



NORTON
HEALTHCARE

Norton Clark Hospital
Norton Scott Hospital

Community Health Needs Assessment
2025

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

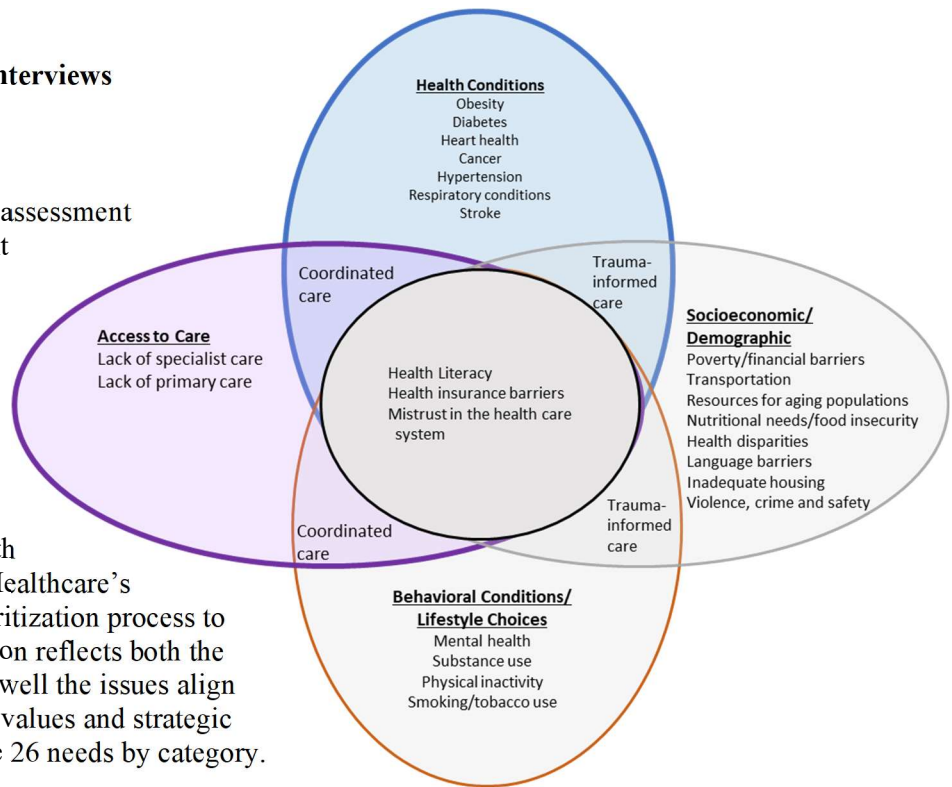
- **Community surveys**
- **Provider and community leader interviews**
- **Secondary market research**

Findings

A total of 26 issues were identified by the assessment process. The relational diagram to the right categorizes these concerns into four main areas and illustrates the overlap among them. Health literacy, health insurance barriers and mistrust in the health care system intersect all four categories of need.

Prioritization

The Norton Committee on Faith and Health Ministries, as a subcommittee of Norton Healthcare's Board of Trustees, participated in the prioritization process to identify the areas of focus. The prioritization reflects both the community's perception of need and how well the issues align with Norton Healthcare's mission, vision, values and strategic priorities. The table below summarizes the 26 needs by category.



Health Conditions	Access to Care	Behavioral Conditions/ Lifestyle Choices	Socioeconomic/Demographic
Obesity Diabetes Heart health Cancer Hypertension Respiratory conditions Stroke	Primary care Specialty care Coordinated care Health insurance barriers	Mental health Substance use Mistrust in the health care system Physical inactivity Smoking/tobacco use	Poverty/financial barriers Health literacy Transportation Resources for aging populations Trauma-informed care Nutritional needs/food insecurity Health disparities Language barriers Inadequate housing Violence, crime and safety

Norton Clark Hospital and Norton Scott Hospital desire 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 related to health conditions and access to care, which pertain to Norton Clark and Norton Scott hospitals' core business and will always be areas of priority. The unshaded areas to the right involve behavioral conditions/lifestyle choices and socioeconomic/demographic concerns that were prioritized for inclusion in our CHNA.

Introduction

Norton Clark Hospital and Norton Scott Hospital joined Norton Healthcare in October 2023. Norton Healthcare is committed to making communities healthier, and it shows in the quality and level of service we provide at each facility.

Norton Clark Hospital has proudly contributed to the health of the Southern Indiana community since 1922. Norton Clark Hospital has 236 licensed beds and offers a wide range of inpatient, outpatient, diagnostic, orthopedic, pediatric, cancer care and intensive care services. According to Hoosiers by the Numbers, Norton Clark Hospital remains the third largest employer in Clark County, Indiana.¹ Norton Clark Hospital is committed to making communities healthier, helping each patient live their best life.

Norton Scott Hospital is a 25-bed, critical access hospital that has served as a beacon of good health for 60 years. The hospital features private rooms and baths, has a 24-hour physician-staffed emergency department and provides a variety of inpatient and outpatient services including cardiac rehabilitation, CT, dietary, MRI, laboratory services, medical imaging, nuclear medicine, pharmacy, physical therapy and a swing bed care program. Norton Scott Hospital is the sixth largest employer in Scott County, Indiana.¹

Norton Clark Hospital and Norton Scott Hospital conducted a collaborative 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 Healthcare's mission, services and strategic priorities.

The 2025 Norton Clark Hospital and Norton Scott Hospital collaborative 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 the hospitals' implementation strategy with 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 Clark Hospital and Norton Scott Hospital have defined the community as Clark, Scott and Floyd counties in Indiana, which accounts for approximately 81% of patient discharges. While both hospitals serve patients across a broader region, narrowing the community definition to three counties will allow Norton Healthcare to more effectively focus its resources to address identified significant health needs, targeting areas of greatest need and health disparities.

Norton Clark and Norton Scott hospitals conducted a community-wide survey to obtain feedback from the general public regarding health needs and perceptions. The community survey was made available in both English and Spanish through a digital platform. Paper surveying translations were made available in English, Spanish, French, Arabic, Chinese, Nepali, Russian, Somali, Swahili and Vietnamese. There were 426 surveys collected from within this tri-county area.

Norton Healthcare obtained input from 32 community stakeholders, including 15 Norton Healthcare-employed physicians or leaders who were interviewed and 17 representatives of the community through

face-to-face virtual meetings or open response questionnaires. Community leaders represented areas of public health, major employers, public schools, social services organizations and community health departments.

Secondary data was collected, including:

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

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

Health Conditions	Access to Care	Behavioral Conditions/ Lifestyle Choices	Socioeconomic/ Demographic
Obesity Diabetes Heart health Cancer Hypertension Respiratory conditions Stroke	Primary care Specialty care Coordinated care Health insurance barriers	Mental health Substance use Mistrust in the health care system Physical inactivity Smoking/tobacco use	Poverty/financial barriers Health literacy Transportation Resources for aging populations Trauma informed care Nutritional needs/food insecurity Health disparities Language barriers Inadequate housing Violence, crime and safety

Key findings for each identified health need were summarized and reviewed to determine the magnitude and severity of the problem and the importance of the issue to the community. This information was then taken to the Norton Committee on Faith & Health Ministries, a subcommittee of the Norton Healthcare Board of Trustees.

The committee was asked to keep in mind:

- How closely the need aligns with Norton Healthcare’s mission, key service lines, and/or strategic priorities.
- Alignment with state and local health department initiatives
- Whether programs exist (within Norton or other community organizations) that are addressing the need

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

Based on the information gathered through this CHNA and the prioritization process described above, the health needs above have been identified as significant in the community. These have been categorized into four categories: health conditions, access to care, behavioral conditions/lifestyle choices, socioeconomic/demographic. The categories of access to care and health conditions are not prioritized for purposes of this CHNA, as these are part of the core business of Norton Clark and Norton Scott hospitals and will always be a critical part of ongoing clinical programming. For purposes of this CHNA, future programming priorities will focus on the community health issues identified in the behavioral/lifestyle choices and socioeconomic/demographic categories.

The Norton Committee on Faith and Health Ministries helped to identify areas where Norton Clark Hospital and Norton Scott Hospital can most effectively focus resources to have significant impact and develop implementation strategies to advance our work in these areas. The prioritized areas of need for this CHNA are summarized in the table below. Note that through this prioritization process it was determined that Norton Clark and Norton Scott hospitals are not in a position to significantly influence the poverty levels, transportation, inadequate housing or violence, crime and safety issues that exist within the population we serve. Language barriers will continue to be addressed as an access to care concern, and smoking and tobacco use will be addressed through substance use initiatives.

Table 1

Prioritized Community Health Issues	
Behavioral Conditions/Lifestyle Choices	Socioeconomic/Demographic
1. Mental health 2. Substance use 3. Mistrust in the health care system 4. Physical inactivity	1. Health literacy 2. Resources for aging populations 3. Nutritional needs/food insecurity 4. Health disparities 5. Trauma-informed care

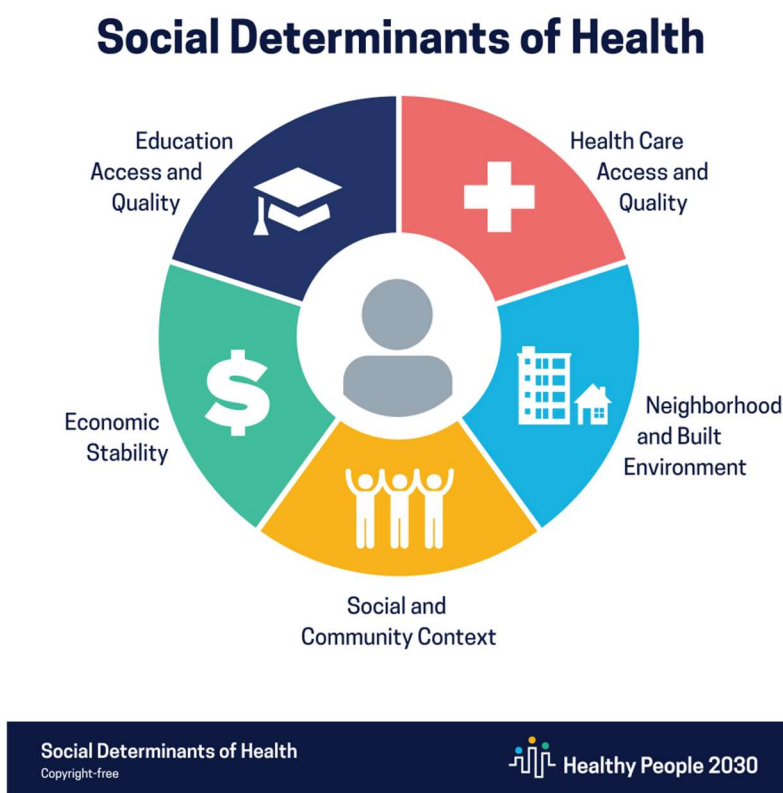
How the assessment was conducted

Norton Clark and Norton Scott hospitals conducted a CHNA to support its mission to respond to needs in the communities it serves and to comply with the federal 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 U.S. Department of the Treasury and IRS, the following steps were followed as part of Norton Clark and Norton Scott hospitals' CHNA:

- Community benefit initiatives that were implemented over the course of the past three years were evaluated.
- The community served by Norton Clark and Norton Scott hospitals was defined by using inpatient data regarding patient origin and is inclusive of populations that are medically underserved, low income, minority groups and people with limited English proficiency. This process is further described on page 12.
- Population demographics and socioeconomic characteristics of the community were gathered and assessed using various third-party tools.
- The health status of the community was assessed by reviewing community health status indicators from multiple sources. Health indicators with significant opportunity for improvement were noted. Information on the leading causes of death and morbidity information was analyzed in conjunction with social determinants of health.
- Community input was obtained through a community-wide survey for the general public.
- Community input was also obtained through key stakeholder interviews of 32 community leaders and health care providers. To ensure the medically underserved were represented in this CHNA, interviews were conducted with representatives from the county health departments and the public school system, as well as agencies providing services related to mental health, food insecurities and recent immigration to the United States.
- An inventory was prepared of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA.
- Identified health needs were then prioritized taking into account community perception regarding the significance of each identified need as well as the ability for Norton Clark Hospital and Norton Scott Hospital to impact overall health based on alignment with Norton Healthcare's mission and services provided. The Norton Committee on Faith and Health Ministries participated in identifying and prioritizing significant health needs.

Social determinants of health framework

Social determinants of health are defined as the personal, social, economic and environmental factors that influence an individual's health status. The framework below, accessed from the federal Office of Disease Prevention and Health Promotion,¹ 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 Clark and Norton Scott hospitals' 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).



¹ Department of Health and Human Services, Office of Disease Prevention and Health Promotion. "Social Determinants of Health." HealthyPeople.gov. 2025. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-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, 2024 may be the most current year available for data, while 2020 may be the most current year for other sources. Survey data used to develop secondary research statistics can be based on self-reporting, and respondents may over- or under-report behaviors and illnesses based on fear of social stigma or misunderstanding of the question being asked. Despite these limitations, most of the self-reported surveys used to create secondary research statistics and analyzed in this CHNA benefit from large sample sizes and repeated administrations, enabling comparison over time.
- In the Norton Healthcare community survey no attempt was made to randomly sample the population, but instead surveys were made available online and through community partners. Respondents may be prone to recall bias — that is, they may attempt to answer accurately, but they remember incorrectly. In some surveys, reporting and recall bias may differ according to a risk factor or health outcome of interest.
- The qualitative interview data collected for this assessment provides valuable insights, but results are not statistically representative of a larger population due to nonrandom recruiting techniques and a small sample size. Data was collected at one point in time and among a limited number of individuals. Therefore, findings, while directional and descriptive, should not be interpreted as definitive.

Norton Clark and Norton Scott Hospitals' community benefit and outreach

Norton Clark Hospital and Norton Scott Hospital provide a broad array of services to the community. Below is a summary of some significant community benefit initiatives and community support activities provided over the last few years.

Substance use programs

- The comprehensive and compassionate care program NEST — Nurture. Encourage. Stabilize. Treat.— is available at Norton Clark Hospital for pregnant patients and babies affected by substance use disorder and/or neonatal abstinence syndrome. Treatment plans offer knowledgeable, supportive staff who are skilled in caring for pregnant patients with addiction, as well as their babies.
- Norton Clark Hospital's Intensive Outpatient Therapy (IOP) is a structured group therapy program that offers comprehensive care for patients age 18 and older struggling with behavioral, mental or chemical dependency conditions. IOP is designed to promote healing and lasting recovery in a less-restrictive level of care than inpatient or residential treatment.
- Norton Healthcare offers tobacco/vaping cessation classes led by Norton Prevention & Wellness and nicotine replacement therapies offered by Norton Healthcare retail pharmacies.

Community education opportunities and special events

- Norton Clark Hospital hosts a car show and health fair where representatives from Norton Clark Hospital and community partners offer information and resources for the entire family, including women's, men's and children's health; mental health; wellness and prevention; chronic disease management; and healthy lifestyle education. Free health screenings and information booths for adults 18 and over are offered including screenings for blood pressure and blood sugar. Also offered are Hands-On CPR instruction, mammogram screenings and stroke information. Child safety information and free giveaways are also featured.
- Norton Scott Hospital attends the Scottsburg Community Health Fair where it works toward building community relationships and provides free screenings, education and community resources.
- Norton Scott Hospital hosts a Heart Health Day in honor of American Heart Month offering free blood pressure, body mass index screenings and heart health-related resources and information.
- Norton Scott Hospital hosts a Women's Health Night offering free health screenings and women's health-related resources and information.
- Norton Healthcare hosts counseling and cancer support group classes and seminars on cancer education and survivorship through Norton Cancer Institute Pat Harrison Resource Center in Jeffersonville, Indiana.

Increasing access to care

- In 2024 Norton Healthcare continued its focus on expanding access to health care through the opening of the Norton Medical Center in Jeffersonville, Indiana, offering emergency and diagnostic services. The new center, a \$17 million investment, houses a full-service emergency department and diagnostic center in approximately 15,000 square feet of space.

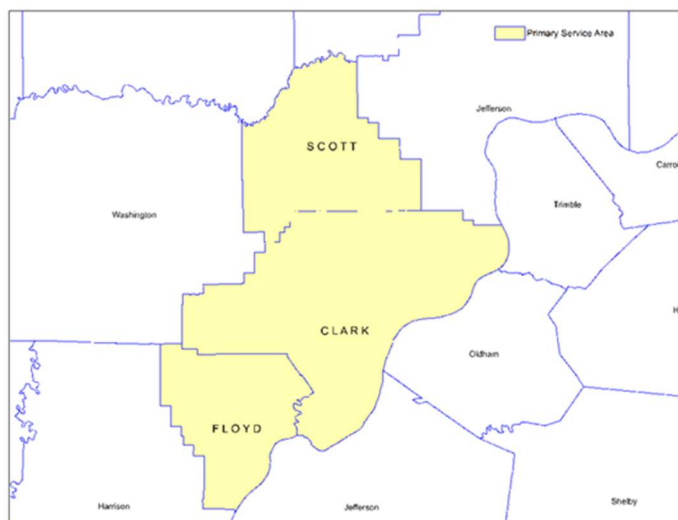
The emergency department has eight exam rooms — with the capability of converting one to a trauma bay if needed — a lab and access to adjoining diagnostic imaging. The diagnostic center includes X-ray, CT, ultrasound, screening 3D mammography and MRI capabilities. It is open 24 hours per day, seven days a week, with no appointment necessary.

- Norton Healthcare introduced the da Vinci Xi Surgical system in December of 2023 to offer advanced surgical capabilities that improve both access and patient outcomes. This robotic-assisted surgical system allows the surgeon to use smaller than average instruments and provides a camera that can magnify the surgical area up to 10 times greater than what the human eye can see. This minimally invasive tool helps reduce potential pain, blood loss, scarring and risk for infection or complications, thereby reducing hospital stays, recovery time and overall patient outcomes.
- In 2023, Norton Clark Hospital and Norton Scott Hospital became an official part of Norton Healthcare. This opportunity provides patients and employees of the two hospitals with more access to Norton's expansive network of resources, including specialty services, research and more than 2,000 employed providers. Increasing access to health care is essential to achieve healthier communities for generations to come.
- Norton Clark and Norton Scott hospitals recently implemented the Epic electronic medical record system, a confidential patient-centered platform that improves coordination of care and communication between patients and their providers. The Epic platform also gives patients access to the Norton MyChart patient portal, which gives patients access to their medical information and test results, as well as the ability to make appointments and interact with providers.

Areas served by Norton Clark and Norton Scott Hospitals

Norton Clark Hospital and Norton Scott Hospital primary service area

Norton Clark and Norton Scott hospitals' primary service area includes three Indiana counties, as illustrated below, with a combined population of approximately 231,000.



