NORTON HEALTHCARE

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

Community Health Needs Assessment
2016

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Executive Summary

Norton Healthcare (Norton) is a comprehensive health care system, providing a full range of medical services through its five hospitals, 20 outpatient facilities, 12 Norton Immediate Care Centers and more than 200 physician practice locations. For more than a century, Norton has demonstrated its commitment to the community, providing quality and compassionate care to patients locally, regionally and statewide. Norton has further demonstrated its commitment to quality and transparency, being the first health system in the country to display quality outcomes metrics on the web, enabling patients and providers to compare performance with statewide and national results, as available.

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

As discussed in more detail below, for the purposes of this CHNA, Norton has defined its "community" as Jefferson County which accounts for 70.3% of Norton's patients. While Norton serves patients across a broader region, defining Jefferson County as its primary community will allow Norton to more effectively focus its resources to address identified significant health needs, targeting areas of greatest need and health disparities.

Norton collaborated with the Louisville Metro Department of Public Health and Wellness (LMDPHW) and other Louisville area health systems to gather initial primary data. Through this collaboration, an on-line community health survey and a health provider survey were conducted. Almost 14,000 residents provided input through the on-line community health survey (available in both English and Spanish). Another 215 physicians and other health professionals participated in the provider survey.

In addition, Norton obtained input from 17 community leaders representing public health, major employers, public schools, social services organizations and the Community Benefit Committee of the Norton Board of Trustees through face-to-face meetings.

Secondary data was assessed including:

- Demographics (population, age, sex, race)

- Socioeconomic indicators (household income, poverty, unemployment, educational attainment)

- Health access indicators

- Community health status indicators (causes of death, chronic conditions, health behaviors, etc.)

- Availability of health care facilities and resources

Information gathered in the above steps was reviewed and analyzed to identify health issues in the community.

The process identified the following health issues:

Chronic Conditions	Behavioral Conditions	Socioeconomic Conditions	Community Demographics
• Heart Disease • Cancer • Diabetes • Stroke • Respiratory Illnesses	• Obesity • Excessive Alcohol Use • Poor Nutrition • Smoking/Tobacco Use • Physical Inactivity • High Blood Pressure • Mental Health-Acute Conditions • Mental Health-Behavioral	• Access to Care • Lack of Primary Care Providers/Hours • Uninsured/Limited Insurance • Poverty Levels • Lack of Coordinated Care Across the Continuum • Poor or Lack of Dental Care • Lack of Prenatal Care/ Low Birth Weight • Teen Births • Sexually Transmitted Infections • Crime and Safety	• Senior Health and Incidence of Chronic Care Needs (Identified as "Aging Population "in Community Health Survey and Interviews) • Children's Health • Lack of Health Knowledge/Education • Single Parent Households • Community Support

Key findings for each identified health need were summarized (*see Appendix B*) and health needs were prioritized with input from a broad base of members of Norton's management, members of Norton's Executive Leadership Team and the Community Benefit Committee of the Board of Trustees utilizing a weighting method that weighs 1) the size of the problem, 2) the seriousness of the problem, 3) the impact of the issues on vulnerable populations, 4) how important the issue is to the community, 5) the prevalence of common themes and 6) the ability to reduce overall health care costs for the community. Significant needs were further reviewed and analyzed regarding 1) how closely the need aligns with Norton's mission, current and key service lines, and/or strategic priorities, 2) alignment with state and local health department initiatives and 3) whether or not existing programs exist (within Norton or other community organizations) that are addressing the need (*see Appendix C*).

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

Based on the information gathered through this Community Health Needs Assessment and the prioritization process described above, the health needs below have been identified as significant health needs in the community. Opportunities for health improvement exist in each area. Norton Executive Leadership and the Community Benefit Committee of the Board of Trustees will work to identify areas where Norton can most effectively focus its resources to have significant impact and develop an Implementation Strategy for 2017-2019.

