NORTON HEALTHCARE

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

Community Health Needs Assessment 2025

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Community Health Needs Assessment

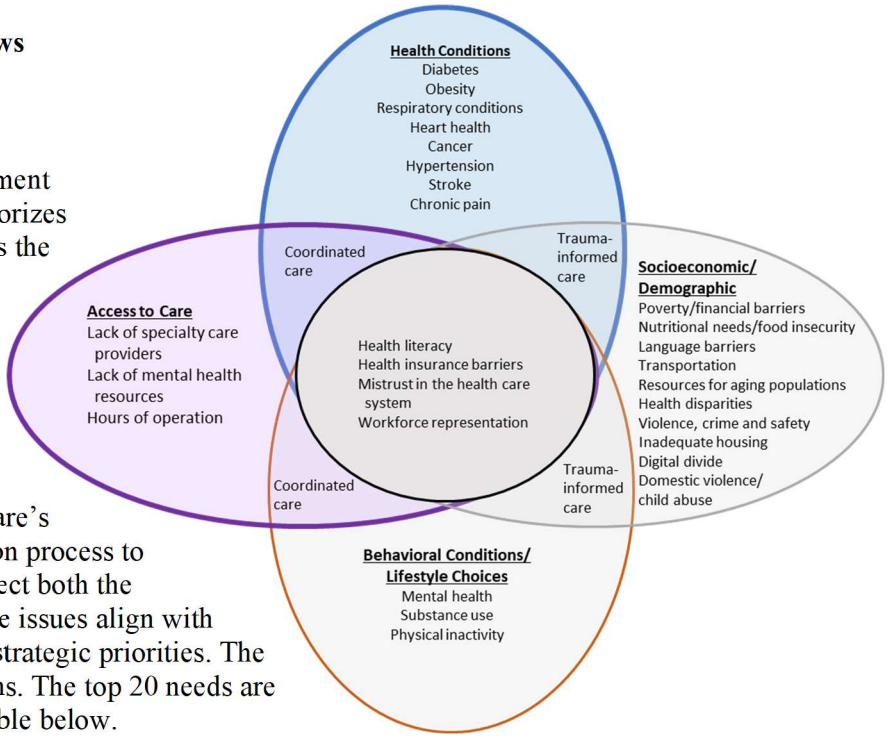
Executive Summary

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

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

Findings

A total of 30 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, the uninsured, mistrust in the health care system, and workforce representation intersect all four categories of need.



Prioritization

The Norton Committee on Faith and Health Ministries, as a subcommittee of Norton Healthcare's Board of Trustees, participated in the prioritization process to identify the areas of focus. The prioritization reflect both the community's perception of need and how well the issues align with Norton Healthcare's mission, vision, values and strategic priorities. The table below summarizes the 30 identified concerns. The top 20 needs are listed in order of priority in the first row of the table below.

	Norton Heatlhcare's Louisville-Based Hospitals			
	Health Conditions	Access to Care	Behavioral Conditions / Lifestyle Choices	Socioeconomic / Demographic
Top 20	Diabetes Obesity Respiratory conditions Heart health Cancer	Mental health Specialty care Hours of operation Health insurance barriers	Mental health Substance use Mistrust in the healthcare system	Health literacy Trauma Poverty / financial barriers Nutritional needs / food insecurity Language barriers Transportation Resources for aging populations Health disparities
	Hypertension Stroke Chronic pain	Coordinated care Workforce representation	Physical inactivity	Violence, crime and safety Inadequate housing Digital divide Domestic violence and child abuse

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

Introduction

For more than 130 years, Norton Healthcare's faith heritage has guided its mission to provide quality health care to all those it serves. Today, Norton Healthcare is a leader in serving adult and pediatric patients from throughout Greater Louisville, Southern Indiana, the commonwealth of Kentucky and beyond. The not-for-profit hospital and health care system has six Louisville-based hospitals and three hospitals in Southern Indiana.

With more than 23,000 employees, over 2,100 employed medical providers and more than 4,000 total providers on its medical staff, Norton Healthcare is Louisville's second largest employer.[1] It provides care at more than 400 locations throughout Kentucky and Southern Indiana. The six Louisville hospitals have a total of 1,907 licensed beds, and the Southern Indiana hospitals have a total of 347 licensed beds. The hospitals provide inpatient and outpatient general care as well as specialty care, including heart, neuroscience, cancer, orthopedic, women's and pediatric services. The system also includes 10 outpatient centers, 20 Norton Immediate Care Center locations, 14 Norton Prompt Care clinics and an expanded telehealth program. A strong research program provides access to clinical trials in a multitude of areas.

Norton Healthcare was recognized in 2022, 2023 and 2024 on the Disability Equality Index's list of Best Places to Work for Disability Inclusion. The organization made the list of America's Most Innovative Companies 2025 by Fortune and Statista as well as Forbes Magazine's list of America's Best Employers for Diversity in 2024 and 2025. Five of Norton Healthcare's Louisville hospitals and Norton Cancer Institute are LGBTQ+ Healthcare Equality Leaders as designated from the Human Rights Campaign in 2018 and all subsequent years that the designation has been awarded.

Norton Healthcare's 2025 CHNA used primary and secondary data to guide our continuous improvement in providing clinical programs and health care services, meeting community needs, and improving the overall health of our community.

The assessment process ensures that community benefit programs and resources are focused on significant health needs as perceived by the community at large, as well as aligned with Norton Healthcare's mission, core services and strategic priorities.

The 2025 Norton Healthcare CHNA has five main goals:

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

1. Louisville Business First. Louisville's Largest Employers 2024. December 2024. Retrieved January 2025 from https://www.bizjournals.com/louisville/subscriber-only/2024/07/12/louisvilles-largest-employers.html.

As discussed in more detail below, for purposes of this CHNA, Norton Healthcare's Louisville-based hospitals have defined community as Jefferson County, which accounts for 68.3% of Norton Healthcare's Louisville-based hospital patient encounters. While Norton Healthcare serves patients across a broader region, defining Jefferson County as its community allows Norton Healthcare to more effectively focus its resources to address identified significant health needs, targeting areas of greatest need and health disparities.

Norton Healthcare's Louisville-based hospitals conducted a community-wide survey to obtain feedback from the general public regarding health needs and perceptions. The community survey was made available in both English and Spanish through a digital platform. Paper surveying translations were made available in English, Spanish, French, Arabic, Chinese, Nepali, Russian, Somali, Swahili and Vietnamese. There were 1,538 surveys collected from residents of Jefferson County.

In addition, Norton Healthcare's Louisville-based hospitals conducted 54 interviews with 75 representatives from the community and the Norton Healthcare system to gather their feedback on the health needs of the community. 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, 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
Diabetes Obesity Respiratory conditions Heart health Cancer Hypertension Stroke Chronic pain	Specialty care Hours of operation Health insurance barriers Coordinated care Workforce representation Mental health providers	Mental health Substance use Mistrust in the health care system Physical inactivity	Health literacy Trauma Poverty / financial barriers Nutritional needs / food insecurity Transportation Resources for aging populations Health disparities Language barriers Violence, crime and safety Inadequate housing Digital divide Domestic violence and child abuse

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 presented to the Norton Committee on Faith and Health Ministries, a subcommittee of the Norton Healthcare board of trustees.

The committee was asked to keep in mind:

- How closely the need aligns with Norton Healthcare's mission, key service lines, and/or strategic priorities
- Alignment with state and local health department initiatives, and
- Whether or not programs exist (within Norton Healthcare or other community organizations) that are addressing the need.

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

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

Norton Committee on Faith and Health Ministries then helped to identify areas where Norton Healthcare's Louisville-based hospitals can most effectively focus resources to have significant impact and develop implementation strategies to advance our work in these areas. The prioritized areas of need for this CHNA are summarized in the table below. Note that through this prioritization process it was determined that Norton Healthcare's Louisville-based hospitals are not in a position to significantly influence the poverty levels, transportation, inadequate housing, digital access issues, or violence, crime and safety issues that exist within the population we serve. Physical inactivity was not identified in the top 20 areas of concern and will not be part of the prioritized health strategies. The area of physical inactivity will continue to be addressed through educational programs, Norton Sports Health and other system programs

Prioritized Community Health Issues	
Behavioral Conditions / Lifestyle choices	**Socioeconomic / demographic**
1. Mental health 2. Substance use 3. Mistrust in the health care system	1. Health literacy 2. Trauma informed care 3. Nutritional needs / food insecurity 4. Resources for aging 5. Health disparities 6. Language barriers

How the assessment was conducted

Norton Healthcare's Louisville-based hospitals conducted this assessment to support its mission to respond to needs in the communities they serve, 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 the IRS, the following steps were followed as part of Norton Healthcare's Louisville-based hospitals' CHNA:

- Community benefit initiatives that were implemented over the course of the past three years were evaluated.
- The "community" served by Norton Healthcare's Louisville-based hospitals was defined by using inpatient and outpatient data regarding patient origin and is inclusive of medically underserved, low-income, minority populations and people with limited English proficiency. This process is further described below in "Areas Served by Norton Healthcare."
- 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. The committee reviewed information on the leading causes of death and morbidity information in conjunction with social determinants of health.
- Community input was obtained through a community-wide survey for the general public.
- Community input also was obtained through key stakeholder interviews of 54 community leaders and health care providers. To ensure the medically underserved were represented in this CHNA, median household incomes in neighborhoods throughout Jefferson County were compared to identify neighborhoods with a lower median income. Interviews were conducted with representatives from Louisville Metro Public Health and Wellness, Jefferson County Public Schools and health care organizations serving these neighborhoods, as well as with agencies providing services related to mental health, domestic violence and immigration to the United States.
- An inventory was taken of health care facilities and other community resources available to address the significant health needs identified through the CHNA.
- Identified health needs were prioritized, taking into account community perception regarding the significance of each identified need as well as the alignment with Norton Healthcare's mission and services provided. Norton Healthcare leadership and the Norton Committee on Faith and Health Ministries, a subcommittee of the board of trustees, participated in identifying and prioritizing significant health needs.

Social determinants of health framework

Social determinants of health are defined as the personal, social, economic and environmental factors that influence an individual's health status. The framework below, accessed from the U.S. Department of Health and Human Services 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 Healthcare'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, 2023 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.
- A large percentage of survey respondents came from a health care setting. No attempt was made to randomly sample the population, but instead surveys were made available through practices and 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 Healthcare's community benefit and outreach

Norton Healthcare's Louisville-based hospitals provide a broad array of services to the community. Below is a summary of some significant community benefit initiatives offered over the last three years.

Norton Prevention & Wellness
Norton Prevention & Wellness offers health screenings and education to help the community stay healthy. Many of the services are offered at low or no cost. In 2024, dedicated practitioners, registered nurses, certified mammography technologists and other staff on the Norton Prevention & Wellness team provided preventive health screenings throughout Louisville and Southern Indiana at 618 unique events.

- The Norton Prevention & Wellness Mobile Primary Care unit increased access to health care in underserved neighborhoods. In collaboration with many community partners, staff provided over 7,000 screenings in 2024 (blood pressure, body mass index, glucose and cholesterol) for almost 4,000 participants in multiple locations throughout Jefferson and surrounding counties, including in Southern Indiana. There were over 213 unique events where these screenings were offered during 2024.
- Norton Prevention & Wellness offers education and information on fecal immunochemical tests (FITs), Cologuard and colonoscopies at events, on the mobile truck and via the (502) 446-9355 (WELL) line. Tests are distributed at the event or mailed. Over 159 FITs were distributed in 2024.
- In 2024, Norton Prevention & Wellness staff provided preventive screenings aboard the Norton Prevention & Wellness Mobile Prevention Center in collaboration with various community partners. Over 1,877 women received mammograms through the mobile prevention center. Of those, approximately 15% had not been screened in the past five years and 18% had never had a mammogram. There were over 185 Norton Prevention & Wellness Mobile Prevention Center events in 2024, and 31% of those visiting reported limited English and 16% were uninsured.
- Norton Prevention & Wellness provided education on heart health, effects of smoking, prostate health, breast health, women's health and colon health to over 2,008 community members at various events, including health fairs and presentations. To help eliminate barriers to care, Norton Prevention & Wellness travels to different locations including community sites, clinics, and employers.
- Norton Prevention & Wellness managed the Get Healthy Walking Club and hosted the Get Healthy Walking Club Expo annually, in partnership with the Louisville Zoo. In 2024 there were over 4,200 members added to the club for a total of 14,312 members.
- In 2024, Norton Prevention & Wellness held 152 class sessions as part of the American Lung Association Freedom from Smoking program.
- In 2024 Norton Prevention &Wellness hosted a Hispanic Health Fair with over 206 attendees representing 18 unique countries of origin.

Community partnerships
Norton Healthcare participates in many community collaborations.

- Norton Healthcare partnered with Goodwill to build the Norton Healthcare Goodwill Opportunity Campus. Greater Louisville Inc. recognized Norton Healthcare and Goodwill Industries of Kentucky in early 2025 with the first Community Visionary Award for their

collaboration to bring the Norton Healthcare Goodwill Opportunity Campus to fruition. The Community Visionary Award was created to recognize organizations and individuals who go above and beyond to solve community challenges through innovation and collaboration. Community partnerships are at the heart of the Norton Healthcare Goodwill Opportunity Campus.

- Norton Healthcare, Galen College of Nursing and Jefferson County Public Schools teamed up to help students prepare for nursing careers in the health care industry while completing their high school education. The Career-Ready Practical Nursing Diploma Program provides tuition assistance through the Norton Healthcare Scholars Program to high school seniors who can complete their practical nursing diploma at Galen while finishing their remaining high school credit.
- Norton Healthcare joined a partnership called LOUMED with UofL Health, the University of Louisville and Jefferson Community & Technical College. LOUMED is a planned medical and education district covering a large section of the city's downtown core. As part of this initiative, the former Community Correctional Center is being torn down to build LOUMED Commons. LOUMED Commons plans to introduce an open, park-like setting with a lush tree canopy and native plants, a dedicated area for food trucks, shaded seating areas and a pavilion for events. This will help promote physical and mental well-being through integration of green space.
- Graves Gilbert Clinic and Norton Children's announced a collaboration in 2025 that will grow pediatric health care in the region. The agreement will allow the two organizations to work together with the goal of expanding specialty care for kids, allowing Bowling Green and south-central Kentucky families to receive treatment closer to home.
- Norton Healthcare and Bates Community Development Corp. partnered to hold the Healthy Hearts Fair. Norton Healthcare offered cancer and cardiovascular screenings, blood pressure and blood sugar checks, and consultations with therapists at no cost to attendees.
- In 2024, Norton Healthcare expanded a partnership with Jefferson County Public Schools to offer virtual medical care to students and staff at all of the district's elementary schools.

Community cancer initiatives

- With five area locations, Norton Cancer Institute Resource Centers provide patients and families with the latest information on cancer treatments and support services. Patients and families receive personal attention to address their physical, emotional and spiritual needs before, during and after cancer treatment.
- Norton Cancer Institute and Norton Children's Hospital provide childhood cancer care to families in Kentucky, Southern Indiana and beyond through Norton Children's Cancer Institute, affiliated with the UofL School of Medicine.

Norton Children's Prevention & Wellness

Norton Children's Prevention & Wellness works to promote safety and health for children in families, schools and communities. Established in 1991, the service line offers injury prevention information, wellness programs and resources in Greater Louisville.

- In 2024, more than 6,200 kindergartners participated in the Building Healthy Superheroes program, a virtual field trip that teaches students the importance of eating fruits and vegetables, limiting screen time, being active, avoiding sugary drinks, taking care of their teeth and recognizing their emotions.

- In 2023, the Safety Care-a-van program launched, and in 2024, it distributed over 3,400 pieces of safety equipment in 80 ZIP codes. In 2024, over 1,200 safety surveys were collected to help Norton Children's Prevention & Wellness tailor programming to community need. The top three unsafe behaviors that parents and guardians wish could be stopped for children in their household were: not getting enough exercise, poor eating habits and bullying.
- Norton Healthcare hosted N-O-T: Not On Tobacco virtual stop-smoking series for teens with 32 attendees in 2024.
- Norton Healthcare participated in a prescription drug take-back event with the Louisville Metro Police Department. More than 225 pounds of expired and unwanted medications were disposed of, and medication lock boxes were provided to those who participated. In 2024, 542 medication lock boxes were distributed.
- Norton Children's Prevention & Wellness led "Safe Kids, Safe Storage" that teaches parents and caregivers how to properly store firearms and medications. Held in person and virtually, 230 people attended this class in 2024. This class provides practical guidance on keeping firearms unloaded and locked in a secure location.
- Norton Healthcare's food pantries served almost 19,000 individuals with food insecurity needs.
- Norton Children's Prevention & Wellness led nutrition classes where 950 individuals attended. Classes include a Snack and Play class, an interactive class where community partners teach about nutrition basics, how to prepare healthy snacks, and fun physical activities. The Growing Cooks class is a series of online cooking classes for teens ages 14 and older. Participants learn how to cook healthy recipes and get tips on kitchen safety, health and wellness.

Norton Faith & Health Ministries

Norton Faith & Health Ministries partners with faith communities to weave together health and wellness with intentional care of the spirit. Mentoring, educational resources and networking opportunities are provided to assist health ministry coordinators and faith community nurses in their ministry.

- In 2024, the department served more than 183 faith communities with active health ministry programs. Through long-standing relationships, the department provided a trusted voice for health-related information relevant to faith communities.
- Twelve issues of the "Coordinators' Connection" were distributed to 220 health ministry volunteer leaders and over 1,000 other subscribers.
- Four networking sessions in 2024 with health experts and spiritual support were hosted, providing a regular space for questions and answers; 110 individuals attended these sessions.

The summary below highlights Norton Healthcare's service offerings in response to the needs identified in our 2022 Community Health Needs Assessment.

Table 1

Top Identified Health Need in 2022	Highlights
Substance use	In 2024, Norton Prevention & Wellness held 152 class sessions as part of the Freedom from Smoking program. Norton Healthcare offers no-cost group classes to help adults 18 years and older achieve a healthy, tobacco-free lifestyle. Classes follow the American Lung Association Freedom from Smoking program, proven to be effective for hundreds of thousands of tobacco users. Classes address cigarettes, cigars, vaping and other forms of tobacco.
	Norton Leatherman Spine is working to reduce opioid use before and after back surgery, and for back pain in general. Research has shown use of opioids for pain before surgery is associated with higher in-hospital opioid consumption and poorer postoperative quality of life. Use of opioids after surgery puts patients at greater risk for long-term use of the drugs — something that is all too frequent. As surgeons look to reduce opioid use and alleviate pain, they are working to explore alternative pain relief including neuromodulation, which may provide a viable alternative.
	Hosted programming targeted at substance use in teenagers including a pediatrician who hosted "Updates in Pediatrics: Substance Use in Teens" in 2024. This activity provides tools for physicians on how to identify adolescents with substance use through evidence-based screening tools. This was offered for free online and is available for download by the community.
Obesity	Norton Sports Health Performance & Wellness Center began offering the Senior LIFEready program coach-led classes that include classic fitness, yoga or open gym through a discounted membership for those ages 65 and older, or at no additional cost through their Medicare SilverSneakers or Renew Active memberships.
	The Get Healthy Walking Club had over 14,300 members in 2024. Norton Prevention & Wellness managed the Get Healthy Walking Club and the Get Healthy Walking Club Expo through 2024 in partnership with the Louisville Zoo.
	Norton Healthcare joined a partnership called LOUMED with UofL Health, the University of Louisville and Jefferson Community & Technical College. LOUMED is a planned medical and education district covering a large section of the city's downtown core. As part of this initiative the former Community Correctional Center is being torn down to build LOUMED Commons. LOUMED Commons plans to introduce an open, park-like setting with a lush tree canopy and native plants, a dedicated area for food trucks, shaded seating areas and a pavilion for events. This will help promote physical and mental wellbeing through integration of green space.
Mental health	Norton Children's Medical Group embarked on a program to provide trauma-informed care education to the entire primary care team, including primary care providers, clinical staff, nurses, chronic care coordinators, child psychiatrists, social workers and community health workers. The team also worked to build bridges to over 25 community partners, including representatives of food pantries, housing support, wellness and safety resources, legal aid, after-school and child care programs, mental health organizations and Medicaid health insurance providers.
	Mental health care is provided in conjunction with other pediatric care in order to improve access to care and assist with early detection and treatment of illness. Norton Children's Behavioral & Mental Health works closely with Norton Children's Medical Group, affiliated with the UofL School of Medicine, and specialty clinics, such as hematology/oncology, sleep medicine and transplant services, all located in downtown Louisville at the Novak Center for Children's Health. Additional integrated care services are planned for expansion.
	Norton Children's Behavioral & Mental Health developed and implemented a social care needs screening tool that measures financial, housing and food insecurity, and educational, legal and family stability. The strongest predictor of adverse childhood experiences (ACEs) scores of four or more were when the parent scored four or more, followed by foster care, issues with custody and housing instability. A critical part of providing comprehensive care includes addressing the needs of parents and caregivers. Norton Children's Behavioral & Mental Health works with the communities where families live to build a village to support a child's health.

