



NORTON
KING'S DAUGHTERS'
HEALTH

Community Health Needs Assessment

Community Health Needs Assessment Implementation Strategy

Community Health Needs Assessment
2025

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Norton King's Daughters' Health 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:

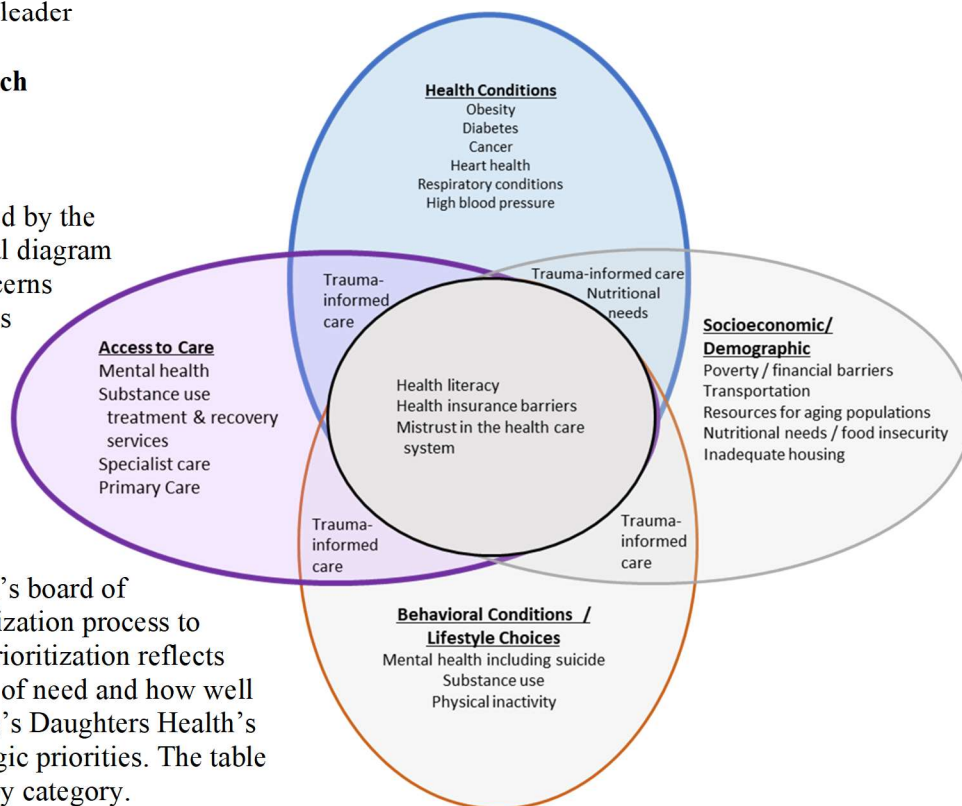
- **Community surveys**
- **Provider and community leader interviews**
- **Secondary market research**

Findings

A total of 22 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, mistrust and the uninsured intersect all four categories of need.

Prioritization

Norton King's Daughters' Health's board of trustees participated in the prioritization process to identify the areas of focus. The prioritization reflects both the community's perception of need and how well the issues align with Norton King's Daughters Health's mission, vision, values and strategic priorities. The table below summarizes the 22 needs by category.



Health Conditions	Access to Care	Behavioral Conditions / Lifestyle Choices	Socioeconomic / Demographic
Obesity	Mental health	Mental health including suicide	Poverty / financial barriers
Diabetes	Substance use treatment and recovery services	Substance use	Transportation
Cancer	Specialist	Physical inactivity	Health literacy
Heart health	Primary care	Mistrust in the health care system	Resources for aging populations
Respiratory conditions	Health insurance barriers		Nutritional needs / food insecurity
High blood pressure			Inadequate housing
			Trauma

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

Introduction

Norton King's Daughters' Health is a regional health care facility that has served families throughout Southeast Indiana and Northern Kentucky since 1899. The current hospital location opened in 2013 and joined Norton Healthcare's health care system in January 2022.

Norton King's Daughters' Health is the largest employer in Madison, Indiana, according to the Indiana Department of Workforce development¹, with nearly 800 employees. Norton King's Daughters' Health offers a wide range of inpatient, outpatient, diagnostic, orthopedic, pediatric, cancer care and intensive care services. The 86-bed hospital offers a 24/7 emergency department and a heliport for critical care transport, a comprehensive rehabilitation center with aquatic services, a comprehensive joint replacement program, women's health and maternity services, and a fully integrated cancer care center.

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

The 2025 Norton King's Daughters' Health CHNA has five main goals:

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

As discussed in more detail below, for purposes of this CHNA, Norton King's Daughters' Health has defined its community as Jefferson and Switzerland counties in Indiana and Trimble County in Kentucky, which accounts for approximately 83% of Norton King's Daughters' Health's patients. While Norton King's Daughters' Health serves patients across a broader region, narrowing the community definition to three counties will allow Norton King's Daughters' Health to more effectively focus its resources to address identified significant health needs, targeting areas of greatest need.

Norton King's Daughters' Health conducted a community-wide survey to obtain feedback from the general public regarding health needs and perceptions. The community survey was made available in both English and Spanish through a digital platform. Paper surveying translations were made available in English, Spanish, French, Arabic, Chinese, Nepali, Russian, Somali, Swahili and Vietnamese. There were 617 surveys collected from the ZIP codes within the three-county community.

¹ Hoosiers by the Numbers Indiana department of Workforce Development. "Major Employers for Jefferson County." 2025. https://www.hoosierdata.in.gov/major_employers.asp?areaID=077.

Norton King's Daughters' Health obtained input from 34 community stakeholders, including 21 Norton King's Daughters' Health-employed physicians or leaders and 13 representatives from 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 Cancer Heart health Respiratory conditions High blood pressure	Mental health Substance use treatment and recovery services Specialist Primary care Health insurance barriers	Mental health including suicide Substance use Physical inactivity Mistrust in the health care system	Poverty / financial barriers Transportation Health literacy Resources for aging populations Nutritional needs / food insecurity Inadequate housing Trauma

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

The board was asked to keep in mind:

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

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

Based on the information gathered through this 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 and lifestyle choices, as well as socioeconomic/demographic. Norton King's Daughters' Health will continue to advance the issues outlined in the categories of health conditions and access to care as part of the normal course of business in the health care industry. For purposes of this CHNA, future programming priorities will focus on the community health issues identified in the behavioral conditions and lifestyle choices and socioeconomic categories.

The Norton King's Daughters' Health board of trustees helped to identify areas where Norton King's Daughters' Health can most effectively focus its resources to have significant impact and develop implementation strategies to advance our work in these areas.

Norton King's Daughters' Health Community Health Needs Areas of Focus	
1. Mental health, including suicide	1. Health literacy
2. Substance use	2. Resources for aging populations
3. Physical inactivity	3. Nutritional needs/food insecurity
4. Mistrust in the health care system	4. Trauma-informed care

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

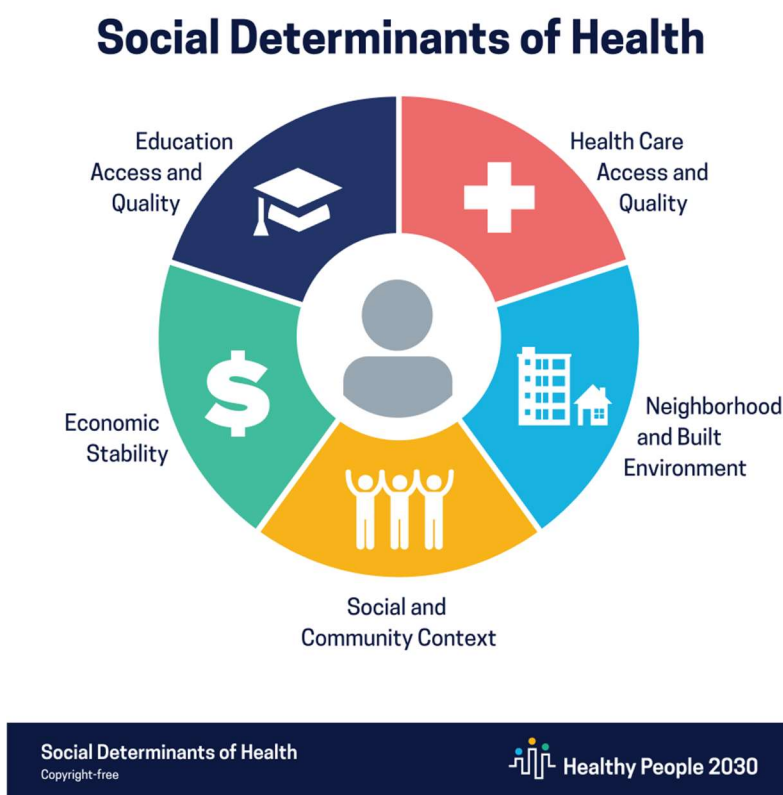
How the assessment was conducted

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

- Community benefit initiatives that were implemented over the course of the past three years were evaluated.
- The community served by Norton King's Daughters' Health was defined by using inpatient data regarding patient origin and is inclusive of populations that are medically underserved, low income, minority groups and people with limited English proficiency. This process is further described in the section on page 13. 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 was analyzed in conjunction with social determinants of health.
- Community input was obtained through a community-wide survey for the public.
- Community input also was obtained through key stakeholder interviews of 34 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 public school system, as well as agencies providing services related to mental health, food insecurity and recent immigration to the United States.
- An inventory was prepared of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA.
- Identified health needs were then prioritized taking into account community perception regarding the significance of each identified need as well as the ability for Norton King's Daughters' Health to impact overall health based on alignment with Norton King's Daughters' Health's mission and services provided. The Norton King's Daughters' Health board of trustees participated in identifying and prioritizing significant health needs.

Social determinants of health framework

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



² 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 King's Daughters' Health community survey, no attempt was made to randomly sample the population, but instead surveys were made available online and through community partners. Respondents may be prone to recall bias — that is, they may attempt to answer accurately, but they remember incorrectly. In some surveys, reporting and recall bias may differ according to a risk factor or health outcome of interest.
- The qualitative interview data collected for this assessment provides valuable insights, but results are not statistically representative of a larger population due to nonrandom recruiting techniques and a small sample size. Data was collected at one point in time and among a limited number of individuals. Therefore, findings, while directional and descriptive, should not be interpreted as definitive.

Norton King's Daughters' Health's community benefit and outreach

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

Health screenings and health education

- Norton King's Daughters' Health participated in the 4-H fair for Jefferson and Ripley counties in Indiana to provide health information to attendees.
- Norton King's Daughters' Health offered blood pressure checks at House of Hope food pantry.
- Norton King's Daughters' Health attended a corporate health and safety fair at Indiana-Kentucky Electric Corp.
- Norton King's Daughters' Health offered health resources at a community health fair in Trimble County, Kentucky.
- Norton King's Daughters' Health participated in a military appreciation event where it offered wellness and tobacco education information and blood pressure checks. Over 100 veterans and spouses attended.
- In 2024, Norton King's Daughters' Health screened 115 people at a free skin cancer screening event where educational materials and free sunscreen were provided.
- Norton King's Daughters' Health employs a full-time tobacco coordinator. In 2024, we added a part-time youth prevention coordinator.

Community education opportunities and special events

- Norton King's Daughters' Health served as an American Heart Association provider site for CPR/AED and community first aid classes as well as Basic Life Support, Advanced Cardiovascular Life Support and Pediatric Advanced Life Support trainings for health care professionals.
- Norton King's Daughters' Health provided the Fit Kids Program to 15 different fifth-grade classes at five school systems. This program targets childhood obesity by focusing on healthy eating and exercise.
- Norton King's Daughters' Health hosted the Run the Falls 5K with 194 participants in 2024.
- In 2024 the wellness coordinator completed 35 community speaking engagements focused on wellness and disease prevention topics including nutrition, heart disease, stress management, physical activity and self-defense.
- Norton King's Daughters' Health participated in the monthly "To Your Health" radio show, providing a 30-minute health education program to listeners.
- The Building Healthy Superheroes virtual field trip was hosted at four Jefferson County, Indiana, schools. This is a fun and interactive program designed for kindergarten students that teaches healthy and safe lifestyle choices for children.
- Norton King's Daughters' Health provided prenatal education to 322 expectant mothers in 2024.
- In 2024, Norton King's Daughters' Health offered four community workshops pertaining to women's safety and self-defense at no cost.

Community service activities

- An Art of Aging event was hosted by Norton Neuroscience Institute at Ivy Tech Community College in Madison, Indiana. Health resources and education information were provided for area senior citizens.
- In 2024, Norton King's Daughters' Hospital hosted a cancer survivors dinner for more than 140 people.

Healthy Communities Initiative

- The Healthy Communities Initiative (HCI) of Jefferson County (Indiana) Healthy Lifestyles team hosted a community Healthy Youth Tailgate Party in 2024. More than 200 youths, their families and volunteers from various not-for-profits were in attendance.
- The HCI Healthy Lifestyles team hosted a community scavenger hunt which was a walking event to encourage physical activity. A total of 30 community members attended.
- In 2024, the HCI Healthy Lifestyles team hosted a large community health fair with free screenings and health information. Norton King's Daughters' Health and various businesses and not-for-profits in the community participated.
- HCI partnered with Resilient Jefferson County (Indiana) to sponsor a parenting workshop in 2024.

The table below is a summary of highlights of Norton King's Daughters' Health's service offerings in response to the needs identified in our 2023 Community Health Needs Assessment.

Table 1

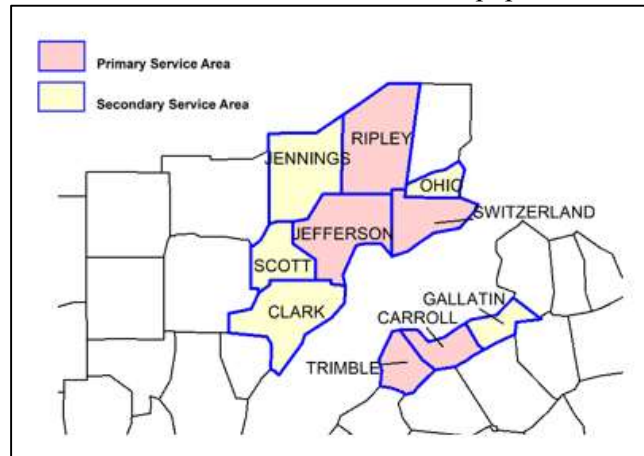
Top Identified Health Need in 2023	Highlights
Tobacco use including vaping	Norton King's Daughters' Health employs a full-time tobacco coordinator. In 2024, we added a part-time youth prevention coordinator.
	In 2024 there were 3,000 electronic patient referrals to the Quit Now Indiana toll-free telephone line. Physicians' offices were provided with folders for patients that included cessation resources and staff were trained to make Quitline referrals.
	Norton King's Daughters' Health collaborated with Southwestern Jefferson County Consolidated School Corp. to start a VOICE program. VOICE is a youth-led tobacco initiative that educates youth on tobacco marketing and dangers of tobacco. In addition, work is taking place with schools on policy changes and programs to assist youth when they are caught with tobacco products. For example, in lieu of suspension, a tobacco cessation class is being offered at two junior high schools.
Mental health / suicide	An Art of Aging event was hosted by Norton Neuroscience institute at Ivy Tech Community College in Madison, Indiana. Health resources and education information were provided for area senior citizens.
	Norton King's Daughters' Health hosted a quarterly art show for the Madison (Indiana) Art Club. Various paintings are on display in the hospital cafe as part of the ongoing Art of Healing Exhibit.
	Recognized and promoted Mental Health Awareness Month.
Obesity	Norton King's Daughters' Health provided the Fit Kids Program to 15 different fifth grade classes at five school systems. This program targets childhood obesity by focusing on healthy eating and exercise.
	The Healthy Communities Initiative of Jefferson County (Indiana) Healthy Lifestyles team hosted a community Healthy Youth Tailgate Party in 2024. More than 200 youth, their families and volunteers from various not-for-profits were in attendance.