Chronic Conditions	Behavioral Conditions	Socioeconomic Conditions	Community Demographics
• Heart Disease • Cancer • Diabetes • Stroke	• Obesity • Smoking / Tobacco Use	• Access to Care • Lack of Primary Care Providers/Hours	• Senior Health and Incidence of Chronic Care Needs (Identified as "Aging Population "in Community Health Survey and Interviews) • Children's Health

The 2016 Norton Healthcare CHNA has five main goals:

1. Gain a better understanding of community health care needs

2. Serve as a foundation for developing implementation strategies to direct resources where services are most needed and impact is most beneficial.

3. Identify collaborative opportunities with community partners

4. Align focus areas developed through Norton's implementation strategy with Norton's existing programs and services and overall strategic priorities to provide a more integrated and coordinated approach to community benefit initiatives.

5. Lead to actions which will improve the community's health

How the Assessment was Conducted

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

- Community benefit initiatives which were implemented over the course of the last three years were evaluated.

- The "community" served by Norton was defined by utilizing inpatient and outpatient data regarding patient origin and is inclusive of medically underserved, low-income, minority populations and people with limited English proficiency. This process is further described in *Communities Served by Norton Healthcare*.

- Population demographics and socioeconomic characteristics of the community were gathered and assessed utilizing various third parties (see sources in *Appendix E*).

- The health status of the community was assessed by reviewing community health status indicators from multiple sources. Health indicators with significant opportunity for improvement were noted. Information on the leading causes of death and morbidity information was analyzed in conjunction with social determinants of health.

- Through a collaborative process conducted by the LMDPHW, community input was obtained through a community wide survey for the general public and a survey conducted with physicians and other health care providers. Findings are described in *Community Health Survey Findings* and the *Health Provider Survey Findings,* respectively.

- Community input was also obtained through key stakeholder interviews of 17 community leaders. See *Appendix D* for a listing of organizations that provided input through face-to-face interviews. To assure the medically underserved were represented in this CHNA, interviews were conducted with representatives from the LMDPHW, Jefferson County Public Schools and health care organizations serving neighborhoods where median household incomes are very low as well as agencies providing services related to mental health, domestic violence and recent immigration to the United States.

- An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared.

- Identified health needs were then prioritized taking into account community perception regarding the significance of each identified need as well as the ability for Norton to impact overall health based on alignment with Norton's mission and services provided. The ranking methodology is further described in *Appendix C*. Norton Healthcare Leadership and the Community Benefit Committee of the Board of Trustees participated in identifying and prioritizing significant health needs.

Social Determinants of Health Framework

Social determinants of health are defined as the personal, social, economic and environmental factors that influence an individual's health status. The framework below 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. Specifically, Norton's CHNA defines health in the broadest sense and recognizes that numerous factors at multiple levels 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 and employment opportunities), to the physical environment (*e.g.*, housing and air quality).
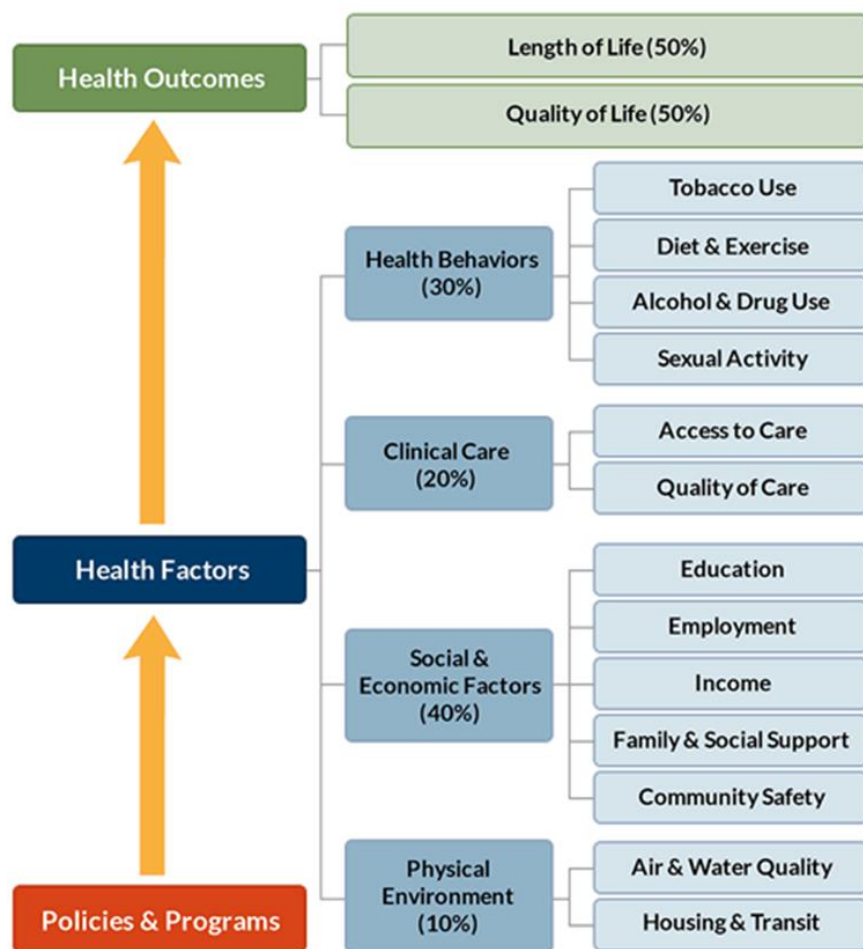
County Health Rankings model © 2014 UWPHI