Poor nutrition	In 2024 more than 6,200 kindergartners participated in the "Building Healthy Superheroes" program, a virtual field trip that teaches students the importance of eating fruits and vegetables, limiting screen time, being active, avoiding sugary drinks, taking care of their teeth and recognizing their emotions.
	About 950 individuals attended nutrition classes led by Norton Children's Prevention & Wellness. Classes include a class called Snack and Play, which is an interactive class with community partners that teaches how to prepare a healthy snack and nutrition basics, and ends with fun physical activity. Growing Cooks is another class, which is a series of online cooking classes for teens ages 14 and older. Participants learn how to cook healthy recipes and get tips on kitchen safety, health and wellness.
	Norton Healthcare food pantries served almost 19,000 individuals with food insecurity needs at 23 unique locations.
Health disparities	The Norton Prevention & Wellness Mobile Primary Care unit increased access to health care in underserved neighborhoods. In collaboration with many community partners, staff provided over 7,000 screenings in 2024 (blood pressure, body mass index, glucose and cholesterol) for almost 4,000 participants in multiple locations throughout Jefferson and surrounding counties, including Southern Indiana. There were over 213 unique events where these screenings were offered during 2024.
	Norton Children's Medical Group – Russell opened in 2023, located in the Seven Counties Services building at 2225 W. Broadway. It features more than 2,200 square feet of exam rooms and lab space. The facility offers primary and specialty care to about 4,000 children a year. There's also an on-site pharmacy available to patients and families. Norton Healthcare is committed to bringing quality care to families in West Louisville.
	Norton West Louisville Hospital opened Nov. 11, 2024, increasing access to outpatient, hospital and emergency services, as well as primary and specialty care, for residents of West Louisville — a critical need that has long been missing from this area of Louisville. Over the first month, more than 2,500 patients walked through the doors for medical care ranging from primary care and preventive screenings to emergency services and inpatient care. The hospital also has a centralized check-in area, community room, a bistro, outdoor green space and a food pantry.
Health Literacy	In 2023, Norton Healthcare announced changes to its financial assistance program. The changes are intended to increase access to health care by alleviating financial stress that often serves as a barrier and prevents individuals from seeking care. Previously, families were eligible for Norton Healthcare's financial assistance program if their household income was equal to or less than 300% of the federal poverty guidelines. With these changes, that income level has increased to 350% of the federal poverty guidelines. Additionally, individuals now can apply in advance to participate in the expanded financial assistance program. By completing the qualification process ahead of time, it will remove the barrier that some experience when asked to discuss financial status matters at the point of care.
	Wendy Novak Diabetes Institute, a part of Norton Healthcare and Norton Children's, serves patients with diabetes and other endocrinology needs. Dedicated endocrinologists provide family-centered care in a new, expanded multi-practice location that offers a Transition to Adult Diabetes Program to assist adolescents as they move to adult care. Diabetes education and pediatric virtual behavioral health services also will be available to patients. Community activities and outreach events are an important aspect of Wendy Novak Diabetes Institute's mission. In addition to the importance of providing families with opportunities to learn more about how to live healthy, active lives, these events build a sense of community.
	Norton Healthcare developed a community-based doula program which launched in 2022 to help women from groups or communities with statistically poor maternal outcomes have access to a doula and the benefits one offers. The Norton Women's Doula Program provides eligible pregnant patients with a doula at no cost to them. While doulas are welcome in many birthing hospitals, this is the first program in Kentucky to employ doulas as part of the care team. In 2024, midwife services expanded to Norton Hospital, as Norton OB/GYN Associates in downtown Louisville introduces a new midwife program. This significant addition to the practice expands existing comprehensive prenatal care services.
Trust	In 2024, Norton Faith & Health Ministries served more than 183 faith communities with active health ministry programs. Through long-standing relationships, the department provided a trusted voice for health-related information relevant to faith communities.

	Norton Healthcare and Norton Children's continued to fulfill their promise to expand access to health care with the opening of a new multi-practice location in Westport Plaza in northeastern Louisville. The 21,000-square-foot space — a $9.5 million investment — includes Norton Healthcare's first multidisciplinary office to house both pediatric and adult endocrinology care under the same roof. It also includes a same-day orthopedic injury care center and the first multidisciplinary office to house both pediatric and adult orthopedic care.
	Norton Healthcare consolidated and invested $5.2 million in its downtown OB/GYN, women's specialty care, doulas and midwives to one floor in the Children's Hospital Foundation building. The 10,000-square-foot facility features 14 exam rooms, two ultrasound rooms, two labs and 12 bathrooms. The space is also colorfully decorated with modern features. The facility also comes with advanced Wi-Fi features, which help enhance the patient experience with translation services and telehealth. The office serves a number of non-English-speaking patients, so translation is critical. It also serves patients from across the region, so being able to offer virtual visits provides easier access to all patients.
Language	Norton Prevention & Wellness continued to host a free health care event that included screenings for cholesterol, blood pressure, colon cancer, hearing and vision at its annual Hispanic health fair. In 2024, 206 people attended the fair, representing 18 unique countries of origin.
	In 2024, Norton Healthcare Belonging & Health Equity took ownership of interpreter services. It worked to expand qualified medical interpreters by providing certification opportunities and training for employees.
	Norton Healthcare bridges the gap in the Hispanic community with bilingual medical services. La Clínica Preston opened in 2021. La Clínica Preston is 100% bilingual (staff, nurses and doctors). In 2024 it had two providers and saw about 50 patients daily. It received seven to 10 new patients every day as of 2024.

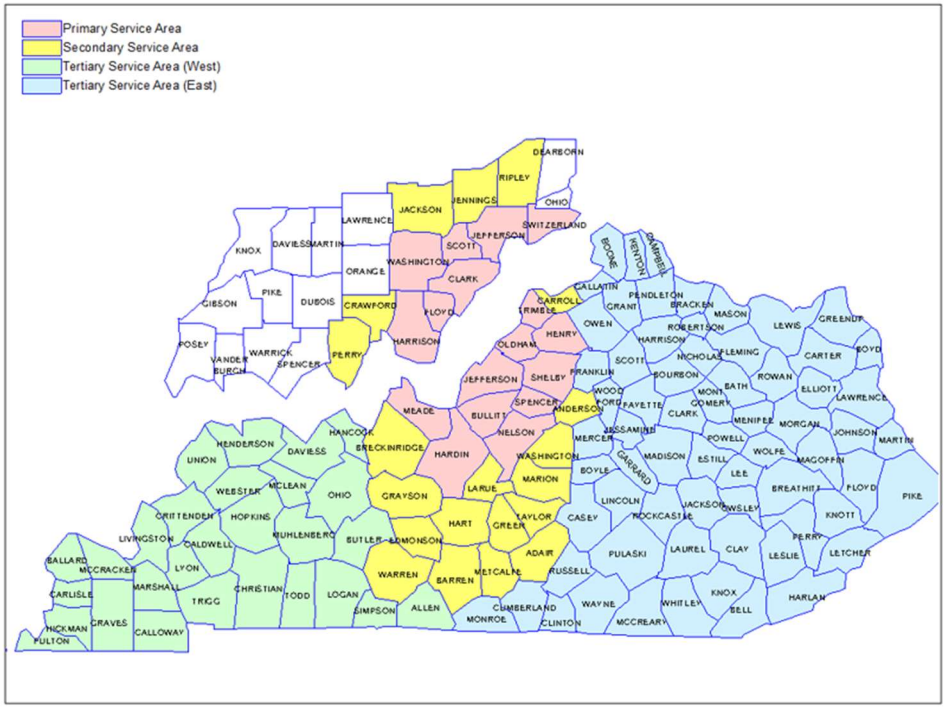
Areas served by Norton Healthcare

Norton Healthcare's primary service area

Norton Healthcare's primary service area includes 17 counties in Kentucky and Southern Indiana, as illustrated below, with a combined population of approximately 1.6 million.

Norton Healthcare's secondary service area and beyond

Norton Healthcare's patients collectively come from a large geographic area that includes the entire Commonwealth of Kentucky as well counties located in Southeast Indiana. As an integrated health care system, the organization continuously monitors health care activities in the primary and secondary service areas.



Norton Healthcare's Louisville-Based Hospitals Community

Residents of Jefferson County, Kentucky, account for approximately 62% of Norton Healthcare's inpatient discharges and 68.3% of Norton Healthcare's inpatient and outpatient cases combined. Therefore, for purposes of this CHNA, the Norton Healthcare community is defined as Jefferson County, Kentucky, as the hospitals primarily serve residents of this geographic area.

Norton Healthcare's Louisville-based hospitals further delineate patients served by sector within Jefferson County, as shown below. While there are some dominant areas within Jefferson County that each facility serves, each Norton Healthcare Louisville-based hospital provides community health services to all ZIP codes within Jefferson County. Information will be presented and assessed by sector when available. Further details can be found in Appendix A, including population in Jefferson County by sector, age, gender and ethnicity.

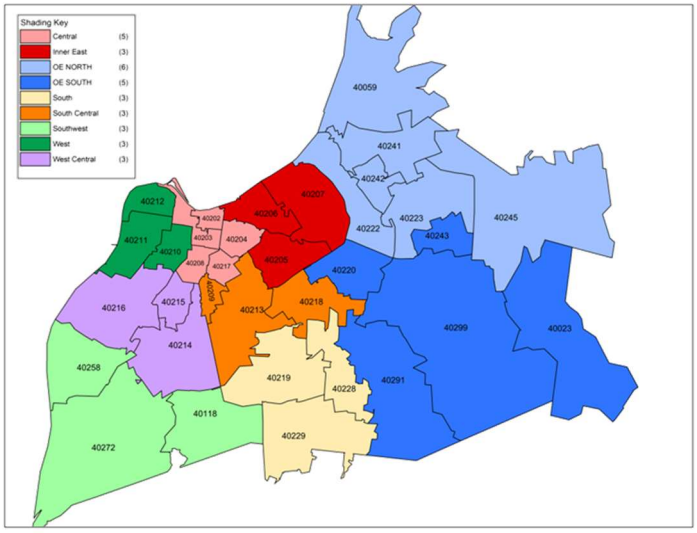
Table 2

Norton Healthcare

Patient Origin - Discharges and Outpatient Cases 1/1/2023 - 12/31/2023

Facility	Total	Jefferson County, KY	% Jefferson County, KY
Norton Hospital	128,927	87,552	67.9%
Norton Audubon Hospital	137,150	106,587	77.7%
Norton Brownsboro Hospital	121,207	73,609	60.7%
Norton Women's & Children's Hospital	191,010	141,769	74.2%
Norton Children's Hospital	99,767	53,635	53.8%
Total	678,061	463,152	68.3%

Source: Norton Healthcare



Neighborhoods of Jefferson County by Sector								
West	Southwest	West Central	Central	South Central	South	Inner east	OE South	OE North
California	Fairdale	Beechmont	Baxter Loop	Audubon	Fern Creek	Belknap	Bon Air	Beckley Station
Chickasaw	Glengarry	Cloverleaf	Belgravia	Bashford Manor	Heritage Creek	Butchertown	Darbyshire Estates	Bellemeade
Irish Hill	Greenfield	Iroquois	Butchertown	Buechel	Highview	Clifton	Douglass Hills	Brownsboro
Park DuValle	Hunters Creek	PRP	Central Park	Fern Creek	Indian Falls	Crescent Hill	Dunbar Springs	Cardinal Harbor
Park Hill	Prairie Village	Shively	Cherokee Triangle	Hikes Point	Okolona	Douglas Loop	Fern Creek	Fincastle
Parkland	PRP		Downtown	Poplar Level		Highlands	Forest Hill	Goose Creek
Portland	Riverport		Old Louisville	South Louisville		St. Matthews	Glenmary	Graymoor-Devondale
Shawnee	Valley Station		Portland	Zachary Taylor		Strathmoor Village	Hikes Point	Harrods Landing
			Schnitzelburg				Jeffersontown	Lyndon
			Smoketown				Lake Forest	Old Dorsey Place
			Zachary Taylor				Middletown	Rolling Hills
							Windy Hills	Silver Creek
								Ten Broeck
								Wildwood
								Windy Hills
								Wolf Pan
								Worthington Hills

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. 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 County (the CHNA community) with the Commonwealth of Kentucky and the United States. Health access indicators were also reviewed at the ZIP code level.

- **Household poverty level** – The nation sets a national poverty line based on both the income and the number of people living within a household. According to SG2 Analytics, In Jefferson County, Kentucky, approximately 10.33% of households live below the poverty level. However, there are significant variances among the communities in Jefferson County. For example, in the West sector of Louisville, 31.15% of families live below the poverty line and in the Outer East sectors 3.69% to 4.97% of families live below the poverty line.

- **Employment** – Jefferson County employment rates have been stable historically, with the exception of a brief time during the COVID-19 pandemic in 2020 when the community sustained excessive unemployment rates. 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.

- **Insurance coverage** – Most recent statistics for Jefferson County indicated that about 7% of the population under 65 years old remain uninsured. Nationally, about 10% of those under 65 remain uninsured.

- **Language** – Jefferson County is home to a variety of cultures, and about 5.2% of the population does not speak English very well. This varies greatly throughout the communities of Jefferson County, where the West Central sector of Louisville has 1.42% of residents who cannot speak English fluently within Jefferson County. This is followed by the South sector of Louisville that has 1.15% of residents who cannot speak English fluently.

- **Education** – About 36% of Jefferson County residents have attained a bachelor's degree or higher, about 28% have some postsecondary education, and 8.73% do not have a high school diploma. Educational attainment has an impact on employment, income levels, insurance coverage and quality of life.

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

Community health status

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

- **Length and quality of life** – Opportunities to improve mortality rates as well as improving overall mental and physical health.
- **Healthy behaviors** – Opportunities to support enhanced physical activity and access to healthy food choices to reduce obesity and diabetes rates. Opportunities to increase healthy behaviors include increasing education around smoking cessation, drug use and teen birth rates.
- **Clinical care** – Opportunity to reduce preventable hospitalizations.
- **Social and economic factors** – Opportunities to support families so children grow up in a household with both parents, to reduce poverty levels and to reduce death rates, both from injuries as well as homicide.
- **Physical environment** – Air quality was the primary opportunity in this area.

The County Health Rankings are outlined in detail in Appendix C.

Community resources

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

Hospitals and health centers

Norton Healthcare's primary service area has sufficient access to hospital care, with over 5,100 inpatient short-term acute care beds, 2,254 (43.4%) of which are part of the Norton Healthcare system. Review of occupancy rates for each hospital indicates that the inpatient need is currently being met. Through a Certificate of Need (CON) process, Kentucky has a State Health Plan that regulates health services provided. The CON process establishes criteria based on community need in an attempt to ensure that unnecessary duplication of services does not occur.

The primary service area has modest access to psychiatric inpatient care and chemical dependency beds, with 1,033 beds. These services also are regulated by the State Health Plan and the CON process. A detailed summary of acute and psychiatric care hospitals and related beds can be found in Appendix E.

It should be noted that while Norton Healthcare does not have any specifically identified chemical dependency licensed beds, Norton Women's & Children's Hospital offers the Norton Maternal Opiate and Substance Treatment (MOST) Program, to provide medical help for pregnant women looking to quit using substances. The typical length of stay in the hospital is two to five days. When the patient is ready to leave the hospital, a qualified clinician provides discharge planning, information and referrals for follow-up recovery treatment.
The Kentucky Office of the Inspector General's Inventory of Health Facilities and Services lists licensed health care facilities in Jefferson County. The listing includes ambulatory surgery centers, adult day health care, long-term care, hospice, rehabilitation and more. A listing may be obtained through the

Kentucky Cabinet for Health and Family Services at **https://chfs.ky.gov/agencies/os/oig/dcn/Pages/inventory.aspx**.

Federally qualified health centers

Five areas within Jefferson County have been designated as medically underserved areas by the Health Resources and Services Administration (HRSA). The HRSA is the primary federal agency for improving health care for people who are economically and medically vulnerable. It works with state partners to determine areas with too few primary care, dental and mental health providers and services. There are limited federal resources, so the designation helps to prioritize and focus resources to areas with this designation. The table below lists federally qualified health centers located in Jefferson County that have been established to serve underserved areas or populations.