Norton Clark Hospital and Norton Scott Hospital community

Residents of Clark, Scott and Floyd counties in Indiana account for approximately 81% of inpatient discharges at those hospitals. Therefore, for purposes of this CHNA, the Norton Clark Hospital and Norton Scott Hospital community includes the three counties identified.

Table 2

**Patient Origin - Discharges and Outpatient Cases -
Norton Clark Hospital and Norton Scott Hospital Combined**

Facility	2022 Discharges	2023 Discharges	YTD Sept 2024 Discharges	% Total
Clark - IN	6,233	5,452	2,708	61%
Scott - IN	1,108	910	456	10%
Floyd - IN	1,006	894	422	10%
Total	8,347	7,256	3,586	81%
Total Discharges	10,251	8,978	4,412	100%

Socioeconomic characteristics of the community

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

- **Household poverty level** – The federal government sets a national poverty line based on both income and the number of people living within a household. There is a significant variance in the percentage of the households that live below the poverty line for each county in the community served. Scott County, Indiana, at 10.7%, has the highest percentage of households living below the poverty line. Approximately 7.9% of households in Clark County, Indiana, live below the poverty line and Floyd County, Indiana, has approximately 6.7% of households living below the poverty line.
- **Employment** – The unemployment rate has been relatively stable in recent years with the exception of 2020. The onset of a global pandemic disrupted the economy and led to an increase in unemployment. The unemployment rate has since become more stable, aligning with years prior to the pandemic. Recently in 2024, the unemployment rate was 4.2% for Indiana.
- **Insurance coverage** – Most recent statistics found that in the defined community Scott County, Indiana, has the highest percentage of uninsured adults under 65 years of age at approximately 9%. Clark and Floyd counties are reported to have 8% of uninsured adults. Nationally, about 12% of those under 65 remain uninsured, according to community health rankings.
- **Education** – Regarding education, 18.16% of Scott County, Indiana's, adult population over the age of 25 does not have a high school diploma. For Clark County, Indiana, it is 9.21% and for Floyd County, Indiana, it is 7.7%. Educational attainment has a direct impact on employment, income levels, insurance coverage and quality of life.

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

Community health status

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

- **Length and quality of life** – Opportunities to improve mortality rates as well as improving overall mental and physical health.
- **Healthy behaviors** – Opportunities for enhanced physical activity and healthy food choices to reduce obesity and diabetes rates. Other opportunities to increase healthy behaviors include increasing education around smoking cessation, drug use and teen birth rates.
- **Clinical care** – Opportunity to reduce preventable hospitalizations.
- **Social and economic factors** – Opportunities to reduce poverty levels and reduce death rates, particularly from injuries.
- **Physical environment** – Reducing drug usage in the community is an opportunity for this area.

These are outlined in detail in Appendix C.

Community resources

The availability of health care resources is a critical component to the health of a community's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community's health status. An overview of available resources in the defined community of Norton Clark Hospital and Norton Scott Hospital follows.

Hospitals and health centers

According to the Indiana Hospital Directory, updated in February 2025, in the service area of Clark and Scott counties in Indiana, there are four acute-care hospitals located in the tri-county service area, one each in Clark, Floyd and Scott counties. Norton Clark Hospital has approximately 236 staffed inpatient beds and Norton Scott Hospital has 25 staffed inpatient beds.

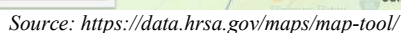
Federally qualified health centers

The Health Resources and Services Administration 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 center service delivery sites located in the Indiana counties of Clark, Scott and Floyd that are defined as Norton Clark and Norton Scott hospitals' community that have been established to serve underserved areas or populations.

Summary of Federally Qualified Health Centers Near the Community Served

Source: HRSA.gov

HRSA Medically Underserved Area / Population Map



Health departments

There are three health departments serving the Norton Clark and Norton Scott hospitals' community. The departments are listed below along with their locations, a sample of services provided and website. For full listings, visit the health department websites.

Table 4

Health Departments Serving the Community			
County	Address	Services	Website
Scott County, Indiana	1296 N. Gardner St. Scottsburg, IN 47170	<ul style="list-style-type: none"> • Immunization services • Health screenings • Sharps disposal containers • Hand hygiene 	https://www.scottcounty.in.gov/242/Health-Department
Clark County, Indiana	1201 Wall St. Jeffersonville, IN 47130	<ul style="list-style-type: none"> • Immunization services • Health screenings • Lead testing • Opioid overdose prevention 	https://www.clarkhealth.net/
Floyd County, Indiana	1917 Bono Road New Albany, IN 47150	<ul style="list-style-type: none"> • Immunization services • Health screenings • Public health nurses • Child safety seat inspections 	https://www.in.gov/counties/floyd/health-department/

Other community resources

Various social service agencies are available to assist residents with needs that fall outside the health care delivery system and impact overall health, including food, housing and utilities, child care and job training services. Appendix D provides examples of resource listings and services available to address certain identified needs and links to resource listings available for the area.

Primary data assessment

As previously stated, a community health needs survey was conducted to obtain feedback from the general public regarding needs and perceptions about the health of the community. The community survey was made available in English and Spanish through online and paper surveying methods. A total of 426 surveys were collected from ZIP codes located in the defined communities of Clark, Scott and Floyd counties in Indiana and were included in this assessment.

Survey findings were categorized in four areas:

Areas of Focus	Top Priorities
Community Health Problems	Mental health Obesity Drug or alcohol addiction High blood pressure Diabetes Heart disease
Unhealthy Behaviors	Drug abuse Lack of exercise Poor eating habits Distracted driving (texting, drinking) Not getting preventive health care Tobacco use
Barriers to Health Care	No evening or weekend hours Too hard to get an appointment with my provider Can't afford prescription medication Can't afford the health care visit Takes too long to get to a provider's office Past due bill with a health care provider
Community Needs to be Healthy	Good jobs or jobs paying a living wage Affordable housing Access to affordable fresh foods Easy access to health care providers Access to a primary care provider or a family doctor Youth engagement/resources

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

- **Health status** – Of those surveyed, 72% indicate they believe that the community they live in is somewhat to very healthy.
- **Food insecurity** – Of those surveyed, 14% indicate they sometimes or often experience food insecurity. In Scott County, 21% of residents reported experiencing food insecurity.
- **Affordability** – Of those surveyed, 21% of respondents stated that they delayed health care due to affordability. In Scott County, 38% of respondents reported having to put off medical care.
- **Health literacy** – Of those surveyed, 24% reported some difficulty understanding information given by their health care provider and 36% expressed some discomfort in filling out medical forms.

- **Access to care** – Of those surveyed, 31% reported having difficulty finding a specialist provider. The top specialists identified were mental health, women’s health, dental health, bone and joint health, and heart health.
- **Trust** – Of those surveyed, 73% indicated that trust is the most important attribute when choosing a health care provider.

To ensure we had a complete assessment of needs and perceptions, we interviewed 49 community leaders and physicians. These interviews focused on the following three key areas: pressing problems in health care, trust and health literacy and health care engagement. Key themes in each area are summarized as follows:

Pressing problems and barriers to health care

- **Access to care** – More local primary care and specialty care providers would help reduce transportation barriers for patients. Better access is needed to mental health and primary care including providers where insurance coverage is accepted.
- **Mental health** – An increase in mental health issues in the community, especially anxiety and depression, is a concern. The growing needs in the community have highlighted the shortage of mental health providers and services that are available.
- **Substance use** – Drug use continues to increase throughout the community. There are limited treatment resources for those suffering from addiction. There is a need for preventive and supportive programming to support individuals after treatment to prevent relapse.
- **Health literacy** – There is a need for community health education in general to help the population navigate health care services and resources, as well the ability to understand health information and materials provided by health providers. Of those interviewed, 84% discussed that it is difficult to find, understand and use health information and services.
- **Social determinants of health** – Transportation, safe and stable housing, financial barriers and trauma are areas of concern in the community.
- **Chronic disease** – As the population ages, the percentage of people experiencing chronic disease is expected to grow. Chronic conditions for this community include but are not limited to obesity, diabetes, cardiovascular health conditions and hypertension.

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

Prioritization of identified health needs

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

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

Primary data

- Community health surveys
- Health provider interviews
- Community leader interviews

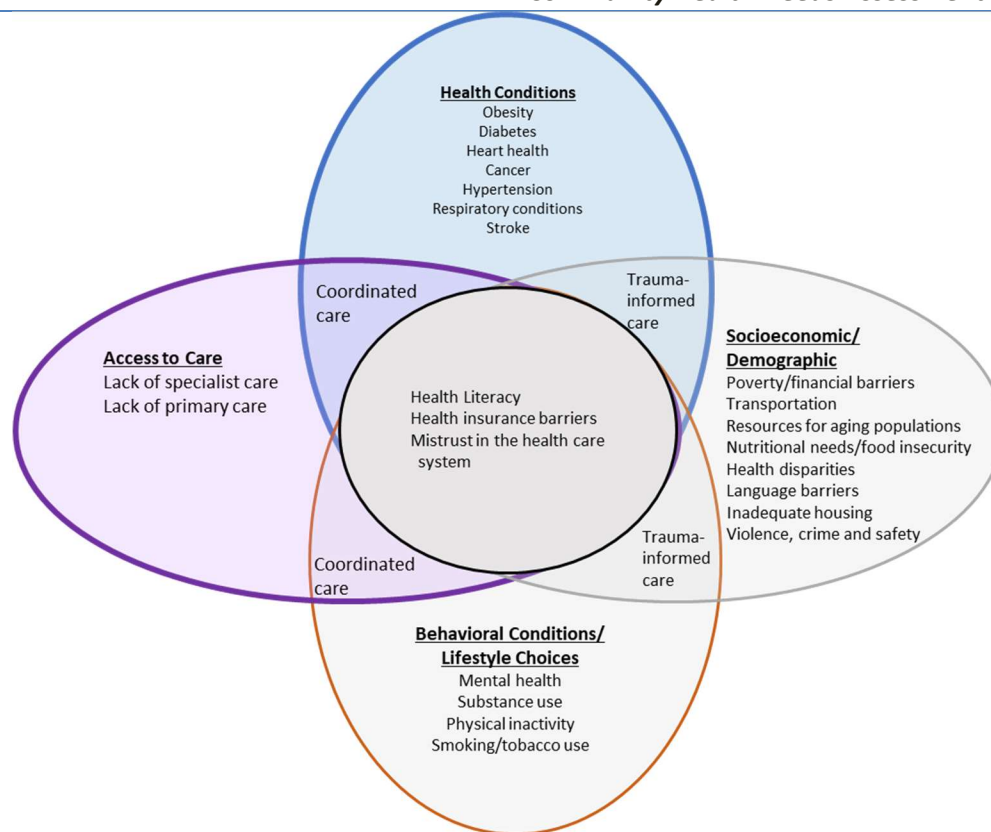
Secondary data – socioeconomic indicators

- Poverty levels
- Employment
- Insurance coverage
- Educational attainment

Secondary data – community health status indicators

- Leading causes of death
- Community health status indicators
- County and state health rankings

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



To facilitate prioritization of identified health needs, the key findings were summarized and reviewed to determine the magnitude and severity of the problem and the importance emphasized by the community. This information was then taken to Norton Healthcare’s Committee on Faith and Health Ministries for further discussion.

The committee was asked to keep in mind:

- How closely the need aligns with Norton Clark and Norton Scott hospitals’ mission, service lines and/or strategic priorities
- Alignment with state and local health department initiatives
- Whether programs exist (within Norton Healthcare or other community organizations) that are addressing the need

The Committee on Faith & Health Ministries participated in a thorough discussion of the 26 needs identified to provide input and further narrow the needs to the areas of focus for the 2025 Community Health Needs Assessment.

Based on this prioritization process, the health needs below have been identified as the most significant opportunities in the community. Norton Healthcare leadership and the Norton Healthcare Committee on Faith & Health Ministries worked to identify areas where Norton Clark Hospital and Norton Scott Hospital can most effectively focus its resources to have significant impact and develop an implementation strategy for 2025-2027 directly through programming, as a collaborator or convener.

Health Conditions	Access to Care	Behavioral Conditions/Lifestyle Choices	Socioeconomic/Demographic
Obesity Diabetes Heart health Cancer Hypertension Respiratory conditions Stroke	Primary care Specialty care Coordinated care Health insurance barriers	Mental health Substance use Mistrust in the health care system Physical inactivity Smoking/tobacco use	Poverty/financial barriers Health literacy Transportation Resources for aging populations Trauma Nutritional needs / food insecurity Health disparities Language barriers Inadequate housing Violence, crime and safety

Appendices

Appendix A

Demographic characteristics of the community

Community population and demographics

The U.S. Census Bureau has compiled population and demographic data and projected growth over the next five years. Table 5 below shows the total population of the community. Clark County, Indiana, is expected to have the highest population growth of the community with growth around 4.8%. Floyd and Scott counties in Indiana expect to experience growth at 2.5% and 2.1% respectively. The largest projected growth rate by age is the 65 and older population for all ZIP codes. Clark County, Indiana, overall is projected to have growth in all age ranges documented in the tables below. Floyd and Scott counties in Indiana are both projected to experience population declines in the 0 to 17 and 45 to 64 age ranges. The growth rate for the community is expected to be approximately 3.7%.

Table 5

Norton Clark and Norton Scott Hospital's Community															
2024 Population									2029 Population						
County	ZIP code	Population	Male	Female	0-17	18-44	45-64	65+	Population	Male	Female	0-17	18-44	45-64	65+
Clark County	47106	5,028	2,528	2,500	1,028	1,488	1,491	1,021	5,101	2,556	2,545	974	1,550	1,392	1,185
	47111	17,595	8,551	9,044	4,076	5,713	4,782	3,024	18,815	9,135	9,680	4,197	6,120	4,840	3,658
	47126	4,716	2,414	2,302	1,084	1,499	1,277	856	4,973	2,544	2,429	1,110	1,589	1,260	1,014
	47129	20,025	9,599	10,426	4,235	7,046	4,687	4,057	20,536	9,861	10,675	4,226	7,070	4,703	4,537
	47130	50,549	24,546	26,003	10,713	17,786	12,697	9,353	53,079	25,802	27,277	10,920	18,294	12,932	10,933
	47141	1,664	824	840	349	494	496	325	1,668	822	846	332	505	469	362
	47143	3,976	1,972	2,004	973	1,363	993	647	4,189	2,075	2,114	996	1,417	1,002	774
	47147	991	493	498	214	294	271	212	994	495	499	204	301	254	235
	47162	812	400	412	177	258	201	176	827	410	417	175	257	199	196
	47163	1,599	804	795	334	471	492	302	1,617	817	800	321	485	463	348
47172	21,358	10,353	11,005	5,093	7,173	5,343	3,749	22,645	10,952	11,693	5,109	7,536	5,614	4,386	
Clark County Total	128,313	62,484	65,829	28,276	43,585	32,730	23,722	134,444	65,469	68,975	28,564	45,124	33,128	27,628	
Floyd County	47119	12,327	6,179	6,148	2,815	3,562	3,499	2,451	12,700	6,341	6,359	2,691	3,757	3,390	2,862
	47122	11,436	5,589	5,847	2,621	3,571	3,118	2,126	11,863	5,777	6,086	2,547	3,716	3,112	2,488
	47124	4,839	2,408	2,431	1,143	1,478	1,395	823	4,945	2,454	2,491	1,102	1,563	1,314	966
	47136	4,807	2,369	2,438	1,107	1,450	1,339	911	4,905	2,406	2,499	1,061	1,512	1,270	1,062
	47150	49,673	23,948	25,725	10,313	17,821	11,752	9,787	50,756	24,478	26,278	10,293	17,914	11,546	11,003
Floyd County Total	83,082	40,493	42,589	17,999	27,882	21,103	16,098	85,169	41,456	43,713	17,694	28,462	20,632	18,381	
Scott County	47102	6,937	3,428	3,509	1,578	2,261	1,851	1,247	7,075	3,488	3,587	1,549	2,361	1,746	1,419
	47138	4,414	2,215	2,199	950	1,317	1,263	884	4,437	2,224	2,213	920	1,342	1,159	1,016
	47170	15,282	7,455	7,827	3,350	4,967	3,887	3,078	15,666	7,629	8,037	3,391	5,133	3,646	3,496
	47177	1,497	769	728	324	443	437	293	1,550	796	754	326	458	422	344
	Scott County Total	28,130	13,867	14,263	6,202	8,988	7,438	5,502	28,728	14,137	14,591	6,186	9,294	6,973	6,275
Total Community	239,525	116,844	122,681	52,477	80,455	61,271	45,322	248,341	121,062	127,279	52,444	82,880	60,733	52,284	

Percentage Change								
County	ZIP code	Population	Male	Female	0-17	18-44	45-64	65+
Clark County	47106	1.5%	1.1%	1.8%	-5.3%	4.2%	-6.6%	16.1%
	47111	6.9%	6.8%	7.0%	3.0%	7.1%	1.2%	21.0%
	47126	5.4%	5.4%	5.5%	2.4%	6.0%	-1.3%	18.5%
	47129	2.6%	2.7%	2.4%	-0.2%	0.3%	0.3%	11.8%
	47130	5.0%	5.1%	4.9%	1.9%	2.9%	1.9%	16.9%
	47141	0.2%	-0.2%	0.7%	-4.9%	2.2%	-5.4%	11.4%
	47143	5.4%	5.2%	5.5%	2.4%	4.0%	0.9%	19.6%
	47147	0.3%	0.4%	0.2%	-4.7%	2.4%	-6.3%	10.8%
	47162	1.8%	2.5%	1.2%	-1.1%	-0.4%	-1.0%	11.4%
	47163	1.1%	1.6%	0.6%	-3.9%	3.0%	-5.9%	15.2%
	47172	6.0%	5.8%	6.3%	0.3%	5.1%	5.1%	17.0%
Clark County Total		4.8%	4.8%	4.8%	1.0%	3.5%	1.2%	16.5%
Floyd County	47119	3.0%	2.6%	3.4%	-4.4%	5.5%	-3.1%	16.8%
	47122	3.7%	3.4%	4.1%	-2.8%	4.1%	-0.2%	17.0%
	47124	2.2%	1.9%	2.5%	-3.6%	5.8%	-5.8%	17.4%
	47136	2.0%	1.6%	2.5%	-4.2%	4.3%	-5.2%	16.6%
	47150	2.2%	2.2%	2.1%	-0.2%	0.5%	-1.8%	12.4%
Floyd County Total		2.5%	2.4%	2.6%	-1.7%	2.1%	-2.2%	14.2%
Scott County	47102	2.0%	1.8%	2.2%	-1.8%	4.4%	-5.7%	13.8%
	47138	0.5%	0.4%	0.6%	-3.2%	1.9%	-8.2%	14.9%
	47170	2.5%	2.3%	2.7%	1.2%	3.3%	-6.2%	13.6%
	47177	3.5%	3.5%	3.6%	0.6%	3.4%	-3.4%	17.4%
Scott County Total		2.1%	1.9%	2.3%	-0.3%	3.4%	-6.3%	14.0%
Total Community		3.7%	3.6%	3.7%	-0.1%	3.0%	-0.9%	15.4%

Source: SG2.com

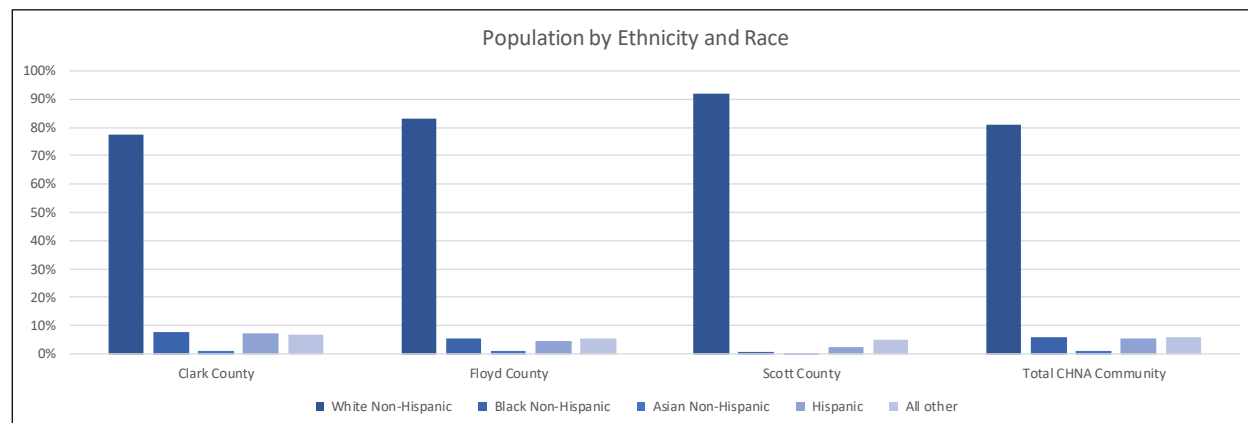
Community Health Needs Assessment 2025

The relative age, ethnicity and race of a population can impact community health needs. The following table shows the population by ethnicity and race, illustrating Hispanic versus non-Hispanic residents. Clark County, Indiana, has the most diverse population of the tri-county community, with 7% of the population being Hispanic, 8% being black non-Hispanic, 1% being Asian non-Hispanic, 7% being a mix of other ethnic or racial descent, and 77% of the population comprising of white non-Hispanic persons.