Limitations and Information Gaps

As with all data collection efforts, there are several limitations related to the assessment's research methods that should be acknowledged. Years of the most current data available differ by data source. In some instances, 2015 may be the most current year available for data, while 2012 may be the most current year for other sources. Likewise, survey data based on self-reports, such as the Behavioral Risk Factor Surveillance Survey (BRFSS), should be interpreted with particular caution. In some instances, respondents may over or under report behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked.

In addition, 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. Despite these limitations, most of the self-report surveys analyzed in this CHNA benefit from large sample sizes and repeated administrations, enabling comparison over time. Similarly, while the qualitative data collected for this study provide valuable insights, results are not statistically representative of a larger population due to nonrandom recruiting techniques and a small sample size. Data were 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.

General Description of Norton Healthcare

Norton Healthcare is the parent company of an integrated health care delivery system providing a full range of medical services through its hospitals, outpatient facilities, Norton Immediate Care Centers and more than 200 physician practice locations. With a network of five hospitals in Louisville, Norton Healthcare is one of the largest health care systems in the region and is the third largest employer with approximately 13,000 employees and a medical staff in excess of 2,000.

Norton Hospitals, Inc. (a wholly owned subsidiary of Norton Healthcare) owns and operates five hospitals located in Louisville and Jefferson County, Kentucky, with 1,837 licensed beds and 1,434 staffed beds (as of December 31, 2015). Norton Children's Hospital and Norton Hospital operate independently, pursuant to one combined hospital license. This CHNA is prepared from an integrated health care system perspective and each of the four licensed hospital facilities below are collaborating on this CHNA to identify community needs and to allocate resources most effectively.

- Norton Hospital/Norton Children's Hospital – 905 licensed beds and 649 staffed beds

- Norton Audubon Hospital – 432 licensed beds and 302 staffed beds

- Norton Women's and Children's Hospital – 373 licensed beds and 359 staffed beds

- Norton Brownsboro Hospital – 127 licensed beds and 124 staffed beds

For more than a century, the residents of Kentucky and Southern Indiana have trusted the Norton name for dedicated and compassionate care. Norton is nationally recognized for its quality transparency and shows its patient satisfaction scores and performance on almost 600 nationally recognized quality indicators and practices. In 2015, Norton Healthcare had 2.6 million visits, 67,500 admissions and 44.3% market share based on Kentucky and Indiana state data.