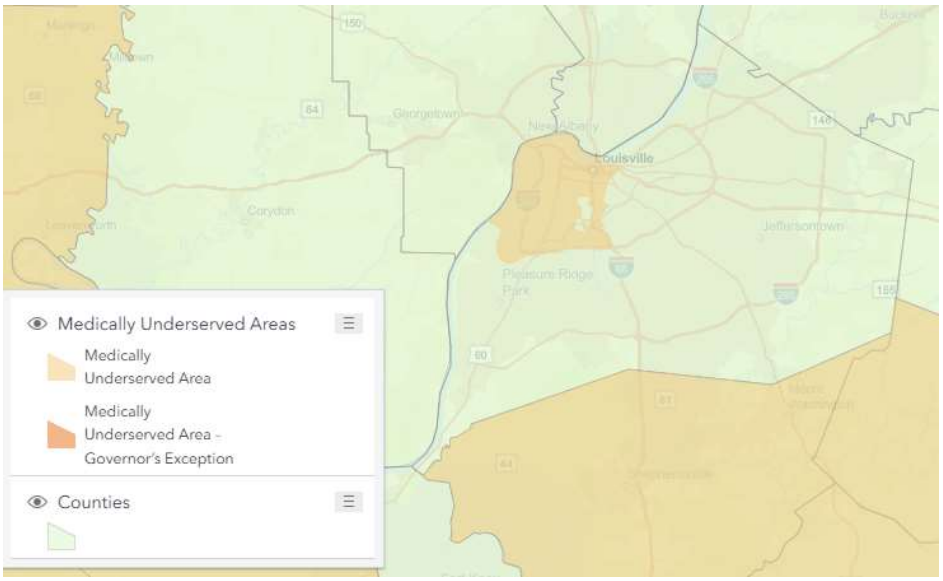
Table 3

Summary of Federally Qualified Health Centers Located in Jefferson County		
Health Center Name	**Address**	**Sector**
Family Health Centers Inc	5650 Southern Pkwy Louisville, KY 40214-1207	Southwest
Family Health Centers Inc	9702 Stonestreet Road, Medical Office Building 1, Suite 220 Louisville, KY 40272-2847	Southwest
Family Health Centers Inc	834 E Broadway Louisville, KY 40204-1072	Central
Family Health Centers Inc	4112 Taylor Blvd Louisville, KY 40215-2342	West Central
Family Health Centers Inc	712 E Muhammad Ali Blvd Louisville, KY 40202-1643	Central
Family Health Centers Inc	4100 Taylor Blvd Louisville, KY 40215-2342	West Central
Family Health Centers Inc	2500 W Market St Louisville, KY 40212-1541	West
Family Health Centers Inc	2215 Portland Ave Louisville, KY 40212-1033	West
Family Health Centers Inc	4805 Southside Dr Louisville, KY 40214-2111	West Central
Family Health Centers Inc	4803 Southside Dr Louisville, KY 40214-2111	West Central
Family Health Centers Inc	4615 Taylor Blvd Louisville, KY 40215-2307	West Central
Family Health Centers Inc	120 W Broadway Louisville, KY 40202-2110	Central
Park Duvalle Community Health Center Inc	3015 Wilson Ave Louisville, KY 40211-1969	West
Park Duvalle Community Health Center Inc	1425 W Broadway Louisville, KY 40202	Central
Park Duvalle Community Health Center Inc	1130 W Chestnut St Louisville, KY 40203-2047	Central
Park Duvalle Community Health Center Inc	3828 Bardstown Rd Louisville, KY 40218-1527	South Central
Park Duvalle Community Health Center Inc	5901 Greenwood Rd Louisville, KY 40258-2409	Southwest
Shawnee Christian Healthcare Center Inc	234 Amy Ave Louisville, KY 40212-2522	West

Source: NPI Registry of Federally Qualified Health Centers

The map below shows Jefferson County outlined by a dashed line. The area highlighted in orange is identified by HRSA as medically underserved areas or areas with too few primary care providers, high infant mortality, high poverty and/or a high elderly population.

HRSA Medically Underserved Areas Map



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

Health departments

Louisville Metro Department of Public Health and Wellness (LMPHW) is located within Norton Healthcare's primary service area of Jefferson County. LMPHW offers preventive health clinics and educational programs throughout Metro Louisville to community members regardless of their residency status or ability to pay.

Some services provided at LMPHW include early childhood development, harm reduction outreach services, communicable disease prevention and more. The department also operates various clinics such as its tuberculosis clinic and specialty clinic for sexual health and wellness.

Table 4

Louisville Metro Department of Public Health and Wellness Clinics		
Facility Name	**Address**	**Sector**
Dixie Health Center	7219 Dixie Highway Louisville, KY 40258	Southwest
L & N Clinic	908 W. Broadway Louisville, KY 40203	Central
MORE Center - Methadone/Opiate Rehab & Education	4500 Churchman Ave, Suite 300 Louisville, KY 40215	West Central
Newburg Health Center	4810 Exeter Drive, Louisville, KY 40218	South Central
Sexually Transmitted Disease Prevention - Specialty Clinic	914 E. Broadway, Louisville KY 40204	Central
Syringe Exchange Program	400 East Gray Street, Louisville KY 40202	Central
Tuberculosis (TB) Clinic	400 East Gray Street, Louisville KY 40202	Central

Source: Louisville Department for Health and Wellness

Other community resources

Various social service agencies throughout Jefferson County are available to assist residents with needs that fall outside the health care delivery system yet impact overall health, including food, housing and utilities, child care and job training services. Appendix E provides examples of services available to address certain identified needs. Information was pulled from Metro United Way's 2-1-1 assistance resources listing, available at https://metrounitedway.org/get-help-now/ or by calling 211.

Primary data assessment

As previously stated, a community health needs survey was conducted 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 1,538 surveys were collected from ZIP codes located in the defined community of Jefferson County, Kentucky, and were included in this assessment.

Survey findings were categorized in four areas:

Areas of Focus	Top Priorities
Community Health Problems	Mental health Drug or alcohol addiction High blood pressure Obesity Diabetes Gun violence
Unhealthy Behaviors	Distracted driving (texting, drinking) Drug abuse Lack of exercise Poor eating habits Alcohol abuse Inadequate preventive health care
Barriers to Health Care	No evening or weekend hours Too hard to get an appointment with a provider Can't afford prescription medication The wait is too long in the waiting room Past due bill with a health care provider Mental or emotional challenges
Community Needs to be Healthy	Low crime/safe neighborhood Good jobs or jobs paying a living wage Affordable housing Good schools/good places to raise children Clean environment (air, water, soil and streets) Access to affordable fresh foods

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

- **Health status** – A majority, 75%, of those surveyed believe that the community they live in is somewhat to very healthy. Jefferson County's West and Central sectors had a less favorable view

of their community health, with only 39% in the West sector reporting their community as being somewhat to very healthy and 58% in the Central sector.

- **Housing** – Eleven percent of respondents reported being unhoused or concerned about losing their housing in the near future.
- **Health literacy** – Of the respondents, 37% reported that they sometimes or more often have difficulty understanding the health information providers give them.
- **Access to care** – Of the respondents, 27% reported that they have experienced difficulty accessing a specialist in the past two years – specifically dental care, women's care and mental care for both adults and children.
- **Environmental safety** – Eighteen percent of Jefferson County residents have environmental concerns in their homes, which can include mold, bug infestations, lead paint, inadequate heating and other related issues.
- **Food insecurity** – Twenty-five percent of residents indicate they sometimes or often experience food insecurity. Consistent with other areas of need, this percentage is higher in the West and Central sectors of the community – 45.2% for the Western sector, 28.3% for the West Central sector and 29.7% for the Central sector.
- **Affordability** –A quarter of Jefferson County residents stated that they put off health care due to lack of affordability.
- **Discrimination** – Of the respondents, 29.4% of Jefferson County residents indicated they sometimes or often felt discriminated against.

To ensure we had a complete assessment of needs and perceptions, we interviewed 75 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 specialty care providers and pediatric services are needed in the community. In addition, health literacy challenges make navigation of the health care system and understanding what services are available more difficult for the community.
- **Chronic disease** – As the population ages, the percentage of people experiencing chronic disease is expected to grow. Chronic conditions for this community include, but are not limited to, obesity, diabetes, cardiovascular health conditions, respiratory conditions and lingering effects of COVID-19.
- **Mental health** – Difficulty accessing services and the overall stigma associated with behavioral health, the growing need for services and the shortage of providers creates a barrier to care for the community. In addition, there is a high prevalence of trauma in the community, but crisis care service options for residents are lacking.
- **Substance use** – Drug use continues to increase throughout the community. There are limited treatment resources for those experiencing addiction and 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 to help the population navigate health care services and resources, and to understand health information and materials provided by health providers.
- **Social determinants of health** – Transportation, safe and stable housing, financial barriers, and trauma are areas of concern in the community.
- **Trust in the health system** – A majority, 94% of interviews, identified trust as an issue and concern for those in the community.

For more detail pertaining to the survey and interview findings please review Appendix F.

In addition to the community survey conducted in 2024, Norton Healthcare went through a survey and interview process with the community of West Louisville to inform the planning for the new Norton West Louisville Hospital. The purpose of this focused assessment was to identify barriers to care, service needs and hospital features that were important to the community. Below are a few of the key themes identified in the West Louisville community survey.

- **Access to care –** Of survey respondents, 86% indicated that they have a regular health care provider. Additionally, 63% of survey respondents indicated that they have used the emergency department within the prior two year period and 34% indicated that they were unable to find a health care specialist when they needed one. Those who identified this concern were most often searching for specialists in women's health, mental health or diabetes.

  During the interview process those interviewed identified health services that were lacking in the community. The top five identified health services were mental or behavioral health, primary care services, urgent or immediate care services, pharmacies and dental services.
- **Affordability** – Of the interviews, 62%, discussed financial and insurance barriers to care as concern for the community.
- **Transportation** – Of the interviews, 52% discussed transportation as a barrier to care, including the ability to afford transportation, the lack of local health care services, or the lack of access to transportation.
- **Health conditions** – During the interview process, interviewees were asked about what health conditions were most prominent or of high concern within their community. Diabetes was identified as a major concern by 52% of interviews, and 38% identified mental health.

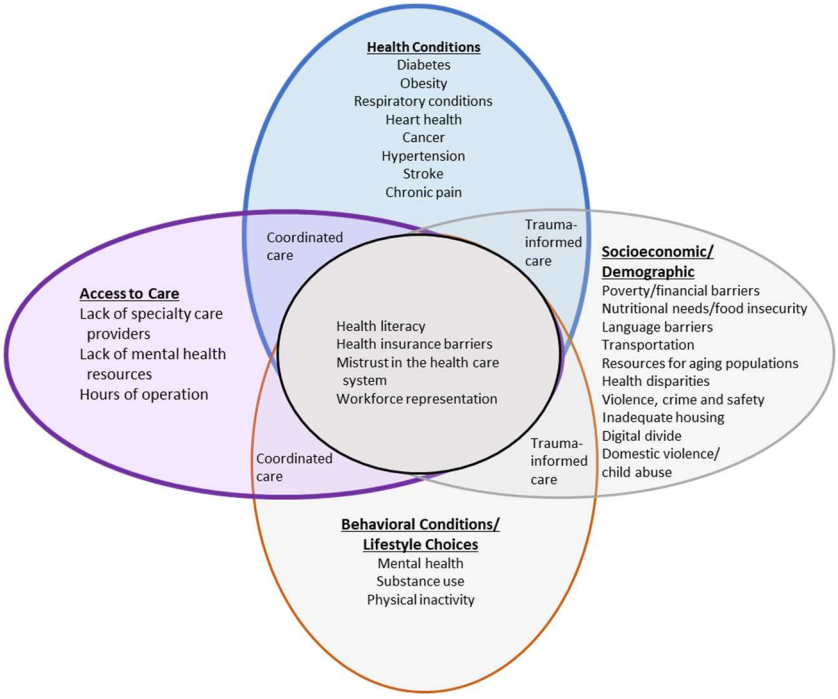
Prioritization of identified health needs

Prioritization is a required step in the community health needs assessment process. IRS regulations indicate 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 the Norton Committee on Faith and Health Ministries, a subcommittee of Norton Healthcare's board of trustees, for further discussion.

The committee was asked to keep in mind 1) how closely the need aligns with Norton Healthcare's Louisville-based hospitals' mission, service lines and/or strategic priorities; 2) alignment with state and local health department initiatives; and 3) whether existing programs (within Norton Healthcare or other community organizations) are addressing the need.

The Committee on Faith and Health Ministries participated in a thorough discussion of the 30 needs identified to provide input and prioritize the areas of focus for the 2025 Community Health Needs Assessment.

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

Health Conditions	Access to Care	Behavioral Conditions / Lifestyle Choices	Socioeconomic / Demographic
Diabetes Obesity Respiratory conditions Heart health Cancer Hypertension Stroke Chronic pain	Mental health Specialty care Hours of operation Health insurance barriers Coordinated care Workforce representation	Mental health Substance use Mistrust in the health care system Physical inactivity	Health literacy Trauma Poverty / financial barriers Nutritional needs / food insecurity Language barriers Transportation Resources for aging populations Health disparities Violence, crime, and safety Inadequate housing Digital divide Domestic violence and child abuse

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. The Outer East North and South sectors are expected to grow 2.4% and 2.1%, respectively, by 2029, while most other sectors are projecting growth of less than 1% or a reduction in population projections. The projections in the table below indicate the continued increase in the 65-plus population segment and slight decreases in the younger age ranges. Overall, the total population for Jefferson County is expected to increase by approximately 6,842 with the most impacted sectors being the Outer East and the South.

Table 5

2024 Population								
County, Sate	**Sector**	**Population**	**Male**	**Female**	**00-17**	**18-44**	**45-64**	**65-UP**
Jefferson County, Kentucky	Central	67,192	34,604	32,588	9,836	33,986	14,365	9,005
	Inner East	72,912	35,016	37,896	12,338	26,955	17,146	16,473
	Outer East North	147,371	70,482	76,889	30,925	46,890	37,868	31,688
	Outer East South	134,971	65,244	69,727	27,839	45,315	34,035	27,782
	South	99,492	48,495	50,997	22,517	36,188	24,941	15,846
	South Central	48,948	24,080	24,868	11,149	18,611	11,332	7,856
	Southwest	73,260	35,376	37,884	16,568	25,038	18,459	13,195
	West	50,224	23,117	27,107	13,310	16,283	12,192	8,439
	West Central	109,497	53,182	56,315	25,511	38,613	27,692	17,681
		803,867	389,596	414,271	169,993	287,879	198,030	147,965

2029 Population								
County, Sate	**Sector**	**Population**	**Male**	**Female**	**00-17**	**18-44**	**45-64**	**65-UP**
Jefferson County, Kentucky	Central	67,641	34,783	32,858	9,839	32,986	14,469	10,347
	Inner East	72,474	34,827	37,647	12,426	25,604	16,858	17,586
	Outer East North	150,950	72,157	78,793	30,460	47,586	37,822	35,082
	Outer East South	137,196	66,337	70,859	27,706	45,061	33,529	30,900
	South	101,564	49,521	52,043	22,203	36,186	24,954	18,221
	South Central	48,718	24,006	24,712	10,936	17,922	11,106	8,754
	Southwest	73,218	35,366	37,852	15,889	25,005	17,652	14,672
	West	49,548	22,887	26,661	12,501	16,473	11,166	9,408
	West Central	109,400	53,133	56,267	24,602	38,079	26,636	20,083
		810,709	393,017	417,692	166,562	284,902	194,192	165,053

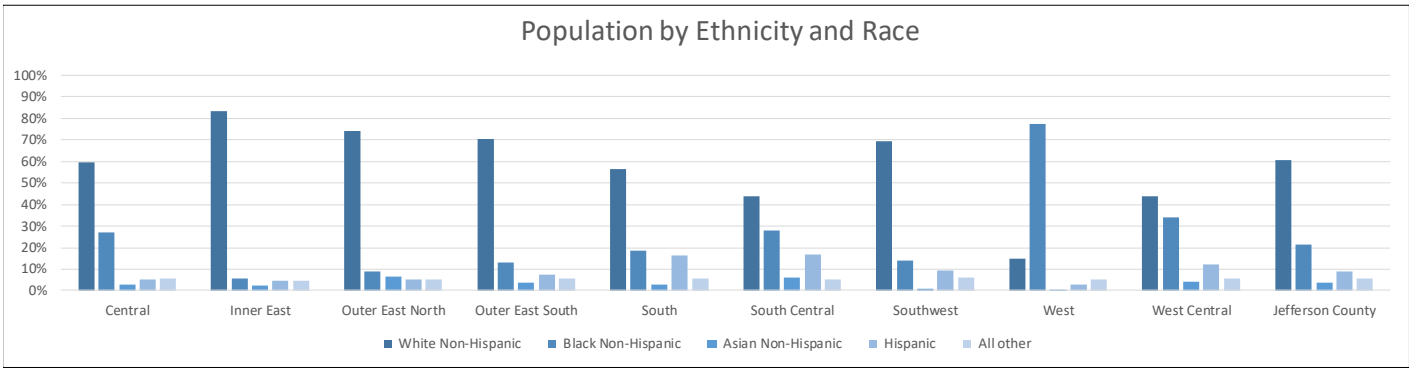
Percentage Change								
County	**Sector**	**Population**	**Male**	**Female**	**0-17**	**18-44**	**45-64**	**65+**
Jefferson County, Kentucky	Central	0.7%	0.5%	0.8%	0.0%	-2.9%	0.7%	14.9%
	Inner East	-0.6%	-0.5%	-0.7%	0.7%	-5.0%	-1.7%	6.8%
	Outer East North	2.4%	2.4%	2.5%	-1.5%	1.5%	-0.1%	10.7%
	Outer East South	1.6%	1.7%	1.6%	-0.5%	-0.6%	-1.5%	11.2%
	South	2.1%	2.1%	2.1%	-1.4%	0.0%	0.1%	15.0%
	South Central	-0.5%	-0.3%	-0.6%	-1.9%	-3.7%	-2.0%	11.4%
	Southwest	-0.1%	0.0%	-0.1%	-4.1%	-0.1%	-4.4%	11.2%
	West	-1.3%	-1.0%	-1.6%	-6.1%	1.2%	-8.4%	11.5%
	West Central	-0.1%	-0.1%	-0.1%	-3.6%	-1.4%	-3.8%	13.6%
		0.9%	0.9%	0.8%	-2.0%	-1.0%	-1.9%	11.5%

Source: SG2.com

While the relative age of the population can impact community health needs, so can the ethnicity and race. The following table shows the population by ethnicity and race, illustrating Hispanic versus non-Hispanic residents. The black non-Hispanic population makes up 21% of the population, with Asian non-Hispanic accounting for 4%, Hispanic 9% and all others at 5%.

Table 6

2024 Population								2024 Population Mix				
County	**Sector**	**Population**	**White Non-Hispanic**	**Black Non-Hispanic**	**Asian Non-Hispanic**	**Hispanic**	**All other**	**White Non-Hispanic**	**Black Non-Hispanic**	**Asian Non-Hispanic**	**Hispanic**	**All other**
Jefferson County, Kentucky	Central	67,192	39,983	18,194	1,831	3,323	3,861	60%	27%	3%	5%	6%
	Inner East	72,912	60,694	3,947	1,566	3,381	3,324	83%	5%	2%	5%	5%
	Outer East North	147,371	109,409	12,991	9,814	7,795	7,362	74%	9%	7%	5%	5%
	Outer East South	134,971	94,921	17,381	4,948	10,349	7,372	70%	13%	4%	8%	5%
	South	99,492	56,057	18,552	2,907	16,322	5,654	56%	19%	3%	16%	6%
	South Central	48,948	21,436	13,788	2,910	8,231	2,583	44%	28%	6%	17%	5%
	Southwest	73,260	51,008	10,329	615	6,717	4,591	70%	14%	1%	9%	6%
	West	50,224	7,510	38,757	99	1,353	2,505	15%	77%	0%	3%	5%
	West Central	109,497	47,827	37,387	4,617	13,427	6,239	44%	34%	4%	12%	6%
		803,867	488,845	171,326	29,307	70,898	43,491	61%	21%	4%	9%	5%



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

The federal government maintains a set of poverty thresholds based on the age and size of each family. These are updated on an annual basis. Below you will find the poverty thresholds set for 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 sector.