	In 2024, the HCI Healthy Lifestyles team hosted a large community health fair with free screenings and health information. Norton King's Daughters' Health and various businesses and not-for-profits in the community participated.
Nutritional needs	Norton King's Daughters' Health provided the Fit Kids Program to 15 different fifth grade classes at five school systems. This program targets childhood obesity by focusing on healthy eating and exercise.
	A food and supplement program started in the fourth quarter of 2023. Food bags were distributed along with nutrition supplement drinks. Food bag distribution continued throughout 2024.
	The wellness coordinator completed 35 speaking engagements in 2024. These focused on wellness and disease prevention topics such as nutrition, heart disease, stress management, sun safety, physical activity and self-defense.
Physical inactivity	Norton King's Daughters' Health offered an interactive health education program for area 5th grade classrooms. All four lessons included take-home challenges and guardian information focused on exercise and healthy eating. The program was offered to five school systems and reached 15 different fifth grade classes (303 total students plus teachers and classroom aides).
	Hosted a community scavenger hunt walking event to encourage physical activity. A total of 30 community members attended.
	Norton King's Daughters' Health hosted the Run the Falls 5K with 194 participants in 2024.
Substance Use	Worked with the local health department to host a drug drop-off event for expired and unused medications and syringes.
	Norton King's Daughters' Health supported the local Recovery Café, a substance abuse support facility.
	Maintained a resource list for substance abuse recovery meetings in the community.
Health Literacy	Cancer prevention education was provided through county 4-H fairs, the Jefferson County (Indiana) Relay for Life event, the Norton King's Daughters' Health "To Your Health" podcast, and presentations offered through the wellness coordinator.
	Skin cancer prevention information and free sunscreen were provided at various opportunities.
	The Building Healthy Superheroes virtual field trip was hosted at four Jefferson County, Indiana, schools. Building Healthy Superheroes is a fun and interactive program designed for kindergarten students, teaching healthy and safe lifestyle choices for children.
Child abuse/Neglect	Norton King's Daughters' Health partnered with Resilient Jefferson County to sponsor a parenting workshop.
	Norton Healthcare began offering telehealth visits through the Madison County (Indiana) school system in 2024 to remove barriers to health care access.
	Norton King's Daughters' Health held educational preparation visits prior to delivery for 322 expectant mothers. In addition, seven couples attended the childbirth class series, and 12 mothers participated in breastfeeding consultations.

Areas served by Norton King's Daughters' Health

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

Norton King's Daughters' Health's primary service area includes two counties in Kentucky and three counties Southern Indiana, as illustrated below, with a combined population of approximately 92,000.



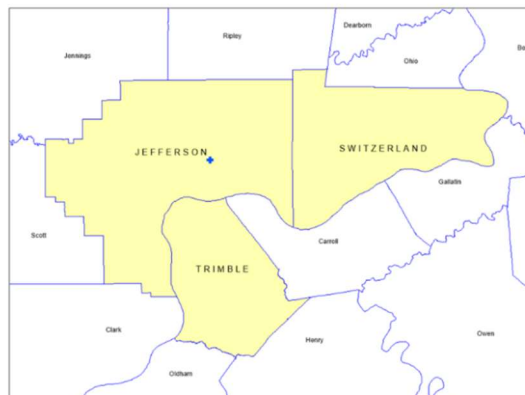
Norton King's Daughters' Health's community

Residents of Jefferson and Switzerland counties in Indiana and Trimble County in Kentucky account for approximately 83% of Norton King's Daughters' Health's inpatient discharges. Therefore, for purposes of this CHNA, the Norton King's Daughters' Health community includes the three counties identified.

Table 2

Patient Origin - Discharges and Outpatient Cases - Norton King's Daughters' Health				
Facility	2022 Discharges	2023 Discharges	YTD Sept 2024 Discharges	% Total
Jefferson - IN	1,553	1,798	906	67%
Switzerland - IN	208	217	129	9%
Trimble - KY	154	222	108	8%
PSA Total	1,915	2,237	1,143	83%
Total Discharges	2,304	2,649	1,392	100%

Source: Norton Healthcare



Socioeconomic characteristics of the community

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

- **Household poverty level** – The federal government sets a national poverty line based on both income and the people living within a household. There is a significant variance in the percentage of households that live below the poverty line for each county in the community served. Switzerland County, Indiana, at 15.4%, has the highest percentage of households living below the poverty line. Approximately 11.1% of households in Jefferson County, Indiana, live below the poverty line and 10.3% of households in Trimble County, Kentucky, live below the poverty line.
- **Employment** – The unemployment rate has been relatively stable in recent years, with the exception of 2020. The onset of the global COVID-19 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 5.1% for Kentucky and 4.2% for Indiana.
- **Insurance coverage** – Most recent statistics found that within the CHNA defined community, Switzerland County, Indiana, has the highest percentage of uninsured adults under 65 years of age at approximately 11%. Jefferson County, Indiana, is reported to have 9% of uninsured adults and in Trimble County, Kentucky, 8% remain uninsured, about 12% of those under 65 remain uninsured, according to County Health Rankings & Roadmaps.
- **Education** – In Trimble County, Kentucky, 15.56% of adults over the age of 25 do not have a high school diploma. For Switzerland County, Indiana, it is 14.92% and for Jefferson County, Indiana, it is 10.30%. 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

Norton King's Daughters' Health compared external data sources to assess the health of the tri-county community, including the previously mentioned 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** – There are opportunities to improve mortality rates as well as improve overall mental and physical health.
- **Healthy behaviors** – There are opportunities for enhanced physical activity and healthy food choices to reduce obesity and diabetes rates. Other opportunities to increase healthy behaviors would be increasing education around smoking cessation, drug use and teen birth rates.
- **Clinical care** – There is an opportunity to reduce preventable hospitalizations for both Kentucky and Indiana.
- **Social and economic factors** – Opportunities exist 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 Norton King's Daughters' Health community follows.

Hospitals and health centers

According to the Indiana Hospital Directory, which was updated in February 2025, there are two hospitals within the community being assessed, and both are located in Jefferson County, Indiana. Norton King's Daughters' Hospital is the only short-term acute care hospital with approximately 86 staffed inpatient beds. Madison State Hospital, a psychiatric hospital with 150 inpatient beds, is located in Jefferson County, Indiana. Kentucky's Hospital Directory does not list any hospitals in Trimble County.

Federally qualified health centers

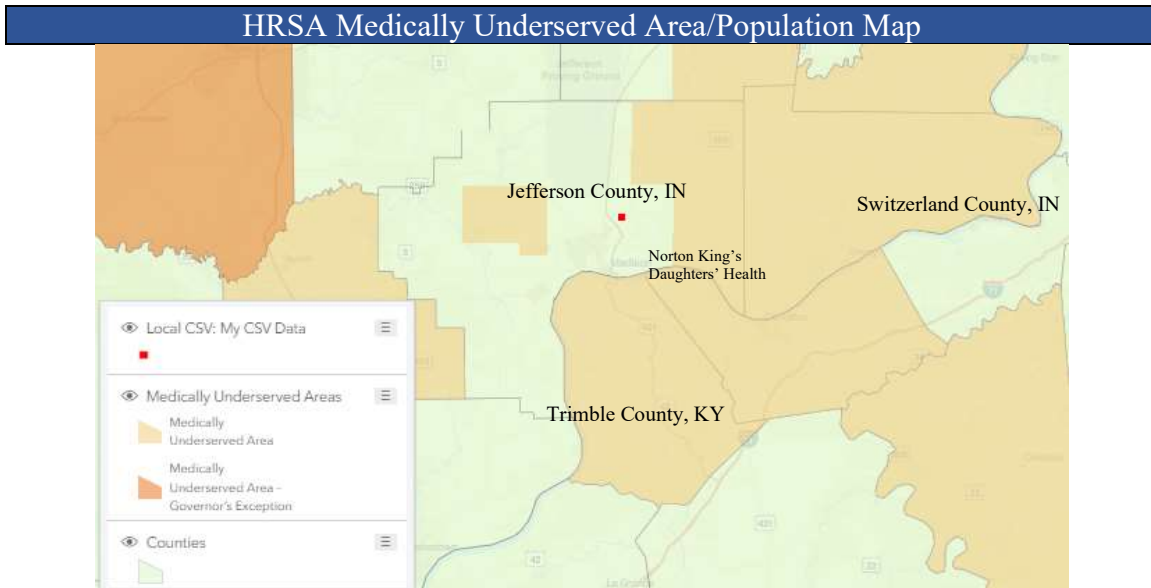
The Health Resources and Services Administration is the primary federal agency for improving health care for people who are economically and medically vulnerable. It works with state partners to determine areas with too few primary care, dental and mental health providers and services. There are limited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

Table 3

Summary of Federally Qualified Health Centers Near the Community Served		
Health Center Name	Address	County/State
LifeSpring Community Medical Services	1036 Sharon Drive	Clark County, IN
LifeSpring Inc.	460 Spring St.	Clark County, IN
LifeSpring Adult Integrated Medical Services	404 Spring St.	Clark County, IN
Charlestown Community Medical Services	890 Main St.	Clark County, IN
Family Health Center of Clark County, Inc. DBA Family Health Centers of Southern Indiana	1319 Duncan Ave.	Clark County, IN
Family Health Centers of Southern Indiana Clarksville	1420 Blackiston Mill Road, Unit 1	Clark County, IN
Mobile Dental Unit	1319 Duncan Ave.	Clark County, IN
Well Care Community Health-Foundations Family Medicine Henryville	314 S Ferguson St.	Clark County, IN
Austin Medical Center	2277 W Frontage Rd	Scott County, IN
LifeSpring Mobile Health Services	2277 W Frontage Rd	Scott County, IN
Well Care Community Health-Foundations Family Medicine Austin	25 W Main St	Scott County, IN
Carroll Floyd Dr, operated by Triad Health	329 Floyd Dr STE A	Carroll County, KY
Kathryn Winn Elementary School	907 Hawkins St	Carroll County, KY
Carroll County High School	1706 Highland Ave	Carroll County, KY
Cartmell Elementary School	1708 Highland Ave	Carroll County, KY
Carroll County Middle School	408 5th St	Carroll County, KY
Carroll County Alternative Learning Center	519 Park Ave	Carroll County, KY
Carroll County Early Childhood Development Center	619 9th St	Carroll County, KY
Carroll County Behavioral Health	329 Floyd Dr STE E	Carroll County, KY
Carroll County Upstairs Primary	329 Floyd Dr STE D	Carroll County, KY
Carroll Pharmacy	329 Floyd Dr STE F	Carroll County, KY
Henry County Community Health Center	500 W Broadway St	Henry County, KY

Source: HRSA.gov

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


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

Health departments

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

Table 3

Health Departments Serving the Community			
County	Address	Services	Website
Jefferson County, IN	715 Green Road Madison, IN 47250	• Immunization services • Health screenings • Lead testing • Child safety car seat inspections • Environmental health inspections	<u>JeffersonCounty.in.gov/159/Health-Department</u>
Switzerland County, IN	1190 W. Main St., Suite 300 Vevay, IN 47043	• Immunization services • Health screenings • Tobacco cessation programs • Well-child care	<u>Switzerland-County.com/Health.html</u>
Trimble County, KY	138 Miller Lane Bedford, KY 40006	• Immunization services • Well-child care • Nutritional services • Health screenings • Harm reduction services	<u>NCDHD.com/Clinical-Services</u>

Other community resources

Various social service agencies throughout this region 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 617 surveys were collected from ZIP codes located in the defined community of Jefferson and Switzerland counties in Indiana and Trimble County in Kentucky and were included in this assessment.

Survey findings were categorized in four areas:

Areas of Focus	Top Priorities
Community Health Problems	High blood pressure Obesity Drug or alcohol addiction Diabetes Cancer Mental health or suicide
Unhealthy Behaviors	Drug abuse Lack of exercise Distracted driving (texting, drinking) Poor eating habits Tobacco use Alcohol abuse
Barriers to Health Care	No evening or weekend hours Can't afford prescription medication Too hard to get an appointment with a provider Can't afford the health care visit Past due bill with a health care provider Takes too long to get to a provider's office
Community Needs to be Healthy	Good jobs or jobs paying a living wage Affordable housing Youth engagement/resources Access to affordable fresh foods Clean environment (clean air, water, streets) At-home resources for older adults

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

- **Health status** – Of those surveyed, 81% believe that the community they live in is somewhat to very healthy. But 10% of 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.
- **Food insecurity** – Of those surveyed, 9% of residents indicate they sometimes or often experience food insecurity. In Trimble County, Kentucky, 26% of respondents indicated they had experienced food insecurity.
- **Affordability** – Nearly one-quarter, 24%, of respondents stated that they delayed health care due to affordability. In Switzerland County, Indiana, 38% of respondents reported having to put off medical care.

- **Health literacy** – Of the respondents, 23% reported some difficulty understanding information given by their health care provider, and 23.5% expressed some discomfort in filling out medical forms.
- **Access to care** – Difficulty finding a specialist provider affected 29% of those responding. The top specialists identified were women's health, dental health, mental health, nerve and brain, and bone and joint.
- **Trust** – Of those responding, 20% indicated that trust is the most important attribute when choosing a health care provider.

To ensure we had a complete assessment of needs and perceptions, Norton King's Daughters' Health interviewed 34 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. Needed specialties included mental health and primary/family care that is accepted by one's insurance provider.
- **Mental health** – An increase in mental health issues in the community, especially due to trauma, 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. A majority, 72%, of interviewees mentioned that the community finds it 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 and cardiovascular health conditions.

