuing lack of a cohesive structure for mental health and substance use programs. The current opioid crisis, the increasing number of deaths and the unrealized magnitude of the long-term effects on the community, such as neurological effects that babies develop due to exposure and adverse childhood events.

	Data Assessment (Secondary research)	2018 Health Equity Report (Secondary research)	Community Survey (Primary research)	Focus Groups (Primary research)	Physician and Community Leader Interviews (Primary research)
Mental Health	<ul style="list-style-type: none"> Per America’s Health Rankings, Kentucky ranks 48th in “poor mental health days,” which are days when people report limiting normal activity due to mental health difficulties. According to the Centers for Disease Control and Prevention, just over 1 in 5 children in the U.S. has a seriously debilitating mental disorder. Suicide, which is often associated with mental illness, is the 10th leading cause of death in the U.S. 	<ul style="list-style-type: none"> Evidence shows that mental illness is closely connected to the chance of being diagnosed with chronic diseases, such as diabetes, asthma and cardiovascular disease. For example, studies have reported that mental disorders such as depression and anxiety are risk factors for stroke and high blood pressure. 	<ul style="list-style-type: none"> 26% of respondents identified mental health issues as a community health problem in Jefferson County. 	<ul style="list-style-type: none"> Mental health was discussed as a community health concern by multiple focus groups. The need for mental health services in schools as well as the increase in behavioral issues in schools were discussed as concerns. Seniors discussed social isolation and loneliness. There is a significant amount of uncertainty surrounding how to access care options, including how to ask for help, how to access help and the continuing lack of a cohesive structure for mental health and substance use programs. 	<ul style="list-style-type: none"> Mental health and drug use was discussed in 76% of interviews. The existing stigma surrounding mental health and substance use often keeps people from seeking care. There is a significant amount of uncertainty surrounding how to access care options, including how to ask for help, how to access help and the continuing lack of a cohesive structure for mental health and substance use programs.
Physical Inactivity	<ul style="list-style-type: none"> Since 2012, the percentage of adults who are physically inactive in Jefferson County has not improved. Although Jefferson County’s rate is favorable to the state of Kentucky, it compares negatively with national rates and ranks 46 out of 50 among all states, according to America’s Health Rankings. 	<ul style="list-style-type: none"> The ability to be physically active can be complicated, as access to recreational spaces are more often found in areas where a higher percentage of residents have a college education and make higher wages. Spaces for physical activity are important for everyone, but residents with limited income often have fewer choices for leisure, particularly outdoor physical activity. 	<ul style="list-style-type: none"> 29% identified lack of exercise as a community behavioral issue. 	<ul style="list-style-type: none"> The need to improve sidewalks for safe walking was discussed as a way to make the community better. 	<ul style="list-style-type: none"> Many interviewees identified living an inactive lifestyle as a contributing factor to chronic health conditions such as obesity, cardiovascular disease, diabetes and hypertension.

	Data Assessment (Secondary research)	2018 Health Equity Report (Secondary research)	Community Survey (Primary research)	Focus Groups (Primary research)	Physician and Community Leader Interviews (Primary research)
Adverse Childhood Events (ACEs)	<ul style="list-style-type: none"> • Kentucky ranks first in child abuse rates in the U.S. The U.S. Department of Health and Human Services' Children's Bureau child abuse report released in 2018 shows Kentucky reported 20,000 victims of abuse, increasing 6% to represent about 20 out of every 1,000 children. • The findings of abuse and neglect in Kentucky have increased 14% from 2016 to 2018. The state of Kentucky had a total of 9,786 children in out-of-home care placements, according to the Kentucky Cabinet for Health and Family Services. 	<ul style="list-style-type: none"> • Evidence suggests that adverse childhood events (ACEs), which include abuse, neglect and household dysfunction, are tied to health problems in adulthood, including heart disease. In particular, ACEs contribute to the development of heart disease risk factors, including obesity, high blood pressure and cholesterol in infants and children. 	<ul style="list-style-type: none"> • 12% of respondents identified child abuse/neglect as a community health problem in Jefferson County. 	<ul style="list-style-type: none"> • ACEs were not discussed directly in the focus groups, however many of the issues leading to these events were, including homelessness, financial difficulty, drug use, chronic conditions and even death. 	<ul style="list-style-type: none"> • ACEs were discussed as a long-term effect of the current drug use crisis. • Several interviewees discussed the importance of preventing ACEs before they happen. However, it also was noted that there is a lack of preventive approaches available to address the issues of physical, emotional or sexual abuse. Possible solutions discussed included having programming for families to provide support and to have parental training resources available.
Uninsured/ Limited Insured	<ul style="list-style-type: none"> • The 2016 uninsured rate for Jefferson County reported at www.enrollamerica.org is estimated to be 5%, which indicates the uninsured population has further decreased by over 37,000 persons in Jefferson County — primarily the result of the Affordable Care Act. 	<ul style="list-style-type: none"> • A study by the American Cancer Society showed that people who are uninsured or underinsured are more likely to be diagnosed with cancer at its more advanced stages. By then, cancer treatment is more expensive and patients are more likely to die from the disease. 	<ul style="list-style-type: none"> • 11% indicated that they do not have health insurance and that this is a barrier to health care. • 7% indicated that finding a provider who takes their insurance is a barrier to health care." 	<ul style="list-style-type: none"> • Health care insurance was a recurrent issue for most of the focus groups. This included the cost of insurance, confusion regarding coverage, policies that are risking health coverage for lower income and homeless populations, and difficulty in finding providers that take their insurance. 	<ul style="list-style-type: none"> • There are concerns over the number of people within our community who are already uninsured and the potential for that to increase with the potential new Medicaid work requirements waiver. Family Health Centers estimates that about 10,000 of their patient should be impacted. • There is a growing need for mental health providers willing to take all insurance to ensure adequate access to the community members. • The affordability of health insurance is a significant barrier to care, including the ability to maintain health care coverage and the prevalence of high-deductible plans. "