Jefferson County Household Socioeconomic Statistics

Table 7

Community Households

	West	Southwest	West Central	Central	South Central	South	Inner East	OE South	OE North	Jefferson County	Kentucky	United States
% with income <$50K	68.40%	40.42%	51.78%	55.28%	44.44%	36.88%	30.50%	28.63%	21.98%	38.75%	41.25%	33.73%
% below poverty line	31.15%	11.62%	16.60%	18.03%	14.08%	9.11%	4.83%	4.97%	3.69%	38.20%	12.10%	11.10%
% with Children	51.30%	43.12%	50.92%	42.11%	47.86%	46.37%	38.45%	41.28%	42.71%	10.30%	38.10%	56.0%

Source: SG2.com; Census.gov

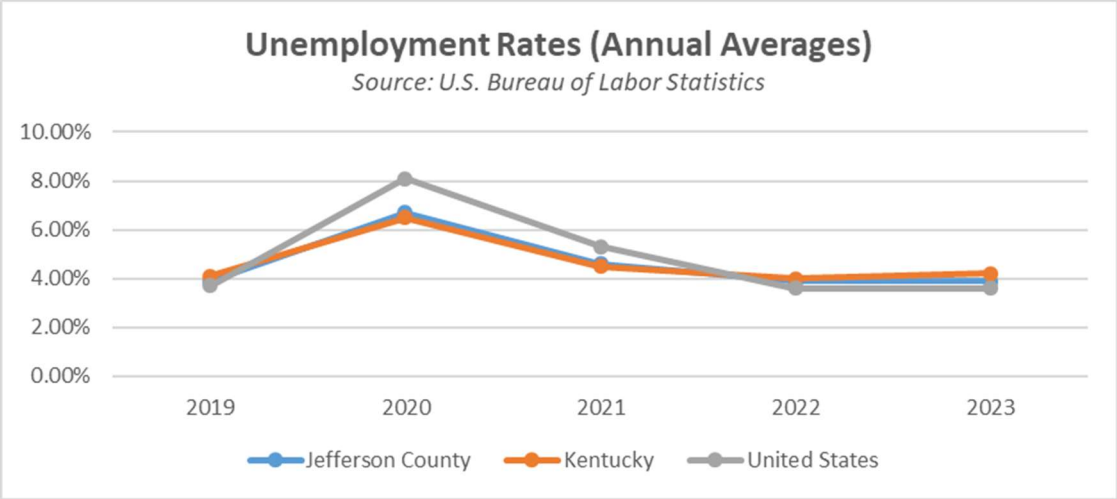
As highlighted in the table above, the Western, Central, and Southern sections of the community have the most challenges in regard to poverty and have the most families with children. The North and South Outer East sectors have the lowest percentage of households living in poverty.

Employment

Retail and health care make up a significant portion of over 20,000 business establishments in Jefferson County. According to Louisville Business First, Louisville's Largest Employers as of December 2024 consisted of these top five companies based on the number of local employees:

- United Parcel Service Inc. – Employs 24,000 local employees and specializes in logistics and distribution; financial services; air, ocean, rail and road freight chain services; and international trade management.
- Norton Healthcare Inc. – Employs more than 23,000 local employees and is a health care provider, including hospitals, diagnostic centers, immediate care centers and physician offices.
- UofL Health Inc. – Employs 14,654 local employees and is a health care provider, including hospitals, immediate care centers and physician offices.
- Jefferson County Public Schools – Employs 13,775 local employees and is a leading urban school district that provides a high-quality education for nearly 97,000 students.
- Ford Motor Co. – Employs 12,531 local employees and is a global automotive and mobility company. The company's business includes designing, manufacturing, marketing and servicing a line of Ford cars, trucks and sport utility vehicles, as well as Lincoln luxury vehicles.

The unemployment rate has been relatively stable in recent years with the exception of 2020, when there was a significant rise in unemployment to 6.7% due to the onset of the global COVID-19 pandemic. The annual average for 2023 for all three counties has returned to a rate more in alignment with pre-pandemic rates.



Educational attainment

Links exist between education, economy and quality of life. Table 8 represents the level of education for each sector in the CHNA community. Education often plays a key role in career success and economic self-sufficiency. Approximately 45% of the adults in the CHNA community do not have a college education or, from a professional perspective, only 26% successfully attained postsecondary degrees at a bachelor's level or higher. This impacts the household income levels of the community and the insured population and levels of coverage.

Almost 10% of Jefferson County residents do not have a high school degree. Residents who have completed a bachelor's degree or advanced degree are concentrated in the Eastern sectors of the city. A majority of residents in Western and Central sectors have a high school education or less. This appears to correlate with the higher rate of poverty in the Western and Central locations and lower rate in the Eastern sectors.

Table 8
Educational Attainment and English Proficiency

Education Level**	West	South west	West Central	Central	South Centra	South	Inner East	OE South	OE North	Jefferson County	Kentucky	United States
Less than High School	0.24%	0.38%	0.71%	0.27%	0.24%	0.38%	0.12%	0.30%	0.26%	2.90%	4.82%	4.81%
Some High School	0.80%	0.76%	1.38%	0.50%	0.45%	0.87%	0.21%	0.53%	0.34%	5.83%	7.50%	6.12%
High School Degree	2.26%	3.72%	4.90%	2.21%	1.90%	4.49%	1.23%	4.05%	2.44%	27.21%	32.78%	26.47%
Some College/Assoc. Degree	1.91%	2.66%	3.93%	2.21%	1.81%	3.88%	1.95%	5.23%	4.45%	28.03%	30.42%	30.55%
Bachelor's Degree or Greater	0.56%	1.45%	2.32%	3.09%	1.63%	2.54%	6.23%	7.11%	11.11%	36.04%	24.47%	32.05%
*% of the population that speaks English less thar	0.09%	0.42%	1.42%	0.22%	0.67%	1.15%	0.17%	0.61%	0.45%	5.20%	1.20%	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, in Jefferson County, 5.2% of the community are unable to speak English "very well." The communities that have the most difficulty in understanding English are located in the South, South Central and West Central sectors.

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 shows that over 55,000 people are uninsured in the CHNA community with almost 250,000 enrolled in Medicaid.

Table 9

Insurance Coverage

	Population	% Uninsured*	% Receiving Medicaid	Medicaid Enrollees
Jefferson County	797,376	7%	31%	249,175
Kentucky	4,539,939	7%	33%	1,491,306
United States	336,157,119	10%	24%	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 has been compiled through the United Health Foundation for over 30 years. This report 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.[3] 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. Specific areas noted in the annual report were high rates of teen births, insufficient sleep, nonmedical drug use and premature death. The table below shows additional areas where Kentucky has challenges.

Table 10
America's Health Ranking Categories

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

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 1-50 with 1 being the best and 50 being the worst)

3. America's Health Rankings. "About America's Health Rankings." 2025 retrieved from: https://www.americashealthrankings.org/about/methodology/introduction

County health rankings

County Health Rankings & Roadmaps and Centers for Disease Control and Prevention's Community Health Status Indicators project teamed up to offer an enhanced peer county comparison feature. Counties are considered peers if they share common characteristics based on key demographic, social and economic indicators.

Jefferson County is one of 120 counties that was compared alongside other counties within the state of Kentucky. A table comparing 2024 data from Jefferson County with other neighboring counties in our service area is available in Appendix D.

Table 11 provides a summary of how Jefferson County compares with peer counties on the full set of primary indicators. Peer county values for each indicator were ranked and then divided into quartiles.

Table 11
Norton Healthcare
Jefferson County, Kentucky — County Health Rankings

	Most Favorable Quartile	Middle Two Quartiles	Least Favorable Quartile
Length and Quality of Life	-Percentage of adults reporting fair or poor health -Average number of physically unhealthy days -% of frequent physical distress -% of frequent mental distress	-Life expectancy -Low birth weight -Infant mortality rate -Child mortality rate -Average number of mentally unhealthy days	N/A
Health Behaviors	-Adult smoking -Adult obesity -Physically inactive -Access to exercise opportunities -Insufficient sleep -Motor vehicle mortality rate	-Driving deaths with alcohol involvement -Diabetes prevalence	-HIV prevalence - Drug overdose deaths -Motor vehicle crash deaths -Food environment index -Excessive drinking
Clinical Care	-Mammography screenings -Uninsured	-Preventable hospital stays	-Primary care physicians -Dentists -Mental health providers
Social and Economic Factors	-Teen birth rates -% of some college -Food insecurity -High school graduation rate	-Unemployment rate -Children in poverty -Social associations -Injury death rate -Limited access to healthy foods -Disconnected youth -Enrolled in free or reduced lunch -Suicide rate	-Children in single-parent households - Homicide rate -Median household income -Firearms fatalities rate
Physical Environment	-Driving alone to work -Homeownership	-Severe housing problems	-Broadband access -Traffic volume -Severe housing cost burden

Source: County Health Rankings
**Based on the 120 Kentucky counties*

For further details pertaining to County Health Rankings, see Appendix D.

Leading causes of death

The table below shows leading causes of death for calendar years 2018-2023 within Kentucky and the United States. The age-adjusted rate is shown per 100,000 residents. All leading causes of death in Kentucky are greater than the United States national rates with the exception of hypertension.

Table 12

Selected Causes of Resident Deaths: Age Adjusted Rate 2018-2023			
Kentucky Leading Cause of Death	Age Adjusted Rate	*State Rank	United States
Heart disease	204.7	43	166.5
Cancer	178.6	50	144.1
Accidents	86.2	47	59.6
Covid-19	60.4	45	48.9
Cerebrovascular diseases including stroke	42.8	36	39.1
Chronic lower respiratory diseases	57.8	46	35.4
Alzheimer's disease	30.7	24	30
Diabetes	29.4	44	23.6
Kidney disease or disorder	19.9	47	13.1
Chronic liver disease and cirrhosis	16.2	40	13.2
Suicide	17.5	31	14
Influenza and pneumonia	15	44	11.6
Hypertension	9	19	10
Septicemia	17.4	49	9.9
Parkinson's disease	10.1	27	9.5

*State Rank: 1 is the best score and 50 is the worse Rate Per 100,000

Source: Centers for Disease Control and Prevention - CDC Wonder

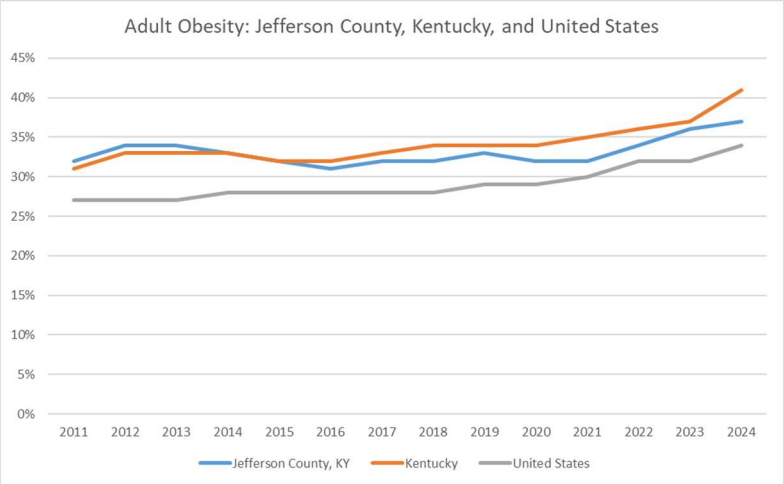
Additional findings related to behavioral conditions

As can be seen from the data from America's Health Rankings, County Health Rankings, and the Centers for Disease Control and Prevention (CDC) National Vital Statistics table on leading causes of death, Kentucky and Jefferson County have many areas of concern that fall into areas of unhealthy behaviors, poor health outcomes, and social and economic challenges.

Smoking: The percent of adults that smoke is 20% in Kentucky and 18% in Jefferson County. Smoking has been linked to multiple diseases that can result in premature death. According to the CDC, approximately 480,000 Americans die from smoking each year, accounting for one in every five deaths. 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. Nearly all tobacco use begins during youth and young adulthood.

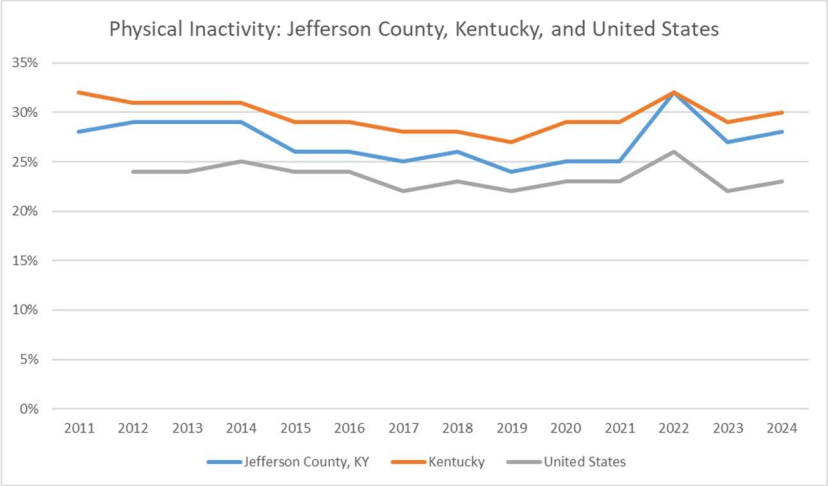
Obesity: According to America's Health Rankings, Kentucky ranks **40th** in adult populations that are considered obese. The CDC states that obesity is associated with poorer mental health outcomes as well as many of the leading causes of death in the United States including diabetes, heart disease and stroke.[4]



Source: County Health Rankings

Physical inactivity: Physical inactivity is defined as not getting the recommended level of regular physical activity. According to County Health Rankings, physical inactivity in Jefferson County was reported at 28%, whereas the state of Kentucky was 30%. However, when compared with the United States, which is 23%, there is room for improvement for Jefferson County. Although Jefferson County's rate is favorable compared to the commonwealth of Kentucky, it compares negatively with the national rate of America's Health Rankings, which reports Kentucky being 42nd out of the 50 states.

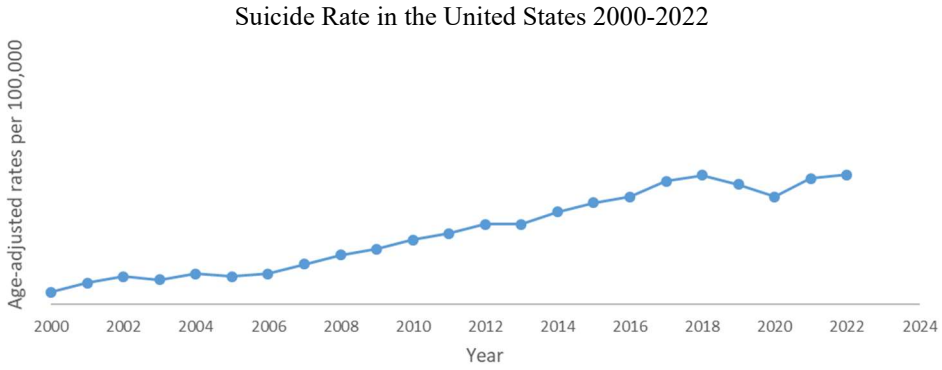
4. Center for Disease Control and Prevention



Source: County Health Rankings

Mental health: America's Health Rankings reports that Kentucky ranks 28th for frequent mental distress. This metric represents the percentage of adults who report their mental health was not good 14 or more days in a 30-day period of time. Based on the County Health Rankings, the percentage of people experiencing frequent mental distress in Jefferson County, Kentucky, is 18%. According to the CDC, factors at the individual, family, community and society levels can impact one's mental health, which is closely associated to one's physical health as well.

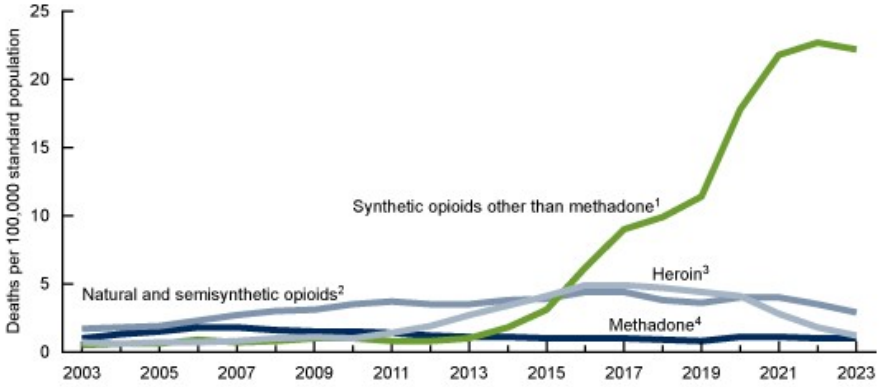
The table below shows that the rate of suicide in the United States increased 36% between 2000 and 2018 and declined from 2018 to 2020. According to the CDC, in 2022, Kentucky's age-adjusted suicide rate was 18.03 per 100,000.



Source: CDC Vital Statistics

Substance use: County Health Rankings reported in 2024 that in Kentucky there were 43 drug overdose deaths per 100,000, which is higher than the national average of 27 drug overdose deaths per 100,000. In Jefferson County, there were 62 drug overdose deaths per 100,000 which is double that of the national rate. 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 them 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

Excessive alcohol use: The rate of adults who drink excessively or binge drink is currently 16% for Jefferson County, according to County Health Rankings. 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 disease, heart disease, as well as multiple forms of cancer and weakening of the immune system. Excessive drinking affects not only the physical health of the individual but also their mental health, causing memory issues and creating social problems involving their family and job.

Accidents or unintentional injuries: In 2023, Jefferson County had 24,678 collisions resulting in 4,391 nonfatal injuries, according to the Kentucky Traffic Collision Report. Of the collisions in Jefferson County, 595 involved alcohol-related collisions, and 113 of the drivers were suspected of being under the influence of drugs. According to the CDC, in 2022 the rate of all unintentional injury deaths per 100,000 population was 68.1%. This is followed by unintentional fall deaths at 14%, motor vehicle traffic deaths at 13.4%, and unintentional poisoning deaths at 30.9%. In 2023 the CDC reported that Kentucky had a rate of 86.2% for deaths due to accidents.

Abuse and neglect: According to the federal 2023 Child Maltreatment report, there are 7.4 child victims per 1,000 children in the United States. Kentucky has 14.2 child victims per 1,000 children. Experiencing child abuse is considered to be an adverse childhood event which can lead to mental and physical health issues into adulthood.

High blood pressure: According to the CDC, high blood pressure, or hypertension, is a common risk factor for heart disease and stroke. The CDC also states that the risk for high blood pressure is increased by engaging in unhealthy behaviors such as smoking, physical inactivity, obesity and drinking too much alcohol. Hypertension was a contributing factor to over 600,000 deaths in the United States in 2022. The current percentage of adults with hypertension in Kentucky was estimated to be around 40% in 2021, according to America's Health Rankings.

Poor nutrition: Unhealthy eating habits may increase the risk of significant health issues, including obesity, heart disease and diabetes. Kentucky's diabetic population has continued to increase. According to the State of Obesity 2023, which is an annual report produced by Trust for America's Health, Kentucky

experienced a drastic increase in the diabetic population from 36.6% in 2020 to 40.3% in 2021. As of 2022, this rate has dropped to 37.7%.

Environmental factors affect people's diet, including access to healthy or unhealthy food options. The County Health Rankings developed a food environment index that takes into account the proximity to healthy food and income with a result range of 0 (worst) to 10 (best). Jefferson County scored an 8.1. In addition, County Health Rankings estimates that 11% of Jefferson County's population may be experiencing food insecurity.

Health disparities

Health outcomes are often related to the environments in which people are raised, and many studies have shown the connection between an individual's social and physical environment and their health, often referred to as social determinants of health. The Louisville Metro Health Equity Report and Dashboard aims to identify connections between health outcomes, root causes, and the historical context that creates inequity, as well as practices that can move the community forward[5]. The 2024 Health Equity report is the most recent report, with prior reports from 2017, 2014 and 2011.