Norton's Community Benefit

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

➢ **Norton Prevention and Wellness –** Norton Prevention and Wellness provides cancer screenings, wellness exams and outreach programs to the community. Norton also provides educational classes on a broad array of health and wellness topics. Activities from 2015 include:
  - Cancer screenings and wellness exam events increased from 232 in 2014 to 294 in 2015
  - Outreach programs were developed within the Hispanic and African American community to promote screening and early diagnosis.
  - Over 6,500 persons participated in educational classes for Prevention and Wellness in 2015.

The Norton Prevention and Wellness Mobile Prevention Center (MPC) provides community residents with convenient access to preventive health screenings and education. The MPC travels throughout Metro Louisville and surrounding counties in Kentucky, and to Southern Indiana offering on-the-road testing, evaluation and cancer screening and education. The MPC is staffed with highly trained certified Mammography Technicians, nurse practitioners and support staff, and offers breast, cervical, prostate and colorectal cancer screening, digital mammograms and individual comprehensive cancer risk assessments.

➢ **Community Cancer Initiatives -** Since 2013, an increased focus has been on increasing the number of cancer screenings. We have continued to expand our breast screening/mammography program with more than 60,000 screenings in the last three years. During 2015, 25% of all mammogram screenings were performed in West Louisville high risk zip codes. In addition, the two screening programs below were initiated since 2013.

  - Lung CT screening program initiated in 2013 – performed 39, 76 and 107 screenings in 2013, 2014 and 2015, respectively.

  - A new colon cancer screening program was initiated in collaboration with Norton Medical Group Primary Care Practices – screening volumes were 5,646 in 2013, 7,277 in 2014 and 8,673 in 2015

The Norton Cancer Institute Mobile Prevention Center provides community residents with convenient access to Norton Cancer Institute's preventive health screenings and education. The first of its kind in the region, the Mobile Prevention Center travels throughout Metro Louisville offering on-the-road testing, evaluation and cancer prevention education. The Mobile Prevention Center is staffed with highly trained, certified mammography technicians, nurse practitioners and medical assistants or physicians, and offers breast, cervical, prostate and colorectal cancer screenings, digital mammograms, individual comprehensive cancer risk assessments and risk.

➢ **Kentucky Poison Control Center** – The Kentucky Regional Poison Control Center is staffed by nurses, pharmacists and physicians specially trained in clinical toxicology. Our physicians are board certified in medical toxicology and our nurses are nationally certified specialists in poison information. We are always open – 24 hours a day, 365 days a year. Calls to the poison control center are free and confidential.

➢ **Child Guidance and Advocacy Programs –** Norton's Office of Child Advocacy takes pride in being the voice for all children. Through prevention, intervention and education, Norton seeks to have a positive impact on child safety, influence policies that affect children and their families, and provide health education to enhance our communities, families and the lives of all children. A variety of programs are offered focusing on safety and promoting health.

➢ **Community Partnerships –** Norton participates in many community collaborations including the YMCA (diabetes prevention), county schools (tobacco free living, promotion of healthy nutrition) and Louisville Urban League (Get Fit Louisville project). As a partner in the Kentucky Perinatal Infant Health Network, Norton collaborates with local agencies as well as the Kentucky Cabinet of Health and Human Services to reduce health disparities and improve outcomes for Kentucky infants. Partnerships are also in place with several federally qualified health centers (Family Health Centers and Park Duvalle) and Louisville Metro Department of Public Health, and other health clinics in underserved sectors of Jefferson County to promote health and wellness. Since 2013, Norton has added the following partnerships and collaborative programs.

- During 2016, Norton expanded partnerships with federally qualified health centers through partnering with Shawnee Christian Healthcare Center. Norton has also established satellite OB providers in Park DuValle and Shawnee Christian Clinics.

- Norton played an active and supportive role in the Bounce Coalition, which is a collaboration with more than 20 local agencies to develop and implement a trauma resiliency program for elementary school children in impoverished communities, with supporting services from Jefferson County Public Schools and Seven Counties.

➢ **Church and Health Ministries –** Norton's church and health ministries works to nurture relationships with faith communities and advance congregational health ministries, faith community nursing and other health-related programs. During 2015 over 50,000 persons were served through screenings, health fairs, speakers and distribution of educational materials.