	Data Assessment (Secondary research)	2018 Health Equity Report (Secondary research)	Community Survey (Primary research)	Focus Groups (Primary research)	Physician and Community Leader Interviews (Primary research)
Poor Nutrition	<ul style="list-style-type: none"> The County Health Rankings for Jefferson County shows 4% of residents have limited access to healthy foods, and 16% are experiencing food insecurity. 	<ul style="list-style-type: none"> Because obesity has been linked to diet, food additives (such as high fructose corn syrup) and food environment (such as number of grocery stores), it is critical that communities have physical access to full-service grocers in their neighborhood, as well as the income to afford to purchase foods necessary for a healthy diet. 	<ul style="list-style-type: none"> 23% indicated that they sometimes or often experienced food insecurity in the prior 12 months. 	<ul style="list-style-type: none"> The underemployed/undereducated group brought up the need for food resources. 	<ul style="list-style-type: none"> Accessibility to affordable nutritious foods remains a significant issue to the overarching health of the communities we serve. Education pertaining to healthy food and healthy eating habits is needed. The increase in food insecurity and the existence of food deserts makes it more difficult for people to eat a healthy and nutritious diet.
Aging Population	<ul style="list-style-type: none"> According to the Centers for Disease Control and Prevention, deaths from unintentional injuries in the U.S. are the seventh leading cause of death among older adults, and falls account for the largest percentage of those deaths. 	<ul style="list-style-type: none"> Socioeconomic status impacts health at every stage of life, and in 2014, 10% of adults age 65 and older were living in poverty. 		<p>The senior focus group was concerned with:</p> <ul style="list-style-type: none"> Loneliness Improvements to Social Security Having more activities Need for better public transportation Feeling useful Caregiver resources A desire for more education to prevent injury 	<ul style="list-style-type: none"> The growing needs of the aging population is expected to place a strain on the health care system. Social isolation and loneliness is one of the top mental health concerns for the 65+ age group. There is a limited supply of providers that specialize in caring for geriatric patients.
Lack of Health Literacy		<ul style="list-style-type: none"> Support patient navigator programs to ensure that everyone is able to understand how to move through the health system and receive preventive services. 	<ul style="list-style-type: none"> 4% indicated that not knowing where to go for help is a barrier to health care. 	<ul style="list-style-type: none"> Many of the focus groups had concerns regarding understanding where to go for care and what resources were available to them. Several groups brought up the need for more general knowledge about the health care system and living healthy lives. 	<ul style="list-style-type: none"> There is an existing gap in health literacy regarding both the navigation of the health system and specific health care needs. Some of those gaps are: <ul style="list-style-type: none"> When to go to the ER vs. other care option Stroke education How to eat a healthy diet Health system navigation How to live a healthy life Knowing the questions to ask Not knowing how to ask for help Not knowing where to go for help

	Data Assessment (Secondary research)	2018 Health Equity Report (Secondary research)	Community Survey (Primary research)	Focus Groups (Primary research)	Physician and Community Leader Interviews (Primary research)
Poverty Level	<ul style="list-style-type: none"> According to Healthy Louisville 2020, 13.8% of adults live in poverty. According to County Health Rankings, 21% of children in Jefferson County are living in poverty. 	<ul style="list-style-type: none"> Residents who live in poverty and are unable to meet their basic needs are more likely to navigate chronic stress, inequitable access to food and live in poor-quality housing. This significantly increases the likelihood of being diagnosed with heart disease. Additionally, those living in poverty face many barriers to medical treatment. 	<ul style="list-style-type: none"> 24% indicated that they sometimes or often put off getting health care because they could not afford it during the prior 12 months. 18% indicated that they make less than \$15,000 per year." 	<ul style="list-style-type: none"> Almost all focus groups brought up concern about the cost of health care, including insurance cost, co-pays and medicine costs. 	<ul style="list-style-type: none"> Impoverished population groups were identified as having unmet health needs. The expense of health care, transportation to facilities and insurance costs as barriers are heightened in high-poverty level areas. There is a 13-year difference in life span based on the region you live in Louisville. The more impoverished regions have lower life expectancy. "
Excessive Alcohol Use	<ul style="list-style-type: none"> The rate of adults who drink excessively or binge drink is currently 15.8% for Jefferson County, according to County Health Rankings. 	<ul style="list-style-type: none"> People begin using alcohol and/or drugs for many reasons. Untreated mental health issues and untreated trauma are some of the most common reasons. 	<ul style="list-style-type: none"> 64% of respondents identified addiction to/overdose from drugs or alcohol as a community health problem in Jefferson County. 32% indicated that alcohol abuse was a community behavioral issue." 	<ul style="list-style-type: none"> Concerns about the prevalence of alcoholism came up in multiple focus groups, along with concern about alcohol use among youth. 	<ul style="list-style-type: none"> Excessive alcohol use came up frequently in the interview process in conjunction with drug use. However, greater emphasis was on alcohol use in the interviews with people in counties surrounding Jefferson County.
Poor or Lack of Dental Care	<ul style="list-style-type: none"> 49% of children with Medicaid receive dental services, despite 100% of them having coverage. 	<ul style="list-style-type: none"> The number of children with cavities has increased. This could mean that either cavities are on the rise or that increases in screening numbers have led to an increase in cavity identification. 		<ul style="list-style-type: none"> The issue of dental coverage and difficulty of getting a timely appointment was brought up. 	<ul style="list-style-type: none"> With adjustments within the Medicaid rules regarding dental and vision care coverage, the need for dental and vision care is expected to rise.