The 2024 Health Equity Dashboard gives an overview of the data found in the report highlighting the community's social vulnerability index, vital statistics and demographics. A significant portion of the dashboard focuses on identifying root causes that contribute to the community's rising health concerns, including:

- **Accidents and injury:** The built environment of the community has a significant impact on the accidents and injuries that occur within the community. The built environment includes factors such as the neighborhood's walkability, the resources that are within and outside of neighborhoods, and what transportation systems dominate the neighborhood.
- **Alzheimer's disease:** An individual's socioeconomic status and income can significantly influence one's ability to access care, both of which are factors that an individual with Alzheimer's may encounter in their care journey. The dashboard states that consistent exposure to stress, particularly for minorities, can increase the chances of developing Alzheimer's disease.
- **Arthritis:** The built environment contributes to arthritis when access to healthy foods is limited. A healthy diet is critical to reducing and managing the inflammatory symptoms of arthritis. In addition, the scarcity of full-service grocery stores, particularly in Northwest Louisville, makes access to healthy food options limited.
- **Asthma:** The built environment, specifically Louisville's close proximity to manufacturing areas and high-traffic roadways allow for air pollutants to enter into the community's environment, which negatively impacts those with respiratory conditions such as asthma.
- **Birth outcomes:** Access to health care and insurance for maternal health services, such as prenatal care, are lacking in the community, which can impact infant mortality, preterm birth and low birth weight. Individuals in the community who experience financial and insurance barriers and those that experience language and cultural barriers tend to have a more difficult time accessing prenatal services, affecting birth outcomes.
- **Cancer:** The types of employment that are available for community members can increase exposure to carcinogenic agents. which some industries are known for doing such as agriculture, forestry, fishing, construction, manufacturing, mining and some service-based industries.
- **Heart disease:** Chronic stress in relation to housing quality is a major contributor to heart disease. Living in poor quality housing has been connected to poor health outcomes. Communities in the Northwest, West, Southwest, and Downtown experience the greatest disparities in housing due to decades of community disinvestment.
- **Homicide:** Poverty, living in communities with prolonged underinvestment and underdevelopment, and lack of access to social services are three factors that contribute to homicide in the community. Historical policies and decisions have negatively impacted minority

5. Louisville Metro Government Department of Public Health and Wellness. Louisville Health Equity Data. 2024. Retrieved January 2025 from https://louisville-health-equity-lojic.hub.arcgis.com/.

groups and low-income communities throughout the county, which have led to higher rates of homicide.

- **Lead:** Housing quality and environmental quality are elements that impact the lead levels in the community. Older homes in Louisville have paint made with lead, and that are deteriorating and going into the soil, which increases lead exposure to community members, specifically children. Lead exposure also can be attributed to water pipes containing lead and the historical use of leaded gasoline in vehicles. Communities that are close to major highways or that have not had water service lines replaced are more likely to be exposed to lead.

One of the key findings from the equity report is the large variance in life expectancy based on the region in which a person lives. While the overall Louisville Metro life expectancy is 74.8 years, there is a variance of 14.4 years across the community. According to Louisville Health Equity Data Dashboard's life expectancy map, the highest life expectancy community areas are in the East End of Louisville (78.3 to 80.7 years) and the lowest life expectancy community areas are in the northwestern area of Louisville (65.4 to 67.3 years).

Appendix D

County Health Ranking Data

Table 13
2024 County Health Rankings

2024 County Health Rankings Data	Kentucky											
County Ranking Categories	Jefferson	Bullitt	Hardin	Henry	Meade	Nelson	Oldham	Shelby	Spencer	Trimble	KY	US
Premature death (per 100,000)	11,800	9,200	10,200	11,600	9,700	10,100	5,800	8,100	7,600	11,800	11,100	8,000
Life expectancy	74.1	76.9	74.6	73.4	74.8	74.7	79.6	77.2	76.7	72.7	74.0	77.6
Poor or fair health	19%	19%	20%	23%	20%	18%	14%	19%	17%	21%	21%	14%
Poor physical health days	3.9	4.4	4.5	4.9	4.6	4.3	3.4	4.2	4.1	4.7	4.5	3.3
Poor mental health days	5.7	5.5	5.8	6.0	6.0	5.5	4.8	5.0	5.3	5.9	5.5	4.8
Low birthweight	9%	8%	8%	8.0%	7%	7%	6%	9%	8%	9%	9%	8%
Infant mortality	6	5	5	-	-	-	-	5	-	-	6	6
Child mortality	70	50	60	-	40	40	30	60	-	-	60	50
Diabetes prevalence	11%	10%	11%	11.0%	10%	10%	8%	10%	9%	10%	12%	10%
HIV prevalence	514	64	199	106	75	76	145	142	-	-	215	382
Adult smoking	18%	20%	21%	24%	21%	19%	14%	18%	18%	23%	20%	15%
Adult obesity	37%	38%	42%	40%	38%	36%	31%	36%	36%	41%	41%	34%
Food environment index	8.1	7.8	7.7	8.0	7.7	8.9	9.3	9.1	-	-	6.8	7.7
Physical inactivity	28%	29%	26%	31%	28%	26%	21%	27%	25%	30%	30%	23%
Food insecurity	10%	10%	10%	13%	12%	9%	5%	8%	8%	13%	13%	10%
Access to exercise opportunities	92%	70%	67%	21%	51%	62%	92%	70%	40%	45%	70%	84%
Insufficient sleep	36%	38%	38%	39%	40%	38%	34%	39%	37%	38%	39%	33%
Teen births	21	16	25	29	22	22	6	19	16	30	26	17
Sexually transmitted infections	748.7	240.0	458.8	319.3	209.1	301.5	182.0	299.2	210.9	211.0	410.3	495.5
Drug overdose deaths	62	46	31	52	34	42	19	31	24	43	43	27
Excessive drinking	16%	16%	15%	14%	15%	16%	18%	16%	16%	15%	15%	18%
Motor vehicle crash deaths	14	16	18	21	26	20	9	12	14	25	18	12
Alcohol-impaired driving deaths	29%	29%	18%	17%	36%	24%	22%	24%	38%	33%	26%	26%
Uninsured	7%	5%	6%	9%	6%	6%	4%	8%	6%	7%	7%	10%
Primary care physicians	1,090:1	5,530:1	1,670:1	1,740:1	4,300:1	1,880:1	1,680:1	2,850:1	3,320:1	4,270:1	1,600:1	1,330:1
Mental health providers	260:1	950:1	220:1	1,750:1	1,670:1	660:1	840:1	550:1	5,050:1	4,270:1	340:1	320:1
Dentists	940:1	2,990:1	1,070:1	2,630:1	4,290:1	1,760:1	2,480:1	2,330:1	4,040:1	8,540:1	1,500:1	1,360:1
Preventable hospital stays	3,046	3,436	3,598	2,366	2,725	2,864	2,240	2,104	2,626	4,598	3,457	2,681
Mammography screening	48%	45%	41%	46%	45%	47%	54%	46%	39%	38%	42%	43%
High school graduation	84%	89%	89%	84%	95%	91%	97%	88%	93%	93%	91%	86%
% Rural	1.6%	29.5%	33.5%	100.0%	90.6%	62.2%	25.2%	51.8%	100.0%	100.0%	41.3%	*20.0%
Some college	70%	60%	69%	49%	60%	63%	77%	63%	62%	49%	63%	68%
Children in poverty	20%	12%	15%	18%	16%	15%	4%	12%	10%	16%	21%	16%
Unemployment	3.8%	4.0%	4.1%	3.6%	4.4%	3.8%	3.3%	3.4%	3.9%	4.3%	3.9%	3.7%
Income inequality	4.7	3.9	4.1	4.7	4.2	4.0	3.8	3.8	3.8	5.2	4.9	4.9
Children in single-parent households	34%	24%	24%	23%	16%	20%	15%	20%	16%	15%	25%	25%
Children eligible for free or reduced lunch	65%	44%	39%	49%	51%	51%	18%	41%	39%	54%	57%	51%
Reading scores	2.8	3.0	3.0	2.9	3.3	2.9	3.3	2.9	3.4	2.7	3.1	3.1
Math scores	2.8	3.0	3.0	2.9	3.6	2.8	3.3	2.7	3.4	2.6	3.0	3.0
Disconnected youth	8%	9%	12%	13%	-	0%	0%	9%	12%	0%	8%	7%
Suicides	16	21	18	13	21	21	14	18	22	29	17	14
Homicides	16	4	7	-	-	5	-	4	-	-	7	6
Injury deaths	124	103	93	121	103	104	57	81	79	136	106	80
Social associations	9.8	6.3	8.9	10.9	6.3	9.3	6.4	9.5	5.5	7.0	10.2	9.1
Driving alone to work	76%	82%	79%	75%	81%	85%	76%	76%	85%	79%	79%	72%
Air pollution - particulate matter	10.5	9.9	7.7	8.8	9.3	9.0	9.5	9.1	9.1	8.7	8.2	7.4
Drinking water violations	No	No	No	No	No	Yes	No	No	No	No	-	-
Severe housing problems	14%	10%	11%	16%	10%	9%	7%	11%	9%	14%	13%	17%
Percentage of households with high housing costs	13%	9%	9%	14%	9%	10%	6%	9%	7%	10%	12%	14%
Homeownership	62%	83%	62%	74%	74%	77%	87%	73%	86%	81%	68%	65%
Traffic volume	176	43	48	11	8	30	37	45	1	4	75	108
Long commute - driving alone	24%	49%	28%	47%	49%	39%	46%	43%	67%	53%	31%	36%
Frequent physical distress	12%	13%	13%	15%	13%	12%	10%	12%	12%	14%	14%	10%
Frequent mental distress	18%	19%	18%	20%	19%	18%	15%	17%	17%	19%	18%	15%
Uninsured adults	8%	6%	7%	10%	7%	6%	4%	9%	6%	8%	8%	12%
Uninsured children	3%	3%	4%	7%	4%	3%	3%	5%	4%	5%	4%	5%
Primary care providers other than physicians.	410:1	1,820:1	520:1	1,970:1	2,310:1	750:1	1,580:1	960:1	2,240:1	1,710:1	550:1	760:1
Median household income	$ 64,700	$ 77,200	$ 61,900	$ 65,100	$ 69,600	$ 66,700	$ 116,200	$ 81,800	$ 101,600	$ 65,800	$ 59,200	$ 74,800

Source: County Health Rankings, Census.gov

**US % rural coming from the Census*

— Data not available, missing or suppressed

Appendix E

Community Resources

Hospitals

Table 14

Summary of Licensed Acute Care Beds		
Facility Name	**Address**	**Sector**
Norton Hospital	200 E Chestnut St	Central
Norton Pavilion	315 E Broadway	Central
Norton Children's Hospital	231 E Chestnut St	Central
Norton Audubon Hospital	1 Audubon Plaza Dr	Central
Norton Women's and Children's Hospital	4001 Dutchmans Ln	Inner East
Norton Brownsboro Hospital	4960 Norton Healthcare Blvd	OE North
*Norton West Louisville Hospital	850 S 28th St	West
Baptist Health Louisville	4000 Kresge Way	Inner East
University of Louisville Hospital	530 S Jackson St	Central
UofL Health - Jewish Hospital	200 Abraham Flexner Way	Central
UofL Health - Mary & Elizabeth Hospital	1850 Bluegrass Ave	West Central

Source: 2023 Annual Kentucky Hospital Utilization and Service Report
**Opened November 2024*

Table 15

Summary of Licensed Acute Care Beds			
Facility Name	**Sector**	**Licensed Psych Beds**	**Licensed Chemical Dependency Beds**
Central State Hospital	OE North	192	
Norton Hospital / Norton Pavilion / Norton Children's Hospital	Central	46	
The Brook Hospital - Dupont	Inner East	76	12
The Brook Hospital - KMI	OE North	86	12
UofL Health - Peace Hospital	Inner East	396	
University of Louisville Hospital	Central	20	
UofL Health - Jewish Hospital	Central	20	

Source: 2023 Annual Kentucky Hospital Utilization and Service Report

According to the Metro United Way 211 Community Resource Database, there are 25 top service requests for the Louisville-Jefferson County region. The table below provides an overview of a few of these top service request items and the organizations that offer the services needed to fulfill the requests.

Table 16

Top Community Resource Service Requests		
Service Request	**Organization Name**	**Service Offering Overview**
Rent Payment Assistance	House of Ruth Salvation Army of Louisville Volunteers of America Mid-States	These organizations provide emergency financial assistance for rent and utilities for individuals with HIV/AIDS that are in danger of becoming homeless. Financial assistance can be used for rent, transportation, rent and utility payments, prescription medication, and other qualifying expenses.
Utility Service Payment Assistance	Louisville Metro Resilience and Community Services South Louisville Community Ministries Kentucky Department of Community Based Services - Division of Family Support	Provides temporary financial assistance to low-income families with dependent children. Adult members are required to participate in activities that will lead to employment and self-sufficiency. Federal name of program is Temporary Assistance for Needy Families (TANF). Provides financial assistance for utilities and rent. Also offers limited assistance with incidental and medical equipment expenses.
Food Pantries	Dare to Care - Food Bank Lord's Kitchen Neighborhood House	Provides food pantries that offer food and household items. Accepts food donations and offers volunteer opportunities.
Rental Deposit Assistance	House of Ruth Volunteers of America Mid-States	Provides homelessness prevention services (including financial assistance for rent, rental deposits and utilities) and case management for veterans and their families. Connects veterans with benefits such as vocational and rehabilitation counseling, job training and educational assistance, health care services, transportation, legal assistance, child care, and other services.
Supported Living Services for Adults with Disabilities	Day Spring Dreams with Wings Cedar Lake	Provides a range of housing and residential services for adults with developmental disabilities, including group homes, supported apartments, staffed residences, and support services for individuals who live in their own homes.
Children's Protective Services	Kentucky Department of Community Based Services - Division of Protection and Permanency Louisville Metro Police Department	Provides services for children and their families where physical, sexual, or emotional abuse or neglect is suspected or proven. Also offers reporting hotline and investigation of reports.
Low Income/Subsidized Rental Housing	Cain Center for the Disabled Highlands Community Ministries St Elizabeth Catholic Charities	Provides the opportunity for adults with physical disabilities to live independently in accessible, subsidized apartments or a group home setting. Also offers referral information regarding accessible housing in the Kentuckiana area.
Food Stamps/SNAP	Kentucky Department of Community Based Services - Division of Family Support	Provides Electronic Benefit Transfer (EBT) cards that allows the purchase of food at most grocery stores.
Automobile Donation Programs	Lord's Kitchen Society of St Vincent De Paul Louisville Volunteers of America Mid-States	Accepts donations such as vehicles, food, clothes, and boats which are then used to assist individuals in the community in need of such items.
Affordable Housing Development Incentives	Kentucky Housing Corporation	Provide loans for the construction and rehabilitation of affordable multifamily units.
Homeless Shelter	Healing Place Re:Center Ministries Zora's Cradle	These organizations provide shelter for unhoused individuals such as men, women, and mothers. The Healing Place and Re:Center Ministries offer emergency shelter and Zora's Cradle offers assistance to mothers desiring to be independent for their new families.
Homeless Permanent Supportive Housing	House of Ruth Nu Home Wellspring	These organizations provide housing for various individuals such as those with mental illness/substance use disorders, HIV/AIDS, and single women and families that have a physical or mental disability.
Diapers	Granny's Girls Birth Initiative Highlands Community Ministries Walnut Street Baptist Church	Provides diapers, clothes, baby food, and other items for infants and young children.
Discounted Utility Services	AT&T Kentucky Kentucky Public Service Commission Tracfone Wireless	Assists low-income consumers with low-cost landline telephone service. Offers discount off monthly bill for participating telephone providers.

Source: Metro United Way 211
https://www.navigateresources.net/metro/TopServices.aspx?k;Louisville,%20Jefferson%20County;19851;;N;0;740785

Appendix F

Primary Data Assessment

Community input: community health needs survey

As previously stated, Norton Healthcare conducted a community-wide survey to obtain feedback from the general public regarding health needs and perceptions. The community survey was made available in both English and Spanish through online and paper surveying methods. There were 1,538 surveys collected from Jefferson County. Excluded from the results were 316 surveys that came from counties surrounding Jefferson County.

Respondent demographics

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

Gender	Survey results
Female	65%
Male	19%
Unknown/ No response	16%

Age Range	Survey results
00-17	1%
18-44	40%
45-64	35%
65+	24%

*Education Attainment	Survey results
No High School	1%
High School diploma	14%
Some College	26%
Bachelor/Graduate	30%
No response	30%

Race and Ethnicity	Survey results
White	49%
Black / Afican American	28%
Asian	1%
Hispanic	3%
Other	4%
No response	16%

* Education attainment reported for those 25+

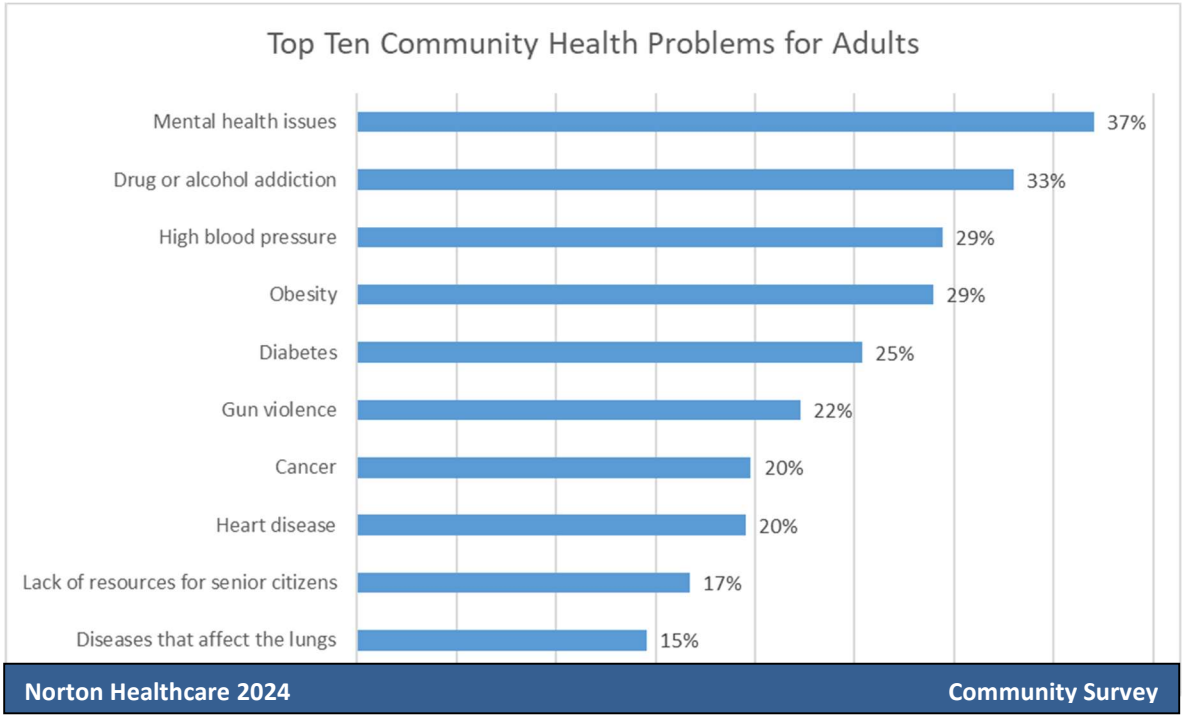
» 75% collected electronically and 25% collected through paper surveys