Table 6

2024 Population							
County	ZIP code	Population	White Non-Hispanic	Black Non-Hispanic	Asian Non-Hispanic	Hispanic	All other
Clark County	47106	5,028	4,590	29	27	145	237
	47111	17,595	14,880	457	158	999	1,101
	47126	4,716	4,313	39	9	91	264
	47129	20,025	14,038	1,614	174	2846	1,353
	47130	50,549	35,061	7,175	830	3483	4,000
	47141	1,664	1,541	9	7	42	65
	47143	3,976	3,554	56	40	119	207
	47147	991	927	4	2	22	36
	47162	812	767	4	1	15	25
	47163	1,599	1,426	14	5	52	102
	47172	21,358	18,102	482	350	1261	1,163
Clark County Total		128,313	99,199	9,883	1,603	9,075	8,553
Floyd County	47119	12,327	11,160	108	174	413	472
	47122	11,436	10,488	76	127	284	461
	47124	4,839	4,424	53	40	117	205
	47136	4,807	4,460	16	43	98	190
	47150	49,673	38,488	4,395	667	2,987	3,136
Floyd County Total		83,082	69,020	4,648	1,051	3,899	4,464
Scott County	47102	6,937	6,308	42	15	176	396
	47138	4,414	4,118	14	9	118	155
	47170	15,282	14,000	74	60	380	768
	47177	1,497	1,388	5	5	32	67
Scott County Total		28,130	25,814	135	89	706	1,386
Total CHNA Community		239,525	194,033	14,666	2,743	13,680	14,403

2024 Population Mix				
White Non-Hispanic	Black Non-Hispanic	Asian Non-Hispanic	Hispanic	All other
91%	1%	1%	3%	5%
85%	3%	1%	6%	6%
91%	1%	0%	2%	6%
70%	8%	1%	14%	7%
69%	14%	2%	7%	8%
93%	1%	0%	3%	4%
89%	1%	1%	3%	5%
94%	0%	0%	2%	4%
94%	0%	0%	2%	3%
89%	1%	0%	3%	6%
85%	2%	2%	6%	5%
77%	8%	1%	7%	7%
91%	1%	1%	3%	4%
92%	1%	1%	2%	4%
91%	1%	1%	2%	4%
93%	0%	1%	2%	4%
77%	9%	1%	6%	6%
83%	6%	1%	5%	5%
91%	1%	0%	3%	6%
93%	0%	0%	3%	4%
92%	0%	0%	2%	5%
93%	0%	0%	2%	4%
92%	0%	0%	3%	5%
81%	6%	1%	6%	6%



Source: SG2.com

Appendix B

Socioeconomic characteristics of the community

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

The federal government maintains a set of poverty thresholds based on the size of each family and number of children. These are updated on an annual basis. Below you will find the poverty thresholds set for 2024 according to the U.S. Census Bureau.

Poverty Thresholds for 2024 by Size of Family and Number of Related Children Under 18 Years

Size of family unit	Related children under 18 years								
	None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual):									
Under 65 years.....	16,320								
65 years and over.....	15,045								
Two people:									
Householder under 65 years.....	21,006	21,621							
Householder 65 years and over.....	18,961	21,540							
Three people.....	24,537	25,249	25,273						
Four people.....	32,355	32,884	31,812	31,922					
Five people.....	39,019	39,586	38,374	37,436	36,863				
Six people.....	44,879	45,057	44,128	43,238	41,915	41,131			
Seven people.....	51,638	51,961	50,849	50,075	48,631	46,948	45,100		
Eight people.....	57,753	58,263	57,215	56,296	54,992	53,337	51,614	51,177	
Nine people or more.....	69,473	69,810	68,882	68,102	66,822	65,062	63,469	63,075	60,645

Source: U.S. Census Bureau, 2025.

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

Table 7

Community Households

	Clark County	Scott County	Floyd County	Indiana	United States
Household count	51,697	11,223	14,513	2,714,256	129,078,995
Average household income	\$86,206	\$70,004	\$61,324	\$92,617	\$108,670
% with income <\$50K	36.5%	47.0%	54.5%	35.90%	33.73%
% below poverty line	7.9%	10.7%	6.7%	8.40%	11.10%
% with children	38.2%	36.4%	37.2%	39.50%	56.0%

Source: SG2.com; Census.gov

According to the data above, Clark and Scott counties in Indiana have the highest percentage of households that live below the poverty line. Each county in the community has an average household income below that of the United States and Indiana.

Employment

For Clark County, Indiana, two of the top five employers for the area are part of the health care industry, while the others are a part of the retail and government industries. The top employers are listed below:

Table 8

Company	Industry
Amazon Fulfillment Center	Retail
American Federation of Government Employees (AFGE)	Government entity
Norton Clark Hospital	Health care
Pharmacord	Health care
Shoe Sensation Inc.	Retail

Source: https://www.hoosierdata.in.gov/major_employers.asp?areaID=019

For Scott County, Indiana, three of the top five employers are a part of various manufacturing industries. The other two involve the health care and retail industries.

Table 9

Company	Industry
Austin Tri-Hawk Automotive Inc.	Automotive manufacturing
Morgan Foods	Food manufacturing
Samtec Inc.	Electronic manufacturing
Austin Medical Center	Health care
Walmart Supercenter	Retail

Source: https://www.hoosierdata.in.gov/major_employers.asp?areaID=143

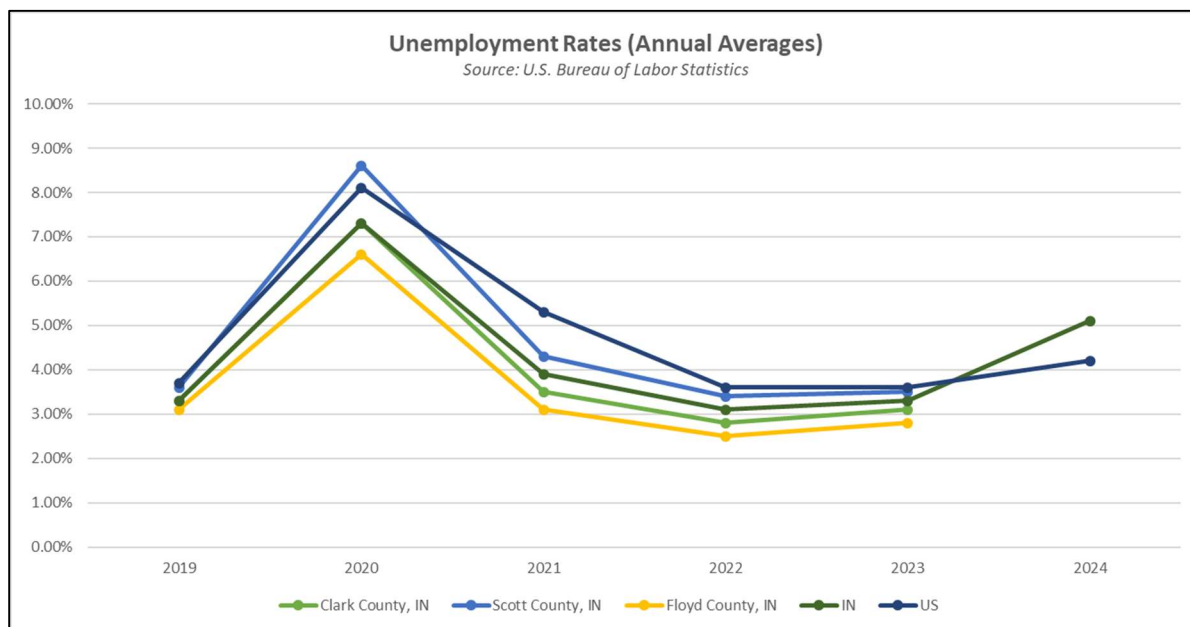
According to Hoosiers by the Numbers, the largest employment industries in Floyd County, Indiana, can be seen in the table below.

Table 10

Company	Industry
Baptist Health Floyd	Health care
NYX New Albany	Manufacturing
Indiana University Southeast	Education
Samtec Inc.	Manufacturing
Hitachi Cable America	Manufacturing

Source: https://www.hoosierdata.in.gov/major_employers.asp?areaID=043

The unemployment rate has been relatively stable in recent years with the exception of 2020. The onset of a global pandemic disrupted the economy and led to an increase in unemployment. The annual average for 2023 for all three counties returned to a rate more in alignment with prior years, as can be seen in the graph below.



Educational attainment

Links exist between education, economy and quality of life. Table 11 represents the level of education for each segment in the CHNA community. Education often plays a key role in career success and economic self-sufficiency. The population that does not have a high school education varies from 9.21% in Clark County, Indiana, to 18.16% in Scott County, Indiana. Approximately 28.61% of Floyd County, Indiana's, population obtained a postsecondary degree at a bachelor's degree or higher, which is higher than that of Clark and Scott counties in Indiana at 25% and 13.61% respectively. Educational attainment greatly impacts the household income levels of the community and the insured population and levels of coverage.

Table 11

Educational Attainment and English Proficiency					
Education Level**	Clark County	Scott County	Floyd County	Indiana	United States
Less than High School	2.57%	6.13%	2.00%	3.62%	4.81%
Some High School	6.64%	12.03%	5.70%	6.17%	6.12%
High School Degree	33.01%	42.15%	33.39%	33.36%	26.47%
Some College/Assoc. Degree	32.77%	26.08%	30.30%	30.14%	30.55%
Bachelor's Degree or Greater	25.00%	13.61%	28.61%	26.70%	32.05%
% of the population that speaks English less than "very well"	2.00%	0.90%	0.40%	1.32%	8.30%

*Excludes population ages <5, **Excludes population ages <25

Source: SG2.com, Census.gov

English remains the dominant language within the CHNA community; however, there continues to be portions of the community that are unable to speak English “very well.” The tri-county community that has the highest percentage of its population with the most difficulty in understanding English is Clark County, Indiana.

Insurance coverage

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

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

Table 12
Insurance Coverage

	Clark County	Scott County	Floyd County	Indiana	United States
Population	128,313	28,130	34,860	6,874,856	336,157,119
% uninsured	8%	9%	8%	9%	10%
% receiving Medicaid	25%	30%	51%	20%	21%
Medicaid enrollees	32,029	8,453	17,842	1,803,730	81,696,742

Sources: SG2, County Health Rankings, Kentucky Monthly Medicaid Counts by County Report, KFF.org, Indiana Medicaid Monthly Enrollment by County Report

Appendix C

Community health status

Community health status indicators

America's Health Rankings, compiled through the United Health Foundation for over 30 years, assesses the health of the United States on a state-by-state basis utilizing the World Health Organization's definition of health as a state of physical, mental and social well-being and not the absence of disease or infirmity.² The annual report looks at measures falling into five categories including social and economic factors, physical environment, clinical care, behaviors and health outcomes. Indiana had the most challenges in behaviors and health outcomes as well, ranking 33rd and 38th in these categories.

Table 13

2024 America's Health Rankings Select Category		
		Indiana
Clinical Care		27
Access to Care	Avoided care due to cost	23
	Dental care providers per 100,000 population	41
	Mental health providers per 100,000 population	44
	Primary care providers per 100,000 population	33
	Uninsured (% of population)	27
Preventative Clinical Services	Childhood Immunizations (% of children by age 24 months)	11
	Colorectal Cancer Screening (% of adults ages 45-75)	30
	Dental Visit (% of adults)	33
	Flu Vaccination (% of adults)	31
	HPV Vaccination (% of adolescents ages 13-17)	28
Quality of Care	Dedicated Health Care Provider (% of adults)	14
	Preventable Hospitalizations (Discharges per 100,000 Medicare beneficiaries age 18+)	39
		33
Behaviors		33
Nutrition and Physical Activity	Exercise (% of adults)	32
	Fruit and Vegetable Consumption (% of adults)	16
	Physical Inactivity (% of adults)	25
Sexual Health	Chlamydia (Cases per 100,000 population)	30
	High-Risk HIV Behaviors (% of adults)	21
	Teen Births (Births per 1,000 females ages 15-19)	36
Sleep Health	Insufficient Sleep (% of adults)	37
Smoking and Tobacco Use	E-Cigarette Use (% of adults)	35
	Smoking (% of adults)	38
Health Outcomes		38
Behavioral Health	Drug Deaths (Deaths per 100,000 population)*	36
	Excessive Drinking (% of adults)	16
	Frequent Mental Distress (% of adults)	37
	Non-Medical Drug Use (% of adults)	22
Mortality	Premature Death (Years lost before age 75 per 100,000 population)	38
	Premature Death Racial Disparity (Ratio)	20
Physical Health	Frequent Physical Distress (% of adults)	38
	Low Birth Weight (% of live births)	28
	Low Birth Weight Racial Disparity (Ratio)	23
	Multiple Chronic Conditions (% of adults)	42
	Obesity (% of adults)	41

Source: America's Health Rankings

*Additional measure that does not contribute to a state's overall rank.

— Data not available, missing or suppressed

² America's Health Rankings. "About America's Health Rankings." 2025 retrieved from: <https://www.americahealthrankings.org/about/methodology/introduction>

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

County health rankings

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

Table 14
**Norton Clark and Norton Scott
 Community Health Status Indicators**

Category	Measure	Clark County, IN	Scott County, IN	Floyd County, IN
Length and Quality of Life	Life Expectancy	73.8	69.5	75.0
	Poor or Fair Health	16%	20%	15%
	Poor Mental Health Days	5.2	5.6	5.1
	Poor Physical Health Days	3.7	4.3	3.7
	Low Birthweight	8%	9%	8%
Health Behaviors	Adult Smoking	19%	25%	17%
	Adult Obesity	39%	38%	37%
	Food Environment Index	8.4	6.6	8.3
	Food Insecurity	10%	15%	9%
	Physical Inactivity	26%	31%	24%
	Access to Exercise Opportunities	88%	59%	85%
	Excessive Drinking	18%	17%	17%
	Alcohol-Impaired Driving Deaths	10%	17%	33%
	Sexually Transmitted Infections	435.9	307.9	359.2
Clinical Care	Teen Births	22	38	16
	Primary Care Physicians	2,610:1	2,710:1	1,790:1
	Other Primary Care Providers	800:1	1,170:1	540:1
	Mental Health Providers	410:1	1,290:1	630:1
	Preventable Hospital Stays	3,668	3,648	2,510
	Mammography Screening	45%	37%	49%
Social and Economic Factors	Flu Vaccinations	49%	41%	51%
	Income Inequality	3.7	4.4	4.1
	Children in Single-Parent Households	23%	23%	26%
	Social Associations	8.5	9.4	10.3
Physical Environment	Injury Deaths	105	141	92
	Air Pollution - Particulate Matter	7.3	8.7	10.00
	Drinking Water Violations	Yes	No	No
	Severe Housing Problems	10%	12%	9%
	Broadband Access	85%	81%	85%
	Driving Alone to Work	81%	82%	80%
Physical Environment	Long Commute - Driving Alone	30%	32%	29%

Source: County Health Rankings

Leading causes of death

The table below shows leading causes of death for the years 2018 through 2023 within Indiana and the United States. The age-adjusted rate is shown per 100,000 residents for state and national data; however, the age-adjusted rate is not available at the county level. Indiana's age-adjusted death rate remains higher than the nation in the majority of categories listed.