	Data Assessment (Secondary research)	2018 Health Equity Report (Secondary research)	Community Survey (Primary research)	Focus Groups (Primary research)	Physician and Community Leader Interviews (Primary research)
Teen Births	<ul style="list-style-type: none"> Community Health Status Indicators (CHSI) Project of the U.S. Department of Health and Human Services shows Jefferson County performing below peer counties when it comes to the number of births per 1,000 females ages 15 to 19. 	<ul style="list-style-type: none"> Approximately 45% of all pregnancies in the United States are unintended— meaning they are unwanted or mistimed; for teenagers, the number is closer to 77%. Women who experience unintended pregnancies are less likely to get prenatal care, which is important for the health of both infant and parent." 	<ul style="list-style-type: none"> 4% of respondents identified unintended pregnancies as a community health problem in Jefferson County. 	<ul style="list-style-type: none"> The underemployed/undereducated population discussed concerns regarding pregnant teens and pregnant homeless women. The focus group of African-American men ages 18 to 24 discussed the need for sex education as a major health issue for their population." 	<ul style="list-style-type: none"> The need for education of youth regarding sex and pregnancy was discussed as an emerging trend.
Sexually Transmitted Infections (STIs)	<ul style="list-style-type: none"> In Jefferson County, there were 676 newly diagnosed chlamydia cases per 100,000 people. The U.S. overall average according to County Health Rankings is 478.8 newly diagnosed chlamydia cases per 100,000 people. 	<ul style="list-style-type: none"> More than half of the 20 million new cases of STIs reported yearly in the United States occur among youth. Young people face significant challenges to treatment, including stigma and lack of accurate information. 	<ul style="list-style-type: none"> 7% of respondents identified STIs as a community health problem in Jefferson County. 	<ul style="list-style-type: none"> The focus group of African-American men ages 18 to 24 discussed the need for sex education as a major health issue for their population. 	<ul style="list-style-type: none"> The need for education of youth regarding sex and pregnancy was discussed as an emerging trend.
Crime and Safety	<ul style="list-style-type: none"> Jefferson County Public Schools that have experienced a serious violent incident has increased to 49.7% for the 2016-2017 school year, according to the Healthy Louisville 2020 tracker. Two years ago, it was 40.7%, so it has increased. 	<ul style="list-style-type: none"> Many studies have shown that high homicide or violent crime rates have a negative impact on the neighborhoods where they occur, causing psychological trauma such as post-traumatic stress disorder, grief, a sense of loss and reduced perception of safety. 		<ul style="list-style-type: none"> Focus group participants were concerned about crime rates in the community. There were specific concerns about drug- related crimes." 	<ul style="list-style-type: none"> A representative from Hosparus discussed how some elderly patients are concerned for personal safety when they go to the drug store and are carrying their medications home. The ability to have access to safe space to walk or play outside can influence one's ability to live a healthy life.

	Data Assessment (Secondary research)	2018 Health Equity Report (Secondary research)	Community Survey (Primary research)	Focus Groups (Primary research)	Physician and Community Leader Interviews (Primary research)
Food Insecurity	<ul style="list-style-type: none"> A report from the Community Foundation of Louisville and the Lift a Life Foundation shows that more than 120,000 people in the Louisville area grapple with food insecurity, meaning they have limited or uncertain access to adequate food. 	<ul style="list-style-type: none"> Residents living in West and South Louisville uniquely navigate food insecurity by having both limited access to full-service grocery stores and few options for transportation to travel to stores outside of their neighborhoods. 	<ul style="list-style-type: none"> 23% indicated that they sometimes or often experienced food insecurity in the prior 12 months. 	<ul style="list-style-type: none"> The LGBTQ and transient focus group participants expressed concern about the closure of the Kroger on Second and Broadway as a lost resource for their community. The underemployed/undereducated group brought up the need for food resources. 	<ul style="list-style-type: none"> Accessibility to affordable nutritious foods remains a significant issue to the overarching health of the communities we serve. The increase in food insecurity and the existence of food deserts makes it more difficult for people to eat a healthy and nutritious diet. "
Language Barriers	<ul style="list-style-type: none"> According to the Centers for Disease Control and Prevention, 8.9% of Jefferson County residents speak a language other than English at home. 	<ul style="list-style-type: none"> 136 languages are spoken in Louisville Metro, according to 2017 Jefferson County Public Schools. 		<ul style="list-style-type: none"> Most of the non-English speaking focus groups stated that language is a significant barrier. There is a need for more interpreter services." 	<ul style="list-style-type: none"> One of the fastest growing segments of the Jefferson County community is people born in other countries. This population group has a high need for interpreter services. When there is a language barrier, seeking health services can be daunting and overwhelming. Language diversity can be difficult to manage in health care even with the use of interpreters.
Single Parent Households	<ul style="list-style-type: none"> Jefferson County has 42% of children living in single parent households, according to County Health Rankings. 35% of children in Kentucky live in single parent households. Compared with peer counties, Jefferson County is in the bottom quartile. 		<ul style="list-style-type: none"> In the survey results, there were 1,379 participants that indicated they had children under age 18. Of that group, 503 indicated they are not married or not living with their partner. While this is not conclusive, it does show the potential prevalence of single parent households. 		<ul style="list-style-type: none"> The cultural environment people live in contributes to their individual health habits. A breakup of a family can interrupt the family support system and contribute to the health needs of our community, leading to higher poverty levels and more barriers to care.