Communities Served by Norton Healthcare

Norton's primary service area (PSA) includes 16 counties in Kentucky and southern Indiana, as illustrated below, with a combined population of approximately 1.4 million. Norton's patients collectively come from a large geographic area which includes the entire state 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 services areas.
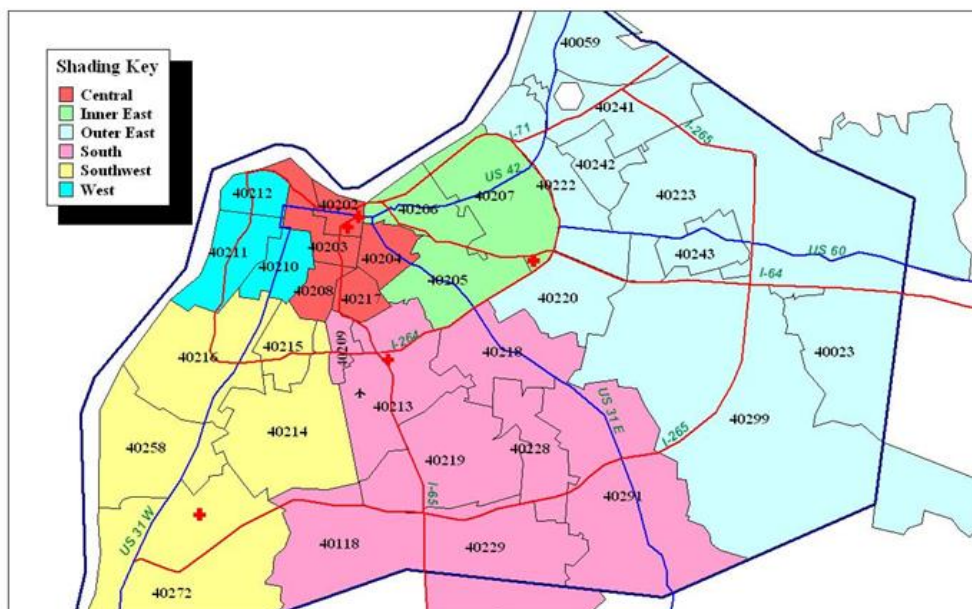
Table 1
Norton Healthcare
Patient Origin - Inpatient Discharges and Outpatient Cases 1/1/2015 to 12/31/2015

Facility	Total	Jefferson County, KY	% Jefferson County, KY
Norton Hospital	115,693	79,226	68.5%
Norton Audubon Hospital	143,441	107,715	75.1%
Norton Brownsboro Hospital	87,463	55,533	63.5%
Norton Women's & Children's Hospital	131,128	101,578	77.5%
Norton Children's Hospital	106,132	66,365	62.5%
Total	583,857	410,417	70.3%

Source: Norton Healthcare

Jefferson County, Kentucky comprises approximately 67% of the inpatient discharges population. However, on a combined basis of inpatient discharges and outpatient cases, Jefferson County residents account for over 70% of Norton's patients. Therefore, for purpose of this CHNA, the Norton community is defined as Jefferson County, Kentucky as the hospital primarily serves residents of this geographic region.

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

Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data. *Table 2* below shows the total population of the community. The Outer East, South and Southwest segments of Jefferson County are expected to grow 4.5%, 3.7%, and 2.1%, respectively, by 2021 while the other segments are projecting growth less than 1%. Children and adolescents are expected to remain stable over the next five years, while the 65+ population segment is expected to grow at the greatest rate. Overall, the segmented population for Jefferson County is expected to increase 22,028 with the most impacted segments being the Outer East and the South.