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

Prioritization of identified health needs

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

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

Primary data

- Community health survey
- Health provider interviews
- Community leader interviews

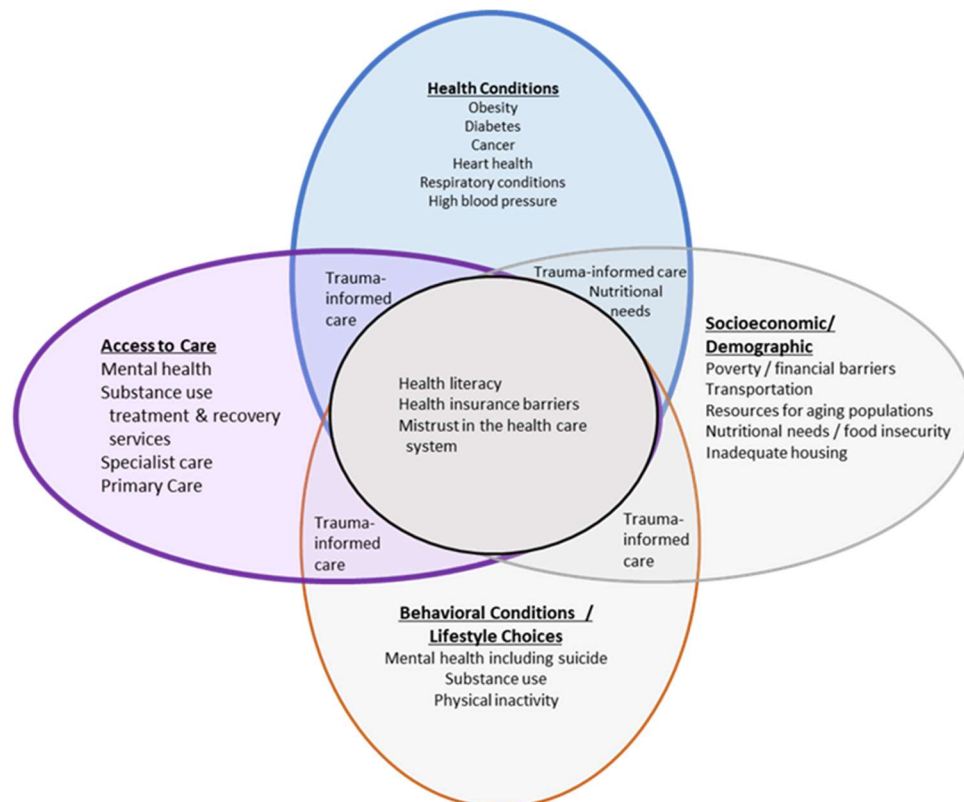
Secondary data – socioeconomic indicators

- Poverty levels
- Employment
- Insurance coverage
- Educational attainment

Secondary data – community health status indicators

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

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



To facilitate prioritization of identified health needs, the key findings were summarized and reviewed to determine the magnitude and severity of the problem and the importance emphasized by the community. This information was then taken to Norton King's Daughters' Health's board of trustees for further discussion.

The Board was asked to keep in mind:

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

The board of trustees participated in a thorough discussion of the 22 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 King's Daughters' Health leadership and the board worked to identify areas where Norton King's Daughters' Health can most effectively focus its resources to have significant impact and develop an implementation strategy for 2025 to 2027 directly through programming as a collaborator or convener.

Health Conditions	Access to Care	Behavioral Conditions	Socioeconomic / Demographic
Obesity Diabetes Cancer Heart health Respiratory conditions High blood pressure	Mental health Substance use treatment and recovery services Specialists Primary care Health insurance barriers	Mental health including suicide Substance use Physical inactivity Mistrust in the health care system	Poverty Transportation Health literacy Resources for aging populations Nutritional needs / food insecurity Inadequate housing Trauma

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. Jefferson County, Indiana, and Trimble County, Kentucky, expect to have continued population growth of around 1% over the next five years. Switzerland County, Indiana, is expected to have a population growth rate of 2.9%. The largest projected growth rate by age is the 65 and older population for all ZIP codes. The age group comprising those 45 to 64 years of age is projected to have the greatest percentage population decrease, with an overall 7.1% decrease for all three counties. The child and adolescent age group shows an overall decrease of 1.3%. The growth rate for the primary service area is expected to be around 1.2%.

Table 5

2024 Population								
County, State	Zip Code	Population	Male	Female	00-17	18-44	45-64	65-UP
Jefferson County, Indiana	47224	647	326	321	169	195	164	119
	47230	2,078	1,067	1,011	442	646	558	432
	47231	1,004	499	505	246	313	264	181
	47243	6,438	3,099	3,339	1,321	2,782	1,281	1,054
	47250	22,095	10,490	11,605	4,480	7,134	5,618	4,863
Jefferson County, Indiana Total		32,262	15,481	16,781	6,658	11,070	7,885	6,649
Switzerland County, Indiana	47011	1,036	526	510	271	309	267	189
	47020	1,092	561	531	279	357	271	185
	47038	1,172	608	564	246	342	347	237
	47043	5,275	2,675	2,600	1,194	1,604	1,361	1,116
Switzerland County, Indiana Total		8,575	4,370	4,205	1,990	2,612	2,246	1,727
Trimble County, Kentucky	40006	5,096	2,530	2,566	1,112	1,499	1,427	1,058
	40045	3,082	1,583	1,499	613	931	845	693
Trimble County, Kentucky Total		8,178	4,113	4,065	1,725	2,430	2,272	1,751
Grand Total		49,015	23,964	25,051	10,373	16,112	12,403	10,127

2029 Population								
County, State	Zip Code	Population	Male	Female	00-17	18-44	45-64	65-UP
Jefferson County, Indiana	47224	661	331	330	171	200	158	132
	47230	2,088	1,067	1,021	423	662	520	483
	47231	1,014	506	508	237	327	242	208
	47243	6,601	3,174	3,427	1,308	2,854	1,263	1,176
	47250	22,183	10,525	11,658	4,454	7,164	5,150	5,415
Jefferson County, Indiana Total		32,547	15,603	16,944	6,593	11,207	7,333	7,414
Switzerland County, Indiana	47011	1,055	536	519	268	318	253	216
	47020	1,131	580	551	283	381	253	214
	47038	1,202	621	581	234	371	318	279
	47043	5,439	2,750	2,689	1,181	1,679	1,296	1,283
Switzerland County, Indiana Total		8,827	4,487	4,340	1,966	2,749	2,120	1,992
Trimble County, Kentucky	40006	5,125	2,537	2,588	1,086	1,527	1,318	1,194
	40045	3,101	1,583	1,518	590	970	751	790
Trimble County, Kentucky Total		8,226	4,120	4,106	1,676	2,497	2,069	1,984
Grand Total		49,600	24,210	25,390	10,235	16,453	11,522	11,390

Percentage Change								
County, State	Zip Code	Population	Male	Female	00-17	18-44	45-64	65-UP
Jefferson County, Indiana	47224	2.2%	1.5%	2.8%	1.2%	2.6%	-3.7%	10.9%
	47230	0.5%	0.0%	1.0%	-4.3%	2.5%	-6.8%	11.8%
	47231	1.0%	1.4%	0.6%	-3.7%	4.5%	-8.3%	14.9%
	47243	2.5%	2.4%	2.6%	-1.0%	2.6%	-1.4%	11.6%
	47250	0.4%	0.3%	0.5%	-0.6%	0.4%	-8.3%	11.4%
Jefferson County, Indiana Total		0.9%	0.8%	1.0%	-1.0%	1.2%	-7.0%	11.5%
Switzerland County, Indiana	47011	1.8%	1.9%	1.8%	-1.1%	2.9%	-5.2%	14.3%
	47020	3.6%	3.4%	3.8%	1.4%	6.7%	-6.6%	15.7%
	47038	2.6%	2.1%	3.0%	-4.9%	8.5%	-8.4%	17.7%
	47043	3.1%	2.8%	3.4%	-1.1%	4.7%	-4.8%	15.0%
Switzerland County, Indiana Total		2.9%	2.7%	3.2%	-1.2%	5.2%	-5.6%	15.3%
Trimble County, Kentucky	40006	0.6%	0.3%	0.9%	-2.3%	1.9%	-7.6%	12.9%
	40045	0.6%	0.0%	1.3%	-3.8%	4.2%	-11.1%	14.0%
Trimble County, Kentucky Total		0.6%	0.2%	1.0%	-2.8%	2.8%	-8.9%	13.3%
Grand Total		1.2%	1.0%	1.4%	-1.3%	2.1%	-7.1%	12.5%

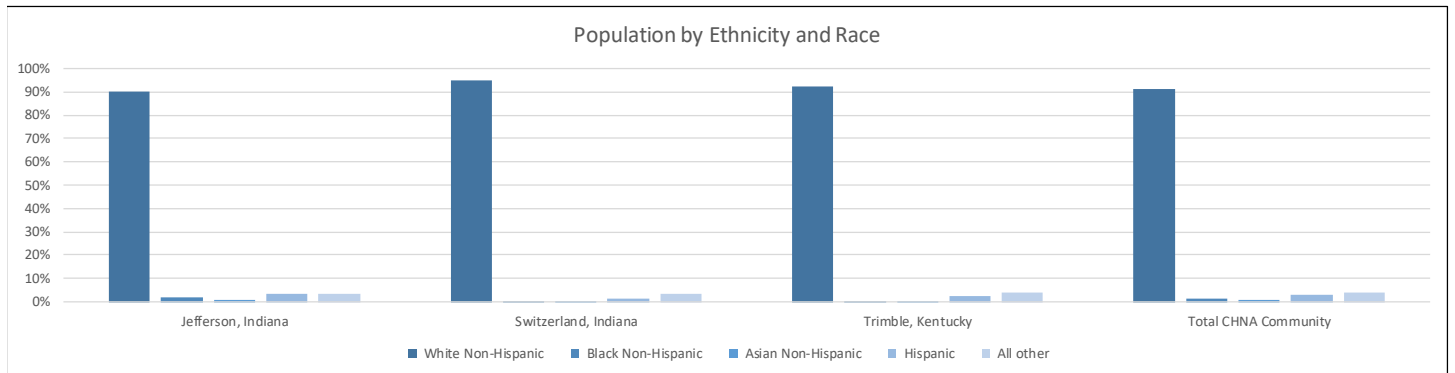
Source: SG2.com

The relative age, ethnicity and race of a population can impact community health needs. The following table shows the population by ethnicity and race, illustrating Hispanic versus non-Hispanic residents. Jefferson County, Indiana, has the most diverse population of the tri-county community, with 4% of the population being Hispanic, 2% being Black non-Hispanic, 1% being Asian or Pacific Island non-Hispanic, and 4% being a mix of other ethnic or racial decent.

Table 6

2024 Population							
County	ZIP Code	Population	White Non-Hispanic	Black Non-Hispanic	Asian Non-Hispanic	Hispanic	All Other
Jefferson, Indiana	47224	647	624	2		6	15
	47230	2,078	1,955	5	5	37	76
	47231	1,004	926	7	7	25	39
	47243	6,438	5,559	178	37	399	265
	47250	22,095	19,977	336	259	714	809
Jefferson, Indiana Total		32,262	29,041	528	308	1,181	1,204
Switzerland, Indiana	47011	1,036	987		1	16	32
	47020	1,092	1,039	2	1	9	41
	47038	1,172	1,117	3	-	14	38
	47043	5,275	4,985	12	14	83	181
Switzerland, Indiana Total		8,575	8,128	17	16	122	292
Trimble, Kentucky	40006	5,096	4,690	34	9	133	230
	40045	3,082	2,858	9	15	80	120
Trimble, Kentucky Total		8,178	7,548	43	24	213	350
Total CHNA Community		49,015	44,717	588	348	1,516	1,846

2024 Population Mix					
White Non-Hispanic	Black Non-Hispanic	Asian Non-Hispanic	Hispanic	All other	
96%	0%	0%	1%	2%	
94%	0%	0%	2%	4%	
92%	1%	1%	2%	4%	
86%	3%	1%	6%	4%	
90%	2%	1%	3%	4%	
90%	2%	1%	4%	4%	
95%	0%	0%	2%	3%	
95%	0%	0%	1%	4%	
95%	0%	0%	1%	3%	
95%	0%	0%	2%	3%	
95%	0%	0%	1%	3%	
92%	1%	0%	3%	5%	
93%	0%	0%	3%	4%	
92%	1%	0%	3%	4%	
91%	1%	1%	3%	4%	



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 Kentucky and Indiana and the United States.

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

	Trimble County	Switzerland County	Jefferson County	Kentucky	Indiana	United States
Household count	3,294	3,402	12,694	1,814,600	2,714,256	129,078,995
Average Household income	\$88,472	\$79,956	\$81,975	\$85,722	\$92,617	\$108,670
% with income <\$50K	38.49%	38.83%	41.01%	41.25%	35.9%	33.73%
% below poverty line	11.1%	15.4%	10.3%	12.1%	8.4%	11.1%
% with children	25.5%	35.1%	41.5%	38.1%	39.5%	56.0%

Source: SG2.com; Census.gov

According to the data above, Switzerland County, Indiana, and Trimble County, Kentucky, have the highest percentage of households that live below the poverty line. Switzerland and Jefferson counties in Indiana have an average household income below that of the nation and Indiana. Trimble County, Kentucky, has an average household income below that of the nation, but is greater than the Kentucky average.

Employment

Health care and manufacturing make up a significant portion of the business establishments in Jefferson County, Indiana, and make up the top five employers for the area. According to the Madison Area Chamber of Commerce, the residential labor force is approximately 15,114.³ The top employers are listed below:

Table 8

Company	Industry
Norton King's Daughters' Health	Health care
Arvin Sango	Automotive manufacturing
Madison State Hospital	Health care
Madison Precision	Automotive manufacturing
Rotary Lift	Automotive manufacturing

Source: <https://www.madisonindiana.com/live-work-in-madison/> and https://hoosierdata.in.gov/major_employers.asp?areaID=077

For Switzerland County, Indiana, the top employers include the school system, health care, gaming and government industries.

Table 9

Company	Industry
Belterra Casino Resort	Gaming industry
Switzerland County School Corp. Fd.	Education system
Switzerland County Courthouse	Government entity
Swiss Villa Nursing & Rehab	Health care
OrthoCincy Orthopedics-sports	Health care

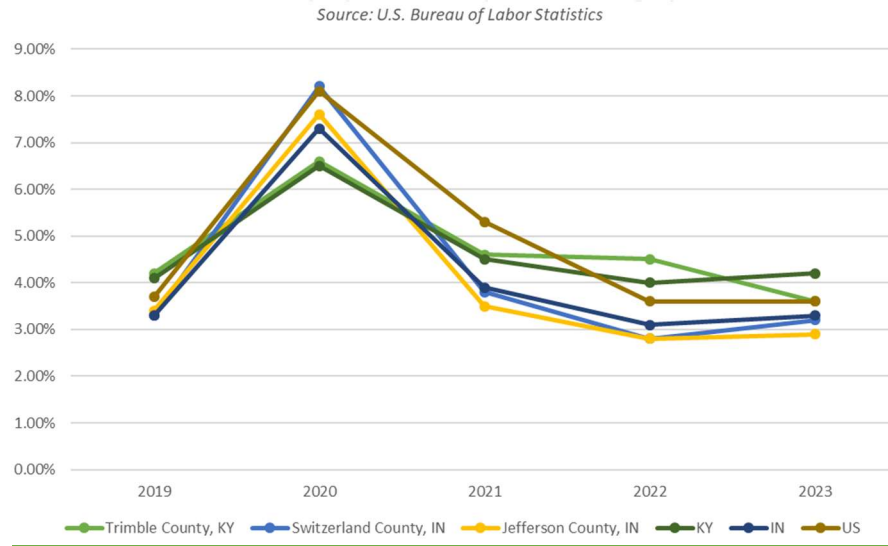
Source: https://hoosierdata.in.gov/Major_Employers.asp?areaID=155

According to the Kentucky I-71 Economic Development Alliance, the largest employers for Trimble County are Louisville Gas & Electric-Kentucky Utilities, followed by Trimble County Schools, Trimble County government and Valley View Landfill, owned by Republic Services.