Table 15

Fifteen Leading Causes of Death: Age Adjusted Rate 2018-2023		
Cause of Death	Indiana	United States
Heart disease	183.7	166.0
Cancer	164.1	144.9
Accidents	65.2	57.7
Covid-19	46.5	41.0
Cerebrovascular diseases including stroke	41.4	38.7
Chronic lower respiratory diseases	53.7	36.1
Alzheimer's disease	30.7	30.1
Diabetes	28.1	23.3
Kidney disease or disorder	17.7	13.1
Chronic liver disease and cirrhosis	13.7	12.8
Suicide	15.9	14.0
Influenza and pneumonia	11.4	12.2
Hypertension	10.2	9.8
Septicemia	12.3	9.9
Parkinson's disease	10.5	9.4

Source: Centers for Disease Control and Prevention - CDC Wonder

Rate per 100,000

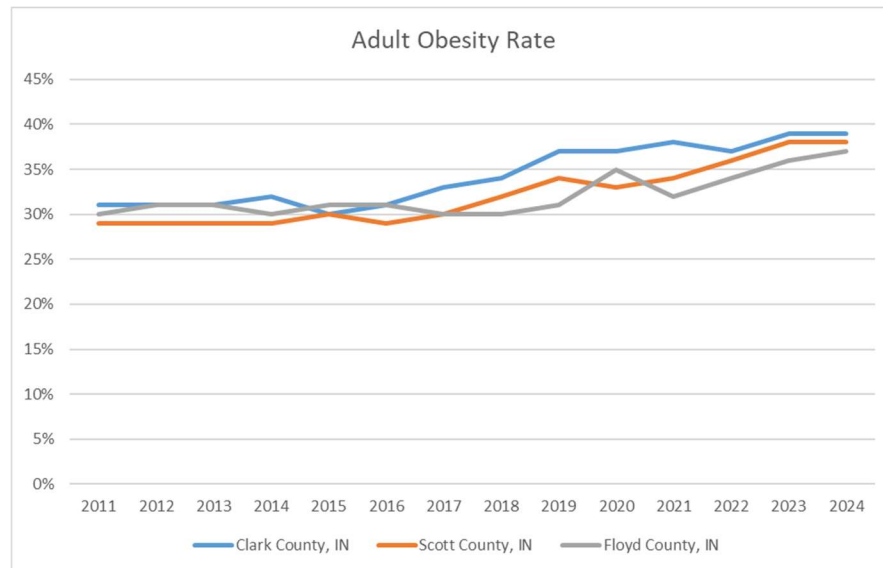
Additional findings related to behavioral conditions

Indiana and its three counties included in the analysis have many areas of concern that fall into areas of unhealthy behaviors, poor health outcomes and social and economic challenges.

Smoking: According to County Health Rankings, the percentage of adults that smoke is 18% in Indiana which, according to America's Health Rankings, ranks 38th out of all 50 states. All three counties in the community being analyzed have high rates of adult smokers. Scott County, Indiana, has the highest rate with 25% of adults that are current smokers, followed by Clark County, Indiana, at 19%, and Floyd County, Indiana, at 17%. Smoking has been linked to multiple diseases that can result in premature death. According to the Centers for Disease Control and Prevention (CDC), approximately 480,000 Americans die from smoking each year accounting for 1 in every 5 deaths and nearly all tobacco use begins during youth and young adulthood. The CDC also states that the use of smokeless tobacco has become common

among the youth population and has continued to increase, which can be attributed to the flavoring in these products that makes them appealing to youths.

Obesity: According to America’s Health Rankings, Indiana ranks 41st out of the 50 states with adult populations that are considered obese. The graph below shows that each county in the community has also experienced an increase in the percentage of adults that are obese. According to the CDC, those who experience obesity are at a higher risk for serious diseases and health conditions such as stroke, cancer and mental illnesses.³



Source: County Health Rankings

Physical inactivity: Physical inactivity is defined as not getting the recommended level of regular physical activity. According to America’s Health Rankings, Indiana is ranked 25th of all the states with an adult population reporting as physically active. County Health Rankings reported that a high percentage of adults in all counties report no leisure time physical activity. The table below shows the percentage of adults reporting inactivity and the percentage that report having adequate access to physical activity options.

Table 16

Physical inactivity and access to physical activity options

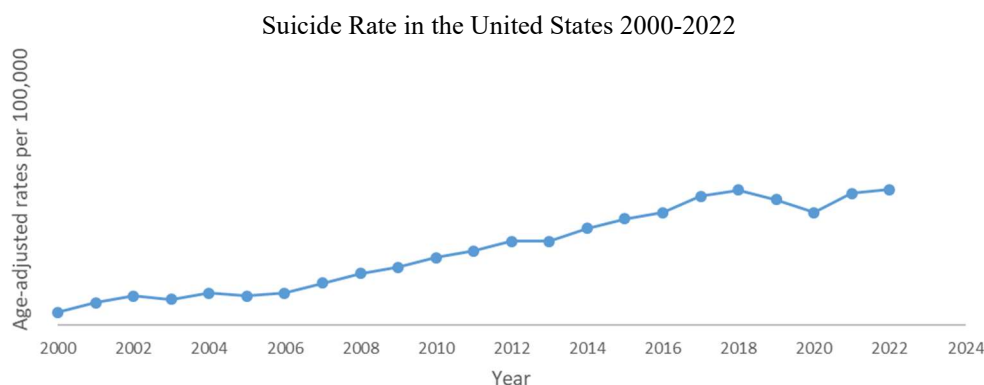
	Jefferson County	Switzerland County	Trimble County
% of adults 20 years+ reporting no leisure time physical activity	26%	31%	24%
% of population reporting adequate access to physical activity options	88%	59%	85%

Mental health: Per America’s Health Rankings, Indiana ranks 37th for having a high percentage of the population reporting “frequent mental distress.” This metric represents the percentage of adults who report their mental health was not good 14 or more days in a 30-day period. America’s Health Rankings states that there is a strong relationship between the 14-day period and clinically diagnosed mental

³ Center for Disease Control and Prevention. “Consequences of Obesity.” Retrieved July 2023, from [CDC.gov/Obesity/Basics/Consequences.html](https://www.cdc.gov/Obesity/Basics/Consequences.html).

disorders such as depression and anxiety, as well with smoking, physical inactivity, housing insecurity, food insecurity and insufficient sleep.⁴ Based on the County Health Rankings, the percentage of people experiencing frequent mental distress in Indiana is around 17% with Clark and Floyd counties being at the state level and Scott County being higher at 19%. According to the CDC, factors at the individual, family, community and society levels can impact one's mental health, which is closely associated with one's physical health as well.

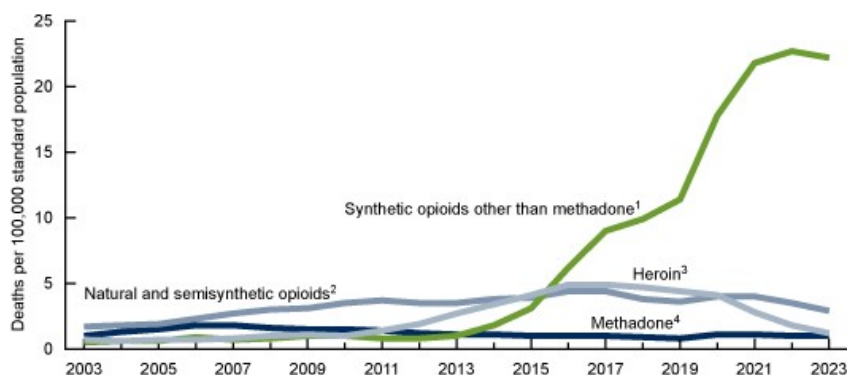
The table below shows that the rate of suicide in the United States increased 36% between 2000 and 2018 and declined from 2018 to 2020. According to the CDC, in 2022 Indiana's age-adjusted suicide rate was 16.42 per 100,000.



Source: CDC Vital Statistics

Substance use: County Health Rankings reported in 2024 that in Indiana, there were 34 drug overdose deaths per 100,000, higher than the national average of 27 drug overdose deaths per 100,000. In Clark County, Indiana, there were 48 drug overdose deaths per 100,000, in Scott County, Indiana, there were 65 drug overdose deaths per 100,000, and in Floyd County, Indiana, there were 47 drug overdose deaths per 100,000. The graph below shows the opioid overdose death rate in the United States since 2003 and the increase of synthetic opioid use over the years. Drug use affects not only the people using drugs but also those around them, increasing the risk for trauma and violence.

Age-Adjusted Rate of Drug Overdose Deaths Involving Opioids, by Type of Opioid: United States, 2003-2023



⁴ America's Health Rankings. "About Frequent Mental Distress" retrieved February 2023 from AmericasHealthRankings.org/Explore/Annual/Measure/Mental_Distress.

Excessive alcohol use: The rate of adults who drink excessively or binge drink is currently reported at 18% for Clark County, Indiana, according to County Health Rankings, and this is the highest in the tri-county community. The percentages for Scott and Floyd counties in Indiana are 17% respectively. This indicator is relevant due to the health effects of prolonged excessive alcohol use. The CDC reports that excessive alcohol use can lead to the development of chronic diseases including liver and heart disease, as well as multiple forms of cancer and weakening of the immune system. The effects are not only on the physical health of the individual but also on mental health and memory, and substance use creates social problems involving family and work.

Accidents or unintentional injuries: Accidents are one of the leading causes of death in the United States and in Indiana. According to the CDC, in 2022 the rate of all unintentional injury deaths was 68.1 per 100,000 population. This is followed by unintentional fall deaths at 14, motor vehicle traffic deaths at 13.4 and unintentional poisoning deaths at 30.9. According to the CDC, in 2023 Indiana had a rate of 67.2 for deaths due to accidents.

Abuse and neglect: According to the 2023 federal Child Maltreatment report, there are 7.4 child victims per 1,000 children in the United States. For the assessment area, Indiana has 11.5 child victims per 1,000 children. Experiencing child abuse is considered to be an adverse childhood event **that** can lead to mental and physical health issues into adulthood.

High blood pressure: High blood pressure, or hypertension, is a common risk factor for heart disease and stroke and is prevalent in the United States. According to the CDC, unhealthy behaviors such as smoking, physical inactivity, obesity and substance use can increase the risk for high blood pressure. In 2023 Indiana's death rate per 100,000 for hypertension was 10.3.

Poor nutrition: Unhealthy eating habits may increase the risk of significant health issues, including obesity, heart disease and diabetes. According to County Health Rankings, 11% of adults in Indiana report being diabetic. Scott County, Indiana, has the highest percentage at 11%, Clark County, Indiana, has a percentage of 10% reporting being diabetic, and Floyd County, Indiana, has 9% reporting being diabetic. Environmental factors affect people's diet, including access to healthy food options. County Health Rankings developed a food environment index that takes into account the proximity to healthful food with a result range of zero (worst) to 10 (best). Clark County, Indiana, has a rating of 8.4, and 10% of the population lacks adequate access to food. Floyd County, Indiana, has a rating of 8.3, and 9% of the population lacks adequate access to food. Scott County, Indiana, has a rating of 6.6, and 15% of the population lacks adequate access to food.

Appendix D

County health ranking data

Table 17
 2024 County Health Rankings

2024 County Health Rankings Data		Indiana				US
Category	County Ranking Categories	Clark	Floyd	Scott	IN	
Health Outcomes	Premature death (per 100,000)	11,200	9,500	15,500	9,300	8,000
	Life expectancy	73.8	75.0	69.5	75.6	77.6
	Poor or fair health	16%	15%	20%	16%	14%
	Poor physical health days	3.7	3.7	4.3	3.5	3.3
	Poor mental health days	5.2	5.1	5.6	5.2	4.8
	Low birthweight	8%	8%	9%	8%	8%
	Infant mortality	7	5	N/A	7	6
	Child mortality	50	50	60	60	50
	Diabetes prevalence	10%	9%	11%	11%	10%
	HIV prevalence	237	158	730	217	382
Health Behaviors	Adult smoking	19%	17%	25%	18%	15%
	Adult obesity	39%	37%	38%	37%	34%
	Food environment index	8.4	8.3	6.6	6.8	7.7
	Physical inactivity	26%	24%	31%	25%	23%
	Food insecurity	10%	9%	15%	11%	10%
	Access to exercise opportunities	88%	85%	59%	77%	84%
	Insufficient sleep	38%	35%	39%	36%	33%
	Teen births	22	16	38	20	17
	Sexually transmitted infections	435.9	359.2	307.9	510.7	495.5
	Drug overdose deaths	48	47	65	34	27
	Excessive drinking	18%	17%	17%	18%	18%
	Motor vehicle crash deaths	13	10	27	13	12
	Alcohol-impaired driving deaths	10%	33%	17%	18%	26%
Clinical Care	Uninsured	8%	8%	9%	9%	10%
	Primary care physicians	2,610:1	1,790:1	2,710:1	1,520:1	1,330:1
	Mental health providers	410:1	630:1	1,290:1	500:1	320:1
	Dentists	2,590:1	1,170:1	3,510:1	1,680:1	1,360:1
	Preventable hospital stays	3,668	2,510	3,648	3,135	2,681
	Mammography screening	45%	49%	37%	45%	43%
Social & Economical Factors	High school graduation	93%	92%	85%	88%	86%
	% Rural	21.3%	34.1%	68.9%	28.8%	*20.0%
	Some college	63%	67%	45%	63%	68%
	Children in poverty	13%	13%	20%	15%	16%
	Unemployment	2.7%	2.5%	3.4%	3.0%	3.7%
	Income inequality	3.7	4.1	4.4	4.3	4.9
	Children in single-parent households	23%	26%	23%	24%	25%
	Children eligible for free or reduced lunch	41%	30%	56%	44%	51%
	Reading scores	3.2	3.2	3.0	3.1	3.1
	Math scores	3.2	3.5	3.2	3.2	3.0
	Suicides	15	14	16	16	14
	Injury deaths	105	92	141	90	80
	Social associations	8.5	10.3	9.4	11.8	9.1
Physical Environment	Driving alone to work	81%	80%	82%	79%	72%
	Air pollution - particulate matter	7.3	10.0	8.7	8.8	7.4
	Drinking water violations	Yes	No	No	N/A	N/A
	Severe housing problems	10%	9%	12%	12%	17%
	Percentage of households with high housing costs	8%	8%	9%	11%	14%
	Homeownership	74%	74%	70%	70%	65%
	Traffic volume	90	133	54	87	108
	Long commute - driving alone	30%	29%	32%	32%	36%

Source: County Health Rankings, Census.gov

*US % rural coming from the Census

Appendix E

Community resources

Within the three-county Indiana community – Clark, Scott and Floyd – there are several resource listings available. In this section you will find links to local resource listings and samples to show the types of services provided.

Family and social services administration – Indiana 211

Indiana 211’s mission is to improve the quality of life for Hoosiers by connecting people to health and human service resources. Indiana 211 allows users to find resources by ZIP code, access a community compass food app and print community resource listings. Below are some of the service categories and subcategories within the Indiana 211 resource database.

Food	Shelter and Housing	Financial	Hotlines
Baby Food/Formula	Children and Youth Shelters	Burial Cremation Expense	Child-Adult Abuse Reporting
Community Gardening	Cooling and Warming Centers	Discount/Rebate Programs	Crisis Intervention
Congregate Meals for Seniors	Home Improvement/Accessibility	Household Related Public Assistance Programs	Crisis Pregnancy Hotlines
Emergency Food	Homeless Shelters and Services	Medical Expense Assistance	Gambling Addiction Hotlines
Food Outlets/Markets	Housing Counseling	Medical Public Assistance Programs	LGBTQ Hotlines
Food Pantries Fresh Food	Housing Search Assistance	Nutrition Public Assistance Programs	Mental Health Hotlines
Food Vouchers	Housing Expense Assistance	Public Assistance Programs	Parenting Helplines
Home Delivered Meals	Low Cost Housing	Undesignated Temporary Financial Assistance	Poison Control
Meals	Mortgage Payment-Loans	Utility Payment Help	Runaway Youth Hotlines
Soup Kitchens	Rent Payment Assistance		Substance Use Disorder Hotlines
	Supportive Housing		Suicide Prevention Hotlines
	Trafficking/Sexual Assault/DV Shelters		Trafficking/Sexual Assault/Domestic Violence Hotlines
	Transitional Housing		Veteran/Military Hotlines
Consumer Services	Criminal Justice and Legal	Disaster	Education
Consumer Complaints	Agricultural/Agribusiness Law	Debris Removal	Adult Education
Consumer Education	Alternative Sentencing/Supervision	Disaster Information	Early Childhood Education
Consumer Protection Agencies	Correctional Facilities	Disaster Kits	Educational Institutions/School
Consumer Regulation	Courts	Disaster Related Case Management	Educational Support Services
Money Management	Crime Prevention	Disaster Related Cash Grants	English and Spanish Instruction
	Crime Reporting	Disaster Related Drinking Water	High School Equivalency High School Diploma
	Crime Victim Support	Disaster Related Food Stamps	Literacy Programs
	Domestic/Family Violence Legal Services	Personal Disaster Loans	Special Education
	Ex-Offender Services	Post Disaster Cleanup	
	General Legal Aid	Shelter	
	Government Information Services		
	Inmate Support Services		
	Judicial Services		
	Law Enforcement Agencies		
	Lawyer Referral Services		
	Legal Assistance: Benefits and Services		
	Legal Assistance: Certificates and Forms		
	Legal Assistance: Immigration/Naturalization		
	Legal Services		
	Missing Persons Location Assistance		

Community Health Needs Assessment 2025

Employment	Health Care	Individual and Family Life	Mental Health and SUD
Job Training Payee Services Public Assistance Benefits	Aging and Disability Blood and Plasma Donations Assistive Technology Equipment Chronic Disease Self Management Programs Community Clinics Diagnostic Imaging/Radiology Disease/Disability Information Emergency Medical Care/Hospitals Health Care Referrals Health Education Health Insurance Health Related Advocacy Groups Health Screenings/Diagnostic Services Home and Asset Protection Human Reproduction Immunizations Medical Equipment/Supplies Outpatient Health Facilities Patient/Family Support Services Prescription Medication Services Rehabilitation/Habilitation Services Specialty Medicine Specialized Treatment and Prevention	Adoption Services Animal Regulation and Pet Care Case/Care Management Child Care Family Support Services In Home Assistance Information Services Interpretation/Translation Leisure Activities/Recreation Mutual Support Personal Enrichment Protective Services Protective Services for Animals Social Development and Enrichment Veterinary Services	Counseling Detoxification Services Eating Disorder Treatment Inpatient Residential Treatment Mental Health Evaluation Mental Health Information/Education Mental Health Support Groups Outpatient Mental Health Treatment Substance Use Disorder Prevention/Education Substance Use Disorder Supportive Services Substance Use Disorder Treatment Programs Suicide Prevention
Personal / Household Items	Public Health	Public Works	Transportation
Appliances Clothing Cell Phones Diapers Household Items Personal/Grooming Needs Thrift Stores	Communicable Disease Control Environmental Conservation Public Health Information/Inspection/Remediation Occupational Health and Safety Public Safety	Building and Safety Land Use Planning and Regulation Street Maintenance Utility Line Location Information Waste Management Services Weed Abatement/Brush Control	General Transportation Paratransit Programs Repair Services Transportation Expense Assistance Travelers Assistance
		Seasonal	Veteran / Military
		Air Conditioning/Fans Back-To-School Christmas Easter Summer Food Service Programs Tax Preparation/VITA Thanksgiving Winter Coat Programs	Basic Needs Benefits Criminal Justice and Legal Employment Health and Social Services Mental Health and Support Organizations and Hotlines Seasonal Shelter and Housing

To start the search for community resources based on ZIP code, the page can be accessed here:
<https://in211.communityos.org/>.

Below are some of the resources that are available to those in Clark, Scott and Floyd counties that can be found on the Indiana Family and Social Services Administration's website in relation to Indiana 211.