Table 2
Norton Healthcare
Jefferson County Population

	2016 Population							Male	Female
Sector	0-17	18-34	35-54	55-64	65+	Total		Male	Female
Central	12,884	19,894	17,038	8,371	8,026	66,213		34,106	32,107
Inner East	13,224	16,621	18,489	10,732	13,730	72,796		34,764	38,032
Outer East	50,783	44,938	60,035	31,778	38,364	225,898		108,343	117,555
South	46,216	43,481	52,284	23,909	27,021	192,911		93,648	99,263
Southwest	42,023	39,819	45,811	23,366	25,127	176,146		85,027	91,119
West	14,601	12,828	12,853	7,291	7,248	54,821		25,328	29,493
	179,731	177,581	206,510	105,447	119,516	788,785		381,216	407,569
	22.8%	22.5%	26.2%	13.4%	15.2%				

	2021 Population							Male	Female
Sector	0-17	18-34	35-54	55-64	65+	Total		Male	Female
Central	13,134	17,568	18,287	8,035	9,813	66,837		34,571	32,266
Inner East	13,565	14,933	18,950	9,962	15,726	73,136		35,046	38,090
Outer East	51,935	46,943	58,451	32,908	45,845	236,082		113,358	122,724
South	47,524	41,681	53,688	24,942	32,215	200,050		97,250	102,800
Southwest	42,593	38,217	46,003	23,468	29,515	179,796		86,964	92,832
West	14,438	13,036	12,132	6,900	8,406	54,912		25,518	29,394
	183,189	172,378	207,511	106,215	141,520	810,813		392,707	418,106
	22.6%	21.3%	25.6%	13.1%	17.5%				

|	Change							Male	Female
Sector	0-17	18-34	35-54	55-64	65+	Total		Male	Female
Central	250	(2,326)	1,249	(336)	1,787	624		465	159
Inner East	341	(1,688)	461	(770)	1,996	340		282	58
Outer East	1,152	2,005	(1,584)	1,130	7,481	10,184		5,015	5,169
South	1,308	(1,800)	1,404	1,033	5,194	7,139		3,602	3,537
Southwest	570	(1,602)	192	102	4,388	3,650		1,937	1,713
West	(163)	208	(721)	(391)	1,158	91		190	(99)
	3,458	(5,203)	1,001	768	22,004	22,028		11,491	10,537
	1.9%	-2.9%	0.5%	0.7%	18.4%	2.8%			

Source: Truven Health Analytics

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

Table 3
Norton Healthcare
Jefferson County - Population by Ethnicity & Race

Sector	2016 Population	White Non-Hispanic		Black Non-Hispanic		Asian Non-Hispanic		Hispanic		All Others	
		Population	% Across	Population	% Across	Population	% Across	Population	% Across	Population	% Across
Central	66,213	39,508	59.7%	21,896	33.1%	1,158	1.8%	1,635	2.5%	2,016	3.0%
Inner East	72,796	64,577	88.7%	3,426	4.7%	1,409	1.9%	1,982	2.7%	1,402	1.9%
Outer East	225,898	181,005	80.1%	20,969	9.3%	9,763	4.3%	9,205	4.1%	4,956	2.2%
South	192,911	133,301	69.1%	35,114	18.2%	3,222	1.7%	15,887	8.2%	5,387	2.8%
Southwest	176,146	119,836	68.0%	37,236	21.1%	4,124	2.3%	9,899	5.6%	5,051	2.9%
West	54,821	8,731	15.9%	43,744	79.8%	76	0.1%	652	1.2%	1,618	3.0%
	788,785	546,958	69.3%	162,385	20.6%	19,752	2.5%	39,260	5.0%	20,430	2.6%