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. At the county level, the annual average for 2023 for all three counties has returned to a rate more in alignment with prior years as can be seen in the graph below.

³ Madison Area Chamber of Commerce. "Live & Work Here". 2025 Retrieved from: <https://www.madisonindiana.com/live-work-in-madison/>.

Unemployment Rates (Annual Averages) 2019-2023



Educational attainment

Links exist between education, economy and quality of life. Table 10 represents the level of education for each segment in the CHNA community. Education often plays a key role in career success and economic self-sufficiency. The population that does not have a high school education varies from 10.3% in Jefferson County, Indiana, to 15.56% in Trimble County, Kentucky. Approximately 9.63% of Switzerland County, Indiana's, population obtained a postsecondary degree at a bachelor's degree or higher, significantly lower than that of Trimble (Kentucky) and Jefferson (Indiana) counties at 14.76% and 18.40% respectively. Educational attainment greatly impacts the household income levels of the community and the insured population and levels of coverage.

Table 10

Educational Attainment and English Proficiency

Education Level**	Trimble County	Switzerland County	Jefferson County	Kentucky	Indiana	United States
Less than High School	3.36%	4.32%	3.93%	4.82%	3.62%	4.81%
Some High School	12.20%	10.60%	6.37%	7.50%	6.17%	6.12%
High School Degree	44.82%	51.01%	40.78%	32.78%	33.36%	26.47%
Some College/Assoc. Degree	24.86%	24.44%	30.52%	30.42%	30.14%	30.55%
Bachelor's Degree or Greater	14.76%	9.63%	18.40%	24.47%	26.70%	32.05%
*% of the population that speaks English less than "very well"	0.80%	1.40%	0.70%	1.20%	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 continue 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 Switzerland County, Indiana.

Insurance coverage

The table below reports the percent of the population without health insurance coverage and the percent of the population enrolled in Medicaid (or other means-tested public health insurance). The uninsured population is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, specialty care and other health services that contribute to 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 Switzerland County has the highest percentage of the population under 65 years old without health insurance coverage.

Table 11
Insurance Coverage

	Trimble County	Switzerland County	Jefferson County	Kentucky	Indiana	United States
Population	8,178	8,575	32,262	4,539,939	6,874,856	336,157,119
% uninsured	7%	10%	8%	7%	9%	10%
% receiving Medicaid	29%	33%	27%	28%	20%	21%
Medicaid enrollees	2,377	2,843	8,799	1,491,306	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 our nation on a state-by-state basis utilizing the World Health Organization's definition of health as a state of physical, mental and social well-being and not the absence of disease or infirmity.⁴ The annual report looks at measures falling into five categories, including social and economic factors, physical environment, clinical care, behaviors, and health outcomes. Kentucky had the most challenges in the behaviors and health outcomes categories, ranking 38th and 44th respectively in 2024. Indiana had the most challenges in behaviors and health outcomes as well, ranking 33rd and 38th in these categories.

Table 12

2024 America's Health Rankings Select Category			
		Kentucky	Indiana
Clinical Care		30	27
Access to Care	Avoided care due to cost	-	23
	Dental care providers per 100,000 population	32	41
	Mental health providers per 100,000 population	27	44
	Primary care providers per 100,000 population	16	33
	Uninsured (% of population)	12	27
Preventative Clinical Services	Childhood Immunizations (% of children by age 24 months)	39	11
	Colorectal Cancer Screening (% of adults ages 45-75)	10	30
	Dental Visit (% of adults)	42	33
	Flu Vaccination (% of adults)	-	31
	HPV Vaccination (% of adolescents ages 13-17)	47	28
Quality of Care	Dedicated Health Care Provider (% of adults)	-	14
	Preventable Hospitalizations (Discharges per 100,000 Medicare beneficiaries age 18+)	46	39
Behaviors		38	33
Nutrition and Physical Activity	Exercise (% of adults)	-	32
	Fruit and Vegetable Consumption (% of adults)	11	16
	Physical Inactivity (% of adults)	-	25
Sexual Health	Chlamydia (Cases per 100,000 population)	16	30
	High-Risk HIV Behaviors (% of adults)	16	21
	Teen Births (Births per 1,000 females ages 15-19)	47	36
Sleep Health	Insufficient Sleep (% of adults)	46	37
Smoking and Tobacco Use	E-Cigarette Use (% of adults)	-	35
	Smoking (% of adults)	-	38
Health Outcomes		44	38
Behavioral Health	Drug Deaths (Deaths per 100,000 population)*	45	36
	Excessive Drinking (% of adults)	-	16
	Frequent Mental Distress (% of adults)	-	37
	Non-Medical Drug Use (% of adults)	45	22
Mortality	Premature Death (Years lost before age 75 per 100,000 population)	46	38
	Premature Death Racial Disparity (Ratio)	6	20
Physical Health	Frequent Physical Distress (% of adults)	-	38
	Low Birth Weight (% of live births)	33	28
	Low Birth Weight Racial Disparity (Ratio)	13	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

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

⁴ America's Health Rankings. "About America's Health Rankings". 2025 Retrieved from: AmericasHealthRankings.org/About/Methodology/Introduction.

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 13
**Norton King's Daughters' Health
 Community Health Status Indicators**

Category	Measure	Jefferson County, IN	Switzerland County, IN	Trimble County, KY
Length and Quality of Life	Life Expectancy	75.0	75.2	72.7
	Poor or Fair Health	17%	20%	21%
	Poor Mental Health Days	5.6	5.8	5.9
	Poor Physical Health Days	3.9	4.4	4.7
	Low Birthweight	8%	8%	9%
Health Behaviors	Adult Smoking	21%	24%	23%
	Adult Obesity	39%	41%	41%
	Food Environment Index	8.0	7.3	-
	Food Insecurity	12%	15%	13%
	Physical Inactivity	28%	31%	30%
	Access to Exercise Opportunities	69%	51%	45%
	Excessive Drinking	17%	16%	15%
	Alcohol-Impaired Driving Deaths	11%	20%	33%
	Sexually Transmitted Infections	316.8	153.2	211.0
Clinical Care	Teen Births	26	29	30
	Primary Care Physicians	1,660:1	-	4,270:1
	Other Primary Care Providers	870:1	5,000:1	1,710:1
	Mental Health Providers	800:1	1,670:1	4,270:1
	Preventable Hospital Stays	3,379	3,837	4,598
	Mammography Screening	46%	35%	38%
Social and Economic Factors	Flu Vaccinations	52%	49%	42%
	Income Inequality	4.2	3.7	5.2
	Children in Single-Parent Households	23%	24%	15%
	Social Associations	11.8	5.1	7.0
	Injury Deaths	102	112	135
Physical Environment	Air Pollution - Particulate Matter	8.7	8.8	8.7
	Drinking Water Violations	No	No	No
	Severe Housing Problems	11%	14%	14%
	Broadband Access	80%	74%	74%
	Driving Alone to Work	83%	83%	79%
	Long Commute - Driving Alone	28%	59%	53%

Source: County Health Rankings

— Data not available, missing or suppressed

Leading causes of death

The table below shows leading causes of death for the years 2018 through 2023 within Kentucky, 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. For both Kentucky and Indiana, the age-adjusted death rate remains higher than the nation in the majority of categories listed.

Table 14

Fifteen Leading Causes of Death: Age Adjusted Rate 2018-2023			
Cause of Death	Kentucky	Indiana	United States
Heart disease	203.7	183.7	166.0
Cancer	179.1	164.1	144.9
Accidents	82.9	65.2	57.7
Covid-19	50.6	46.5	41.0
Cerebrovascular diseases including stroke	42.6	41.4	38.7
Chronic lower respiratory diseases	58.5	53.7	36.1
Alzheimer's disease	31.0	30.7	30.1
Diabetes	29.2	28.1	23.3
Kidney disease or disorder	19.7	17.7	13.1
Chronic liver disease and cirrhosis	15.7	13.7	12.8
Suicide	17.5	15.9	14.0
Influenza and pneumonia	15.6	11.4	12.2
Hypertension	8.8	10.2	9.8
Septicemia	17.2	12.3	9.9
Parkinson's disease	10.0	10.5	9.4

Source: Centers for Disease Control and Prevention - CDC Wonder

Rate per 100,000

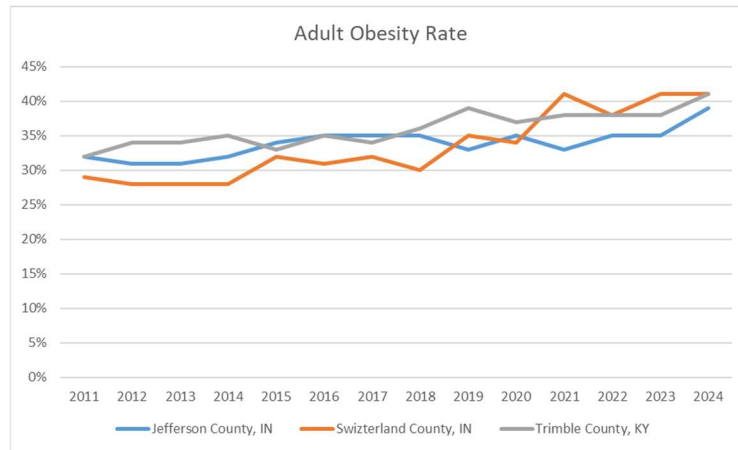
Additional findings related to behavioral conditions

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

Smoking: According to County Health Rankings, the percentage of adults that smoke is 20% in Kentucky and 18% in Indiana, which according to America's Health Rankings, ranks 46th and 38th out of all 50 states. All three counties being analyzed in the community have higher rates of adult smokers. County Health Rankings states that Switzerland County, Indiana, has the highest rate with 24% of adults who are current smokers, followed by Trimble County, Kentucky, at 23% and Jefferson County, Indiana, at 21%. 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 youth.⁵

Obesity: According to America's Health Rankings, Indiana ranks 41st and Kentucky 40th 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.⁶



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, Kentucky is ranked 42nd of all the states with an adult population reporting as physically inactive. Indiana is ranked 25th of all the states with an adult population reporting as physically inactive. 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 15
Physical Inactivity and Access to Physical Activity Options

	Jefferson County	Switzerland County	Trimble County
Percentage of adults 20 years+ reporting no leisure time physical activity	28%	31%	30%
Percentage of population reporting adequate access to physical activity options	69%	51%	45%

Source: County Health Rankings

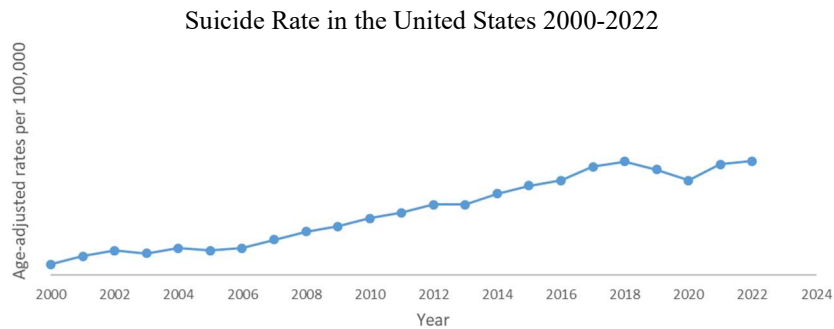
Mental health: According to America's Health Rankings, Kentucky ranks 28th, and Indiana ranks 37th for having a high percentage of the population reporting "frequent mental distress." This metric represents the percentage of adults who report their mental health was not good 14 or more days in a 30-day period. America's Health Rankings states that there is a strong relationship between the 14-day period and

⁵ U.S. Centers for Disease Control and Prevention. Youth and Tobacco Use. 17 October 2024. Retrieved February 2025 from <https://www.cdc.gov/tobacco/php/data-statistics/youth-data-tobacco/index.html>.

⁶ Center for Disease Control and Prevention. "Consequences of Obesity." Retrieved 2024 from [CDC.gov/Obesity/Basics/Consequences.html](https://www.cdc.gov/Obesity/Basics/Consequences.html).

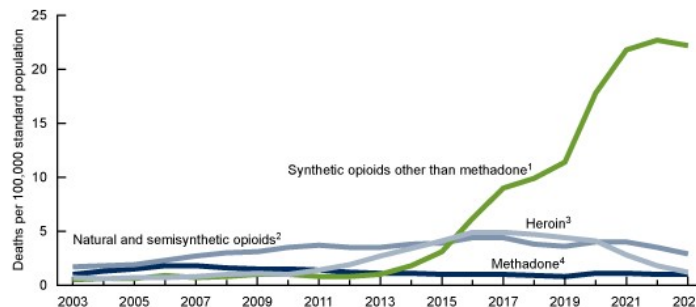
clinically diagnosed mental disorders such as depression and anxiety, as well with smoking, physical inactivity, housing insecurity, food insecurity and insufficient sleep.⁷ Based on the County Health Rankings, the percentage of people experiencing frequent mental distress in Jefferson County, Indiana, is 18%, with Switzerland County, Indiana, and Trimble County, Kentucky, at 19%. According to the CDC, factors at the individual, family, community and society levels can impact mental health, which is closely associated with 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 and Kentucky's was 18.03.



Substance use: County Health Rankings reported in 2024 that in Kentucky there were 43 drug overdose deaths per 100,000 and in Indiana there were 34 drug overdose deaths per 100,000, both of which are higher than the national average of 27 drug overdose deaths per 100,000. In Trimble County, there were 43 drug overdose deaths per 100,000 while in Jefferson County and Switzerland County, Indiana, there were 27 and 32 drug overdose deaths per 100,000, respectively. 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



Source: Centers for Disease Control and Prevention

⁷ 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 17% for Jefferson County, Indiana, according to County Health Rankings, and this is the highest in the tri-county community. The percentages for Switzerland County, Indiana, and Trimble County, Kentucky, are 16% and 15%, 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, Kentucky and Indiana. According to the CDC, in 2022 there were 68.1 unintentional injury deaths per 100,000 of the population. This is followed by 14 unintentional fall deaths per 100,000, 13.4 motor vehicle traffic deaths per 100,000, and 30.9 unintentional poisoning deaths per 100,000. According to the CDC, in 2023 Kentucky had a rate of 86.2% of deaths due to accidents and Indiana has a rate of 67.2% for deaths due to accidents.

Abuse and neglect: According to the U.S. Dept. of Health & Human Services' 2023 Child Maltreatment report, there are 7.4 child victims per 1,000 children in the United States. For the assessment areas, Indiana has 11.5 child victims per 1,000 children and Kentucky has 14.2 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, smoking, physical inactivity, obesity and substance use can increase the risk of high blood pressure. In 2023 Kentucky's death rate per 100,000 due to hypertension was 9.0 and Indiana's rate 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, 10% of Jefferson County, Indiana, adults report being diabetic. Switzerland County, Indiana, has the highest percentage at 12%, and Trimble County, Kentucky, has 10% 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). Jefferson County, Indiana, has a rating of 8.0, and 12% of the population lacks adequate access to food. Switzerland County, Indiana, scored a 7.3 on the index, and 15% of the population lacks adequate access to food. This rating was not available for Trimble County, Kentucky, but 13% of their population lacks adequate access to food.