Table 18

Resource Category	Organization Name	Description
Basic Needs	Clark County Youth Shelter and Family Services	Provides emergency shelter on a short term and long term basis for youth and teens.
	Center for Women and Families of Southern Indiana	Provides services for women and men (regardless of sexual or gender orientation), with or without children, affected by intimate partner domestic violence and/or sexual assault. Services include a 24-hour crisis line, case management, walk-in crisis counseling, hospital advocacy, and help obtaining protective orders and other legal advocacy.
	Salvation Army of Southern Indiana	Provides limited financial assistance for rent and utilities to those in need. Rent must be past due and utilities must be in disconnect status. Clothing vouchers may be provided to local Salvation Army thrift store.
Criminal Justice and Legal Services	Pilot Club of Jeffersonville Indiana	Provides life-saving services to enhance success in locating persons who are at risk of wandering, such as those with dementia, Alzheimer's, Autism, Down's Syndrome and specific brain injuries.
	Indiana Youth Services Association	Provides sites where youth in crisis can go for help. Trained volunteers help youth problem solve and access services. Sites are marked with a yellow-and-black "Safe Place" sign; some sites include fire stations, public libraries, schools, community centers, Boys and Girls Clubs, and YMCA locations.
Education	Strengthening Indiana Families	Connects families and individuals to resources in the community such as child creative activities, counseling, financial literacy, support groups, and tutoring.
Income Support and Employment	Clark County Offices	Serves as the executive and administrative authority for Clark County, including performing the following duties: controls, maintains, and supervises county property; audits and authorizes claims against the county; receives bids for the authorizes county contracts; performs certain election functions; handles appeal of township trustee decisions.
	Bureau of Disability Services - Division of Disability and Rehabilitative Services	Provides funding for home and residential care services to enable persons with developmental disabilities to live as independently as possible. Client services include developmental evaluation, case management, and referrals to supported living and home-care providers.
Individual and Family Life	LifeSpring Health Systems	Provides comprehensive services to adults with mental health issues. Assessments may be done to determine treatment options including individual counseling, group therapy, case management, or psychiatric services.
	Our Place Drug and Alcohol Services	Offers a support group for grandparents or relatives raising a family member's child. Support group topics include contemporary issues, legal and financial information, physical and mental health, and community resources.
	Clark County Health Department	Provides HIV case management services to persons diagnosed with HIV or AIDS. Services begin with an assessment, care coordination, administers Early Intervention Plan, AIDS Drug Assistance Program, Direct Emergency Financial Assistance, Health Insurance Assistance Program, and Housing Opportunities for Persons With AIDS. Also offers to contact partners known to have been exposed, with the objective of informing them of their exposure.
Mental Health and Substance Use Disorder Services	Comfort House	Conducts forensic interviews of child victims of sexual abuse. Evaluations are conducted exclusively by referral from Child Protective Services or local law enforcement agencies. Also provides services to families affected by sexual abuse. Services include a multidisciplinary team forensic interview approach, advocacy and referral to counseling and legal programs.
	Childplace	Offers therapy services and medication management services to children, adolescents, adults, couples, and families, for ADHD, anxiety, depression, or any number of other diagnoses; with particular focus on changes in mood, defiance, divorce, drug and alcohol, traumatic experiences and trouble in school. Services begin with an intake assessment.
	Clark County Health Department	Provides harm reduction services that includes syringe exchange services free, confidential, HIV and Hepatitis C testing for persons in need. Information and referrals are available for HIV and Hepatitis C treatment and substance use counseling services.
Organizational/Community/International Services	Jeffersonville Township Public Library	Maintains a public lending library and provides phone-based reference assistance. In-house services include public computer and internet access.

Source: Indiana 211
<https://www.in.gov/fssa/in>

To access and print a full community resource list for each county, the page can be accessed here:
<https://www.in.gov/fssa/indiana-211/>.

Indiana Rural Health - Scott County resource directory

The Indiana Rural Health website includes a listing of agencies, medical care locations, coalitions, and other community assistance resources for the Scott County community, as shown below.

Table 19

Organization Name	Contact Information	Address
AIDS Healthcare Foundation	1(812) 608-2269	PO Box 60 Austin, IN 47102
CEASE of Scott County Coalition (Coalition to Eliminate the Abuse of Substances)	1(812) 820-0620	Scott County EMS Training Institute, 1468 Scott Valley Dr., Scottsburg, IN 47170
Centerstone's Re-entry and Recovery Program - EMERGE	1(812) 414-1520	1092 W. Community Way, Scottsburg, IN 47170
Centerstone	1(812) 493-8365	45 W. Main St., Austin IN 47102
Conquer the CHAOS	1(812) 752-6365	Scott County Community Clearinghouse, 1057 Community Way, Scottsburg, IN 47170 Lifelong Learning Center 1092 W. Community Way Scottsburg, IN 47170
Covering Kids & Families of Scott County	1(812) 752-7365	501 Thomas St., Scottsburg, IN 47170
CRADLE Crisis Pregnancy Center	1(812) 752-6898	
EMPOWER Youth Coalition	1(812) 595-6213	
Foundations Family Medicine	1(812) 794-8100	1469 N. Gardner St. Scottsburg, IN 47170
Get Healthy Scott County Coalition	michelle.matern@scottcounty.in.gov	75 N. 1st St., Scottsburg, IN 47170
LifeSpring	1(812) 752-2837 1(812) 820-5993	
New Creation Ministries	1(812) 493-5222	
New Hope Services	1(812) 752-4892	1642 West McClain Ave., Scottsburg, IN 47170
Nurse-Family Partnership Program	1(812) 207-2269	http://www.goodwillindy.org/nfp Full Scope Family Medicine Rural Health Clinic 1441 N Gardner St., Scottsburg, IN 47170
St. Luke's Medical Ministry	1(812) 752-4055	
SAMHSA's National Opioid Use Disorder Helpline	1(800)-662-HELP (4357)	
Schneck Family Care	1(812) 752-7444	1366 North Gardner Street, Scottsburg, IN 47170
Schneck Specialty Associates Scottsburg	1(812) 752-6513	1366 North Gardner Street, Scottsburg, IN 47170
Scott County Health Department	1(812) 752-8455	296 N. Gardner St., Scottsburg, IN 47170
Scott County Sheriff/Jail	1(702) 829-3001	
THRIVE: Scott County's Recovery Engagement Center	ScottCountyTHRIVE@gmail.com	First Presbyterian Church Basement 396 W. McClain Ave., Scottsburg, IN
Tobacco Prevention Cessation	1(812) 812-752-6365	

Source: <https://www.indianaruralhealth.org/clientuploads/services/inroc-resources/Naloxone%20resources/Scott-County-Resource-Directory-August-2020.pdf>

Clark County government portal – children and family resources

Clark County’s government portal has a link for residents of the community to view a variety of resources available to them. Some of these resource categories include:

- Automated External Defibrillator (AED) Program
- Children and Family
- Courts and Law
- Employment and Jobs
- Public Safety
- Ordinances and Resolutions

The table below highlights the resources found on the Children and Family tab, as a significant portion of our primary data focuses in on the pediatric needs of the communities that we service.

Table 20

Organization Name	Contact Information	Address
Clark County Youth Shelter & Family Services, Inc.	1(812) 284-5229	1021 Youngstown Shopping Center
Family & Social Services Administration (FSSA)	1(800) 403-0864	Jeffersonville, IN 47130 P.O. Box 248
The Center for Women and Families	1(812) 944-6743	Sellersburg, IN 47172 501 East Court Avenue
Clark County Prosecuting Attorney Victim Assistance Program/Domestic Violence Unit	1(812) 285-6264	215 City-County Building Jeffersonville, IN 47130
Indiana Coalition Against Domestic Violence, Inc.		
National Domestic Violence Hotline	1-(800)-799-SAFE (7233)	
Clark County Adult Guardianship Program	droyse@co.clark.in.us	

Source: Clark County Government Portal - Children and Family Resources

<https://www.co.clark.in.us/index.php/clark-county-indiana-resident-resources/clark-county-indiana-children-and-family-resources>

Appendix F

Primary data assessment

Community input: community health needs survey

As previously stated, Norton Clark and Norton Scott hospitals conducted a community-wide survey to obtain feedback from the general public regarding health needs and perceptions. The community survey was made available in both English and Spanish through online and paper surveying methods. There were 426 surveys collected, with 309 from Clark County, Indiana, and 117 from Scott County, Indiana. Surveys that fell outside of the tri-county community were excluded from the results.

Respondent demographics

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

Norton Clark and Norton Scott 2024

Community Survey

Response Percentage County	
Clark County, Indiana	56%
Scott County, Indiana	27%
Floyd County, Indiana	17%

Gender	
Female	70%
Male	16%
Unknown/ No response	14%

Race and Ethnicity	
White	74%
Black / African American	7%
Asian	0%
Hispanic	2%
Other	3%
No response	14%

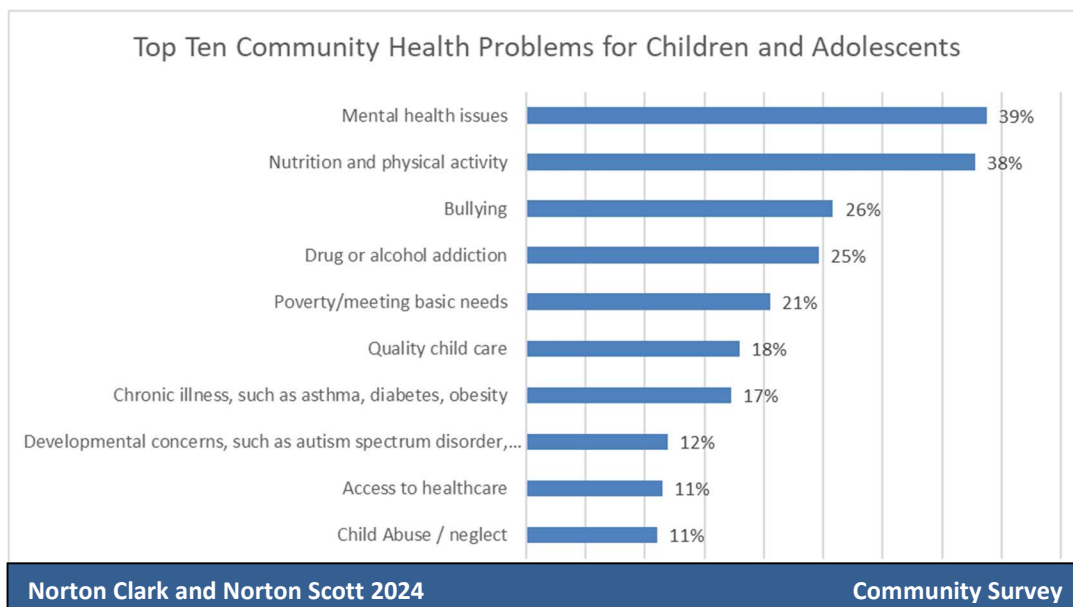
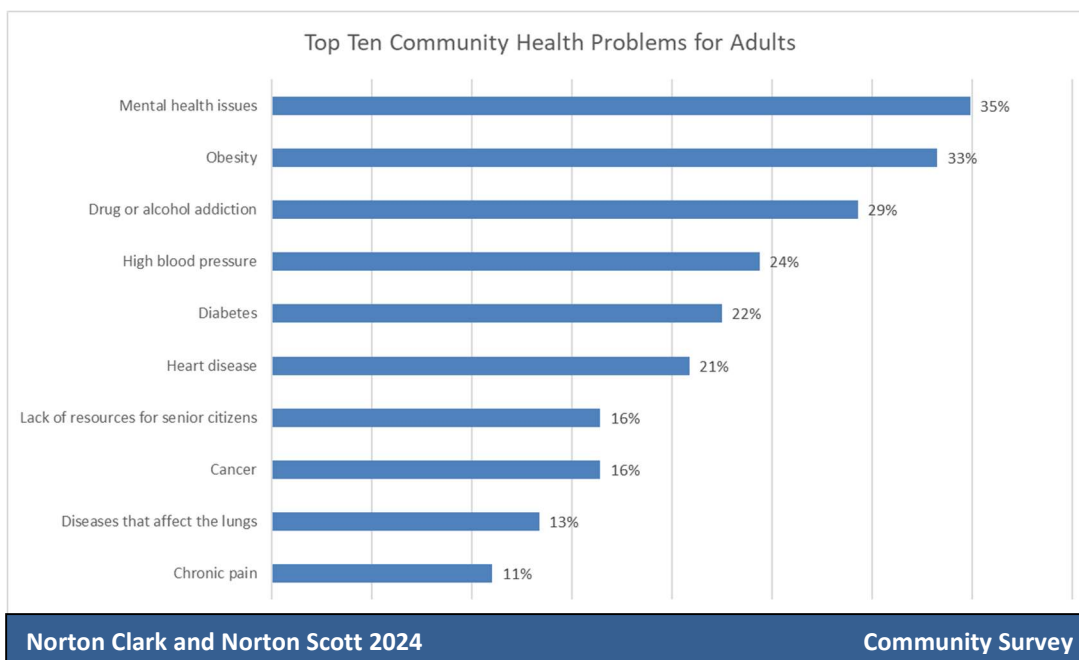
Age Range	
00-17	0%
18-44	36%
45-64	39%
65-UP	24%

*Education Attainment	
No High School	2%
High School diploma	12%
Some College	31%
Bachelor/Graduate	32%
No response	24%

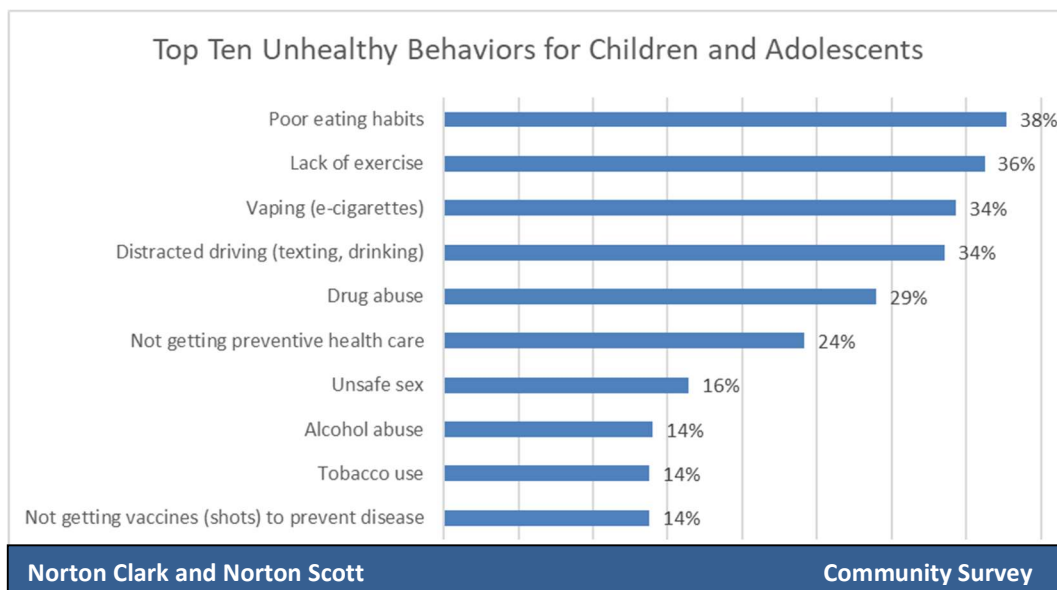
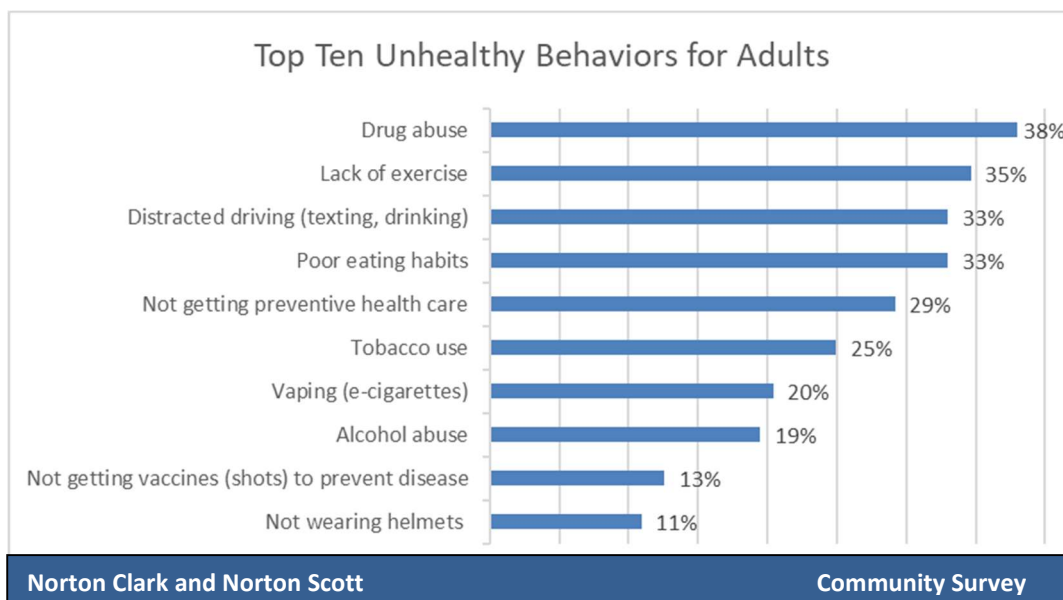
Findings

The purpose of the community survey was to gather opinions and perspectives on multiple issues impacting health. This included community health problems, unhealthy 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: Of respondents, 35% indicated that mental health is a current issue for adults in the community. Other top community health problems included obesity (33%), drug or alcohol addiction (29%), high blood pressure (24%) and diabetes (22%). Of respondents, 39% indicated that mental health is a current issue for children and adolescents in the community. Other top community health problems specific to children and adolescents include poor nutrition and lack of physical activity (38%), bullying (26%), drug or alcohol addiction (25%), and poverty or meeting basic needs (21%). See the charts below for the top 10 community health problems for adults and children.