Source: Truven Health Analytics

Jefferson County-Population by Ethnicity and Race
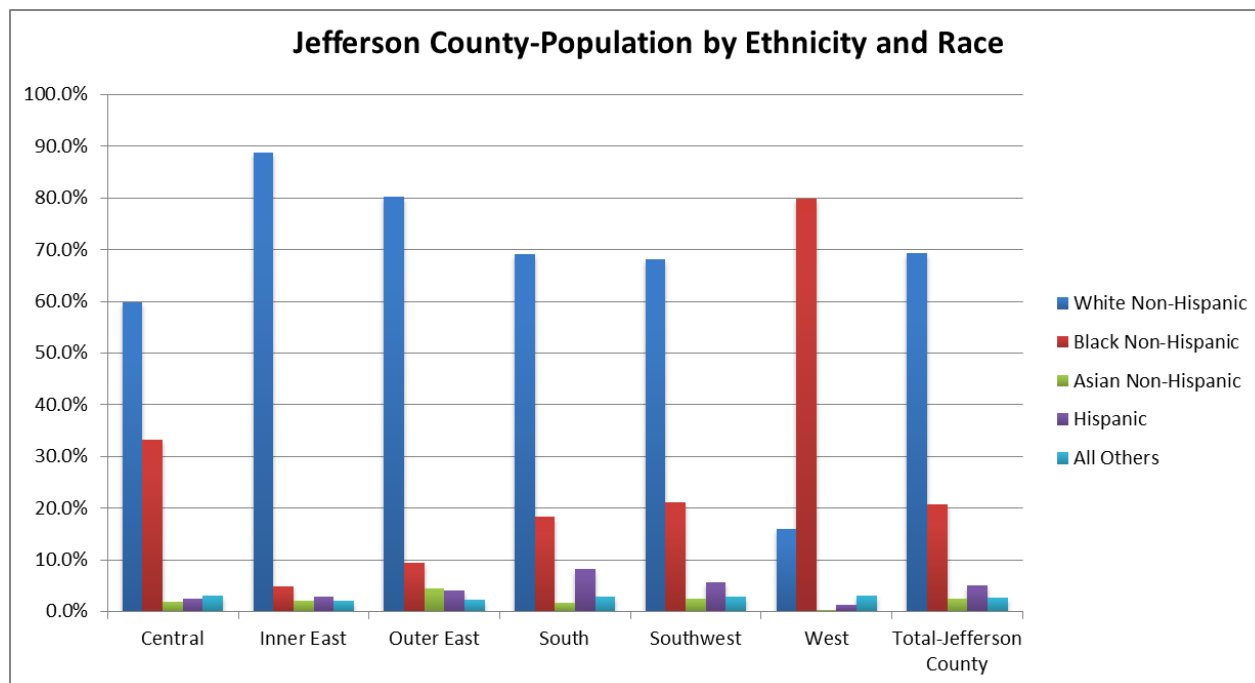
Socioeconomic Characteristics of the Community

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 the community to the state of Kentucky and the United States. Health access indicators by zip code were also reviewed.

Household Income and Poverty

Table 4 presents household income statistics for the CHNA community. Per capita income for the CHNA community exceeds Kentucky rates. However, there are large disparities in income among the segments of Jefferson County. The Central and West sectors of Jefferson County have the lowest household income with approximately one-third of these households living in poverty. Average household income for Jefferson County in total is approximately $53,000, with the more affluent sectors being the Inner and Outer East sectors.

Table 4
Norton Healthcare
Jefferson County Population

Sector	2016 Total Households Count	2016 Median Household Income	% Below Poverty	Median Age of Total Population	Median Home Value
Central	31,193	$ 31,582	38.7%	35.5	$ 115,985
Inner East	34,643	65,033	0.0%	41.8	248,083
Outer East	91,921	75,301	0.0%	41.4	241,460
South	77,360	49,531	0.0%	37.5	140,940
Southwest	71,046	42,981	0.0%	37.8	117,178
West	21,873	25,601	27.2%	35.0	68,625
	328,036	$ 53,668		39.0	$ 179,075

Source: Truven Health Analytics

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

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

	Total Population	Population in Poverty	Percent Population in Poverty
Jefferson County, KY	736,068	123,145	16.73%
Central	61,181	21,496	35.14%
Inner East	71,162	7,361	10.34%
Outer East	213,884	15,036	7.03%
South	181,874	28,106	15.45%
Southwest	173,275	31,461	18.16%
West	55,802	21,315	38.20%
Kentucky	4,248,223	803,866	18.92%
United States	306,226,400	47,755,608	15.59%

Data Source: U.S. Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Employment

Retail, health care and professional services make up a significant portion of the 19,628 business establishments in Jefferson County.