Appendix D

County Health Ranking Data

Table 13
2024 County Health Rankings

2024 County Health Rankings Data							
Category	County Ranking Categories	Jefferson County, IN	Switzerland County, IN	Trimble County, KY	KY	IN	US
Health Outcomes	Premature death (per 100,000)	9,200	12,400	11,800	11,100	9,300	8,000
	Life expectancy	75.0	75.2	72.7	74.0	75.6	77.6
	Poor or fair health	17%	20%	21%	21%	16%	14%
	Poor physical health days	3.9	4.4	4.7	4.5	3.5	3.3
	Poor mental health days	5.6	5.8	5.9	5.5	5.2	4.8
	Low birthweight	8%	8%	9%	9%	8%	8%
	Infant mortality	-	-	-	6	7	6
	Child mortality per 100,000	80	140	-	60	60	50
	Diabetes prevalence	10%	12%	10%	12%	11%	10%
	HIV prevalence	123	74	-	215	217	382
Health Behaviors	Adult smoking	21%	24%	23%	20%	18%	15%
	Adult obesity	39%	41%	41%	41%	37%	34%
	Food environment index	8.0	7.3	-	6.8	6.8	7.7
	Physical inactivity	28%	31%	30%	30%	25%	23%
	Food insecurity	12%	15%	13%	13%	11%	10%
	Access to exercise opportunities	69%	51%	45%	70%	77%	84%
	Insufficient sleep	37%	36%	38%	39%	36%	33%
	Teen births per 1,000	26	29	30	26	20	17
	Sexually transmitted infections	316.8	153.2	211.0	410.3	510.7	495.5
	Drug overdose deaths per 100,000	27	32	43	43	34	27
	Excessive drinking	17%	16%	15%	15%	18%	18%
	Motor vehicle crash deaths per 100,000	23	24	25	18	13	12
	Alcohol-impaired driving deaths	11%	20%	33%	26%	18%	26%
Clinical Care	Uninsured	8%	10%	7%	7%	9%	10%
	Primary care physicians	1,660:1	0.00	4,270:1	1,600:1	1,520:1	1,330:1
	Mental health providers	800:1	1,670:1	4,270:1	340:1	500:1	320:1
	Dentists	1,650:1	10,010:1	8,540:1	1,500:1	1,680:1	1,360:1
	Preventable hospital stays	3,379	3,837	4,598	3,457	3,135	2,681
	Mammography screening	46%	35%	38%	42%	45%	43%
Social & Economical Factors	High school graduation	81%	98%	93%	91%	88%	86%
	% Rural	47.4%	100.0%	100.0%	41.3%	28.8%	*20.0%
	Some college	50%	40%	49%	63%	63%	68%
	Children in poverty	15%	22%	16%	21%	15%	16%
	Unemployment	2.8%	2.8%	4.3%	3.9%	3.0%	3.7%
	Income inequality	4.2	3.7	5.2	4.9	4.3	4.9
	Children in single-parent households	23%	24%	15%	25%	24%	25%
	Children eligible for free or reduced lunch	48%	51%	54%	57%	44%	51%
	Reading scores	3.1	3.0	2.7	3.1	3.1	3.1
	Math scores	3.2	2.8	2.6	3.0	3.2	3.0
	Disconnected youth	-	-	-	8%	6%	7%
	Suicides	17	-	29	17	16	14
	Homicides	-	-	-	7	7	6
	Injury deaths	102	112	136	106	90	80
	Social associations	11.8	5.1	7.0	10.2	11.8	9.1
Physical Environment	Driving alone to work	83%	83%	79%	79%	79%	72%
	Air pollution - particulate matter	8.7	8.8	8.7	8.2	8.8	7.4
	Drinking water violations	No	No	No	-	-	-
	Severe housing problems	11%	14%	14%	13%	12%	17%
	Percentage of households with high housing costs	9%	7%	10%	12%	11%	14%
	Homeownership	70%	79%	81%	68%	70%	65%
	Traffic volume	41	2	4	75	87	108
	Long commute - driving alone	28%	59%	53%	31%	32%	36%

Source: County Health Rankings, Census.gov

*US % rural coming from the Census

— Data not available, missing or suppressed

Appendix E

Community Resources

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

River Valley Resources

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

Table 16

Organization	Program	Email	Office Phone	Cell Phone
River Valley Resources	Child Care Voucher Fund, Program Supervisor	leslie@rivervalleyresources.com	812-949-4381	812-599-2160
Jefferson County House of Hope	Board Member, President	stammon@aol.com		812-292-4290 ext. 1969
Child Advocacy Center	Forensic Interviewer	Stephanie@CACsoutheast.org	812-432-3200	
WorkOne - Madison	Program Aide, National Able Network	sbate@nationalable.org	812-265-3734	812-571-1532
River Valley Resources	WIOA Youth/JAG Supervisor	kristal@rivervalleyresources.com	812-569-1776	
Child Advocacy Center	Forensic Interviewer	Kelly@CACsoutheast.org	812-432-3200	
Jefferson County United Way	Community Outreach	funds670@gmail.com		
River Valley Resources	Data Management Director	jenny@rivervalleyresources.com		812-599-1053
Jefferson County House of Hope	Secretary	buntond@cinergymetro.net		317-416-7805
Jefferson County House of Hope	Assistant Treasurer, Board Member	jbush45@cinergymetro.net	812-274-0349	
Jefferson County United Way	Executive Director	Jcunitedway@gmail.com	812-265-2036	
WorkOne - Madison	Senior Employment	ecombs@rivervalleyresources.com	812-265-3734	
Clearinghouse/River Valley Resources	Volunteer Coordinator, Summer Meals for Kids program	lucy_dattilo@outlook.com		
River Valley Resources	Child Care Development Fund, Intake Agent	edunagan@rivervalleyresources.com	812-273-0964	

The full guide can be accessed here:

https://www.rivervalleyresources.com/files/ugd/74a876_4790524c56d04b08abca8f4895ab472a.pdf.

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

Table 17

Section	Listing	Contact
Clothing	Goodwill, Madison	(812) 273-7121
Dental services	Salvation Army	(812) 265-2157
Education	River Valley Resources, Adult Education	(812) 265-2652
Emergency/Disaster Services	Jefferson County Emergency Management	(812) 265-7616
Employment	Rural Works Employment Program	(812) 801-6210
Family & Child Related Services	Children's Advocacy Center of Southern Indiana	(812) 432-3200
Financial	VITA Free Tax Preparation (January/February)	(812) 265-2652
Food Pantries	Jefferson Community House of Hope	(812) 274-0349
Other Food Resources	Summer Meals for Kids	(812) 265-2652
Furniture and Household	Habitat for Humanity Restore	(812) 273-9500
Health and Nutrition	Healthy Indiana Plan	(877) 438-4479
Housing	Affordable Apartments: Dover Apartments The Greens Apartments Rainbow Apartments CBJ Properties	(812) 265-6158 (812) 265-1130 (812) 866-5355 (812) 265-6050
Senior Housing/Housing for Persons with Disabilities	Caregiver Homes Interim Healthcare	(866) 797-2333 (812) 537-5546
Homeless Shelters	Heart House Catalyst Rescue Mission Wayside Christian Fellowship	(812) 926-4890 (812) 285-1197 (812) 352-7598
Resources for the Homeless	PATH (Projects for Assistance in Transition from Homelessness)	(502) 379-1578
Transitional Housing	Jefferson House (men) Ruth Haven (women)	(812) 493-9255 (812) 274-2907
Legal Services	Coalition for Court Access	https://indianalegalhelp.org/
Libraries	Madison Public Library	(812) 265-2744
Mental Health Services	Centerstone	(812) 265-1918
Rent and Utility Assistance	Ohio Valley Opportunities: Energy Assistance	(812) 265-5882
Senior Services	Jefferson County Senior Center	(812) 265-4758
Support Groups	Al-Anon Meeting Information National Alliance on Mental Illness Family Support Group	888-425-2666 https://www.namiindiana.org/
Transportation	Catch-A-Ride	(800) 330-7603

Veteran Services	Local County Veterans Service Office	(812) 265-3600
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The full listing can be found here:

https://www.rivervalleyresources.com/_files/ugd/716fb8_c5a3c25cb0574dfbb6865edb572b6e4b.pdf.

Trimble county community resource listing

Trimble County (Kentucky) Public Library has a community directory available on its website. Below are examples from various sections of the community directory published in 2017.

Table 19

Section	Listing	Address	Phone/Other
Emergency Services / Protection / Fire Departments (Call 911 for an Emergency)	Trimble County Sheriff's Office	30 Highway 42 East P.O. Box 56 Bedford, KY 40006	(502) 255-7138
	Kentucky Poison Control of Norton Children's Hospital		(502) 589-8222 or (800) 222-1222
	Bedford Volunteer Fire Department	23 Church St. Bedford, KY 40006	(502) 255-3339 (Non-Emergency Number)
Hospitals / Health Departments	Norton King's Daughters' Health	1 King's Daughters Drive Madison, IN 47250	(812) 801-0800
	Trimble County Health Department	138 Miller Lane Bedford, KY 40006	(502) 255-7701 (Medical) (502) 255-4851 (Environmental)
Mental Health / Counseling Services	COMPASS Program (Substance abuse resource program)	3240 Highway 421 North Trimble County Park Bedford, KY 40006	(502) 255-7514
	First Steps – Kentucky's Early Intervention System (Support services for children with developmental disabilities)	Kentuckiana Point of Entry Office, Suite 200 310 Whittington Parkway Louisville, KY 40222	(800) 442-0087
Education	Trimble County Board of Education	Administration offices P.O. Box 275 116 Wentworth Ave. Bedford, KY 40006	(502) 255-3201
Child Care / Learning Centers / Library / Christian Center	Bedford Elementary School – After School Program		Family Resource Center: (502) 663-0083
	Trimble County Public Library	35 Equity Drive P.O. Box 249 Bedford, KY 40006	(502) 255-7362
Churches	Bedford Baptist Church	1425 Highway 42 East Bedford, KY 40006	(502) 255-3240
Clothing and Food Assistance	Salvation Army	331 E. Main St. Madison, IN 47250	(812) 265-2157
	Feed the Children Committee		(502) 663-0102
Utilities	Kentucky Utilities/ODP (Home Service)		(800) 981-0600
City and County Offices	City of Bedford	147 Victory Ave. Bedford, KY 40006	(502) 255-3684
	City of Milton	10179 Hwy 421 North Milton, KY 40045	(502) 268-5224
	Trimble County Clerk's Office	30 Highway 42 East Bedford, KY 40006	(502) 255-7174
County Offices Providing Services / Office of Attorney General	Animal Control	Henry Trimble Animal Shelter 9213 Sulphur Road Sulphur, KY 40070	(502) 845-8050
	Trimble County Attorney	1318 Highway 421 Bedford, KY 40006	(502) 255-0070
Kentucky State Government Offices	District Court	District Judges Office (Oldham County)	(502) 222-7447
Department of Corrections/ Facilities / Jails / Legal	Division of Probation & Parole	2202 Commerce Parkway, Suite C LaGrange, KY 40031	(502) 222-1492
Organizations	Alcoholics Anonymous & Al-Anon for friends and family of alcoholics		(502) 582-1849
Public Housing	Bedford Village Apartments	701 Leisure Court Bedford, KY 40006	(502) 255-7483
Trimble County Quick List	Listing of resources such as adult education and careers, community resources, government links, health resources, and legal help		For the full resource directory visit: https://www.trimblelibrary.org/resources

Switzerland county community resource listing

The Switzerland County, Indiana, INGenWeb Project lists basic county information and resources on its website that includes libraries, societies, neighboring counties and county offices.

Table 20

Libraries	Switzerland County Public Library	205 Ferry Street Vevay, IN 47043	(812) 427-3363 information@scpl.us
Societies	Switzerland County Historical Society	PO Box 201 Vevay, IN 47043	(812) 427-3560
County Offices	Switzerland County Health Department	803 East Main Street PO Box 14 Vevay, IN 47043	(812) 427-3220

Source: <http://ingenweb.org/inswitzer/info.html#>

Appendix F

Primary Data Assessment

Community input: community health needs survey

As previously stated, Norton King's Daughters' Health conducted a community wide survey to obtain feedback from the general public regarding health needs and perceptions. The community survey was made available in a variety of languages that included English, Spanish, Swahili, Vietnamese, Arabic, Chinese, French, Nepali, Russian and Somali through online and paper surveying methods. There were 617 surveys collected, and 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 King's Daughters' Health 2024