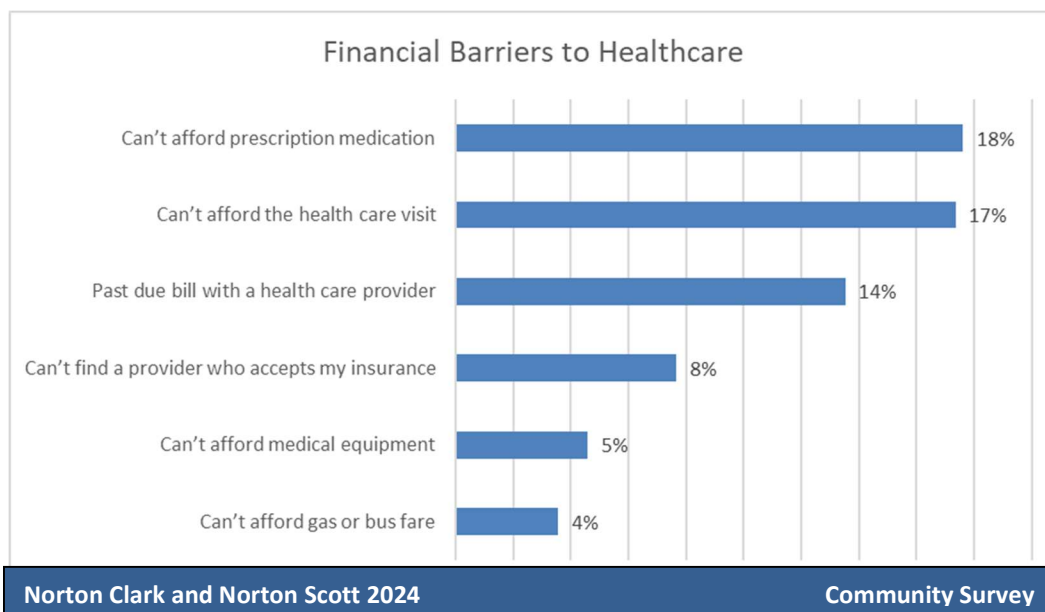


Unhealthy behaviors: One of the most frequent behavioral issues for adults was drug abuse (38%). This was followed by lack of exercise (35%), distracted driving (33%), poor eating habits (33%) and not getting preventive health care (29%). One of the most frequent behavioral issues for children and adolescents was poor eating habits (38%). This was followed by lack of exercise (36%), vaping (34%), distracted driving (34%), and drug abuse (29%). See the charts below for the top 10 unhealthy behaviors for adults and children.

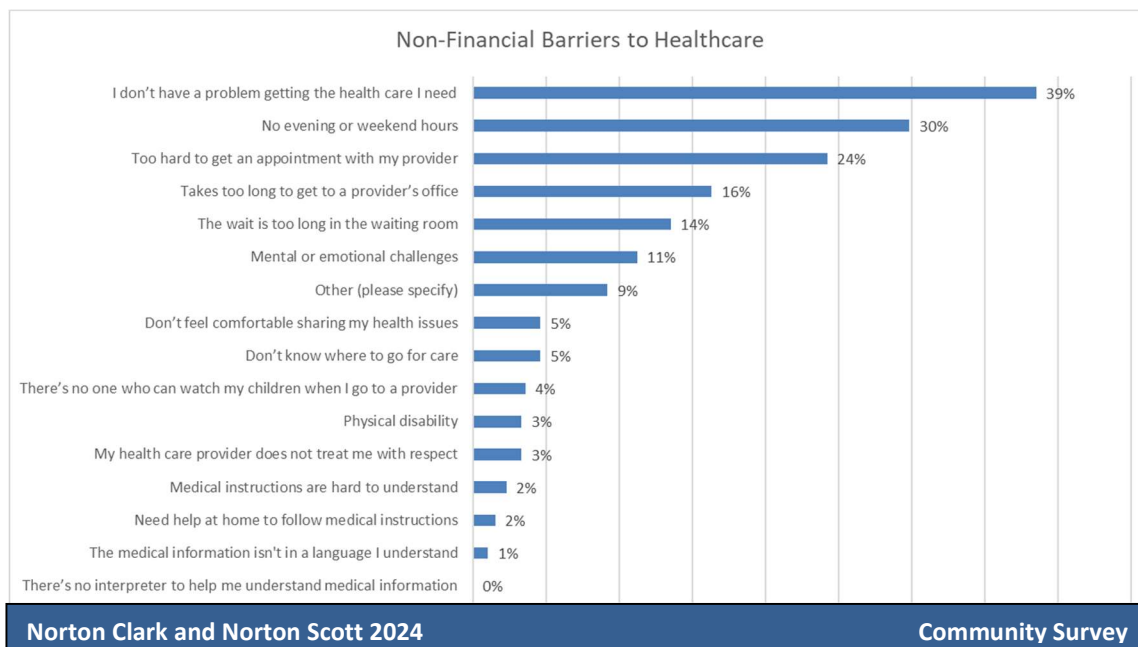


Barriers to health care: The survey instrument used two questions to obtain information regarding barriers to health care. The first question dealt with financial barriers, while the second question dealt with nonfinancial barriers to health care. Thirty-nine percent of respondents indicated that they did not have a problem getting the health care they needed.

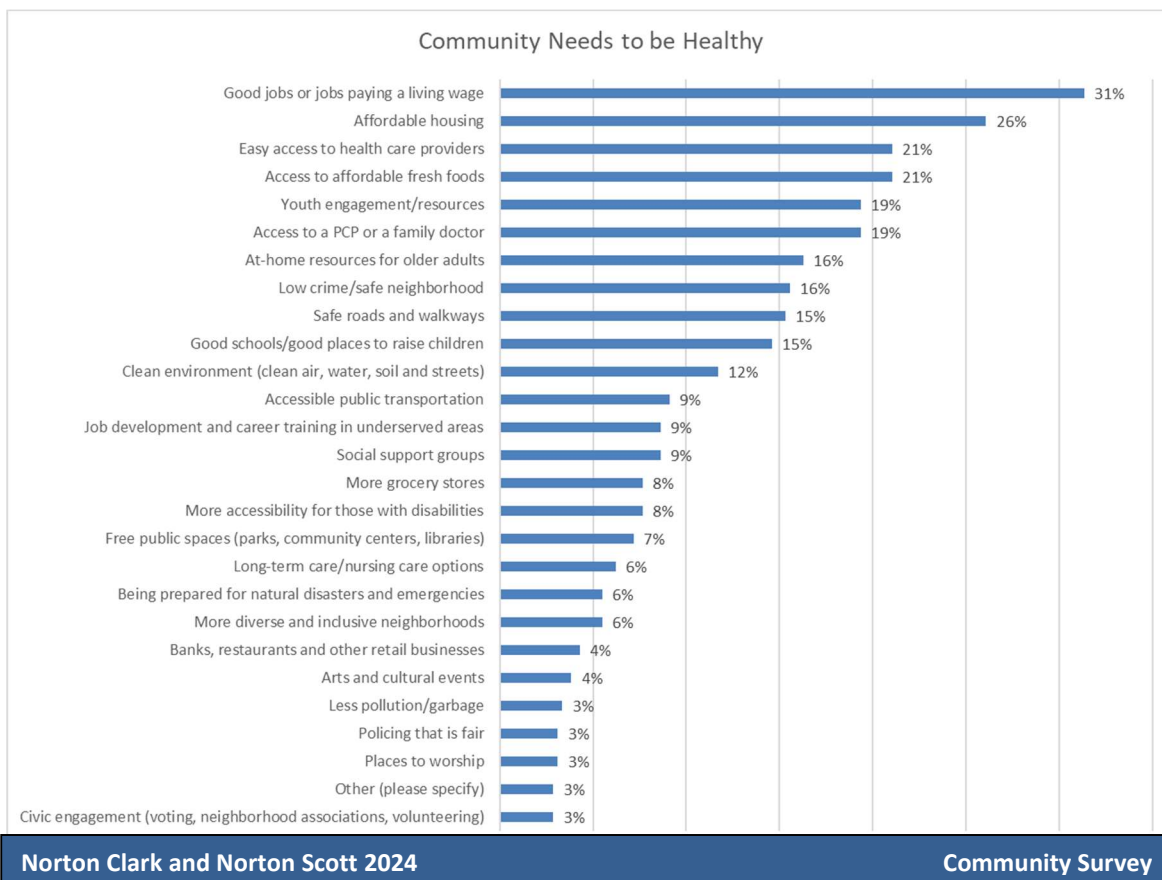
In reviewing the financial barriers listed, the most prevalent financial barriers are: inability to afford prescription medication (18%), inability to afford the health care visit (17%), and a past due bill with a health care provider (14%).



The most prevalent nonfinancial barriers were the lack of evening or weekend hours (30%), getting an appointment with a provider is too hard (24%), and it takes too long to get to a provider's office (16%). The graph below shows the full results from the survey.



Community needs to be healthy: When asked what the community needs to be healthy, the most common responses were good jobs that pay a living wage (31%), affordable housing (26%), access to affordable fresh foods (21%), easy access to health care providers (21%) and access to a primary care physician or a family doctor (19%).



Community Health Needs Survey 2024**2024 Norton Healthcare
Community Health Needs Survey****We need to hear from you!**

What you think about the health needs of the community is important. That's why Norton Healthcare regularly conducts a Community Health Needs Survey. Your answers help us ensure that our programs and resources are focused on the health needs you tell us about.

It should take 5 to 10 minutes to complete the survey. The information collected will remain confidential. You will not receive any direct responses or additional emails from Norton Healthcare after completing the survey.

Thank you for participating.

1. In what ZIP code do you live? _____

The following questions are about the neighborhood where you live.

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

- ☐ Very healthy
☐ Somewhat healthy
☐ Somewhat unhealthy
☐ Very unhealthy

3. Think about what health issues have the greatest effect on the overall health of your neighborhood. Looking at the list below, what are the three most important health issues that **adults** in your neighborhood need help with? **Select only three.**

- | | | |
|--|--|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Gun violence | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Inadequate housing | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Lack of resources for senior citizens |
| <input type="checkbox"/> Dental issues, such as gum disease, tooth decay, tooth loss | <input type="checkbox"/> Lead poisoning | <input type="checkbox"/> Flu |
| <input type="checkbox"/> Drug or alcohol addiction | <input type="checkbox"/> Intimate partner violence (including rape and sexual assault) | <input type="checkbox"/> Access to good schools |
| <input type="checkbox"/> Developmental concerns, such as autism spectrum disorder, cerebral palsy, Down syndrome | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Diseases from ticks and/or mosquitoes |
| <input type="checkbox"/> Diseases that affect the lungs, such as COPD, emphysema, asthma | <input type="checkbox"/> Sexual transmitted diseases (STDs) | |
| <input type="checkbox"/> Infectious diseases, such as hepatitis, tuberculosis, coronavirus (COVID-19) | <input type="checkbox"/> Obesity | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Car crash injuries | |
| | <input type="checkbox"/> Suicide | |
| | <input type="checkbox"/> Unintended pregnancy | |
| | <input type="checkbox"/> Stroke | |

- ☐ Other (please specify): _____

4. Think about what health issues have the greatest effect on the overall health of your neighborhood. Looking at the list below, what are the three most important health issues that **children and adolescents** in your neighborhood need help with?

Select only three.

- | | | |
|--|---|---|
| <input type="checkbox"/> Premature birth | <input type="checkbox"/> Access to healthcare | <input type="checkbox"/> Sexual transmitted diseases (STDs) |
| <input type="checkbox"/> Poor housing | <input type="checkbox"/> Child Abuse/neglect | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Racism/discrimination | <input type="checkbox"/> Infant death | <input type="checkbox"/> Car crash injuries |
| <input type="checkbox"/> Dental issues, such as gum disease, tooth decay, tooth loss | <input type="checkbox"/> Gun violence | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Drug or alcohol addiction | <input type="checkbox"/> Quality child care | <input type="checkbox"/> Unintended pregnancy |
| <input type="checkbox"/> Developmental concerns, such as autism spectrum disorder, cerebral palsy, Down syndrome | <input type="checkbox"/> Equitable schools | <input type="checkbox"/> Mental health issues |
| | <input type="checkbox"/> Lead poisoning | <input type="checkbox"/> High blood pressure |
| | <input type="checkbox"/> Poverty/meeting basic needs | <input type="checkbox"/> Nutrition and physical activity |
| | <input type="checkbox"/> Chronic illness, such as asthma, diabetes, obesity | |

☐ Other (please specify): _____

5. What three unsafe behaviors do you most wish could be stopped for **adults** in your neighborhood? Select only three.

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

☐ Other (please specify): _____

6. What three unsafe behaviors do you wish could be stopped for **children and adolescents** in your neighborhood?

Select only three.

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

☐ Other (please specify): _____

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Social support groups | <input type="checkbox"/> Good schools/good places to raise children | <input type="checkbox"/> More grocery stores |
| <input type="checkbox"/> Access to a primary care provider or a family doctor | <input type="checkbox"/> Civic engagement (voting, neighborhood associations, volunteering) | <input type="checkbox"/> Access to affordable fresh foods |
| <input type="checkbox"/> Accessible public transportation | <input type="checkbox"/> Good jobs or jobs paying a living wage | <input type="checkbox"/> Easy access to health care providers |
| <input type="checkbox"/> Clean environment (clean air, water, soil and streets) | <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Job development and career training in underserved areas |
| <input type="checkbox"/> Free public spaces (parks, community centers, libraries) | <input type="checkbox"/> Safe roads and walkways | <input type="checkbox"/> At-home resources for older adults |
| <input type="checkbox"/> Places to worship | <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Long-term care/nursing care options |
| <input type="checkbox"/> More accessibility for those with disabilities | <input type="checkbox"/> More diverse and inclusive neighborhoods | <input type="checkbox"/> Youth engagement/resources |
| <input type="checkbox"/> Low crime/safe neighborhood | <input type="checkbox"/> Banks, restaurants and other retail businesses | <input type="checkbox"/> Being prepared for natural disasters and emergencies |
| <input type="checkbox"/> Less pollution/garbage | | |
| <input type="checkbox"/> Policing that is fair | | |
| <input type="checkbox"/> Other (please specify): _____ | | |

The following questions are about how you and your family members interact with the health care system.

8. In the past year, have you or anyone living with you been able to get health care when you or they needed it?

	Yes	No
Adults	<input type="checkbox"/>	<input type="checkbox"/>
Children/adolescents	<input type="checkbox"/>	<input type="checkbox"/>

9. What challenges have you or your family experienced when seeking health care services? **Select all that apply.**

- | | |
|---|---|
| <input type="checkbox"/> Can't afford the health care visit | <input type="checkbox"/> The wait is too long in the waiting room |
| <input type="checkbox"/> Can't afford prescription medicine | <input type="checkbox"/> There's no one who can watch my children when I go to a provider |
| <input type="checkbox"/> Can't afford medical equipment | <input type="checkbox"/> Medical instructions are hard to understand |
| <input type="checkbox"/> Past due bill with a health care provider | <input type="checkbox"/> There's no interpreter to help me understand medical information |
| <input type="checkbox"/> Can't afford gas or bus fare | <input type="checkbox"/> The medical information isn't in a language I understand |
| <input type="checkbox"/> No evening or weekend times when I can see a provider | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Takes too long to get to a provider's office | <input type="checkbox"/> Mental or emotional challenges |
| <input type="checkbox"/> Don't know where to go for care | <input type="checkbox"/> Don't feel comfortable sharing my health issues |
| <input type="checkbox"/> My health care provider does not treat me with respect | <input type="checkbox"/> Need help at home to follow medical instructions |
| <input type="checkbox"/> Can't find a provider who accepts my insurance | <input type="checkbox"/> I don't have a problem getting the health care I need |
| <input type="checkbox"/> Too hard to get an appointment with my provider | |
| <input type="checkbox"/> Other (please specify): _____ | |

- 10.** Within the past 12 months, how often have you put off or delayed getting medical care because you couldn't afford it?

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often

- 11.** Within the past 12 months, how often have you not had enough money to buy the food you or your family needed?

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often

- 12.** How often do you feel that you, personally, have been discriminated against because of your race, ethnicity, gender identity, religion or sexual orientation?

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often

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

	Yes	No
Adults	<input type="checkbox"/>	<input type="checkbox"/>
Children/adolescents	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No
Adults	<input type="checkbox"/>	<input type="checkbox"/>
Children/adolescents	<input type="checkbox"/>	<input type="checkbox"/>

- 15.** What's most important when choosing a doctor or provider? **Select all that apply.**

- ☐ Accepted by my medical or health insurance plan
☐ Quality ratings from agencies (such as Medicare Star Ratings)
☐ Able to get an appointment in a timely manner
☐ Able to trust them
☐ Speaks my primary language
☐ Expertise
☐ Office is close to my home or work
☐ Recommended by my friends or family
☐ Other (please specify): _____

16. Within the past two years, have you or anyone in your household had difficulty finding or being able to see a doctor/provider who treats specific illnesses or conditions for adults or children/adolescents?

- ☐ Yes
☐ No

17. If yes to question 16, what kind of specialist did you need for an **adult's** care? **Select all that apply.**

- ☐ Cancer specialist
☐ Bone and joint specialist
☐ Dentist
☐ Diabetes specialist
☐ Mental health specialist, such as a social worker, psychologist or psychiatrist
☐ Women's health specialist, such as an OB/GYN
☐ Heart specialist
☐ Nerve and brain specialist
☐ Lung and breathing specialist
☐ Other (please specify): _____

18. If yes to question 16, what kind of specialist did you need for a **child's or adolescent's** care? **Select all that apply.**

- ☐ Cancer specialist
☐ Bone and joint specialist
☐ Dentist
☐ Diabetes specialist
☐ Mental health specialist, such as a social worker, psychologist or psychiatrist
☐ Women's health specialist, such as an OB/GYN
☐ Heart specialist
☐ Nerve and brain specialist
☐ Lung and breathing specialist
☐ Other (please specify): _____

19. If yes to question 16, why were you unable to visit the specialist when you needed one? **Select all that apply.**

- ☐ The specialist was not covered by my health insurance
☐ Did not have a car or transportation to get to the office
☐ Did not know how to find a specialist
☐ No specialist was available in my area
☐ The wait was too long in the waiting room
☐ Could not get to the office while they were open
☐ Could not afford to pay for the specialist
☐ No appointments were available
☐ Other (please specify): _____

20. Who do you rely on most often for information about health? **Select all that apply.**

- ☐ Health department
- ☐ Hospital staff
- ☐ Social media (Facebook, Twitter, Instagram, etc.)
- ☐ Internet (Google, WebMD, blogs, etc.)
- ☐ Family and friends
- ☐ My doctor or provider
- ☐ TV, radio, newspaper, magazines
- ☐ Church/faith community
- ☐ Other (please specify): _____

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

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Occasionally
- ☐ Never

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

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

23. Have you or any member of your household used a hospital emergency room within the past two years?

	Yes	No
Adults	<input type="checkbox"/>	<input type="checkbox"/>
Children/adolescents	<input type="checkbox"/>	<input type="checkbox"/>

24. Do you have access to participate in telehealth (video appointment) in your home or personal space?

- ☐ I have a smartphone, tablet or computer and internet access.
- ☐ I have a smartphone, tablet or computer, but do not have internet access.
- ☐ I do not have a smartphone, tablet, computer or internet access.

25. Would you consider using your smartphone, tablet or computer for a health care visit?

- ☐ Yes
- ☐ No

26. If yes to question 25, what health care services would you be comfortable using your smartphone, tablet or computer to obtain? **Select all that apply.**

- ☐ Primary care
- ☐ Basic health services
- ☐ Urgent care
- ☐ Cancer specialist visit
- ☐ Common cold
- ☐ Mental health
- ☐ Heart specialist visit
- ☐ Pain specialist visit
- ☐ Other (please specify): _____

The following questions are about you and your household.