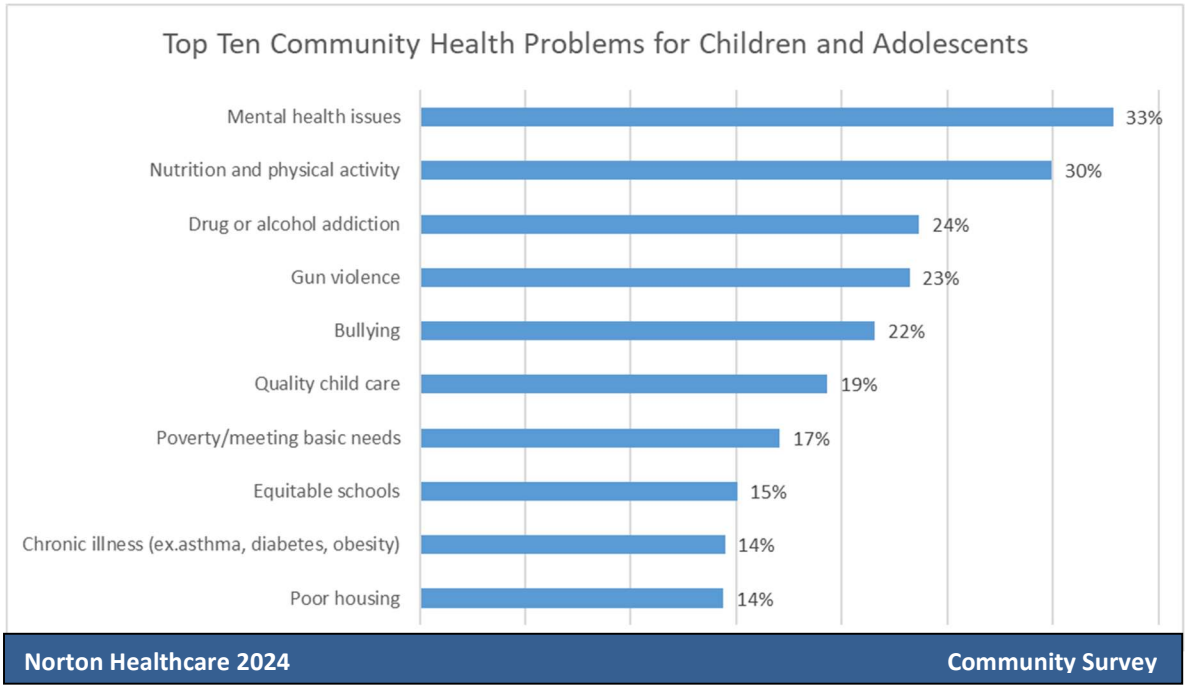
» Survey volume was negatively impacted by the cyber event and the addition of the SDOH screening in the practices

Findings

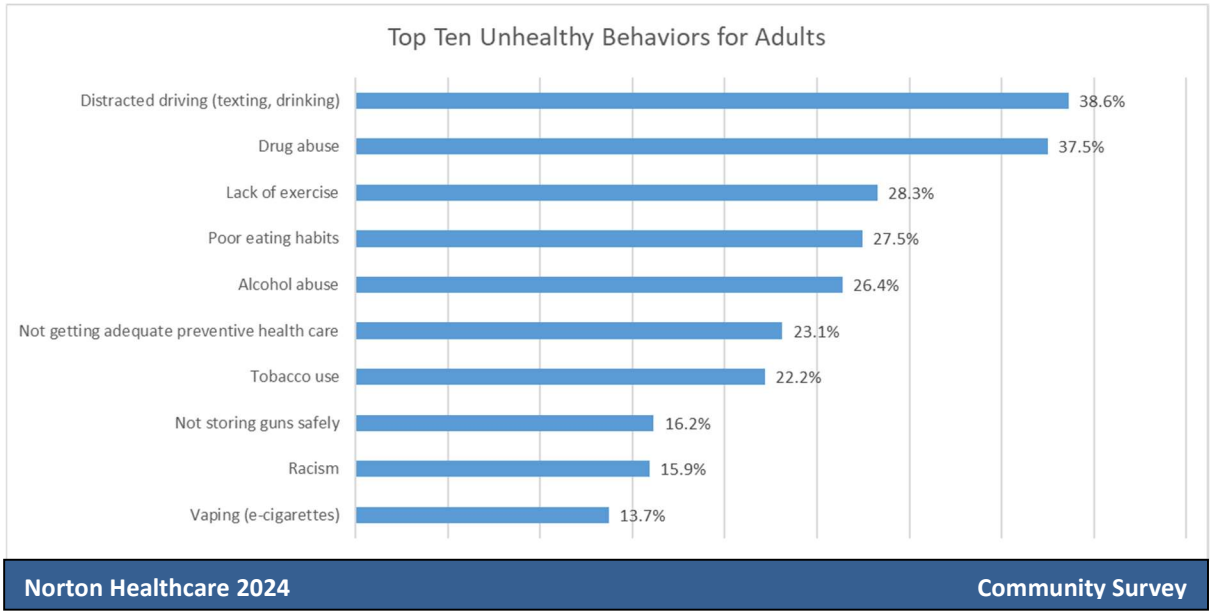
The purpose of the community survey was to gather opinions and perspectives on multiple issues impacting health. This included community health problems, unhealthy behaviors, barriers to health care and what is needed for the community to be healthy. For these questions each respondent was able to mark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

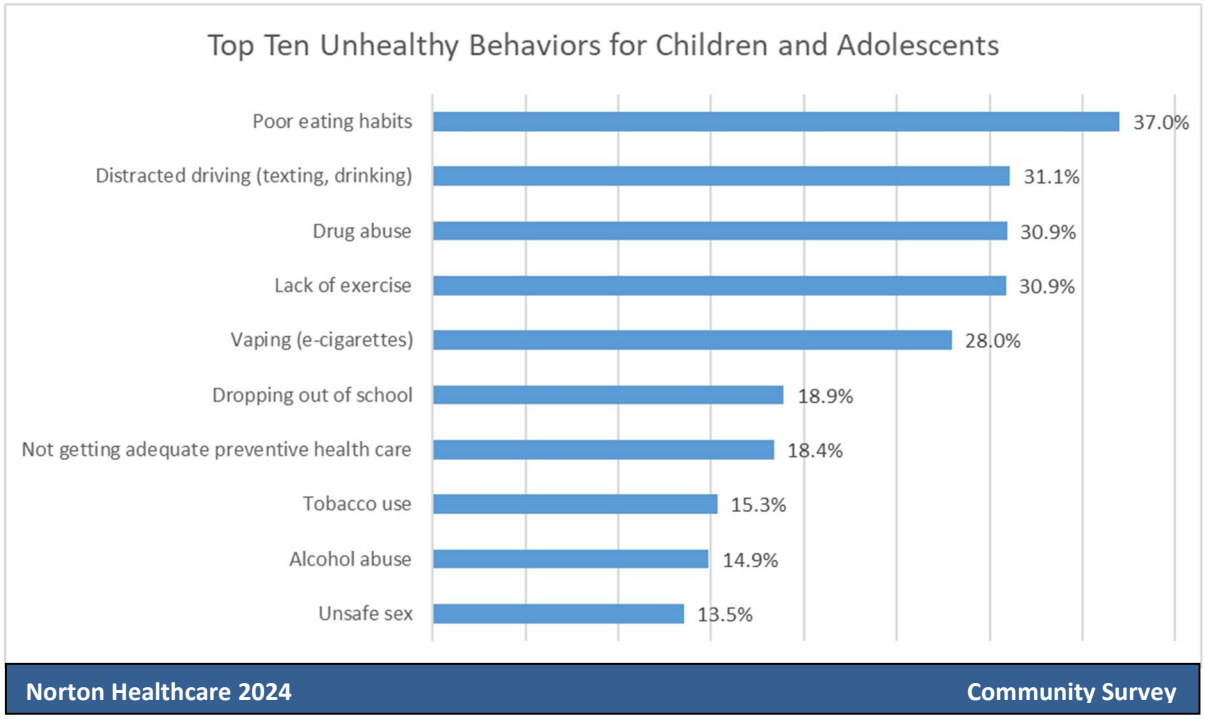
Community health problems: Of respondents, 37% indicated that mental health is a current issue for adults in the community. Other top community health problems include drug or alcohol addiction (33%), high blood pressure (29%), obesity (29%) and diabetes (25%). In addition, 33% of respondents indicated that mental health is a current issue for children and adolescents in the community. Other top community health problems for children and adolescents included nutrition and physical activity (30%), drug or alcohol addiction (24%), gun violence (23%), and bullying (22%). See the charts below for the top 10 unhealthy behaviors for adults and children.


Top Ten Community Health Problems for Adults
Mental health issues 37%
Drug or alcohol addiction 33%
High blood pressure 29%
Obesity 29%
Diabetes 25%
Gun violence 22%
Cancer 20%
Heart disease 20%
Lack of resources for senior citizens 17%
Diseases that affect the lungs 15%
Norton Healthcare 2024
Community Survey


Top Ten Community Health Problems for Children and Adolescents
Mental health issues 33%
Nutrition and physical activity 30%
Drug or alcohol addiction 24%
Gun violence 23%
Bullying 22%
Quality child care 19%
Poverty/meeting basic needs 17%
Equitable schools 15%
Chronic illness (ex.asthma, diabetes, obesity) 14%
Poor housing 14%
Norton Healthcare 2024
Community Survey

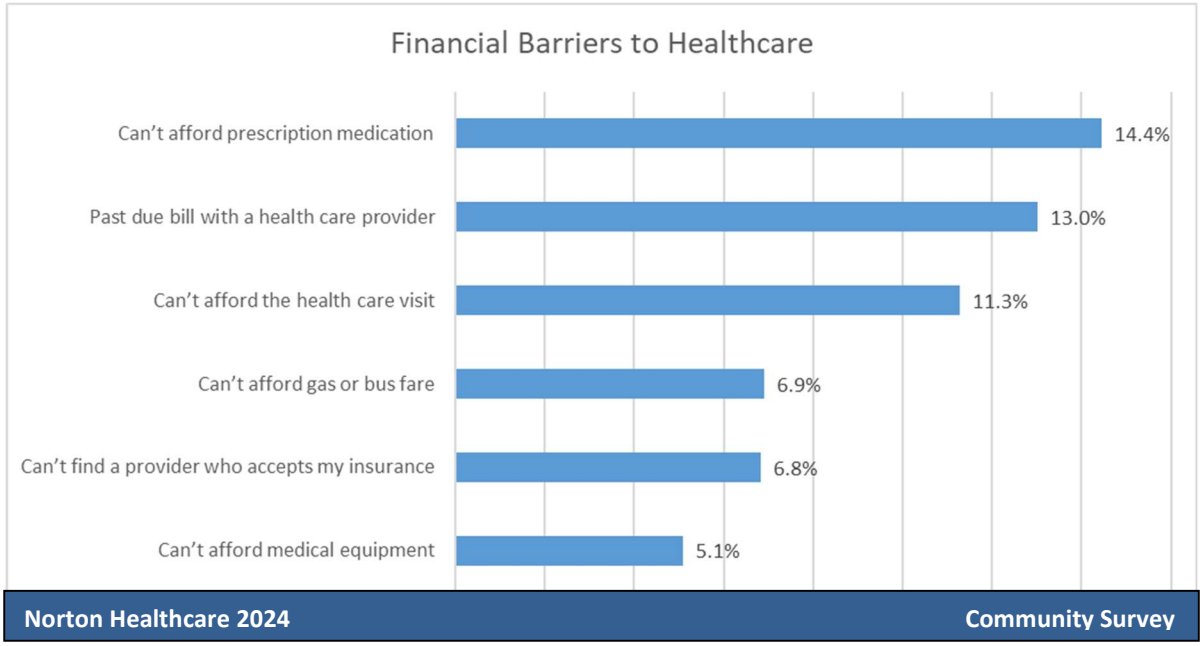
Unhealthy behaviors: The most frequent behavioral issue for adults was distracted driving (38.6%). This was followed by drug abuse (37.5%), lack of exercise (28.3%), poor eating habits (27.5%) and alcohol abuse (26.4%). One of the most frequent behavioral issues for children and adolescent was poor eating habits (37.0%). This was followed by distracted driving (31.1%), drug abuse (30.9%), lack of exercise (30.9%), and vaping (28.0%). See the charts below for the top 10 unhealthy behaviors for adults and children.



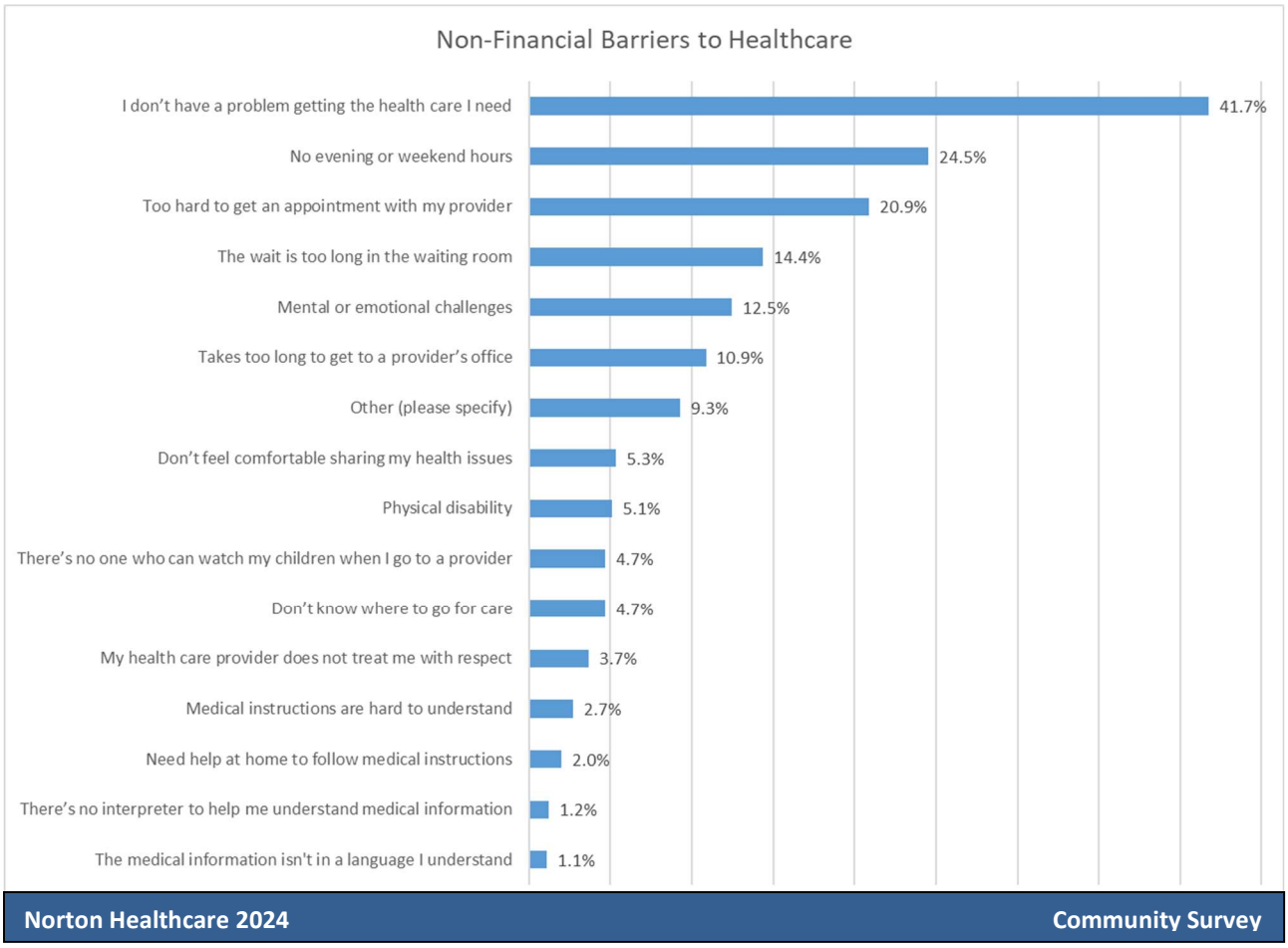


Barriers to health care: The survey instrument used two questions to obtain information regarding barriers to health care. The first question dealt with financial barriers, while the second question dealt with nonfinancial barriers to health care. Of the respondents, 41.7% indicated that they did not have a problem getting the health care they needed.

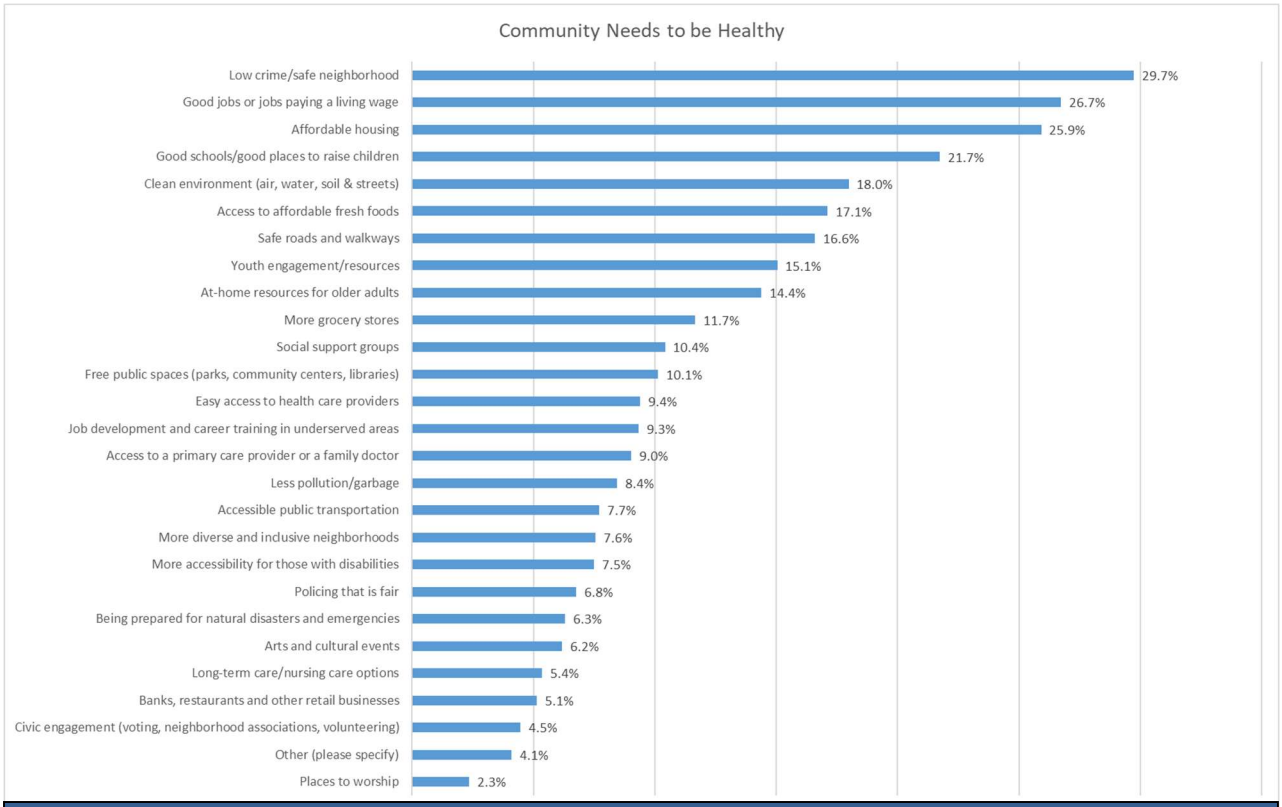
In reviewing the financial barriers listed, the most prevalent financial barriers were: the inability to afford prescription medication (14.4%), a past due bill with a health care provider (13.0%), and the inability to afford the health care visit (11.3%).