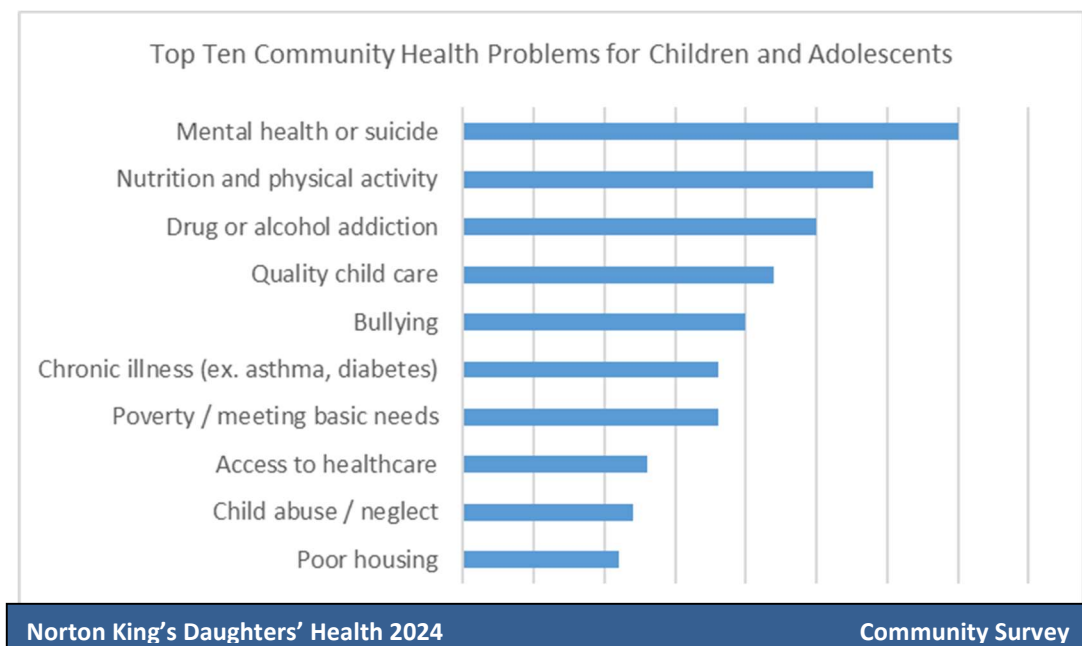
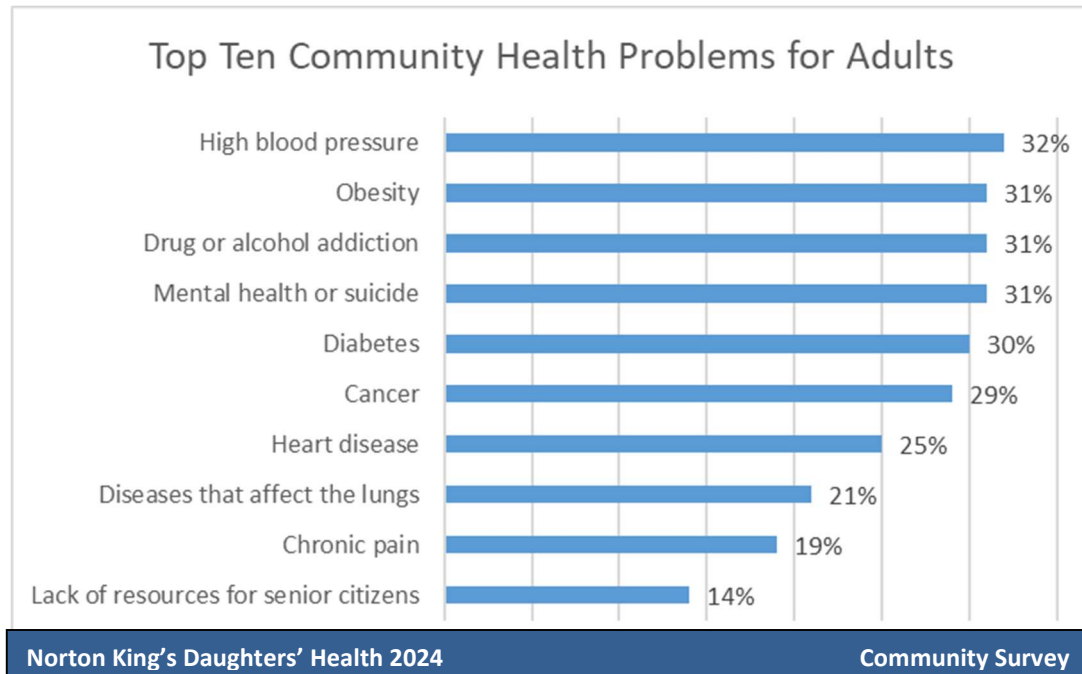
Community Survey

Responses Percentage County		Gender		Age Range	
Jefferson County, Indiana	89%	Female	62%	00-17	0%
Switzerland County, Indiana	5%	Male	25%	18-44	27%
Trimble County, Kentucky	6%	Unknown / No response	13%	45-64	38%
				65-UP	35%
		Race and Ethnicity		*Education Attainment	
		White	82%	No High School	2%
		Black / African American	1%	High School Diploma	22%
		Asian	0%	Some College	28%
		Hispanic	2%	Bachelor/ Graduate	14%
		Other	2%	No response	35%
		No response	13%		

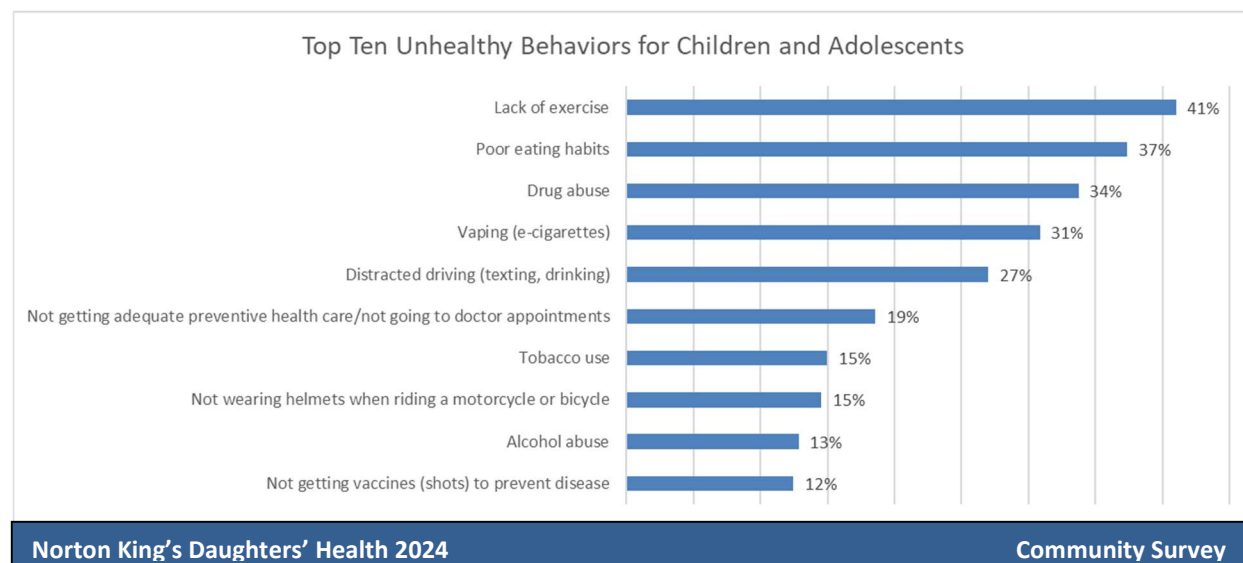
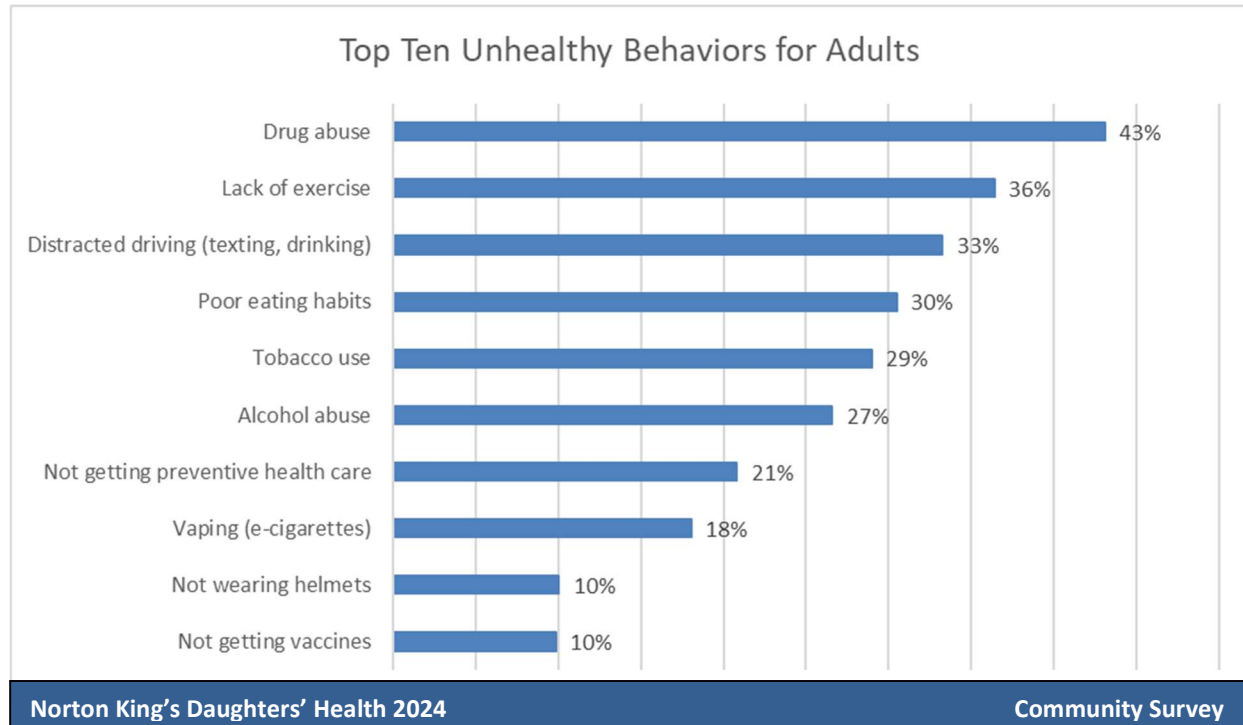
Findings

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 the respondents, 32% indicated that high blood pressure is a current issue for adults in the community. Other top community health problems for adults included obesity (31%), drug or alcohol addiction (31%), mental health or suicide (31%), and diabetes (30%). Of the respondents, 35% indicated that mental health or suicide is a current issue for children and adolescents in the community. Other top community health problems for children and adolescents included poor nutrition and lack of physical activity (29%), drug or alcohol addiction (25%), lack of quality child care (22%), and bullying (20%). See the charts below for the top 10 community health problems for adults and children.

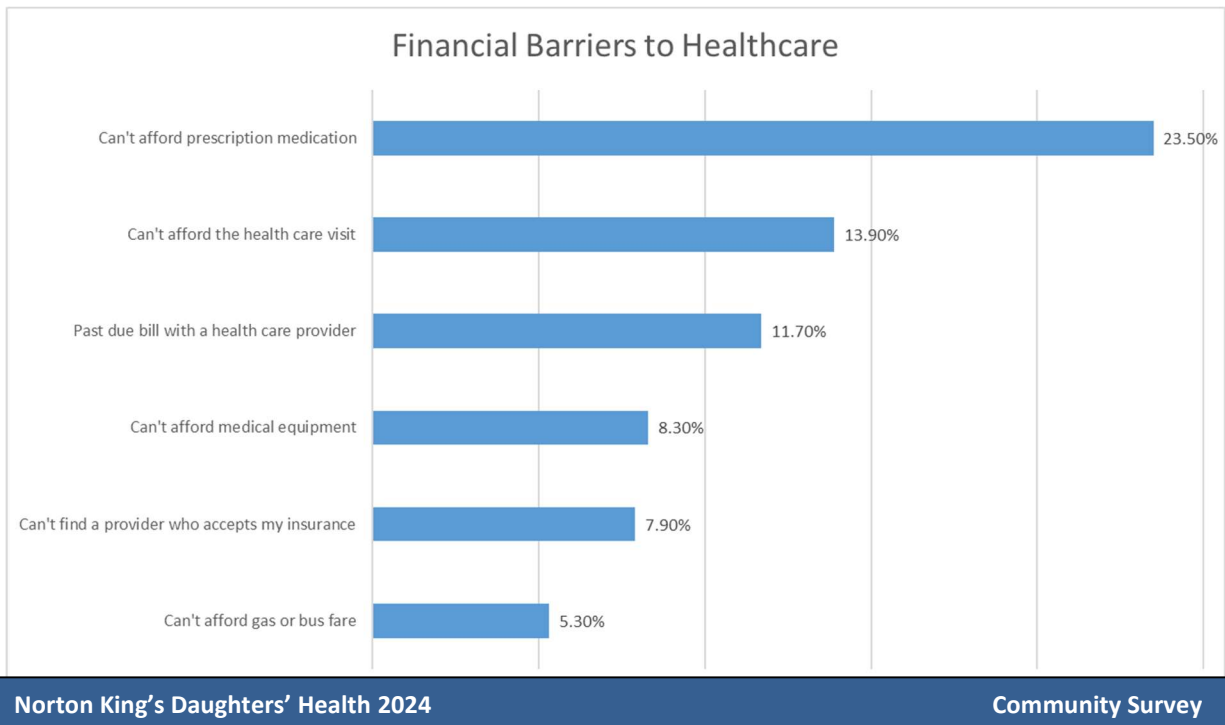


Unhealthy behaviors: Similar to the community health problem question, one of the most frequent behavioral issues for adults was drug abuse (43%). This was followed by lack of exercise (36%), distracted driving (33%), poor eating habits (30%), tobacco use (29%) and alcohol abuse (27%). For children and adolescents, lack of exercise (41%) was one of the most frequent behavioral issues. This was followed by poor eating habits (37%), drug abuse (34%), vaping (31%) and distracted driving (27%). See the charts below for the top 10 unhealthy behaviors for adults and children.

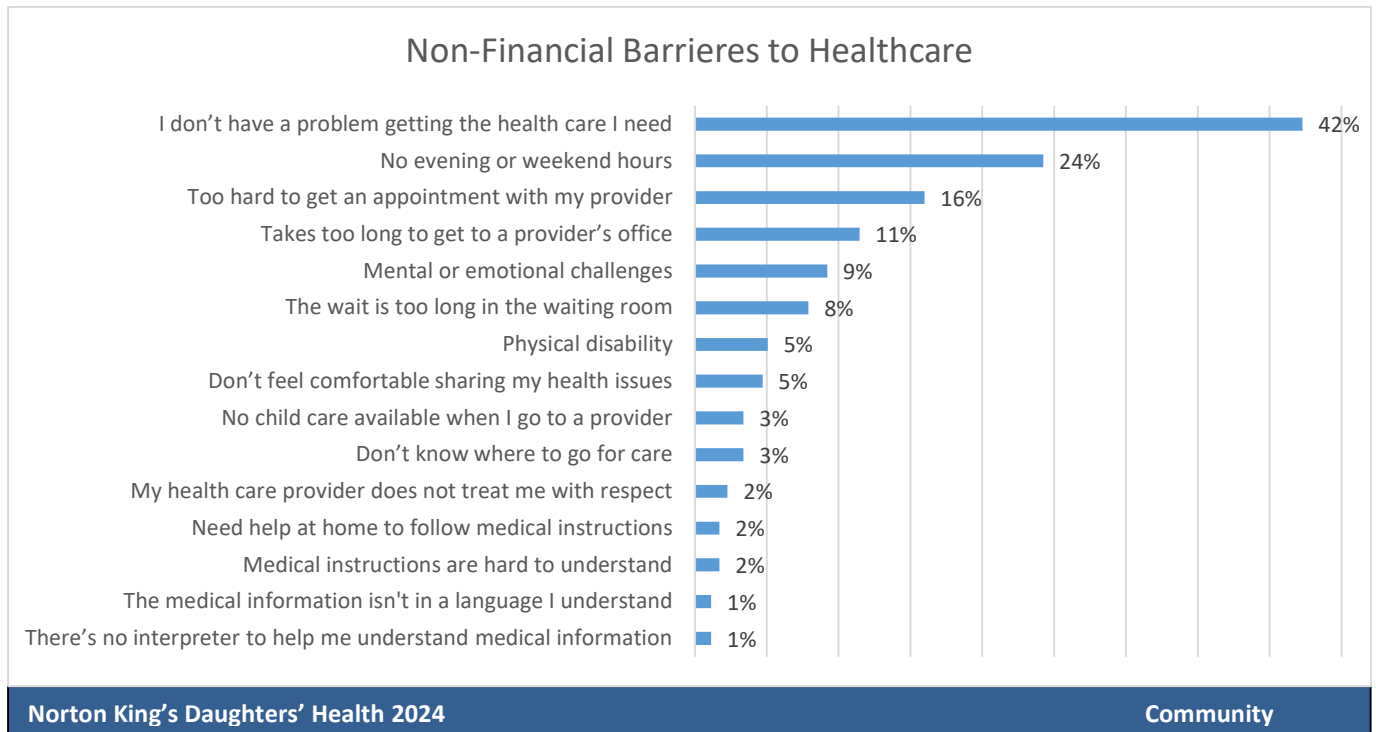


Barriers to health care: The survey instrument used two questions to obtain information regarding barriers to health care. The first question dealt with financial barriers, while the second question dealt with nonfinancial barriers to health care. Of respondents, 42% indicated that they did not have a problem getting the health care they needed.