27. What is your age? _____

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

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic, Latino or Spanish
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Other (please specify): _____

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

- ☐ Female
- ☐ Male
- ☐ Prefer not to say

30. What is your gender identity? **Select all that apply.**

- ☐ Female
- ☐ Male
- ☐ Transgender female/transgender woman
- ☐ Transgender male/transgender man
- ☐ Nonbinary
- ☐ Genderqueer/gender nonconforming
- ☐ Prefer not to disclose
- ☐ Different identity (please specify): _____

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

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

32. What is your housing situation today?

- ☐ I have housing.
- ☐ I have housing today, but I am worried about losing housing in the future.
- ☐ I am staying in a hotel, homeless shelter, on the street, in a camp, in a car, in an abandoned building, in a bus station or in a park.

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

- ☐ Yes
- ☐ No

34. How many people live with you?

- ☐ None
- ☐ 1 to 2
- ☐ 3 to 5
- ☐ 6 to 10
- ☐ More than 10

35. How many children/adolescents live in your household?

- ☐ None
- ☐ 1 to 2
- ☐ 3 to 5
- ☐ 6 to 10
- ☐ More than 10

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

- ☐ Less than high school
- ☐ GED or alternative
- ☐ High school diploma
- ☐ Some college, but no degree
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Master's degree, professional or doctorate
- ☐ Other (please specify): _____

37. What is your employment status?

- ☐ Employed full time
- ☐ Employed part time
- ☐ Not employed
- ☐ Unable to work due to disability
- ☐ Retired
- ☐ Student
- ☐ Furloughed/temporarily laid off
- ☐ Other (please specify): _____

38. What was your total household income from all sources in 2023?

- ☐ Less than \$15,000
- ☐ \$15,000 to \$24,999
- ☐ \$25,000 to \$34,999
- ☐ \$35,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 and above
- ☐ Prefer not to answer

Thank you for completing the 2024 Norton Healthcare Community Health Needs Survey. We appreciate your feedback! Your answers will help us provide programs and resources that are focused on the significant health needs of the community.

Community input: community leader and physician interviews

Norton Clark Hospital and Norton Scott Hospital conducted 32 interviews with 49 representatives from the community and Norton Healthcare to gather their feedback on the health needs of the community. The specific interview questions and a list of organizations included in the interview process are provided later in this appendix. These interviews focused on major events and the following key areas: chronic conditions, mental health, substance use, access to care, social determinants of health and pediatric concerns. The questions were designed to gather feedback and perspectives on the barriers to health care and to identify the greatest areas of need in the community. The key themes identified as a result of the interviews can be found below.

Pressing problems and barriers

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

Chronic Conditions

- Obesity
- Diabetes
- Cardiovascular health conditions
- Cancer
- Respiratory conditions
- Hypertension
- Stroke

Mental Health

- Mental health services and resources are difficult to access
- Increase in mental health conditions
- Shortage of mental health providers and professionals
- High prevalence of trauma in the community
- Lack of crisis care services
- Lack of community mental health education

Substance Use

- Limited preventive and supportive programming
- Lack of community education regarding substance use
- Stigma exists regarding substance use disorders
- Substance use disorder care is difficult to access
- Underlying mental health conditions impacting substance use

Access to Care

- Limited access to care – services, resources, providers
- Lack of specialty care services
- Lack of primary care services
- Stigma regarding the need to access care to meet health needs

Social Determinants of Health

- Transportation
- Safe and stable housing
- Financial barriers
- Trauma
- Where one is from or lives
- Cultural barriers
- Language barriers
- Food insecurities
- Insurance barriers
- Immigration status
- Low health literacy

Pediatric Concerns

- Increase in mental health conditions
- Increase in pediatric substance use, especially vaping
- Limited pediatric substance use care options
- Lack of healthy eating choices and physical activity

Mental health

A significant amount of time was spent discussing the current mental health landscape, including the increasing demand for mental health services in the community and the issues in the community pertaining to suicide, especially among the pediatric population. Mental health conditions such as depression and anxiety have increased in this community; however, it is still difficult to access mental health care due to a lack of health care providers. Mental health education on different diagnoses and resources is lacking in the community, which has made it difficult for individuals to seek out the care they need.

Substance use

Almost 50% of interviews identified substance use as a top health concern for the community. It was identified that the community has seen an increase in substance use disorders and addiction. For the pediatric population, there has been an increase in underage drinking and vaping in the community. Despite the increase in substance use in the community, treatment options and intervention opportunities are lacking or are difficult to access for community members. Half (50%) of interviews discussed the need for preventive and supportive programming for those in the community who struggle with substance use disorders.

Populations with unmet health needs

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

- **Populations with a higher risk of mental health and substance use disorders and the unhoused:** It was found that individuals who experience housing insecurity also experience difficulty with their mental health and/or substance use disorders. Individuals who are unable to meet their basic needs have to prioritize other essential items, such as food, over seeking health care. These populations experience unstable housing, food insecurity and insurance barriers, and are faced with transportation barriers to access health care services.
- **Individuals with low health literacy levels:** A lack of community health education has resulted in a segment of the population with low literacy levels regarding the health care system, how to navigate it and what it means to live a healthy life.
- **Minorities and marginalized:** The majority of this population consists of individuals that are a part of the African American/Black community, Hispanic/Latino community, unhoused population and/or LGBTQ+ community. These populations tend to lack trust in the health care systems and/or providers due to historical mistreatment in their community.
- **Immigrants and refugees:** These populations have come to the U.S. from another country and experience language barriers resulting in a lack of trust in the health care system and/or providers, which creates barriers when accessing health care services and resources.
- **Elderly:** The elderly population is often forgotten about. Older adults lack a support system and have limited mobility conditions, which impacts their ability to access health care and is detrimental to both their physical and mental health.
- **Children:** This population is underserved in the community as there is a lack of pediatric practices and mental health services in the community. This is a great concern for the pediatric

population since there is an increasing rate of children and teens being diagnosed with mental health conditions leading to an increase in substance use among this population.

- **Individuals from certain ZIP codes:** Certain ZIP codes experience disproportionate deaths and chronic illness, particularly in the rural areas of the community, where there is limited or no access to care options and technology compared to the urban parts of the community.
- **Women:** This demographic was identified as a population that is at a higher risk for unmet health needs. This is due to a lack of care options in the community, specifically regarding women's care.

Reflections and actions

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

- Increase access to care for vulnerable populations by making providers accessible in all geographic areas.
- Establish substance use disorder treatment programming and crisis care services and resources for mental health.
- Invest in the community to increase services and resources by addressing social determinants of health and its impact on health outcomes.
- Increase community health education to aid in health literacy and preventive care initiatives.
- Establish community partnerships and collaborate with these organizations to increase and promote health education.
- Increase community presence and visibility through community partnerships and getting involved in community events.

Community input: key findings

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

- Improving access to care
- Management of chronic conditions
- Resources in the areas of mental health and substance use
- Affordability and coverage of health care services
- Health literacy, including the navigation of the health care landscape
- Physical inactivity
- Improving trust in the health care system

Improving access to care: The community is made up of rural areas, and 16% of interviews discussed how the community's rural population experiences health disparities that impact their ability to access health services. Of the responses, 21% identified easy access to health care providers as a community need and 31% reported difficulty finding a provider for specific illnesses, with the most prevalent reason being no appointments available or no specialist in the area. The most frequent services needed were in the areas of mental health, dentistry, women's health, bone and joint specialist and heart specialist. During the interview process, 88% of interviewees discussed access to care as a community health issue. Among these concerns, specific service lines such as mental health and primary care services were identified due to access being limited by insurance providers.

Individuals in the community experience inadequate housing and are faced with food insecurity, which creates competing priorities that from their perspective outweigh seeking health care services. Of interviewees, 25% discussed concerns pertaining to housing insecurity or the unhoused population while 13% of survey respondents reported that they are experiencing issues within their home that compromises their health. Of the interviews, 78% identified transportation as a barrier to care for this community. In addition, 16% of survey responses stated that getting to a provider's office remains a challenge. In 31% of interviews, it was mentioned that the elderly population experiences difficulty accessing health services and resources. Of the respondents, 18% identified the lack of resources for senior citizens as a top community health issue, and 16% of respondents identified a need for more at-home resources for older adults to aid in improving access and addressing this community health issue.

Management of chronic conditions: The community health needs survey identified obesity, high blood pressure, diabetes, heart conditions, cancer and diseases that affect the lungs as top community health problems. Chronic conditions such as these were discussed by 50% of interviewees as a major health concern for the community. Survey responses identified that six of the top 10 health issues identified for adults are chronic health conditions and 17% identified chronic health conditions as a concern for children and adolescents in the community.

Resources for mental health and substance use: Mental health and substance use were identified as top health concerns for the community through survey results. Of respondents, 35% reported that mental health is an issue for adults in the community and 39% reported that mental health is an issue for children in the community. Nearly 46% of respondents reported that they had sought out a mental health specialist — social worker, psychologist or psychiatrist — in the past two years. A majority, 88% of interviews, identified mental health as a health concern for the community with limited access to mental health resources. For the pediatric population, 19% of interviews discussed how mental health is a significant concern for children in the community. The high prevalence of trauma in the community was mentioned as a concern in 59% percent of the interviews; this problem is in part largely due to adverse childhood experiences of community members. Bullying was identified by almost 26% of interviews as being one of the top health issues for children and adolescents in the community. Of the interviews, 56% mentioned that they are concerned about the rise in mental health conditions in the community. The two most frequently identified mental health conditions in the community are anxiety at 47% and depression at 53%.

Another major concern cited in 31% of interviews was substance use. Additionally, 50% of the interviews identified the need for wraparound services to help people at all points of recovery. Drug or alcohol addiction was identified as a top health issue for adults by 29% of respondents, and 25% identified drug or alcohol addiction as a concern for children in the community. Along with this, 38% of survey responses identified drug abuse as an unsafe behavior in the community, with 25% identifying tobacco use and

20% identifying alcohol use. When asked about smoking and tobacco use, 16% of interviews specifically mentioned vaping as an increasing concern for the community. Vaping was identified as an unsafe behavior for community children in 34% of the responses, and 20% indicated that it is a concern for adults in the community. In regard to violence, crime and safety, about 2% of survey respondents reported that gun violence is a health issue for adults and nearly 3% for children. This can cause distress early in a child's life impacting their mental health.

Affordability and coverage of health care services: Financial barriers, including affordability and insurance coverage, were named as a significant barrier to health. More than half (53%), of interviews discussed how the community lives in poverty, which significantly affects resident's ability to access health services since there are other priorities in their lives that take precedence. Lack of health insurance was mentioned by 59% of interviews as a major deterrent for patients seeking care options. Of survey respondents, 21% reported that they sometimes or often have put off medical care because they were unable to afford it. In addition, 50% of survey responses identified that financial or insurance needs create barriers to care in the community. Of respondents, 6% reported that they do not have any kind of health coverage while 13% of respondents reported that children do not have any kind of health care coverage.

Health literacy: Close to 24% of survey respondents report that they have some difficulty understanding information given by their health care provider. In addition, 84% of interviews discussed health literacy, including the knowledge of how to navigate health systems and understanding what makes up a healthy lifestyle, as being of significant concern in the community. The top contributors that were identified that create barriers to health literacy were language barriers at 53% and lack of education at 34%. Through the survey, 22% of respondents indicated that the provider's ability to speak their primary language is of importance to them.

Physical inactivity: The lack of physical activity of both adults and children in the community was identified as a major health concern and unsafe behavior for both adults and children. Of survey participants, 35% identified the lack of physical activity as being a concern for adults and 36% identified it as being a concern for children and adolescents. The interviews identified that a lack of physical activity is a concern for 16% of adults and 13% for children in the community.

Trust in the health care system: A majority of interviews, 88%, stated that trust in the health care system and providers is a concern for the community. This is largely due to past negative health care experiences. Trust between patient and provider is critical to best meet one's health needs. Almost 73% of survey responses stated that trust is one of the most important aspects that is considered when choosing a provider. In interviews, 19% mentioned that an increase in diverse staff would improve their health care experience. Additionally, 28% of interviews mentioned that there is a need for coordinated care among health care institutions. These are just a few of the ways that health entities can improve trust in the health care system, by listening to community members and identifying areas of need.

Key Leader Interview Questions:

Pressing Problems and Barriers

1. What health care services are lacking in the community?
2. What groups of people have the most trouble accessing healthcare services? What are the barriers they face? (Example: pediatrics, adult care, elderly/geriatric services, minority/ethnic groups, etc.)
3. What specific health issues are you most concerned about in the community?

4. What specific health issues are most concerning for the children in your household and/or community? (Nutrition and exercise, poverty, access to healthcare, gun violence)
5. How does a clean and healthy environment (clean air, water, soil, and streets) affect the overall health of the community?
 - a. How clean do you think your community is today?
6. Mental health continues to be a major health concern, in your opinion, what mental health concerns are most prominent in the community?

Follow up: What services are needed for those in the community struggling with their mental health?
7. Substance use continues to be a major health concern for our community. In your opinion, how can healthcare organization better support those struggling with substance use (alcohol/tobacco/marijuana vs illicit drugs)?
8. What prevents people in the community from getting healthcare services?
 - a. What can be done to help reduce/minimize these barriers to care?
 - b. Do these barriers differ for various demographic areas or population groups? (Caucasian vs. African American vs. Hispanic, vs. refugees, LGBTQ, Children vs. Adult?)
9. What groups of people in your community do you believe have the most serious unmet health care needs? (This could be based on many attributes of the community members including race, age, ethnic background, where they live, or their lifestyle choices)

Trust and Health Literacy

10. Trust in healthcare systems was identified as a barrier to care in a previous assessment. In your opinion, is trust in the healthcare system or local healthcare providers a concern for the community?

Follow up: What actions could help alleviating some of these concerns/issues?
11. In prior assessments, health literacy was identified as a significant concern. In your opinion, do individuals in your community find it difficult to find, understand and use health information or services?

Healthcare Engagement

12. Do you feel telehealth visits (including video visits and e-visits) are effective and satisfying way to receive healthcare?

Follow up: What types of services do you feel telehealth visits are most effective and accepted?
13. What do you think healthcare systems can do to improve the health of our community?
14. Describe your ideal hospital or physician office visit experience.

Final Thoughts

15. What is the single most important thing that could be done to improve health in the community?

Follow up: What role should healthcare institutions play in that area and who else needs to participate to be successful?
16. We have focused on the health needs and concerns of the community. Now let's switch the focus to identifying strengths. In your opinion, what are some of the strengths of the community?
17. Is there anything that we did not discuss today that you believe we should be aware of as we work on our next community health needs assessment?

Organizations Included in the Provider and Community Leader Interviews

WesBanco
Greater Clark County Schools
Stockyards Bank
Greater Clark County Schools
Leadership Southern Indiana
Clark County Health Department
Norton Healthcare
Kentuckiana Health Collaborative
Centerstone

Scott County School District 2
Hospatus Health Southern Indiana and
Grief Counseling Center
Family Health Centers of Southern Indiana
YMCA of Greater Louisville
IVY Tech Community College
City of Jeffersonville
Center for Women & Families
CRADLE Family Resource Center

Appendix G

Detailed summary of topics and findings

Community Health Needs Assessment 2025

Category	Topic	Interviews	Survey Data	Secondary Data
Chronic health conditions	Obesity	31% of interviews identified obesity as major health issue in the community.	33% of survey respondents identified obesity as a top health issue for the community.	According to County Health Rankings, 39% of Clark County, Indiana, is considered obese; 37% of Floyd County, Indiana is considered obese; and 38% of Scott County, Indiana, is considered obese.
	Diabetes	38% of interviews identified diabetes as major health issue in the community.	22% of survey respondents identified diabetes as a top health issue for the community.	<p>According to County Health Rankings, 10% of Clark County, Indiana, is considered diabetic; 9% of Floyd County, Indiana, is considered diabetic; and 11% of Scott County, Indiana, is considered diabetic.</p> <p>According to CDC Wonder's Leading Cause of Death, there were 24.3 deaths per 100,000 from 2018-2023 in Clark County, Indiana, for diabetes. This was followed by Floyd County, Indiana, at 22.3 and Scott County, Indiana, at 43.7.</p>
	Cancer	19% of interviews identified cancer as major health issue in the community.	16% of survey respondents identified cancer as a top health issue for the community.	According to CDC Wonder's Leading Cause of Death, there were 214.9 deaths per 100,000 from 2018-2023 in Clark County, Indiana, for cancer. This was followed by Floyd County, Indiana, at 214.3 and Scott County, Indiana, at 277.9.