The most prevalent nonfinancial barriers were the lack of evening or weekend hours (24.5%), getting an appointment with a provider is too hard (24.5%), and the wait is too long in the waiting room (14.4%). 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 low crime/safe neighborhood (29.7%), good jobs that pay a living wage (26.7%), affordable housing (25.9%), good schools/good places to raise children (21.7%), and a clean environment (18.0%).



Norton Healthcare 2020-2021 **Community Survey**

Community Health Needs Survey 2024

NORTON HEALTHCARE

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

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

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

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

☐ 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
- ☐ Access to a primary care provider or a family doctor
- ☐ Accessible public transportation
- ☐ Clean environment (clean air, water, soil and streets)
- ☐ Free public spaces (parks, community centers, libraries)
- ☐ Places to worship
- ☐ More accessibility for those with disabilities
- ☐ Low crime/safe neighborhood
- ☐ Less pollution/garbage
- ☐ Policing that is fair
- ☐ Good schools/good places to raise children
- ☐ Civic engagement (voting, neighborhood associations, volunteering)
- ☐ Good jobs or jobs paying a living wage
- ☐ Arts and cultural events
- ☐ Safe roads and walkways
- ☐ Affordable housing
- ☐ More diverse and inclusive neighborhoods
- ☐ Banks, restaurants and other retail businesses
- ☐ More grocery stores
- ☐ Access to affordable fresh foods
- ☐ Easy access to health care providers
- ☐ Job development and career training in underserved areas
- ☐ At-home resources for older adults
- ☐ Long-term care/nursing care options
- ☐ Youth engagement/resources
- ☐ Being prepared for natural disasters and emergencies
- ☐ 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
- ☐ Can't afford prescription medicine
- ☐ Can't afford medical equipment
- ☐ Past due bill with a health care provider
- ☐ Can't afford gas or bus fare
- ☐ No evening or weekend times when I can see a provider
- ☐ Takes too long to get to a provider's office
- ☐ Don't know where to go for care
- ☐ My health care provider does not treat me with respect
- ☐ Can't find a provider who accepts my insurance
- ☐ Too hard to get an appointment with my provider
- ☐ The wait is too long in the waiting room
- ☐ There's no one who can watch my children when I go to a provider
- ☐ Medical instructions are hard to understand
- ☐ There's no interpreter to help me understand medical information
- ☐ The medical information isn't in a language I understand
- ☐ Physical disability
- ☐ Mental or emotional challenges
- ☐ Don't feel comfortable sharing my health issues
- ☐ Need help at home to follow medical instructions
- ☐ I don't have a problem getting the health care I need
- ☐ 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 Healthcare conducted 54 interviews with 75 representatives from the community and the Norton Healthcare system 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, 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
-Hypertension
-Lingering effects of COVID-19

Mental Health
-Mental health services and resources are difficult to access
-Increase in mental health conditions
-Shortage of mental health providers and professionals
-High prevalence of trauma in the community
-Stigma exists regarding mental health concerns and treatments
-Lack of crisis care services

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

Access to Care
-Limited access to care – services, resources, providers
-Lack of specialty care services
-Lack of primary care services
-Lack of health navigations or health literacy services

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

Pediatric Concerns
-High prevalence of childhood bullying and ACEs score
-Increase in chronic conditions primarily obesity and diabetes
-Increase in mental health conditions
-Increased usage of tobacco products and vapes
-Lack of parent or caregiver support

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. About half of the interviews conducted discussed mental health as being a service line that is lacking in the community. The discussions focused on the need to increase access to professional mental health care and to increase mental health education in the community. Depression, anxiety, PTSD, and suicide/suicidal ideation are the top mental health conditions that this community faces. Care options, such as crisis care services and resources, are lacking in the community for individuals with these conditions as they currently do not have a place to go and seek this type of critical care. Trauma due to gun violence has increased and has significantly impacted the community's wellbeing and mental health, especially for the pediatric population.

Substance use

When asked how health care organizations can better support those struggling with substance use, almost 60% of the interviews 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 is a knowledge deficit about the long term effects of substance use. The majority of drug usage among the pediatric population consists of tobacco use and vaping. Interviewees stated that access to preventive and supportive programs are 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:

- **Populations with a higher risk of mental health and substance use disorders and the unhoused:** It was found that individuals who experience housing insecurity also experience difficulty with their mental health and/or substance use disorders.
- **Individuals with low health literacy levels:** Low health literacy levels and a lack of community health education is a barrier to accessing health care for this community. This population often does not know how to navigate the health care system, what health care resources and services are available, or what it means to live a healthy life.
- **Minorities and marginalized:** The majority of this population consists of individuals that are a part of the African American/Black community, Hispanic/Latino community, the 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.
- **Immigrants and refugees:** These populations have come to the U.S. from another country and experience language barriers, insurance barriers and lack trust in the health care system and/or providers which prevents them from accessing health care services and resources.
- **Older adults:** Older adults are often forgotten about; they lack a support system, and they have limited mobility conditions, which impacts their ability to access health care and is detrimental to both their physical and mental health.
- **Individuals with low income:** Populations who experience generational poverty and whose basic needs are not met have to prioritize other essential items, such as food, over seeking health care.

These populations experience unstable housing, food insecurity, insurance barriers, such as with Medicaid or Medicare, and are faced with transportation barriers to access health care services.

- **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 that has led to an increase in substance use among this population.
- **Individuals from certain ZIP codes:** Locations where populations of the community experience disproportionate deaths and chronic illness are in West and South Louisville where there is limited or no access to care options and technology.
- **Individuals with intellectual or physical disabilities:** These individuals are often overlooked in the community. Care options, such as different forms of therapy, are often limited, or the accommodations that are offered do not meet the needs of these individuals.

Reflections and actions

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

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

Community input key findings

Input from the community 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 eight 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
- Violence, crime and safety

Improving access to care: Within this community, it was discussed among 42% of interviews that those in West Louisville experience more barriers and health disparities when seeking out health services or resources. There is a whole sector of individuals whose care needs are going unaddressed due to a variety of barriers surrounding access to care. Twenty-seven percent of survey respondents reported difficulty finding specialty providers with the top reason being no appointments available. The most frequent services needed were in the areas of dentistry, women's care and mental health for adults and children. During the interview process, 72% of interviews discussed access to care as a community health issue. Among these concerns, a lack of specific service lines such as mental health, primary care and specialty care services were identified due to access being limited by insurance providers.

Individuals in the community experience inadequate housing and are faced with food insecurity, which decreases their ability to access care, as there are competing priorities that, from their perspective, outweigh seeking health care services. Twenty-eight percent of interviews discussed concerns pertaining to housing insecurity or the unhoused population, while 18.4% of survey respondents reported that they are experiencing issues within their home that compromise their health. Fifty-two percent of interviews identified food insecurity as a concern for the community due to lack of affordable and available healthy food options. Twenty-five percent of survey respondents indicated that they sometimes or often experience food insecurity.

Seventy-eight percent of interviews identified transportation as a barrier to care for this community. Of the responses, 10.9% stated that getting to a provider's office remains a challenge, and 6.9% identified that individuals are unable to afford gas or a bus fare, which furthers the transportation barrier for this community.

Forty-four percent of interviews mentioned that older adults experience difficulty accessing health services and resources. Of the respondents, 16.7% identified that the lack of resources for senior citizens is a top community health issue. Of the respondents, 14.4% identified that there is a need for more at-home resources for older adults to aid in improving access and addressing this community health issue.

A digital divide exists in this community. Twenty-six percent of interviews discussed that this division prevents care from being accessible. In addition, 6% of survey respondents indicated that they either have the technology available to access appointments but no internet access or they have neither the technology nor the internet access available needed to utilize telehealth services.

Management of chronic conditions: The community health needs survey identified high blood pressure, obesity, diabetes, cancer, heart conditions and diseases that affect the lungs as top community health problems. Chronic conditions such as these were discussed by 48% of interviews as a major health concern for the community. Survey responses identified that six of the top 10 health issues identified for adults are chronic health conditions, and 17% identified chronic health conditions as a concern for children and adolescents in the community.

Resources for mental health and substance use: Mental health and substance use were identified as a top health concern for the community through survey results. Thirty-seven percent of respondents

reported that mental health is an issue for adults in the community, and 33% of respondents reported that mental health is an issue for children in the community. In addition, 31.9% of respondents reported that they had sought out a mental health specialist — social worker, psychologist or psychiatrist — in the past two years. Seventy-four percent of interviews identified mental health as a health concern for the community, with limited access to mental health resources. For the pediatric population, 14% of interviews discussed how mental health is a significant concern for children in the community. Additionally, 70% of interviews discussed that the high prevalence of trauma in the community is of concern, which is largely due to adverse childhood experiences that community members experience at 48%. Bullying was identified by 21.6% of interviews as being one of the top health issues for children and adolescents in the community.

Twenty-six percent of interviews identified substance use as a major health concern, with 58% of interviews identifying the need for preventive and supportive programming to help people at all points of recovery. Thirty-three percent of survey respondents identified drug or alcohol addiction as a top health issue for adults in the community, and 23.7% identified drug or alcohol addiction as a concern for children in the community. Additionally, 37.5% of survey responses identified drug abuse as an unsafe behavior in the community for adults, and 14.9% identified it as a concern for children. When asked about smoking and tobacco use, 22.2% of survey respondents identified it as being an increasing concern for adults in the community, and 13.7% specifically mentioned vaping as being an unsafe behavior for adults. Twelve percent of interviews identified smoking or tobacco use as being of concern for the community. Twenty-eight percent of survey respondents indicated that vaping specifically is an unsafe behavior for children in the community. Six percent of interviews voiced concerns about excessive alcohol usage in the community. In addition, 26.4% of survey respondents identified alcohol abuse as a concern in the community, while 14.9% identified it as a concern for children.

Affordability and coverage of health care services: Financial barriers, such as affordability and insurance coverage, were named as a significant barrier to health. Fifty percent of interviews discussed parts of the community that live in poverty, which significantly affects residents' ability to access health services. Forty-four percent of interviews discussed how a lack of insurance coverage for health services, especially behavioral health services, was identified as a major barrier for patients seeking care options. In relation, 25% of survey respondents reported that they sometimes or often put off medical care because they were unable to afford it. Half of survey responses identified that financial or insurance needs create barriers to care in the community. Of respondents, 6.5% reported that they do not have any kind of health coverage, while 14.6% of respondents reported that children in the community do not have any kind of health care coverage.

Health literacy: Of survey respondents, 37% report that they have some difficulty understanding information given by their health care provider, with 5.9% reporting discomfort with filling out medical forms by themselves. Also, 86% of interviews discussed health literacy, including the knowledge of how to navigate health systems and understanding what makes up a healthy lifestyle, as being of significant concern in the community. The top contributor that creates barriers in health literacy was language barriers at 58%. Through the survey, 22.3% of respondents indicated that the provider's ability to speak their primary language is of importance to them. Of respondents, 4.7% indicated that not knowing where to go for care presents itself as a barrier to care for the community, but coordinated care practices could help alleviate this barrier.

Physical inactivity: The lack of physical activity of both adults and children in the community was identified as a major health concern and unsafe behavior for both adults and children. Of survey participants, 28% identified the lack of physical activity as being a concern for adults and 31% of survey participants identified it as being a concern for children and adolescents. The interviews identified that a lack of physical of activity is a concern for 18% of adults and 8% for children in the community.

Trust in the health care system: A majority, 94%, of interviews stated that trust in the health care system and providers is a concern for the community. Trust between patient and provider is critical to best meet health needs, and 72.1% of survey responses stated that trust is one of the most important aspects that is considered when choosing a provider. Twenty-six percent of interviews mentioned that an increase in diverse staff would improve their health care experience. Twenty percent of interviews mentioned that there is a need for coordinated care among health care institutions to improve trust in the health care system.

Violence, crime and safety: Of survey respondents, 22.3% indicated that gun violence is a health issue for adults, and 23.2% indicated that it is a health issue for children. Thirty-two percent of interviews discussed how gun violence is a concern for children in the community. Additionally, 3% of survey respondents indicated that intimate partner violence is a concern for the community, and 4% of interviews discussed domestic violence as a concern for the community. Child abuse/neglect was cited as a concern for 8.5 percent of survey respondents, while 6% of interviews discussed the concern of child abuse in the community.

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?
   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 a health care organization 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 eVisits) are effective and satisfying way 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

Norton Healthcare
Louisville Hispanic Chamber of Commerce
Americana Community Center
Coalition for the Homeless
North Central Health District
Seven Counties Services
Louisville Urban League
Kentuckiana Health Collaborative
Jefferson County Public Schools
MOLO Village CDC
Metro United Way
Hosparus Health Southern Indiana and Grief Counseling Center
Family Health Centers
South Louisville Community Ministries
YMCA of Greater Louisville
Shawnee Christian Healthcare
Wellspring
Louisville Metro Public Health and Wellness
Office for Immigrant Affairs
Center for Women and Families

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.	29% of survey respondents identified obesity as a top health issue for the community.	According to County Health Rankings, 37% of Jefferson County is considered obese.
	Diabetes	40% of interviews identified diabetes as major health issue in the community.	25% of survey respondents identified diabetes as a top health issue for the community.	According to County Health Rankings, 11% of Jefferson County is considered diabetic. According to CDC's Wide-ranging Online Data for Epidemiologic Research (WONDER), there were 28.8 deaths per 100,000 from 2018 to 2023 in Jefferson County related to diabetes.
	Cancer	10% of interviews identified cancer as major health issue in the community.	20% of survey respondents identified cancer as a top health issue for the community.	According to CDC WONDER, there were 207 deaths per 100,000 from 2018 to 2023 in Jefferson County related to cancer.
	Heart health	28% of interviews identified heart health as major health issue in the community.	29% of survey respondents identified high blood pressure as a top health issue for the community. 20% of survey respondents identified heart disease as a top health issue for the community.	According to CDC WONDER, there were 230.8 deaths per 100,000 from 2018 to 2023 in Jefferson County related to heart disease.

	Respiratory conditions	28% of interviews identified respiratory conditions as major health issue in the community.	15% of survey respondents identified diseases that affect the lungs as a top health issue for the community.	According to CDC WONDER, there were 52.9 deaths per 100,000 from 2018 to 2023 in Jefferson County related to lower respiratory diseases.
	Stroke	2% of interviews identified stroke as major health issue in the community.	7.2% of survey respondents identified stroke as an important health issue that affects the adults in the community.	According to CDC WONDER, there were 45.1 deaths per 100,000 from 2018 to 2023 in Jefferson County related to cerebrovascular diseases, including stroke.
Access to health care	Access to care	72% 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, specialty care, primary or family medical care, and access that is limited through their insurance provider.	27% of respondents reported that they have experienced difficulty accessing a specialist in the past two years, specifically dental care, women's care, and mental care for adults and pediatrics The top reason for limited access were that no appointments were available.	The County Health Rankings report for 2024 found that 7% of Jefferson County adults are 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 Jefferson County was 1,090:1.

	Workforce representation	26% of interviews mentioned that diversity in health care roles of all levels is needed.	When choosing a doctor or provider, 72.1% of survey respondents reported that the ability to trust them is the most important aspect to them.	According to the Center for Creative Leadership, an inclusive workplace can lead to healthy work boundaries, lower levels of burnout, and increased retention.
	Coordinated Care	20% of interviews mentioned the need for coordinated care among health care institutions.	4.7% of survey respondents identified "not knowing where to go for care" as a barrier to care.	According to the Centers for Medicare & Medicaid Services, care coordination among doctors and other health care providers is important when communicating patient information in a safe, appropriate and effective care manner.
Behavioral and life choices	Mental Health	74% of interviews discussed mental health services as having limited access, a health concern in the community, or identified those with mental health issues as a population that struggles to access health services. 14% of interviews identified mental health as a significant concern for children in the community.	37% of survey respondents identified mental health as a top health issue in the community for adults. 33% of survey respondents identified mental health as a major health concern for children in the community. 31.9% of respondents reported that they had sought out a mental health specialist, such as a social worker, psychologist, or psychiatrist, in the past two years.	According to County Health Rankings, in Jefferson County 18% report frequent mental distress. In the 2024 County Health Rankings report, the rate of suicide per 100,000 population in Jefferson County was reported as 16 per 100,000.

	Substance Use	26% of interviews identified substance use disorders as a major health concern for their community with 10% identifying it as a concern for children in the community. When directly asked about substance use issues and barriers to care, 58% of interviews discussed the need for preventative and supportive programming to help people at all points of recovery. 6% of interviews mentioned being concerned about excessive alcohol usage in the community. 12% of interviews identified smoking or tobacco use as being of concern for the community.	33% of survey respondents identified drug or alcohol addiction as a top health issue in the community for adults, and 23.7% identified drug and alcohol addiction as a major health concern for children in the community. 26.4% of survey respondents identified alcohol abuse as an unsafe behavior for the adults in the community. 14.9% of respondents identified alcohol abuse being an unsafe behavior for children. 37.5% of survey respondents identified drug abuse as an unsafe behavior for the adults in the community. 14.9% of respondents identified alcohol abuse being an unsafe behavior for children. 22.2% of respondents identified tobacco use, and 13.7% identified vaping as unsafe behaviors for adults. 28% of respondents identified vaping as an unsafe behavior among children. 15.3% of respondents identified tobacco use as an unsafe behavior for children.	According to County Health Rankings, in Kentucky there were 43 drug overdose deaths per 100,000, which is higher than the number of drug overdose deaths in the United States — 27 per 100,000. Jefferson County outranked both the state and national statistic for drug overdose at 62 per 100,000. Nationally, the 2024 County Health Rankings reports that 15% of adults are current smokers. The state reports that 20% of Kentucky adults are current smokers. In Jefferson County, 18% of adults are current smokers.

	Physical inactivity	18% of interviews discussed being concerned about the lack of physical activity or lack of exercise in the community. 8% of interviews identified the lack of physical activity or exercise as being a concern for children in the community.	Lack of exercise was identified as an unsafe behavior for both adults and children and adolescents. 28% identified the behavior as a concern for adults, and 31% identified the issue for children and adolescents.	According to County Health Rankings 28% of Jefferson County is physically inactive which is slightly below the state statistic of 30%.
	Mistrust in the health care system	94% of interviews stated that trust in the health care system and providers is a concern for the community, primarily due to negative past health care experiences.	72.1% of respondents reported that one of the most important aspects when choosing a provider is the ability to trust them.	According to the American Association of 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	52% of interviews identified food insecurity as a concern for the community due to a lack of access to affordable and available healthy food options.	25% of respondents reported that they sometimes or often experience food insecurity.	According to County Health Rankings, 10% of Jefferson County residents experience food insecurity. According to County Health Rankings, 65% of the public school students in Jefferson County remain eligible for free or reduced-price lunch.