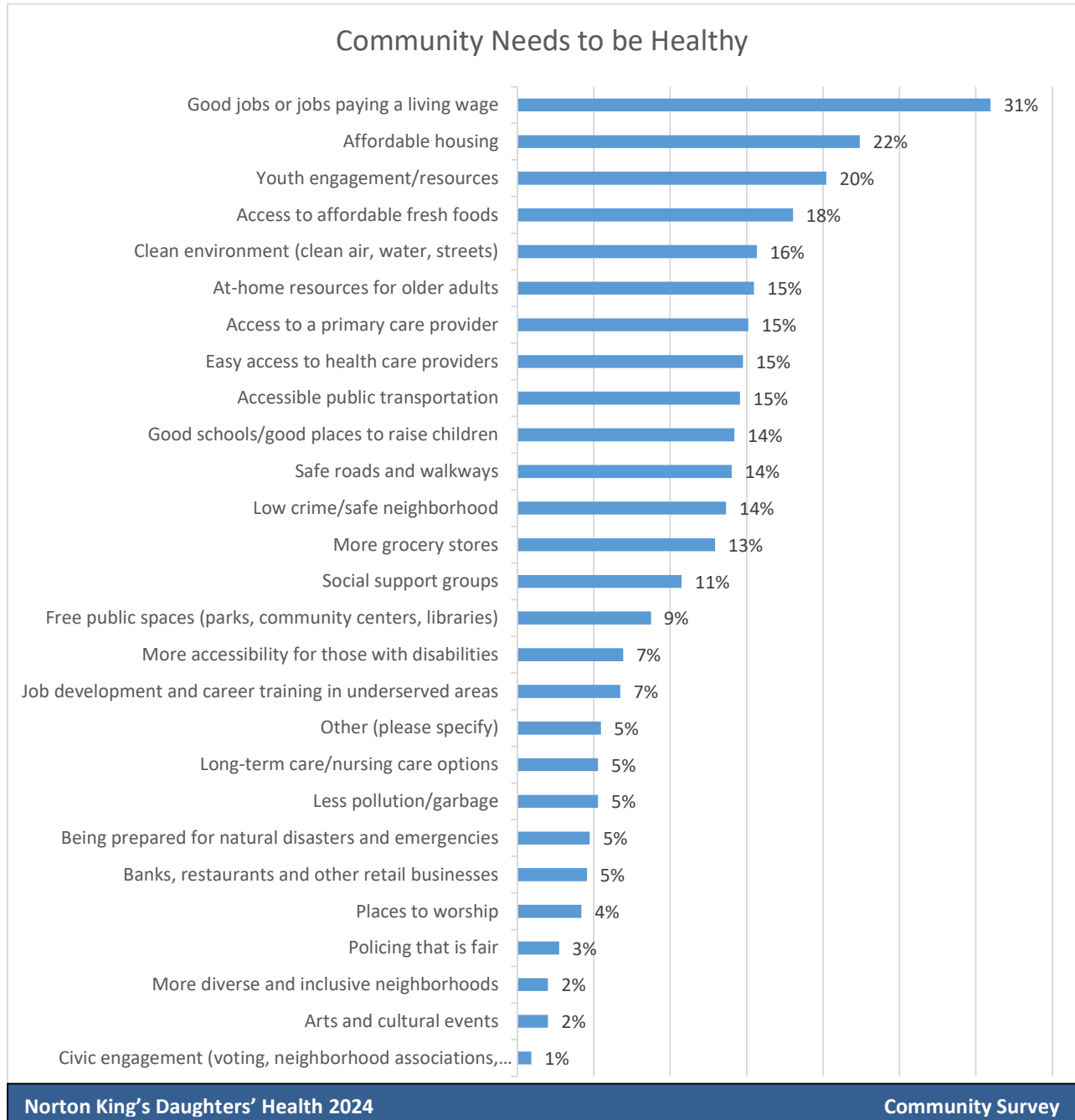
In reviewing the financial barriers listed, the most prevalent financial barriers include: the inability to afford prescription medication (24%), the inability to afford the health care visit (14%) and a past due bill with a health care provider (12%).



The most prevalent nonfinancial barriers were the lack of evening or weekend hours (24%), getting an appointment with a provider is too hard (16%), and it takes too long to get to a provider's office (11%). 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 (22%), youth engagement and resources (20%), access to affordable fresh foods (18%), and a clean environment including clean air, water, soil and streets (16%).



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.**

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

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

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

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

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

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

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

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

	Yes	No
Adults	☐	☐
Children/adolescents	☐	☐

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	☐	☐
Children/adolescents	☐	☐

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 King's Daughters' Health conducted 25 interviews with 34 representatives from the community and Norton King's Daughters' Health 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

To gather input and to identify the greatest areas of need in the community, several questions focused on determining 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
- Stroke
- Respiratory conditions

Substance Use

- Increase in substance use among pediatric population
- Limited preventive and supportive programming
- Lack of community education regarding substance use
- Underlying mental health conditions impacting substance use

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

Mental Health

- Mental health services and resources are difficult to access
- Lack of crisis services
- Increase in pediatric mental health conditions
- Shortage of mental health providers and professionals
- Insurance sometimes does not cover mental health services
- Lack of medication management services and resources

Access to Care

- Limited access to care — services, resources, providers
- Lack of specialty care services
- Lack of primary care services

Pediatric Concerns

- Pediatric care is difficult to access
- High rate of childhood trauma/violence and ACEs score
- Low health literacy among pediatric population
- Increased usage of tobacco products and vapes

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. Over 75% of interviewees identified mental health as a service that is lacking in the community. The discussions focused on the need to increase access and availability of crisis care services and resources. Depression, anxiety and grief are the

top three mental health conditions that this community faces. Care options, such as crisis care services and resources, are lacking in the community for individuals experiencing mental health issues.

Substance use

When asked how health care organizations can better support those struggling with substance use, over 60% of the interviewees identified that preventive and supportive programming would aid in supporting these individuals. As part of these programs, community education on substance use and its effects is greatly needed, as there has been a rise in substance use among the pediatric population, which does not know the long-term effects. The majority of drug usage among the pediatric population consists of tobacco use and vaping. Interviewees stated that access to these preventive and supportive programs is needed to help aid in decreasing substance use in the community and preventing youth from partaking in it early on in their development.

Populations with unmet health needs

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

- **Individuals with low income:** Populations that experience generational poverty and whose basic needs are not met often prioritize other essential items, such as food, over seeking health care. It was found that individuals who experience housing insecurity often experience difficulty with their mental health and/or substance use disorders. These populations experience unstable housing, food insecurity and insurance barriers and are faced with transportation barriers to access health care services.
- **Minorities and marginalized:** The majority of this population consists of individuals who 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 system and/or providers due to historical mistreatment of their community.
- **Elderly:** The elderly population is often forgotten about; they lack a support system and have limited mobility, which impacts their ability to access health care. These barriers can be detrimental to both their physical and mental health.
- **Immigrants and refugees:** These populations have come to the U.S. from another country and experience language barriers, insurance barriers and lack of trust in the health care system and/or providers which prevents them from accessing health care services and resources.
- **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 such as depression and anxiety.
- **Individuals from rural communities:** Locations where populations of the community experience disproportionate deaths and chronic illness are rurally located, with limited or no access to technology.

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 is a list of identified actions that could improve the health of our community:

- Increase community presence and visibility through community partnerships and getting involved in community events.
- 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.
- 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.
- Invest in the community to increase services and resources by addressing social determinants of health and its impact on health outcomes.

Community input: key findings

Input from the community proved valuable in narrowing the focus on many of the themes that became apparent throughout this process. It was through the community health needs survey and community leader interviews that 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: Of respondents, 15% identified easy access to health care providers as a community need, and 29% 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 dental health, mental health, bone and joint, nerve and brain, and women's health. During the interview process, 80% of interviewees discussed access to care as a concern. Among these concerns were the shortage of both primary care providers and specialty providers throughout the community.

Transportation as a barrier to care was identified by 80% of the respondents. Of the responses, 12% identified getting to a provider's office as a challenge and 5% identified inability to purchase gas or bus fare as a transportation barrier. Of the responses, 44% stated that aging populations already have difficulty accessing health services and resources, and transportation is one of the barriers that they experience. The lack of resources for senior citizens was noted by 14% of respondents as a top community health issue, and 15% stated that there is a need for at-home resources for older adults to aid in improving access to care. In addition, individuals in the community experience inadequate housing and are faced with food insecurity, which decreases their ability to access care as there are competing priorities that, from their perspective, outweigh seeking health care services.

Management of chronic conditions: The community health needs survey identified obesity, diabetes, cancer, heart conditions, respiratory conditions and high blood pressure as top community health problems. Chronic conditions such as these were discussed by 52% 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 18% 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 part of the top three health concerns for the community. Mental health and the limited access to mental health resources were identified by 84% of the respondents. For the pediatric population, this can be contributed to high ACEs scores and negative home lives with parents who have addictions. Substance use was identified by 32% of respondents as a major health concern, with 64% of interviewees identifying the need for wraparound services to help people at all points of recovery. Drug abuse as an unsafe behavior in the community was identified by 43% of survey responses, with 29% identifying tobacco use and 27% identifying alcohol use. Resources such as preventive and supportive programming are needed for those with mental health and substance use concerns in this community.

Affordability and coverage of health care services: Financial barriers, such as affordability and insurance coverage, were named as a significant barrier to health. All interviewees discussed that there are significant financial barriers that exist that affect one's ability to access health services. Of the respondents, 50% identified that financial or insurance needs create barriers to care in the community. In addition, 24% of survey respondents indicated that they sometimes or often put off health care because they cannot afford it.

Health literacy: Of the respondents, 24% reported that they have some difficulty understanding information given by their health care provider. Additionally, 76% of interviewees discussed how low health literacy levels have become a barrier to the community when needing to access health information and services.

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 (36%) and children (41%). The interviewees identified that a lack of physical activity is a concern for 32% of adults and 8% for children in the community.

Trust in the health care system: Trust in the health care system was identified by 80% of respondents as a concern. This is largely due to generational mistrust of the system and mistrust generated during the pandemic. Trust between patient and provider is critical to best meet one's health needs. In addition, 77% of survey responses stated that trust is one of the most important aspects that is considered when choosing a provider.

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 health care 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 health care, 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 health care organizations better support those struggling with substance use (alcohol/tobacco/marijuana vs. illicit drugs)?
8. What prevents people in the community from getting health care 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 health care systems was identified as a barrier to care in a previous assessment. In your opinion, is trust in the health care system or local health care providers a concern for the community?

Follow-up: What actions could help alleviate 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?

Health care engagement

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

Follow-up: What types of services do you feel telehealth visits are most effective and accepted?
13. What do you think health care 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 health care 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

Bethany Legacy Foundation
Centerstone
Hosparus Health Southern Indiana
and Grief Counseling
Jefferson County Health Department
Jefferson County Judge
Jefferson County Sheriff's Department
La Casa Amiga

Madison Consolidated High School
North Central Health District
Norton King's Daughters' Health
Salvation Army
Seven Counties Services
The Center for Women and Families
Trimble County Health Department

Appendix G

Detailed Summary of Topics and Findings

Category	Topic	Interviews	Survey Data	Secondary Data
Chronic health conditions	Obesity	28% of interviews identified obesity as major health issue in the community.	31% of survey respondents identified obesity as a top health issue for the community.	According to County Health Rankings, 39% of Jefferson County, Indiana, had a BMI of 30 or greater; for Switzerland County, Indiana, it was 41%; and it was also 41% for Trimble County, Kentucky.
	Diabetes	28% of interviews identified diabetes as a major health issue in the community.	30% of survey respondents identified diabetes as a top health issue for the community.	According to County Health Rankings, 10% of Jefferson County, Indiana, is considered diabetic; 12% of Switzerland County, Indiana, is considered diabetic; and 10% of Trimble County, Kentucky, is considered diabetic. According to CDC WONDER Leading Cause of Death, there were 52.6 deaths per 100,000 in Jefferson County, Indiana, from 2018 to 2023 for diabetes. In Switzerland County, Indiana, there were 40.9 deaths per 100,000 from 2019 to 2023 for diabetes and 23.5 deaths per 100,000 in Trimble County, Kentucky, for diabetes.
	Cancer	28% of interviews identified cancer as major health issue in the community.	29% of survey respondents identified cancer as a top health issue for the community.	According to CDC WONDER Leading Cause of Death, there were 265.3 deaths per 100,000 in

				Jefferson County, Indiana, from 2018-2023 for cancer. In Switzerland County, Indiana, there were 216.4 deaths per 100,000 from 2018-2023 for cancer. In Trimble County, Kentucky, there were 220.5 deaths per 100,000 from 2018-2023 for cancer.
	Heart health	20% of interviews identified heart health as major health issue in the community.	25% of survey respondents identified heart disease as a top health issue for the community.	According to CDC WONDER Leading Cause of Death, there were 232.3 deaths per 100,000 in Jefferson County, Indiana, from 2018-2023 for heart disease. For Switzerland County, Indiana, there were 259.3 deaths per 100,000 from 2018-2023 for heart disease. For Trimble County, Kentucky, there were 319.0 deaths per 100,000 from 2018-2023 for heart disease.
	Respiratory conditions	20% of interviews identified respiratory conditions as major health issue in the community.	21% of survey respondents identified diseases that affect the lungs as a top health issue for the community.	According to CDC Wonder's Leading Cause of Death, there were 108.8 deaths per 100,000 in Jefferson County, Indiana, from 2018-2023 for lower respiratory diseases.

				In Switzerland County, Indiana, there were 70.2 deaths per 100,000 from 2018-2023 for lower respiratory diseases. In Trimble County, Kentucky, there were 98.5 deaths per 100,000 from 2018-2023 for lower respiratory diseases.
	Stroke	8% of interviews identified stroke as major health issue in the community.	5% of survey respondents identified stroke as a health issue of concern in the community.	According to CDC Wonder's Leading Cause of Death, there were 52 deaths per 100,000 in Jefferson County, Indiana, from 2018-2023 for cerebrovascular diseases, including stroke. In Switzerland County, Indiana, there were 42.9 deaths per 100,000 from 2018-2023 for cerebrovascular diseases, including stroke. In Trimble County, Kentucky, there were 39.9 deaths per 100,000 from 2018-2023 for cerebrovascular diseases, including stroke.