	Data Assessment (Secondary research)	2018 Health Equity Report (Secondary research)	Community Survey (Primary research)	Focus Groups (Primary research)	Physician and Community Leader Interviews (Primary research)
Adequate Public Transportation	<ul style="list-style-type: none"> According to a 2017 on-board passenger survey done by TARC, 10% of TARC trips are to medical appointments. 	<ul style="list-style-type: none"> Transportation infrastructure often looks different in low-income communities due to differences in investment. Without intentional focus and investment on making safer roadways, problems will persist. 		<ul style="list-style-type: none"> The need for more public transportation options was discussed in multiple focus groups as a significant barrier to care for the community. 	<ul style="list-style-type: none"> Barriers involving transportation primarily deal with an individual's access to transportation and its cost. These barriers include lack of efficient public transportation. In the absence of an affordable public transportation option, people may need to rely on neighbors, friends or family for transportation to/from appointments. This can lead to the inability to commit to an appointment or the inability to keep the appointment due to uncertain travel arrangements.
Home Safety Concerns (e.g., mold)	<ul style="list-style-type: none"> According to the Louisville Housing Needs Assessment by Louisville Metro Government, a large proportion of households in and around West Louisville are cost burdened or pay more than 30% of their income in housing expenses each month. Partly as a result of this cost burden, nearly 1/10 of all renter households in West Louisville market areas experienced an eviction in 2016. 	<ul style="list-style-type: none"> Housing quality is one of the most important factors affecting a child's asthma. Older, overcrowded and/or poorly maintained housing units can expose children to many different indoor asthma triggers. 	<ul style="list-style-type: none"> 14% indicated they do not have or are worried about losing housing. 19% indicated they have housing safety concerns such as mold, lead or inadequate heat." 	<ul style="list-style-type: none"> The issue of housing needs was a common theme among many of the focus groups, including issues pertaining to cost, housing assistance policies, need for laws that are more friendly to those with disabilities and homelessness. 	<ul style="list-style-type: none"> Homelessness and home insecurity affects the health and well-being of all family members. Louisville has a growing homeless community living in shelters, on the streets, in vehicles or alternating homes based on the availability of a bed. People experiencing homelessness were identified as a population with a high amount of unmet health needs in our community.

Appendix G

Counties Surrounding Jefferson County

Description

While located in Jefferson County, Norton Healthcare provides care for a patient population that expands outside of the Jefferson County limits. The service area map on page 13 of this report shows that the primary service area for Norton includes the following counties surrounding Jefferson County, Kentucky:

Kentucky:

Bullitt, Hardin, Henry, Meade, Nelson, Oldham, Shelby, Spencer and Trimble

Indiana:

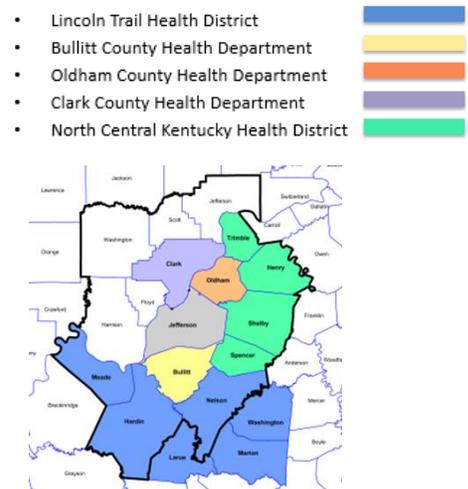
Clark, Floyd, Harrison, Jefferson, Scott and Washington

For the purpose of this section, the focus will be on survey and interview findings for the counties within the primary service area listed above.

Community leader interviews

During the interview process, Norton representatives interviewed many health department representatives in the areas surrounding Jefferson County. Below is a listing of all the surrounding health departments that participated in the interview process as well as a map that shows the areas covered by the interviewees.

Health department	Counties
Lincoln Trail District Health Department	Meade, Hardin, LaRue, Nelson, Marion and Washington counties
Bullitt County Health Department	Bullitt County
Oldham County Health Department	Oldham County
Clark County Health Department	Clark County
North Central Kentucky Health District	Henry, Shelby, Spencer and Trimble counties
<i>Attempts were made to reach the Floyd County Health Department, but no response was received.</i>	



Overall, a few key themes were identified, including opportunities to improve access to care; promotion of increased need for prevention and wellness services; resource needs in the areas of mental health and substance abuse; and improving the affordability of health care services. There was a higher focus on the social determinants of health specific to transportation needs and affordability of services.

There also is a clear need to provide education to improve health literacy and to increase awareness of service availability, the value of preventive services and a healthy lifestyle. Culturally, increasing engagement with community organizations, health departments and faith partners is integral to improving the health of the communities surrounding Jefferson County.

The top concerns discussed during the interviews are listed in the table below.

Health department	County represented	Top concerns from interviewees
Bullitt County	Bullitt, KY	<u>Access to care</u> (specialties are in high need) <u>Prevention services</u> Health education Chronic diseases <u>Substance use</u>
Oldham County	Oldham, KY	Lack of mental health services <u>Substance use</u> Obesity <u>Social determinants of health</u> School readiness for kindergarten
North Central Kentucky Health District	Trimble, KY	<u>Access to health care</u> (hospitals and primary care)
	Henry, KY	Health literacy (available resources and how to access and use them)
	Shelby, KY	<u>Substance use</u>
	Spencer, KY	Aging population
Lincoln Trail Health District	Meade, KY	<u>Access to care</u>
	Hardin, KY	<u>Preventive health services</u>
	Nelson, KY	<u>Social determinants of health</u>
	Washington, KY	<u>Substance use</u> and mental health
	Marion, KY	Health education
Larue, KY		
Clark County Health Department	Clark, IN	<u>Substance use</u> – Lack of substance abuse treatment facilities Poverty/homelessness

Community input: areas surrounding Jefferson County survey results

For areas outside of Jefferson County, the survey was conducted using the same tool created by the Louisville Metro Health Department for Public Health and Wellness. The distribution time and process were completed concurrently. The results presented in this section are limited to the patients served by or staff working for Norton who reside outside of Jefferson County. The results reported are unweighted results.