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	Heart health	<p>25% of interviews identified cardiovascular conditions as major health issue in the community.</p> <p>9% of interviews identified hypertension as major health issue in the community.</p>	<p>24% of survey respondents identified high blood pressure as a top health issue for the community.</p> <p>21% of survey respondents identified heart disease as a top health issue for the community.</p>	<p>According to CDC Wonder's Leading Cause of Death, there were 250.5 deaths per 100,000 from 2018-2023 in Clark County, Indiana, for heart disease. This was followed by Floyd County, Indiana, at 224.6 and Scott County, Indiana, at 321.6.</p>
	Respiratory conditions	<p>9% of interviews identified respiratory conditions as major health issue in the community.</p>	<p>13% of survey respondents identified diseases that affect the lungs as a top health issue for the community.</p>	<p>According to CDC Wonder's Leading Cause of Death, there were 81.6 deaths per 100,000 from 2018-2023 in Clark County, Indiana, for lower respiratory diseases. This was followed by Floyd County, Indiana, at 74.4 and Scott County, Indiana, at 121.2.</p>
	Stroke	<p>3% of interviews identified stroke as major health issue in the community.</p>	<p>3% of survey respondents identified stroke as an important health issue that affects the adults in the community.</p>	<p>According to CDC Wonder's Leading Cause of Death, there were 50.8 deaths per 100,000 from 2018-2023 in Clark County, Indiana, for cerebrovascular diseases, including stroke. This was followed by Floyd County, Indiana, at 49.8 and Scott County, Indiana, at 52.0.</p>

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Access to health care	Access to care	<p>88% identified limited access to health care as a concern when asked about what services were lacking in the community.</p> <p>The areas identified included mental health & behavioral health services, primary or family providers, and access that is limited through their insurance provider.</p>	<p>31% of respondents reported that they have experienced difficulty accessing a specialist in the past two years. The top two reasons for limited access being no specialists in the area or no appointments available.</p> <table><tr><th>Adult Specialists</th><th>Pediatric Specialists</th></tr><tr><td>Mental health</td><td>Mental health</td></tr><tr><td>Women's health</td><td>Dentist</td></tr><tr><td>Dentist</td><td>Women's health</td></tr><tr><td>Bone and joint specialist</td><td>Bone and joint specialist</td></tr><tr><td>Heart specialist</td><td>Heart specialist</td></tr></table> <p>Top reasons respondents were unable to access a specialist</p> <p>No appointments were available</p> <p>No specialist was available in my area</p> <p>The specialist was not covered by my health insurance</p> <p>Could not afford to pay for the specialist</p> <p>Did not know how to find a specialist</p>	Adult Specialists	Pediatric Specialists	Mental health	Mental health	Women's health	Dentist	Dentist	Women's health	Bone and joint specialist	Bone and joint specialist	Heart specialist	Heart specialist	<p>According to the 2024 American Health Rankings, 86.4% of the Indiana population has a regular health care provider.</p> <p>Part of accessing care is the availability of health care professionals. The County Health Rankings reports the population-to-provider ratios for primary care physicians, primary care other, mental health providers and dentists. The ratio for primary care physicians in Clark County, Indiana was 2,610:1. Floyd County, Indiana, has a primary care ratio of 1,790:1 and Scott County, Indiana, has a primary care ratio of 2,710:1.</p>
	Adult Specialists	Pediatric Specialists														
	Mental health	Mental health														
Women's health	Dentist															
Dentist	Women's health															
Bone and joint specialist	Bone and joint specialist															
Heart specialist	Heart specialist															
Workforce representation	19% of interviews mentioned that an increase in diverse staff would improve their health care experience.	When choosing a doctor or provider, 73% of survey respondents reported that the ability to trust them is the most important aspect to them.	According to the Center for Creative Leadership, an inclusive workplace can lead to healthy work boundaries, lower levels of burnout and increased retention.													
Coordinated care	28% of interviews mentioned the need for coordinated care among health care institutions.	5% of survey respondents identified "not knowing where to go for care" as a barrier to care.	According to the Centers for Medicare & Medicaid Services, care coordination among doctors and other health care providers is important when communicating patient information in a safe,													

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				appropriate and effective care manner.
Behavioral and life choices	Mental health	<p>88% discussed mental health as a service with limited access, a health concern in the community, or identified those with mental health issues as a population that struggles to access health services.</p> <p>19% identified mental health as a significant concern for children in the community.</p> <p>56% identified anxiety and depression as the top mental health conditions that are prevalent in the community.</p>	<p>35% of survey respondents identified mental health as a top health issue in the community for adults.</p> <p>39% of survey respondents identified mental health as a major health concern for children in the community.</p> <p>46% of survey respondents reported that they had sought out a mental health specialist, such as a social worker, psychologist or psychiatrist, in the past two years.</p>	<p>According to County Health Ranking, in Clark County and Floyd County, Indiana, 17% report frequent mental distress while in Scott County, Indiana, 19% report frequent mental distress.</p> <p>In the 2024 County Health Rankings report, the rate of suicide per 100,000 population in Clark County, Indiana, was reported as 15 per 100,000. Floyd County, Indiana, reported as 14 per 100,000, and Scott County, Indiana, reported as 16 per 100,000. The national rate is 14 per 100,000.</p>
	Substance use	<p>31% identified substance use disorders as a major health concern for their community.</p> <p>7% identified this as a concern for the children in the community.</p> <p>When directly asked about substance use issues and barriers to care, 50% of interviews discussed the need for</p>	<p>29% of survey respondents identified drug or alcohol addiction as a top health issue in the community for adults.</p> <p>25% of survey respondents identified drug or alcohol addiction as a major health concern for the children of the community.</p>	<p>According to County Health Rankings, in Indiana there were 34 drug overdose deaths per 100,000, whereas for the United States there were 27 drug overdose deaths per 100,000. In Clark and Floyd counties, there were 48 and 47 drug overdose deaths per 100,000, respectively, while in Scott County, Indiana,</p>

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		<p>wraparound services to help people at all points of recovery.</p> <p>31% of interviews mentioned concern in regard to smoking and tobacco use in the community.</p> <p>16% of interviews specifically mentioned vaping when talking about smoking/tobacco use in the community.</p>	<p>38% of survey respondents identified drug abuse as an unsafe behavior in the community.</p> <p>29% of survey respondents identified drug abuse as an unsafe behavior for the children of the community.</p> <p>Some of the unsafe behaviors identified were tobacco use at 25% and alcohol use at 20%.</p> <p>20% of respondents indicated that vaping specifically is an unsafe behavior for adults in the community.</p> <p>34% of respondents indicated that vaping is an unsafe behavior for children in the community. 14% of respondents indicated that tobacco use is an unsafe behavior for children in the community.</p>	<p>there were 65 drug overdose deaths per 100,000.</p> <p>Nationally, the 2024 County Health Rankings reports that 15% of adults are current smokers. The county with the highest percentage is Scott County, Indiana, at 25% followed by Clark County, Indiana, at 19% and Floyd County, Indiana, at 17% for adults currently smoking.</p>
	Physical Inactivity	<p>The lack of physical activity of both adults and children in the community is a major health concern. A total of 38% of interviews mentioned that this is a concern with 16% being a concern for adults and 13% being a concern for children.</p>	<p>The lack of exercise was identified as an unsafe behavior for both adults and children and adolescents. 35% identified the behavior as a concern for adults and 36% identified the issue for children and adolescents.</p>	<p>According to County Health Rankings, 26% of adults in Clark County, Indiana, are physically inactive. In Floyd County, Indiana, it is reported that 24% of adults in the county are physically inactive, while in Scott County, Indiana, 31% of adults are reported as physical inactive.</p>

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	Mistrust in the health care system	88% of interviews stated that trust in the health care system and providers is a concern for the community which is largely due to negative past health care experiences.	73% of respondents reported that one of the most important aspects when choosing a provider is the ability to trust them.	According to the Association of American Medical Colleges Center for Health Justice, trust in institutions such as hospitals and public health departments has been declining, with Generation Z having the lowest level of trust in these institutions.
Socioeconomic/ Demographic	Nutritional needs/Food insecurity	41% of interviews identified food insecurity as a concern for the community due to a lack of access to affordable and available healthy food options.	14% of respondents reported that they sometimes or often experience food insecurity.	<p>According to the County Health Rankings data, 10% of Clark County, Indiana, 9% of Floyd County, Indiana, and 15% of the population of Scott County, Indiana, experience food insecurity.</p> <p>41% of the public school students in Clark County, Indiana, remain eligible for free or reduced-price lunch. In Floyd County, Indiana, 30% of students remain eligible for free or reduced-price lunch, and in Scott County, Indiana, 56% remain eligible for free or reduced-price lunch.</p>
	Insurance barriers	59% of interviews stated that lack of insurance coverage for health services was a major deterrent for patients seeking care.	6% of respondents reported that they do not have any kind of health care coverage.	The County Health Rankings report for 2024 reports that 8% of Clark County, Indiana, adults are uninsured. In Floyd County, Indiana, 8% of adults are uninsured and in Scott County,

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		13% of respondents reported that children in the community do not have any kind of health care coverage.	<p>Indiana, 9% remain uninsured. Nationally 10% of the adult population is uninsured.</p> <p>According to the 2024 America's Health Rankings, Indiana ranks 27th for percent of the population that is uninsured in the subcategory access to care within the clinical care category.</p>
Resources for aging populations	31% of interviews discussed that the elderly population has trouble accessing health care services and resources.	<p>18% of survey respondents identified that the lack of resources for senior citizens is a top community health issue.</p> <p>16% of survey respondents identified at-home resources for older adults as a top need for a healthy community.</p>	According to the U.S. Department of Health & Human Services' Office of Disease Prevention and Health Promotion, people aged 65 and older made up 17% of the population in 2020 and by 2040 this statistic is to grow 22%, which means the aging population will have a higher utilization rate of health services and a higher need for caregivers.
Inadequate housing	25% of interviews discussed concerns pertaining to housing insecurity or the unhoused population.	13% of survey respondents reported that they are experiencing issues such as mold, bug infestations, inadequate heat, and/or other conditions that make their home unhealthy to live in.	According to County Health Rankings, on a national scale 17% of those in the United States experience severe housing problems. In Clark County, Indiana, 10% of the community experiences severe housing problems, while in Floyd County, Indiana, 9% experience severe housing problems, and in Scott County, Indiana, 12% of the

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			county experiences severe housing problems.
Health literacy	<p>84% of interviews identified health literacy as being of significant concern in the community.</p> <p>The top contributors that create barriers in regard to health literacy for the community were language barriers at 53% and lack of education at 34%.</p>	<p>24% reported sometimes or more often having difficulty understanding the information that the health care provider gives you.</p> <p>3% reported not being comfortable with filling out medical forms by themselves.</p>	The Agency for Healthcare Research and Quality states that more than 90 million adults in the United States have low health literacy which impacts their ability to make informed health decisions.
Transportation	78% of interviews identified transportation as the greatest barrier to care for individuals in the community.	<p>16% reported that the time that it takes to get to the health care provider's office remains a challenge for them or their family.</p> <p>4% identified not being able to afford gas or a bus fare as a barrier to health care.</p>	According to the American Hospital Association, each year around 3.6 million individuals in the United States are unable to access medical care due to transportation issues that contribute to poor health outcomes.
Poverty/Financial barriers	It was mentioned that 53% of the community lives in poverty, which greatly affects the ability to access health care services as other competing priorities take precedence.	<p>50% of the top barriers to care identified relate to financial or insurance needs.</p> <p>21% of survey respondents reported that they sometimes or often put off medical care because they were unable to afford it.</p>	According to the statistics provided through SG2 analytics, Scott County, Indiana, has the highest percentage of families living below the poverty line at 10.74%, followed by Clark County, Indiana, at 7.85%, and 6.74% in Floyd County, Indiana.

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Health disparities	16% of interviews mentioned how the community's rural population experiences health disparities that affect their access to health care services.	11% of survey respondents reported that they have sometimes or often felt that they have been personally discriminated against because of their race, ethnicity, gender identity, religion or sexual orientation, which can deter one from seeking health services.	According to Census.gov, 68.9% of Scott County, Indiana, is considered rural, which is followed by Floyd County, Indiana, at 34.1% and Clark County, Indiana, at 21.3%. This is important to note as those in rural counties sometimes have more limited access to health care services.
Language barriers	53% of interviews discussed how language barriers in the community prove to be a barrier when needing to access health services.	22% of respondents reported that the provider's ability to speak their primary language is important to them.	According to SG2 data, in Clark County, Indiana, 2.11% of the county speaks English less than very well. For Floyd County, Indiana, 0.90% of the county speaks English less than very well and in Scott County, Indiana, this statistic is 0.34%.
Violence, crime, and safety	22% of interviews mentioned concern for violence in the community. Gun violence specifically was mentioned the most in interviews.	2% of respondents reported that gun violence is a health issue for adults and 3% for children.	According to the FBI Crime Data Explorer, in 2023 Indiana ranked 29th out of 50 states in U.S. violent crime rates per 100,000.
Trauma	59% of interviews mentioned that the prevalence of trauma in the community is of concern largely due to adverse childhood experiences.	26% of respondents reported that bullying is one of the top health issues for children and adolescents.	According to the federal 2023 Child Maltreatment report provided by the Office of the Administration for Children and Families, in 2023 Indiana reported 11.5 child victims per 1,000 children in the state.

Appendix H

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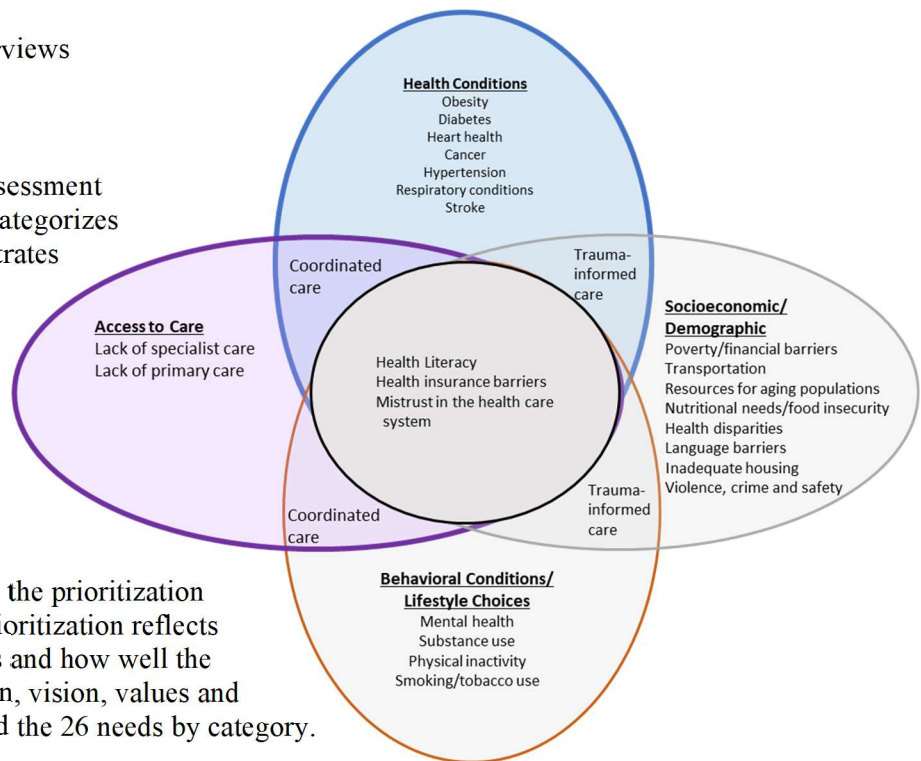
*Community Health Needs Assessment
Implementation Strategy
2025-2027*

Norton Clark Hospital and Norton Scott Hospital have 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 surveys
- Provider and community leader interviews
- Secondary market research

Findings

A total of 26 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, health insurance barriers and mistrust in the health care system intersect all four categories of need.



Prioritization

The Norton Committee on Faith and Health Ministries, as a subcommittee of the Norton Healthcare's board of trustees participated in the prioritization process to identify the areas of focus. The prioritization reflects both the community's perception of its needs and how well the issues align with Norton Healthcare's mission, vision, values and strategic priorities. The table below identified the 26 needs by category.

Health Conditions	Access to Care	Behavioral Conditions/ Lifestyle Choices	Socioeconomic/ Demographic
Obesity Diabetes Heart health Cancer Hypertension Respiratory conditions Stroke	Primary care Specialty care Coordinated care Health insurance barriers	Mental health Substance use Mistrust in the health care system Physical inactivity Smoking/tobacco use	Poverty/financial barriers Health literacy Transportation Resources for aging populations Trauma informed care Nutritional needs/food insecurity Health disparities Language barriers Inadequate housing Violence, crime and safety

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/lifestyle choices and socioeconomic/demographic concerns that were prioritized for inclusion in our Community Health Needs Assessment.

From those areas of need, we identified nine areas of focus for implementation. These strategic areas are mental health, substance use, mistrust in the health care system, physical inactivity, health literacy, trauma-informed care, nutritional needs/food insecurity, resources for aging populations and health disparities. Although Norton Healthcare continues to have a comprehensive charity care policy, we are not currently in a position to significantly influence the poverty levels, transportation or housing concerns that exist in the population that we serve. Language barriers will continue to be addressed as an access to care concern. We are also under the belief that as a health care organization we are not the best organization to address violence, crime and safety in the community.

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

Mental health

Initiative
Increase education and community conversations pertaining to local youth mental health needs and support services available through Norton Children's Medical Group Mental and Behavioral Health department.
Increase access to mental health services through a new behavioral health office located at Norton Medical Center in Jeffersonville, Indiana, to help reach those in need of less-acute mental health care, including individual and group therapy.

Substance use

Initiative
Facilitate tobacco/vaping cessation through classes offered by Norton Prevention & Wellness and nicotine replacement therapies offered by Norton Healthcare retail pharmacies.
Expand a bidirectional referral process with community-based non-Norton Healthcare mental and substance abuse health providers.

Mistrust in the healthcare system

Initiative
Educate the community about the importance of routine health screenings (mammography, lung screening, and diagnostic cardiac CT) through targeted health fairs and service line leadership.
Expand student exposure to health care through educational and career/employment opportunities such as the Student Nurse Apprenticeship Program and student healthcare assistant academic-practice partnerships.
Host Scottsburg (Indiana) Community Health Fair and other events, such as Women's Health Night, at Norton Scott Hospital to build community relationships and provide free screenings, education and community resources.
Host community events, including community blood drives and the car show and health fair at Norton Clark Hospital or Norton Medical Center Jeffersonville, Indiana.
Intentionally grow number of locations, providers, staff and subspecialty care in the community to meet identified community needs.

Physical inactivity

Initiative
Increase the number of health screenings (body mass index is one area of focus) and educational opportunities at community events throughout the year.
Encourage the importance of physical activity through education classes, materials and access to athletic trainers via a partnership between Norton Sports Health and Greater Clark County Schools.

Health literacy

Initiative
Provide health literacy education through the Healthy Hour digital platform to educate on financial assistance, sites of care and Norton MyChart navigation and the development of multidisciplinary “Care Pass” initiatives.
Educate the community about the importance of routine health screenings (mammography, lung screening and diagnostic cardiac CT) through targeted health fairs and service line leadership.
Develop Norton Prevention & Wellness materials in easily understood language, using pictures, demonstrations and QR codes to facilitate understanding and ease of connection.
Host counseling and cancer support groups, classes and seminars on cancer education and survivorship through Norton Cancer Institute Pat Harrison Resource Center in Jeffersonville, Indiana.

Trauma-informed care

Initiative
Provide training for all new employees to equip them with the knowledge and skills needed to provide trauma-informed care.
Increase access to mental health services through new behavioral health office located at Norton Medical Center in Jeffersonville, Indiana, to help reach those in need of less acute mental health care, including individual and group therapy.

Nutritional needs/food insecurity

Initiative
Develop a "Smart Shopper" program to educate about nutritional food choices, reading product labels, etc.
Expand the Farm Fresh Friday farmers markets to the Indiana hospital campuses.
Implement and grow the distribution of educational materials from Norton Sports Health pertaining to healthy eating habits, including grocery store tour videos, performance dietitian blogs and education collateral materials on display in local high schools.

Resources for aging populations

Initiative
Increase community education through dementia and cognitive decline workshops and other events and resources specific to aging populations.
Through the new Centers for Medicare & Medicaid Services Age Friendly Hospital Measure, make the health care environment more age-friendly by focusing on what matters to the patient, while ensuring safety in mobility and mentation.

Health disparities

Initiative
Improve access by increasing pediatric outreach services and locations.
Screen admitted patients over 18 for each of the five health-related social need (HRSN) domains: food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety. Patients who screen positive and request assistance are referred to inpatient social workers/care management, to assist with providing resources.
Explore telehealth services for the Scott County, Indiana, school system employees and students.

The implementation strategies listed above were approved by Norton Healthcare’s Committee on Faith and Health Ministries on April 16, 2025.