Access to health care	Access to care	80% identified limited access to health care as a concern when asked about what services were lacking in the community. The areas identified included mental health and behavioral health services, primary or family providers, and access that is limited through their insurance provider.	29% 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. <table><tr><th>Adult Specialists</th><th>Pediatric Specialists</th></tr><tr><td>Women’s health</td><td>Dentist</td></tr><tr><td>Dentist</td><td>Mental health</td></tr><tr><td>Mental health</td><td>Bone and joint</td></tr><tr><td>Nerve and brain</td><td>Nerve and brain</td></tr><tr><td>Bone and joint</td><td>Women’s health</td></tr><tr><td colspan="2">Top reasons respondents were unable to access a specialist</td></tr><tr><td colspan="2">No specialist was available in my area</td></tr><tr><td colspan="2">No appointments were available</td></tr><tr><td colspan="2">The specialist was not covered by my health insurance</td></tr><tr><td colspan="2">Could not afford to pay for the specialist</td></tr><tr><td colspan="2">Could not get to the office while they were open</td></tr></table>	Adult Specialists	Pediatric Specialists	Women’s health	Dentist	Dentist	Mental health	Mental health	Bone and joint	Nerve and brain	Nerve and brain	Bone and joint	Women’s health	Top reasons respondents were unable to access a specialist		No specialist was available in my area		No appointments were available		The specialist was not covered by my health insurance		Could not afford to pay for the specialist		Could not get to the office while they were open		According to the 2024 American Health Rankings, 86.4% of the Indiana population has a regular health care provider. This data was not provided for Kentucky in the 2024 American Health Rankings report. The County Health Rankings indicated in the 2024 reports that 10% of Switzerland County, Indiana, adults are uninsured. In Jefferson County, Indiana, 8% of adults are uninsured and in Trimble County, Kentucky, 7% remain uninsured. Nationally 10% of the adult population is uninsured. Part of accessing care is the availability of health care professionals. The County Health Rankings reports the population to provider ratios for primary care physicians, primary care other, mental health providers and dentists. The ratio for primary care physicians in Switzerland County, Indiana, was not provided. Jefferson County, Indiana, has a primary care ratio of 1,660:1 and Trimble County, Kentucky, has a primary care ratio of 4,270:1.
Adult Specialists	Pediatric Specialists																											
Women’s health	Dentist																											
Dentist	Mental health																											
Mental health	Bone and joint																											
Nerve and brain	Nerve and brain																											
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Could not afford to pay for the specialist																												
Could not get to the office while they were open																												

Behavioral and life choices	Mental health	84% of interviews discussed that mental health is a service line 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. 28% identified mental health as a significant concern for children in the community. When directly asked about the mental health concerns that exist in the community, 32% of interviews identified trauma or ACEs as prominent issues.	18% of survey respondents identified mental health as a top health issue in the community for adults. 28% of survey respondents identified mental health as a major health concern for children in the community.	According to County Health Ranking the average number of mentally unhealthy days were between five and six out of 30 for all three counties. Greater than 16% of the population in all three counties report frequent mental distress (defined as 15 or more mentally unhealthy days in a 30-day period). Switzerland County, Indiana, had the highest percentage of population reporting frequent mental distress at 19%. In the 2024 County Health Rankings report, the rate of suicide per a population of 100,000 was reported for two of the counties in the defined community, with 17 per 100,000 reported in Jefferson County, Indiana, and 29 per 100,000 reported in Trimble County, Kentucky. The national rate is 14 per 100,000.
	Substance use	32% identified substance use disorders as a major health concern for their community. 12% identified this as a concern for the children in the community.	12% of survey respondents identified drug or alcohol addiction as a top health issue in the community for adults. 25% of survey respondents identified drug or alcohol addiction as a major	According to County Health Rankings, in Kentucky there were 43 drug overdose deaths per 100,000, and in Indiana there were 34, both of which are higher than the national drug overdose deaths per 100,000, which was 27.

		When directly asked about substance use issues and barriers to care, 64% of interviews discussed the need for wraparound services to help people at all points of recovery.	health concern for the children of the community. 43% of survey respondents identified drug abuse as an unsafe behavior in the community. 34% of survey respondents identified drug abuse as an unsafe behavior for the children of the community. Some of the unsafe behaviors identified were tobacco use at 29% and alcohol use at 27%.	In Trimble County, Kentucky, there were 43 drug overdose deaths per 100,000, in Jefferson County and Switzerland County, Indiana, there were 27 and 32 overdose deaths respectively per 100,000. Nationally, the 2024 County Health Rankings reports that 15% of adults are current smokers. The county with the highest percentage is Switzerland County, Indiana, at 24% followed by Trimble County, Kentucky, at 23% and Jefferson County, Indiana, at 21% for adults currently smoking.
Physical inactivity		The lack of physical activity of both adults and children in the community is a major health concern. A total of 40% of interviews mentioned that this a concern, with 32% being a concern for adults and 8% being a concern for children.	The lack of exercise was identified as an unsafe behavior for both adults and children and adolescents. 36% identified the behavior as a concern for adults and 41% identified the issue for children and adolescents.	According to County Health Rankings, 31% of adults in Switzerland County, Indiana, are physically inactive. The percentage is slightly lower in Trimble County, Kentucky (30%), and Jefferson County, Indiana (28%).
Mistrust in the health care system		80% of the interviews stated that trust in the health care system and providers is a concern for the community which is largely due to generational mistrust of the system and mistrust generated during the pandemic.	77% 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	36% of interviews identified food insecurity as a concern for the community due to lack of access to affordable and available healthy food options.	9% of survey respondents reported that they sometimes or often experience food insecurity. In Trimble County, Kentucky, 26% of respondents report experiencing food insecurity.	According to the County Health Rankings data 12% of Jefferson County, Indiana, 15% of Switzerland, Indiana, and 13% of the population of Trimble County, Kentucky, experience food insecurity. Over 50% of the public school students in Switzerland County, Indiana, and Trimble County, Kentucky, remain eligible for free or reduced-priced lunch. In Jefferson County, Indiana, only 48% of students remain eligible for free or reduced-priced lunch.
	Resources for aging populations	44% of interviews discussed that the elderly population has trouble accessing health care services and resources.	14% of survey respondents identified that the lack of resources for senior citizens is a top community health issue. 15% of survey respondents identified at-home resources for older adults as a top need for a healthy community.	According to the U.S. Department of Health & Human Services' Office of Disease Prevention and Health Promotion, people aged 65+ 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. According to the statistics provided through SG2 analytics in 2024, 20.7% of the defined community is aged 65 and up. In Jefferson County, Indiana, 20.6% of the community is aged 65 and up. In Switzerland County, Indiana, 20.1% of the community is aged 65 and up. In Trimble County, Kentucky, 21.4% of the community is aged 65 and up.
Inadequate housing	32% of interviews discussed concerns pertaining to housing insecurity or the unhoused population.	10% 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 Jefferson County, Indiana, 11% of the community experiences severe housing problems, while in Switzerland County, Indiana, and Trimble County, Kentucky 14% of the county experiences severe housing problems.
Health literacy	76% of interviews discussed how low health literacy levels have become a barrier to the community when needing to	24% of survey respondents reported that they sometimes or more often have difficulty understanding the information that health care providers give them.	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

	access health care information and/or services.	5% of survey respondents reported not being comfortable with filling out medical forms by themselves.	to make informed health decisions.
Transportation	80% of interviews mentioned transportation as being a barrier to the community when it comes to accessing health care services.	12% of survey respondents reported that the time that it takes to get to a health care provider's office remains a challenge for them or their family. 5% of survey respondents reported not being able to afford gas or a bus fare creates a barrier to accessing health care services.	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, which contribute to poor health outcomes.
Poverty/Financial barriers	Poverty and financial barriers were mentioned in all of the interviews conducted and proved to be a significant barrier for the community.	50% of the top barriers to care identified relate to financial or insurance needs. 24% of survey respondents reported that they sometimes or often put off medical care because they were unable to afford it. In Switzerland County, Indiana, 38% of survey respondents reported having to put off medical care due to high costs.	According to the statistics provided through SG2 analytics, Switzerland County, Indiana, has the highest percentage of families living below the poverty line at 15.37%, followed by Trimble County, Kentucky, at 11.05%, and 10.29% in Jefferson County, Indiana.
Trauma	64% of interviews mentioned trauma as a significant issue among the community, especially among the pediatric population with high ACEs scores. This is largely due to having a negative	3% of survey respondents indicated that in Trimble County, Kentucky, gun violence is an important health issue in the community for adults. In Jefferson County, Indiana, 2% of survey respondents that gun violence	According to the 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 and

	home life where children are living with parents that have addictions.	is a concern for children of the community. 0.2% of survey respondents from Jefferson County, Indiana, and 3% of survey respondents from Switzerland County, Indiana, indicated that intimate partner violence is an important health issue in the community. The health issue of bullying is prevalent in all three counties, particularly among the pediatric population. For Jefferson County and Switzerland County in Indiana, 20% of survey respondents indicated that it is an important health issue for the pediatric population. In Trimble County, Kentucky, 25% of survey respondents indicated that it is an important health issue for the pediatric population.	Kentucky reported 14.2 child victims per 1,000 children.
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Appendix H

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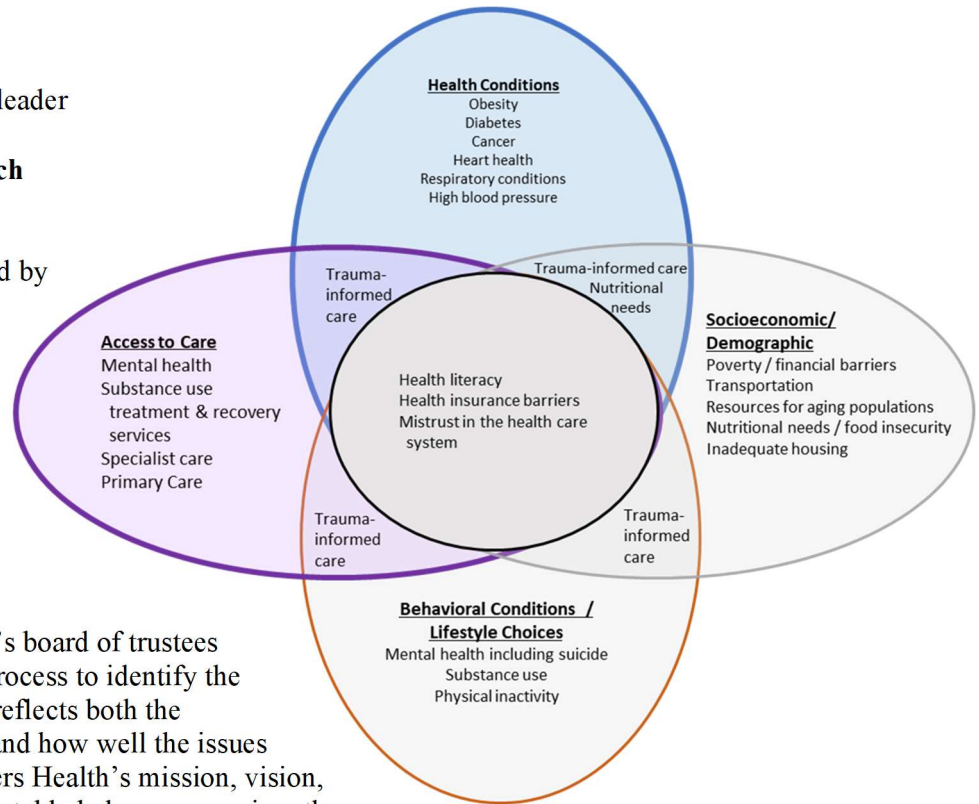
NORTON
KING'S DAUGHTERS'
HEALTH

Norton King's Daughters' Health 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 22 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, mistrust and the uninsured intersect all four categories of need.



Prioritization

Norton King's Daughters' Health's board of trustees participated in the prioritization process to identify the areas of focus. The prioritization reflects both the community's perception of need and how well the issues align with Norton King's Daughters Health's mission, vision, values and strategic priorities. The table below summarizes the 22 needs by category.

Health Conditions	Access to Care	Behavioral Conditions / Lifestyle Choices	Socioeconomic / Demographic
Obesity Diabetes Cancer Heart health Respiratory conditions High blood pressure	Mental health Substance use treatment and recovery services Specialist Primary care Health insurance barriers	Mental health including suicide Substance use Physical inactivity Mistrust in the health care system	Poverty / financial barriers Transportation Health literacy Resources for aging populations Nutritional needs / food insecurity Inadequate housing Trauma

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

conditions/lifestyles choices and socioeconomic/demographic concerns that were prioritized for our CHNA.

From those areas of need, we identified eight areas of focus for implementation. These strategic areas are mental health including suicide, substance use, physical inactivity, mistrust in the health care systems, health literacy, resources for aging populations, nutritional needs/food insecurity and trauma-informed care. Although Norton Healthcare continues to have a comprehensive charity care policy, we are not currently in a position to significantly influence the poverty levels. Similarly, transportation and housing concerns are not areas we are positioned to address.

Implementation strategies have been developed for the eight areas of focus and are outlined in the following pages. These are not intended to be all-inclusive or a comprehensive catalog of all activities by Norton King's Daughters' Health, but rather a representation of specific actions that will be taken to impact these areas of community need. These initiatives will be monitored and their impact measured 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 the Norton Children's Medical Group Mental and Behavioral Health department.
Work to train hospital staff on crisis intervention team (CIT) and trauma based care to improve care for patients who present with mental illness.
Increase access to mental health services through the promotion of Norton Healthcare's Behavioral Health Hub.

Substance Use

Initiative
Develop and provide training to primary care offices regarding referral sources for substance abuse.
Expand a bidirectional referral process with community-based non-Norton Healthcare mental and substance abuse health providers
Facilitate tobacco/vaping cessation through classes offered by Norton Prevention & Wellness and nicotine replacement therapies offered by Norton Healthcare retail pharmacies.
Norton King's Daughters' Health tobacco coordinator will educate youth, guardians, and teachers on the subject of vaping (e-tobacco use).

Mistrust in the Healthcare System

Initiative
Increase community outreach through the Norton Healthcare outreach collaborative, developed to coordinate outreach and align resources making the outreach programs more efficient and effective.
Expand student exposure to health care through educational and career/employment opportunities such as the Student Nurse Apprenticeship Program (SNAP) and student healthcare assistant (SHA) academic-practice partnerships.
Intentionally grow access to care in the community to meet identified community needs including the addition of a midwife to OB team and local access to Maternal Fetal Medicine.

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.
Provide sponsorship for activities encouraging physical activities including 5Ks and Fit Kids Programs.
Encourage the importance of physical activity through education classes, materials and access to athletic trainers via a partnership with Norton Sports Health.

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.
Implement telehealth, online scheduling, and communication pertaining to urgent care wait times to improve patients ability to obtain health care services and increase adherence to health plans.
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

Trauma Informed Care

Initiative
Provide training for all new employees to equip them with the knowledge and skills needed to provide trauma informed care.
Participate in Resilient Jefferson County, a community coalition to develop a more resilient, trauma informed community.

Nutritional Needs / Food Insecurity

Initiative
Seek additional funding sources for the hospital food bank to provide crisis food for patients experiencing food insecurity.
Develop a "Smart Shopper" program to educate about nutritional food choices, reading product labels, etc.
Implement and grow the distribution of educational materials from Norton Sports Health pertaining to healthy eating habits, including Grocery Store tour videos, and performance dietitian blogs.

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.

The implementation strategies listed above were approved by Norton King's Daughters' Health's board of trustees on May 13, 2025.