There were a total of 851 respondents outside of the Jefferson county ZIP codes. Ninety-six percent (96%) of those responses were from counties within the primary service area counties. Norton employees accounted for 61.2% of respondents, and 38.8% represented Norton patients. The majority of respondents from outside of Jefferson County were female with an average age of 46. The percent that reported attaining some postsecondary educational training was 73.8%. A brief summary of the demographic characteristics of this sample are listed below.

Gender	% responses
Female	75.3%
Male	14.6%
No response	10.1%

Race	% responses
White	79.8%
Black or African American	4.0%
Hispanic	1.1%
Other	4.7%
No response	10.5%

Race	% responses
Born in the US	88.8%
Foreign Born	2.2%
No response	8.9%

Age	% responses
<18	0.6%
18-24	4.6%
25-34	14.8%
35-44	18.6%
45-54	21.0%
55-64	19.6%
65-74	5.9%
75+	0.6%
no response	14.3%

Race	% responses
No HS	1.4%
HS Diploma	16.2%
Some College	39.1%
BA/BS	23.5%
Graduate	11.2%
No response	8.6%

Language	% responses
English	99.4%
Spanish	0.6%

Norton staff and patients residing outside of Jefferson County 2017-2018

Community Survey

Community health problems: A high number of respondents (63.1%) indicated that addiction to/overdose from drugs or alcohol is a current issue for the region. Other top community health problems included obesity (44.2%), heart disease (27.4%), cancer (22.1%) and mental health problems (21.4%).

Unhealthy behaviors: Similar to the Jefferson County community health needs survey, the most frequent behavioral issue was drug abuse, indicated by 63.3% of respondents. This was followed by distracted driving (42.8%), poor eating habits (40.9%), lack of exercise (33.0%) and tobacco use (32.7%).

Barriers to health care: About 50% of respondents indicated they did not have any barriers to health care. It is important to note that all surveys received within this specific sample were from individuals who work for or are receiving health care from Norton. In reviewing the other barriers listed, the most frequent financial barriers are can't take time off work (26.3%), past due bill with a health care provider (15.2%), can't afford prescription medicine (14.6%) and can't afford the health care visit (14.6%). The most frequent nonfinancial barriers are not being able to get an appointment with my provider in a timely manner (24.4%), waiting too long in the provider's waiting room (12.3%) and finding a provider who will accept my insurance (6.9%).

Community needs to be healthy: When asked what the community needs to be healthy, the most common responses were access to affordable fresh foods and access to health care (both at 37.8%). Additional responses included access to good jobs (30%), good schools/good place to raise children (29.8%) and a clean environment (28.1%).

Additional survey results

- 15.6% of survey respondents sometimes or often experienced food disparities in the past 12 months.
- 19% indicated they sometimes or often put off health care because they cannot afford it.

- 5.9% reported not having permanent housing or being worried about losing housing in the future.

Secondary research

Demographics: Our primary service area is made up of 16 counties that vary dramatically in size. The chart below lists population, median income and percent of population in these counties.

Supporting Statistics	Kentucky										
	Jefferson	Bullitt	Hardin	Henry	Meade	Nelson	Oldham	Shelby	Spencer	Trimble	Kentucky
Household Income (Median)	\$52,008	\$63,570	\$52,040	\$51,774	\$51,893	\$56,239	\$92,454	\$61,700	\$71,156	\$51,827	\$46,610
Population	765,352	79,151	107,316	15,818	28,126	45,559	65,560	46,408	18,274	8,620	4,436,974
% < 18	22.4	22.5	24.7	23.6	23.2	24.3	25.5	23.9	23.5	22.5	22.8
% 65 and over	15.2	14.6	13.4	16.9	13.5	14.5	12.5	14.4	13.1	16.5	15.6

Supporting Statistics	Indiana						
	Clark	Floyd	Harrison	Jefferson	Scott	Washington	Indiana
Household Income (Median)	\$51,837	\$58,703	\$57,573	\$51,534	\$47,738	\$48,939	\$52,289
Population	116,031	76,990	39,826	32,418	23,730	27,670	6,633,053
% < 18	22.9	22.8	22.8	21.0	22.4	22.9	23.8
% 65 and over	15.0	15.5	16.9	17.0	16.6	16.3	14.9

Source: County Health Rankings & Roadmaps

Robert Wood Johnson Foundation 2018 county rankings for Kentucky and Indiana

Based on Truven 22.6% of our PSA population is under 18 years and 15.8% of the population are 65 years of age or greater.

Outliers are identified above highlighted in orange.

Leading causes of death: Due to the variances in population size of each county, leading causes of death were pulled based on the most recent five years of data available to ensure that there was a significant amount of data for all counties. For each of the primary service area counties, the top three leading causes of death were consistent but varied in order for each county. Those causes were cancer, heart disease, and pulmonary diseases and pneumonia.

County ranking measurements: County health rankings through the Robert Wood Johnson Foundation program provide consistent and comparable statistics for each state and county as a snapshot of the community's health. The data provided includes measurements used to rank each county to compare within the state and the supplemental health statistics. Our primary service area includes counties in both Kentucky and Indiana; therefore the raw scores were used to analyze the communities served. These raw statistics were used to identify specific areas that have significant differences between Jefferson County and other counties within the primary service area. Those areas are outlined below:

- Health care provider ratios comparing the county population with the number of primary care providers show Jefferson County having a significantly lower population-to-provider ratio. The ratios for dentists and mental health providers are very similar and are listed in the table below.