Insurance barriers	44% of interviews stated that lack of insurance coverage for services, especially behavioral health services, prevents individuals from accessing health care services.	6.5% of respondents reported that they do not have any kind of health care coverage.	According to the 2024 America's Health Rankings report, 5.4% of the Kentucky population is not covered by private or public health insurance.
Resources for aging populations	44% of interviews mentioned that the older adult population has trouble accessing health care services and resources.	16.7% of respondents identified the lack of resources for senior citizens as a top community health issue. 14.4% identified at-home resources for older adults as a top need for a healthy community.	According to the U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion, people ages 65 and older made up 17% of the population in 2020, and by 2040 this statistic is to grow 22% — which means the aging population will have a higher utilization rate of health services and a higher need for caregivers.
Inadequate housing	28% of interviews discussed concerns pertaining to housing insecurity or the unhoused populations.	18.4% 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.	According to County Health Rankings, on a national scale 17% of those in the United States experience severe housing problems. In Jefferson County, 14% of the community experiences severe housing problems.
Health literacy	86% of interviews identified health literacy as a significant concern in the community due to low education levels which greatly	37% reported sometimes or more often having difficulty understanding the information that the health care provider gives you.	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

	impact individuals' ability to access care.	5.9% reported some discomfort with filling out medical forms by themselves.	to make informed health decisions.
Transportation	78% of interviews mentioned transportation as being a barrier to the community when it comes to accessing health care services.	10.9% reported that the time that it takes to get to the health care provider's office remains a challenge for them or their family. 6.9% identified not being able to afford gas or a bus fare as a barrier to health care.	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	50% of interviews discussed how financial barriers are a barrier to accessing health care services.	50% of the top barriers to care identified relate to financial or insurance needs. 25.0% of respondents reported that they sometimes or often put off medical care because they were unable to afford it.	According to the statistics provided through Sg2 analytics, in Jefferson County 10.33% of families are living below the poverty line.
Health Disparities	42% of interviews mentioned how those in West Louisville experience more barriers when trying to get their health needs met.	29.4% of survey respondents reported that they have sometimes or often felt that they have been personally discriminated against because of their race, ethnicity, gender identity, religion, or sexual orientation which can deter one from seeking health services.	According to Sg2 data, families that reside in the Central, South, South Central, Southwest, West, and West Central regions of Jefferson County experience poverty at a greater level than those in the eastern part of the county.

Language barriers	58% of interviews identified language barriers as being a barrier to accessing health care services and resources for the community.	22.3% of respondents reported that a provider's ability to speak their primary language is of importance when seeking care.	According to Sg2 data, in Jefferson County 5.20% of the county speaks English less than very well.
Violence, Crime, and Safety	32% of interviews identified gun violence as a concern for the children of the community.	22.3% of respondents reported that gun violence is a health issue for adults and 23.2% for children.	According to the FBI Crime Data Explorer, in 2023 Kentucky ranked 14th in the U.S. (with one being the lowest crime rate and 50 being the highest) with an average violent crime rate of 88.6 per 100,000.
Trauma	70% of interviews mentioned trauma as a significant issue among the community. 48% of interviews identified childhood trauma due to adverse childhood experiences (ACEs) as being of concern in the community.	21.6% of respondents reported that bullying is one of the top health issues for children and adolescents.	According to the 2023 Child Maltreatment report provided by the Office of the Administration for Children and Families, in 2023 Kentucky reported 14.2 child victims per 1,000 children.
Digital divide	26% of interviews mentioned that there is a digital divide in the community that prevents care from being accessible.	6% of respondents indicated that they either have a smartphone, tablet or computer, but do not have internet access or they do not have a smartphone, tablet or computer or internet.	According to the CDC, telehealth comes with its own challenges, as gaps exist in state statutes and regulations such as information security, patient privacy, licensing, insurance reimbursement and liability concerns.

Domestic violence and child abuse	4% of interviews identified domestic violence as a concern for the community. 6% of interviews identified child abuse as a concern for the community.	3.3% of respondents reported that intimate partner violence is a concern for the community. 8.5% of respondents reported that child abuse/neglect is a concern for the community.	According to The Kentucky Justice and Public Safety Cabinet's 2023 Annual Domestic Violence Report, 1 in 2 women and 1 in 3 men in Kentucky have experienced domestic violence. This report also states that over 25,000 unique reports of alleged child abuse were made, which included allegations of domestic violence, between April 22, 2023, and Dec. 31, 2023.

Appendix H

Pediatric Population

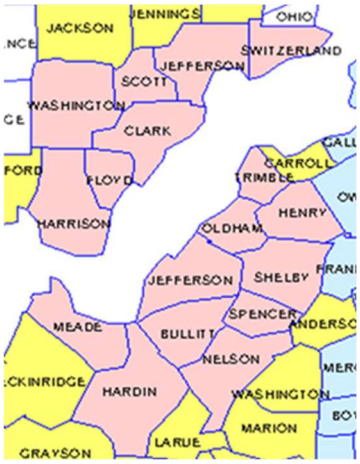
Norton Healthcare is committed to serving the health care needs of the children of our community, which is shown through the pediatric focus added to our most recent Community Health Needs Assessment. Norton Healthcare has made an effort to gather feedback specific to the children and adolescents in the communities that we serve every day. Within the community survey, Norton Healthcare asked about health needs and unsafe behaviors specific to the pediatric population, and each interview included a question pertaining to the health needs of the pediatric population. In addition, 31 of the 106 stakeholders interviewed were members of an organization or a specialist that serves the children and adolescents of the community. This further exploration into the health needs of the pediatric population will allow us to ensure that our organization's programs and resources are aligning with our strategic priorities while meeting the health needs of the communities we serve.

This section will focus on the survey results and interview findings for the pediatric population through all nine Norton Healthcare hospitals located in Louisville and Southern Indiana.

Survey Results

The survey results included in this section are based on 2,450 responses, from the Norton Healthcare 17-county primary service area. These counties include all nine Norton Healthcare hospitals in Kentucky and Southern Indiana.

Norton Healthcare Primary Service Area	
Kentucky	Indiana
Jefferson	Clark
Bullitt	Floyd
Hardin	Jefferson
Henry	Switzerland
Meade	Scott
Nelson	Washington
Oldham	Harrison
Shelby	
Spencer	
Trimble	



There are a multitude of health issues that negatively impact the overall health of the communities we serve. The top three health issues identified for adolescents and children were mental health issues, nutrition and physical activity and drug or alcohol addiction. The table below identifies the top 10 health issues for adolescents and children and percentage of respondents that identified each issue.

Top Ten Health Issues Identified for Adolescents and Children	
Health Issues	%
Mental health issues	34%
Nutrition and physical activity	32%
Drug or alcohol addiction	24%
Bullying	23%
Quality child care	20%
Poverty/meeting basic needs	17%
Chronic illness, such as asthma, diabetes, obesity	16%
Gun violence	14%
Poor housing	13%
Access to health care	12%

Unsafe behaviors contribute to the health outcomes of a community. The top unsafe behaviors for children and adolescents identified in the surveys were poor eating habits, lack of exercise, distracted driving, drug abuse and vaping. The table below identified the top 10 unsafe behaviors for adolescents and children and percentage of respondents that identified each behavior.

Top Ten Unsafe Behaviors identified for Adolescents and Children	
Unsafe Behavior	%
Poor eating habits	38%
Lack of exercise	35%
Distracted driving (texting, drinking)	32%
Vaping (electronic cigarettes)	31%
Drug abuse	31%
Not getting adequate preventive health care	20%
Dropping out of school	16%
Tobacco use	15%
Alcohol abuse	14%
Not wearing helmets when riding a motorcycle or bicycle	14%

The community survey asked respondents to reflect on the prior two years and identify if they or a member of their household had difficulty finding a provider. Nearly 22% indicated that they had difficulty finding a provider for a particular need. For those that identified pediatric needs, mental health specialists such as social workers, psychologists and psychiatrists were identified by 38% of respondents. The second most identified specialist was dental care with 33%.

Community leader interviews

During the interview process each interviewee was directly asked about health needs of children in the community. In addition, 31 of the representatives interviewed were members of an organization or specialists that serve the adolescents and children of the community. These include a variety of organizations including health departments, school systems, pediatric providers and other youth-focused organizations.
When asked the question of what health issues are most concerning for the children in the community, the top pediatric interview responses were mental health and substance use, food insecurity, childhood trauma and violence, access to care and poverty.

Top Health Issues Identified for Children and Adolescents

Health issue identified	% of interviews
Mental health and substance use	48%
Food insecurity	29%
Childhood trauma (ACEs) and violence	29%
Access to care	24%
Poverty	19%

**The results from pediatric focused interviews only*

Throughout the interview discussions the increasing prevalence of mental health conditions such as depression and anxiety were discussed in detail including the correlation between the increase of mental health issues and increases in substance use. Bullying was discussed as another contributing aspect to mental health, including the inability to escape peer bullying, as the bullying has been taken into social media platforms. Mental health education and resources as well as preventive and supportive programming is needed for the pediatric population.

The health barriers facing the pediatric population are primarily access to care, transportation barriers and lack of health literacy. For access to care, this is largely due to a lack of available providers, lack of close to home service locations, and lack of insurance coverage for certain health services, like mental health. Almost 50% of pediatric-focused interviews mentioned that transportation is a barrier to care that negatively impacts the pediatric population in accessing health care services. In addition, a lack of health literacy impacts children in the community as they do not understand the health information being presented to them and experience difficulty navigating the health care system.

Secondary research

American Health Rankings publishes an annual report on women and children, with a rank of 1 being the best and a rank of 50 being the worst in each category. The table below contains a sampling of the children's measures, rankings and data for Kentucky and Indiana. The overall children's health ranking for Kentucky was 42 and Indiana's ranking was 32.

American Health Rankings
2024 Health of Women and Children Report

Social and Economic Factors					
Measure	**Definition**	**KY rank**	**KY data**	**IN rank**	**IN data**
Child Victimization	Rate per 1,000 children were victims of substantiated or indicated maltreatment.	38	12.3	37	12.2
Firearm Deaths	Death per 100,000 children ages 1-19	33	8	34	8.1
Injury Deaths	Death per 100,000 children ages 1-19	37	24	35	23.4
Children in Poverty	Percent of children (0-17) that live in households below the poverty threshold.	44	20.9%	29	15.7%
Adverse Childhood Events	Percentage of children ages 0-17 who have ever experienced two or more of the following: parental divorce or separation; household with an alcohol or drug problem; neighborhood violence victim or witness; household with mental illness; domestic violence witness; parent served jail time; treated or judged unfairly due to race/ethnicity, sexual orientation, gender identity, or a health condition or disability; or death of a parent	42	19.6%	32	17.2%
Clinical Care					
Measure		**KY rank**	**KY data**	**IN rank**	**IN data**
Pediatricians	Number of pediatricians per 100,000 children.	31	92.5	35	85.9
Mental Health Treatment	Percent of children ages 12-17 who receive needed mental health treatment	11	87.5%	38	79.5%
ADD/ADHD Treatment	Percent of children 3-17 with ADD/ADHD take medicine or receive behavioral treatment.	7	4.8%	22	3.6%
Behaviors and Outcomes					
Measure		**KY rank**	**KY data**	**IN rank**	**IN data**
Electronic Vapor Product Use	% of high school students reported using a vape product in prior 30 days.	38	21.9%	29	19.1%
Tobacco Use	of children ages 12-17 who report using tobacco products in the prior month.	36	3.1%	20	2.6%
Mental Health Conditions	% of children ages 3-17 told by a health care provider they have ADHD, depression, or anxiety; or told by a doctor or educator that they have behavioral or conduct problems.	32	22.6%	38	23.4%
Teen Suicide	deaths by suicide per 100,000 children ages 15-19.	27	12.2	28	12.3
Child Mortality	deaths per 100,000 children agers 1-19.	38	36.2	35	35.5
Overweight or Obesity	% of children ages 10-17 are overweight/ obese based on reported height and weight.	38	33.3%	23	30%
High Health Status	% of children (0-17) have a high health status, indicating very good or excellent health.	26	90.9%	13	92.1%

Source: 2024 Health of Women and Children Report, America's Health Rankings

The leading cause of death for people ages 1 to 24 for both Kentucky and Indiana is accidental injury, according to the CDC. Below are the top 10 causes of death for both Kentucky and Indiana. For the state of Kentucky, the second leading cause of death for this age range remains suicide. In the state of Indiana, the second leading cause of death is homicide.

Kentucky Leading Cause of Death (Ages 1-24)	
Leading Cause of Death	Age Adjusted Rate
Accidents	21.9
Suicide	7.9
Homicide	6.2
Cancer	2.3
Congenital malformations, deformations and chromosomal abnormalities	1.6
Heart disease	1.4
Covid-19	0.6
Influenza and pneumonia	0.5
Diabetes	0.3
Chronic lower respiratory diseases	0.3

Indiana Leading Cause of Death (Ages 1-24)	
Leading Cause of Death	Age Adjusted Rate
Accidents	19.3
Homicide	7.9
Suicide	7.1
Cancer	2.5
Congenital malformations, deformations and chromosomal abnormalities	1.4
Heart disease	1.3
Covid-19	0.6
Chronic lower respiratory diseases	0.5
Influenza and pneumonia	0.4
Diabetes	0.4

Source: CDC Wonder: Age adjusted rate per 100,000 population ages 1-24.

Concluding remarks

The overarching areas of concern for the pediatric population include improving access to care, reducing barriers to care, increasing resources for mental health and substance use, improving nutrition and physical activity, and increasing health literacy.

Appendix I

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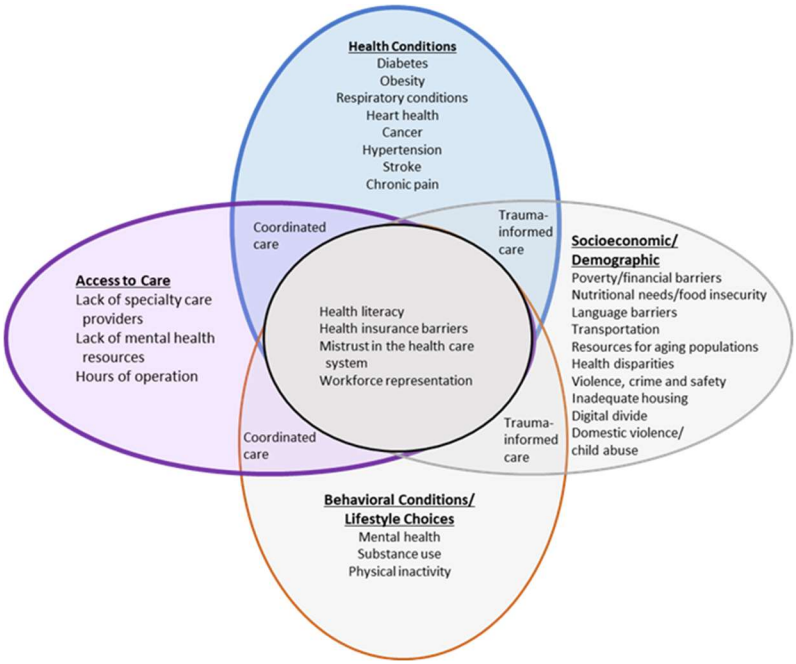
NORTON HEALTHCARE

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

Community Health Needs Assessment
Implementation Strategy
2025-2027

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

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



Findings
A total of 30 issues were identified by the assessment process. The relational diagram above categorizes these concerns into four main areas and illustrates the overlap between them. Health literacy, the
uninsured, mistrust in the health care system, and workforce representation
intersect all four categories of need.

Prioritization
The Norton Committee on Faith and Health Ministries, a subcommittee of Norton Healthcare's board of trustees, participated in the prioritization process to identify the areas of focus.
The prioritization reflects both the community's perception of need and how well the issues align with Norton Healthcare's mission, vision, values and strategic priorities. The table below summarizes the 30 identified concerns. The top 20 needs are listed in order of priority in the first row of the table below.

	Norton Heatlhcare's Louisville-Based Hospitals			
	Health Conditions	Access to Care	Behavioral Conditions / Lifestyle Choices	Socioeconomic / Demographic
Top 20	Diabetes Obesity Respiratory conditions Heart health Cancer	Mental health Specialty care Hours of operation Health insurance barriers	Mental health Substance use Mistrust in the healthcare system	Health literacy Trauma Poverty / financial barriers Nutritional needs / food insecurity Language barriers Transportation Resources for aging populations Health disparities
	Hypertension Stroke Chronic pain	Coordinated care Workforce representation	Physical inactivity	Violence, crime and safety Inadequate housing Digital divide Domestic violence and child abuse

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

From those areas of need, we identified nine areas of focus for implementation. These strategic areas are mental health, substance use, mistrust in the health care systems, health literacy, trauma-informed care, nutritional needs/food insecurity, resources for aging populations, health disparities and language barriers. 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, housing concerns, and violent crime and safety are not areas we are positioned to address. Language barriers will continue to be addressed as an access to care concern.

Implementation strategies have been developed for the nine 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 Healthcare's Louisville-based hospitals, 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.
Provide music therapy resources for underserved areas in West Louisville.
Increase access to mental health services through the promotion of Norton Healthcare's Behavioral Health Hub.
The Youth Mental Health Community Project in partnership with the Center for Family and Community Well-being at the University of Louisville will bring together key stakeholders from across the community in behavioral health, including Norton Children's Medical Group/Norton Children's Hospital, UofL Health – Peace Hospital, Home of the Innocents, Seven Counties Services, the Brook Hospital and others to collect and map data regarding current and needed mental and behavioral health services for youth in Louisville and surrounding areas.

Substance use

Initiative
Facilitate tobacco/vaping cessation through classes offered by Norton Prevention & Wellness and nicotine replacement therapies offered by Norton Healthcare retail pharmacies.
Expand a bidirectional referral process with community-based non-Norton Healthcare mental and substance abuse health providers.
Expand Norton Maternal Opioid and Substance Treatment (MOST) Program to Norton Hospital.

Mistrust in the health care system

Initiative
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.
Increase community outreach through the Norton Healthcare outreach collaborative, developed to coordinate outreach and align resources making the outreach programs more efficient and effective.
Increase the community health worker workforce, patient volume and interactions.

Health literacy

Initiative
Provide health literacy education through the Healthy Hour digital platform, to educate on financial assistance, sites of care and Norton MyChart navigation and the development of multidisciplinary "Care Pass" initiatives.
Educate the community about the importance of routine health screenings (mammography, lung screening and diagnostic cardiac CT) through targeted health fairs and service line leadership.
Develop Norton Prevention & Wellness materials in easily understood language, using pictures, demonstrations and QR codes to facilitate understanding and ease of connection.

Trauma-informed care

Initiative
Provide training for all new employees to equip them with the knowledge and skills needed to provide trauma-informed care.
Support families experiencing abuse and neglect through the Norton Children's Center for Safe & Healthy Kids located on the Home of the Innocents campus in Louisville. The center is staffed with doctors, nurses, nurse practitioners, a social worker and other clinicians specifically trained in identifying, treating and preventing abuse and neglect.
Provide services to offer respite for patients' families where they can receive emotional, mental and spiritual support, such as the Panda Cares Center of Hope that opened in March 2025 at Norton Children's Hospital.

Nutritional needs/ food insecurity

Initiative
Develop a "Smart Shopper" program to educate about nutritional food choices, reading product labels, etc.
Increase volume of clients in the federal supplemental nutrition program for women, infants and children, known as WIC, through optimized support, screening and referrals from Norton Healthcare.
Expand reach of the Norton West Louisville Hospital food pantry in partnership with Dare to Care.

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.
Continue to participate and grow the SilverSneakers and Renew Active programs through Norton Sports Health Performance & Wellness Center.

Health disparities

Initiative
Improve patient access to social services and support resources through utilization of the Kynect system.
Increase primary care patient interactions in West Louisville through Norton Community Medical Associates – West Louisville.
Increase community partnerships in West Louisville to foster improved public health, resilience, and social cohesion in the community.

Improve health navigation, prenatal care, and outcomes for pregnant mothers in underserved areas through expansion of the Norton Women's Doula Program.

Language barriers

Initiative
Leverage the existing bilingual staff at Norton Healthcare to provide translation services for patients and increase staff education on translations services.
Implement a Spanish translation of Norton MyChart.
Provide resources and materials in multiple translations.

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