Population to Provider Ratios				
		Primary-care physicians	Dentists	Mental Health providers
Kentucky	Jefferson	1043:1	980:1	361:1
	Bullitt	6054:1	3044:1	1199:1
	Hardin	1663:1	1106:1	297:1
	Henry	2231:1	3955:1	2636:1
	Meade	4654:1	4018:1	1005:1
	Nelson	1962:1	1687:1	735:1
	Oldham	1442:1	2732:1	1130:1
	Shelby	2402:1	2443:1	928:1
	Spencer	1988:1	4569:1	3046:1
	Trimble	4385:1	8620:1	4310:1
Indiana	Clark	2307:1	2830:1	483:1
	Floyd	1706:1	1604:1	810:1
	Harrison	1885:1	2213:1	4425:1
	Jefferson	1801:1	1621:1	1046:1
	Scott	2374:1	3955:1	2966:1
	Washington	3092:1	4612:1	3459:1

Top performing counties from county health rankings snapshot:	PCP	Dentists	MH
	1030:1	1280:1	520:1

Counties in our service area that met or exceeded the top performer ratio are highlighted in orange

Source: County Health Rankings

- The counties surrounding Jefferson County have a significantly lower rate of sexually transmitted infections. Jefferson (676.4) and Hardin (520) counties were the only two that have a ratio higher than the overall U.S. score of 478.8 per 100,000.
- Jefferson County has the lowest high school graduation rate in our service area at 79%. All other counties were above the U.S. overall rate of 83%.
- The income inequality ratio compares the population at the 80th percentile with those at the 20th percentile of household income within the county. A higher ratio indicates a larger division between the top and bottom in the household income spectrum. All counties in the primary service area have a lower ratio than the overall U.S. ratio of 5.0. Jefferson County has a ratio of 4.88, the highest of all the counties in the service area.

To see a full list of measures by county, see *Appendix A*.

Conclusions: areas surrounding Jefferson County

The key findings for the areas surrounding Jefferson County remain consistent with the primary results of Jefferson County. The overarching areas of concern include improving access to care, increasing use of preventive and wellness services, management of chronic conditions, increased resources for mental health and substance use, affordability of health care services, as well as increasing health literacy. There was one significant variance for these areas: the amount of emphasis placed on transportation as a barrier to care. This is supported statistically by the higher ratios of population-to-primary care providers with Bullitt, Meade and Trimble counties, with ratios greater than four times that of Jefferson County.

Appendix H

CHNA Prioritization

The Norton Healthcare board of trustees and members of the senior leadership team were asked to prioritize issues identified through the Community Health Needs Assessment considering the level of need based on community perception and alignment with Norton Healthcare’s mission, vision, values and strategic priorities. Additionally, participants were requested to rank identified issues based on order of importance within each of the following categories: chronic conditions, behavioral conditions, socioeconomic conditions and community demographics.

Using a modified Hanlon Method, the top 33 identified health needs from the primary and secondary research were ranked based on the 13 factors in the table below.

Community Perception	Alignment
<p>Does this issue affect a large population base?</p> <p>Would addressing this issue have a material impact on the community?</p> <p>Does this significantly impact our community's vulnerable populations? (1)</p> <p>Do you believe that this issue is a root cause of other problems/health conditions?</p> <p>Do you believe there are other community resources that can or do address this issue currently?</p> <p>Do you believe this need is a critical element to reduce the cost of healthcare in our community?</p> <p>Do you believe that the Community prioritizes this issue over other issues?</p>	<p>Does this issue align with Norton Healthcare's mission, vision and values?</p> <p>Does this issue align with Norton Healthcare's strategic priorities?</p> <p>Is this in alignment with State and/or Local Health Department Initiatives?</p> <p>Does Norton Healthcare have existing programs/ resources that respond to the identified need?</p> <p>Do you believe not acting on this will have a negative impact to Norton Healthcare?</p> <p>Do you believe Norton Healthcare has the operational capacity to address the issue in the next three years?</p>

Twenty members of Norton’s management team rated each factor with a score of 0 to 5. The final ranking of health needs (based on aggregate scores) is reported on the following pages.

Community Perception and Alignment			
Row Labels	Sum of SUM CP&A	Row Labels	Sum of SUM CP&A
Chronic Conditions	6659	Heart Disease	1216
Heart Disease	1216	Cancer	1160
Cancer	1160	Children's Health (safety, nutrition)	1148
Diabetes	1129	Obesity	1140
High Blood Pressure	1099	Diabetes	1129
Stroke	1065	Lack of Primary Care Physicians / Hours	1126
Respiratory Illnesses	990	Access to Care	1104
Behavioral Conditions	8012	High Blood Pressure	1099
Obesity	1140	Uninsured / Limited Insurance	1084
Smoking/ Tobacco Use	1076	Smoking/ Tobacco Use	1076
Mental Health	1000	Aging Population	1074
Drug Use	998	Stroke	1065
Poor Nutrition	990	Lack of Health Literacy	1049
Physical Inactivity	974	Coordinated Care across the Continuum	1014
Adverse Childhood Experiences	919	Lack of Specialty care providers	1012
Excessive Alcohol Use	915	Mental Health	1000
Socioeconomic Conditions	11712	Drug Use	998
Lack of Primary Care Physicians / Hours	1126	Respiratory Illnesses	990
Access to Care	1104	Poor Nutrition	990
Uninsured / Limited Insurance	1084	Physical Inactivity	974
Coordinated Care across the Continuum	1014	Lack of Prenatal Care - Low Birth Weight	945
Lack of Specialty care providers	1012	Poverty Levels	922
Lack of Prenatal Care - Low Birth Weight	945	Adverse Childhood Experiences	919
Poverty Levels	922	Excessive Alcohol Use	915
Teen Births	853	Teen Births	853
Sexually Transmitted Infections	831	Language barriers	846
Crime and Safety	797	Sexually Transmitted Infections	831
Poor or Lack of Dental Care	720	Single Parent Households	822
Home safety concerns (housing, mold etc)	717	Crime and Safety	797
Food Insecurity	587	Adequate public transportation options	769
Community Demographics	5708	Poor or Lack of Dental Care	720
Children's Health (safety, nutrition)	1148	Home safety concerns (housing, mold etc)	717
Aging Population	1074	Food Insecurity	587
Lack of Health Literacy	1049	Grand Total	32091
Language barriers	846		
Single Parent Households	822		
Adequate public transportation options	769		
Grand Total	32091		

After board members and leadership results were combined, the top results for the level of need regarding behavioral and socioeconomic conditions are listed below.

The underlined issues were identified as the top 10 based on total level of need.

Community perception	Alignment	Combined results
<u>Drug use</u> <u>Obesity</u> <u>Smoking/tobacco use</u> <u>Mental health</u> <u>Poor nutrition</u> Excessive alcohol use Physical inactivity Adverse childhood experiences Poverty levels Crime and safety	<u>Lack of primary care physicians/hours</u> <u>Access to care</u> <u>Lack of specialty care providers</u> <u>Coordinated care across the continuum</u> <u>Obesity</u> <u>Uninsured/limited insurance</u> <u>Smoking/tobacco use</u> Lack of health literacy Lack of prenatal care/low birth weight <u>Drug use</u>	Obesity Smoking/tobacco use Access to care Lack of primary care physicians/hours Drug use Mental health Uninsured/limited insurance Poor nutrition Coordinated care across the continuum Lack of specialty care providers

Below you will find all identified issues in order of importance within each category

Results are shown with the highest level of importance listed first.

Chronic conditions	Behavioral conditions
1. Heart disease 2. Cancer 3. Diabetes 4. Stroke 5. High blood pressure 6. Respiratory illnesses	1. Drug use 2. Obesity 3. Smoking/tobacco use 4. Mental health 5. Excessive alcohol use 6. Poor nutrition 7. Adverse childhood experiences 8. Physical inactivity
Socioeconomic conditions	Community demographics
1. Uninsured/limited insurance 2. Access to care 3. Lack of primary care physicians/hours 4. Poverty levels 5. Crime and safety 6. Food insecurity 7. Lack of specialty care providers 8. Lack of prenatal care/low birth weight 9. Coordinated care across the continuum 10. Sexually transmitted infections 11. Teen births 12. Poor or lack of dental care 13. Home safety concerns (housing, mold, etc.)	1. Children's health (safety, nutrition) 2. Aging population 3. Lack of health literacy 4. Adequate public transportation options 5. Language barriers

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NORTON HEALTHCARE

Norton Audubon Hospital
Norton Brownsboro Hospital
Norton Children's Hospital
Norton Hospital
Norton Women's & Children's Hospital

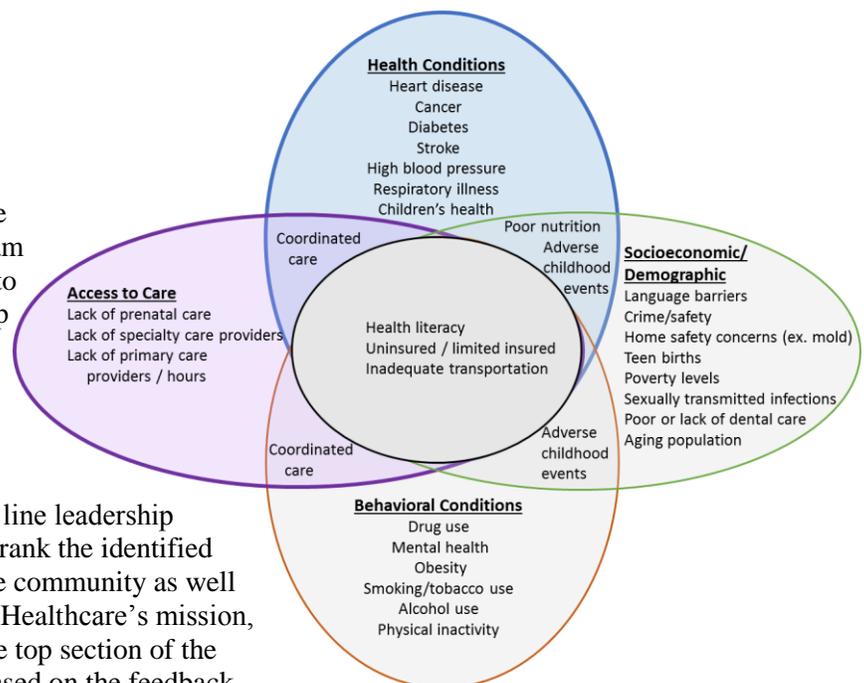
*Community Health Needs Assessment
Implementation Strategy
2019*

Norton Healthcare 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** in partnership with the Louisville Metro Department of Public Health and Wellness (LMDPHW)
- Targeted **focus groups** to gain the perspective of those that were unrepresented in the community survey
- Provider and community leader **interviews**
- Secondary market **research**

FINDINGS

A total of 32 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, the uninsured and transportation intersect all four categories of need.



PRIORITIZATION

Norton Healthcare’s hospital and service line leadership participated in a prioritization process to rank the identified issues based on both the perception of the community as well as how well the issues align with Norton Healthcare’s mission, vision, values and strategic priorities. The top section of the table below identifies the top 20 needs based on the feedback from our hospital and service line leadership.

	Health Conditions	Access to Care	Behavioral Conditions	Socioeconomic / Demographic
Top 20 issues	Heart disease Cancer Diabetes High blood pressure Stroke Respiratory illness Children’s health	Lack of primary care physicians / hours Lack of coordinated care across the continuum Lack of specialty providers Lack of prenatal care – low birth weight	Obesity Smoking/tobacco use Drug use Mental health Physical inactivity	Uninsured / limited insured Poor nutrition Aging population Lack of health literacy
			Adverse childhood events	Poverty levels Excessive alcohol use Poor or lack of dental care Teen births Sexually transmitted infections Crime and safety Food insecurity Language barriers Single parent households Inadequate transportation Home safety concerns (ex. mold)

Norton Healthcare 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 Healthcare’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 six areas of focus for implementation. These strategic areas are **drug use, obesity, smoking/tobacco use, mental health, poor nutrition and care coordination**. Implementation strategies have been developed and are outlined in the following pages. These are not intended to be all-inclusive or a comprehensive catalog of all activities by the Norton healthcare system, 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.

Drug use

Initiative	Description	Measure
Drug prevention education	Provide drug prevention education at five JCPS middle/high schools annually. Students will collaborate to create a drug prevention/awareness campaign and related materials, such as flyers, posters, videos and social media posts, to provide peer-to-peer education in JCPS schools.	# students reached
Opioid stewardship program	Reduce number of opioid prescriptions as well as number of opioids per prescription in the inpatient and ambulatory health care settings. The program will provide both provider and patient education around alternatives to manage pain. Patient education will include opioid risk education and proper supplies to dispose of unused opioids.	<u>Inpatient setting</u> # opioids ordered/administered/ prescribed at discharge <u>Ambulatory setting</u> % opioid prescriptions of total prescription Total # capsules/tablets prescribed
Norton Maternal Opioid and Substance Treatment (MOST) Program	Expand this existing addiction recovery program through use of nurse practitioners/navigators. The goal of the program is to help pregnant women overcome their addiction to opioids and deliver healthy babies.	# patients using the program % patient compliance with program % babies delivered at full term % babies requiring neonatal abstinence syndrome intervention

Obesity

Initiative	Description	Measure
Obesity education programs	Continue offering pediatric programs to educate patients and families about nutrition and exercise. Programs include educational classes, Fruit & Boot Camp wellness programs in the community and healthy living workshops for teens between ages 13 and 18.	# participants in wellness programs
Community health screenings/education through health fairs and cardiovascular health events	Continue providing health screenings and education at community events throughout the year. Use the Mobile Prevention Center to expand access to preventive screenings in underserved areas of the community.	# people reached and screenings performed

Smoking/tobacco use

Initiative	Description	Measure
Tobacco cessation education	Expand tobacco cessation education program to five JCPS middle/high schools annually. Students collaborate to create a smoking cessation/awareness campaign and related materials, such as flyers, posters, videos and social media posts, to provide peer-to-peer education in JCPS schools.	# students reached
Freedom From Smoking program	Educate Norton providers about the existing Freedom From Smoking tobacco cessation program currently offered by Norton Healthcare Prevention & Wellness and increase referrals to the program.	# participants # referrals

Mental health

Initiative	Description	Measure
Columbia-Suicide Severity Rating Scale/Columbia Protocol	Use the Columbia Protocol to assess patients' risk for suicide. This includes clinical staff education on the appropriate use of the tool, assessment of patient risk and referral to appropriate resources. The tool will be used at every patient entry point, including but not limited to hospital admission, emergency departments, practices and immediate care centers.	# screenings
Mental health telemedicine	Offer mental health telemedicine visits in five primary care locations to improve access and help overcome the stigma often associated with mental health facilities.	# telemedicine visits
Teen mental health workshops	Provide mental health education at five JCPS middle/high schools annually. Students will collaborate on projects to increase awareness of mental health concerns to provide peer-to-peer education in JCPS schools.	# teens reached

Poor nutrition

Initiative	Description	Measure
Nutrition app	Launch a nutrition app for patients that is fully integrated with the Epic EMR and MyNortonChart. The app will be made available to patients referred to a Norton nutritionist by their provider. A meal plan will be created based on provider recommendations and tailored to the patient's personalized health goals. The app will track food intake and allow for direct messaging with a Norton nutritionist. The provider will be able to see the patient's plan and food intake in the EMR.	# patients enrolled
Food insecurity screenings and food pantries	Expand food insecurity screenings and food pantries to adult primary care practices in underserved areas of the community.	# food pantry referrals

Care coordination

Initiative	Description	Measure
United Community/Unite Us database	United Community is an initiative led by the United Way to link health care services and social services via a database platform called Unite Us. Use the Unite Us database platform to refer patients with socioeconomic needs to appropriate resources. The program will be integrated into the Epic EMR so that providers can see patient referrals to social services as well as the outcome of those referrals.	# referrals made
Social workers	Redefine the role of social workers to ensure they are assisting patients with social needs and resources. This strategy includes standardizing a social services assessment in the Epic EMR to identify and document social needs and use of a database platform to refer patients to appropriate resources.	# social service assessments made
Norton Baby app	Launch the Norton Baby app to streamline care for obstetrics patients from pregnancy planning, to expecting a new baby, to the new parent stage. The app will provide health metrics monitoring, appointment tracking, checklists, health tips, etc.	# app users