According to the December 2013 Business First Major Employer Ranking, the top three companies based on number of local employees were:

1. **United Parcel Service Inc**. employs 20,047 local employees and is a company that specializes in logistics and distribution, financial services, air, ocean rail and road freight chain services, and international trade management

2. **Humana Inc.** employs 11,235 local employees and provides insurance products and health and wellness services

3. **Norton Healthcare, Inc.** employs 9,666 local employees and is a health care provider, including hospitals, diagnostic centers, immediate care centers and physician offices

The unemployment rate was relatively stable until 2009 when the community sustained tremendous unemployment; however, it has since improved. Historically, both Jefferson County and Kentucky have had higher rates of unemployment than the national average. However, in 2014 and 2015 unemployment rates for Jefferson County were favorable state and national rates.

Table 6
Norton Healthcare
Unemployment Rates (Annual Averages)

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Louisville/Jefferson County	5.1%	6.1%	9.9%	9.9%	9.2%	7.8%	7.4%	5.9%	4.6%
Kentucky	5.4%	6.3%	10.6%	10.3%	9.5%	8.0%	8.1%	6.5%	5.4%
United States	4.6%	5.8%	9.3%	9.6%	8.9%	8.1%	7.4%	6.2%	5.3%

Source: U.S. Department of Labor, Bureau of Labor Statistics: Percentage of the civilian labor force that is unemployed (U-3) definition.

Insurance Coverage

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

The Medicaid indicator is relevant because it assesses vulnerable populations, which are more likely to have multiple health access, health status and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. *Table 7* shows over 90,000 persons are uninsured in the CHNA community based on the most recent 5-year estimates produced by the U.S. Census Bureau, 2010-2014 American Community Survey. However, the 2015 uninsured rate for Jefferson County reported at www.enrollamerica.com is estimated to be 9% which indicates the uninsured population has further decreased by over 20,000 persons in Jefferson County; primarily the result of the Affordable Care Act.

Table 7
Norton Healthcare
Jefferson County- Insurance Coverage

	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Jefferson County, KY	742,865	90,425	12.17%	126,694	19.42%
Kentucky	4,296,790	566,083	13.17%	835,385	22.39%
United States	309,082,272	43,878,140	14.20%	55,035,660	20.75%

Data Source: U.S. Census Bureau, American Community Survey. 2009-14. Source geography: Tract

Educational Attainment

Linkages exist between education, economy and quality of life. The table below represents the level of education for each segment in the CHNA community. Education often plays a key role in career success and economic self-sufficiency. Yet nearly 40% of the adults in the CHNA community do not have a college education or, from a professional perspective, only 29% successfully attained post-secondary degrees at a bachelor level or higher. Clearly, this impacts the household income levels of the community and the insured population and levels of coverage. Almost 12% of Jefferson County residents do not have a high school degree and of the remaining 88% of the population, are evenly distributed amongst high school graduates, some college education and a post-secondary degree. Further, eastern sectors capture the more highly educated populations with the South, Southwest and West sectors dominated by a high school education or less. More than 12.9% have less than a high school degree which correlates to 25% of the households in the PSA have an average household income less than $25,000.

Table 8
Norton Healthcare
Jefferson County - 2016 Adult Education Level

	For Population Age 25+					
	Inner East	Outer East	South	Southwest	West	Central
Less than High School	1.4%	1.7%	4.1%	5.1%	4.7%	4.7%
Some High School	2.6%	3.0%	8.5%	11.4%	17.7%	11.5%
High School Degree	13.6%	17.9%	32.2%	38.4%	34.3%	26.2%
Some College/Assoc. Degree	24.9%	28.5%	32.4%	32.4%	34.4%	28.7%
Bachelor's Degree or Greater	57.5%	49.0%	22.8%	12.7%	9.0%	28.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Truven Market Expert

Community Need Index for Jefferson County Zip Codes

Dignity Health and Truven Health jointly developed a Community Need Index (CNI) in 2014 to assist in the process of gathering vital socio-economic factors in the community. The CNI is strongly linked to variations in community health care needs and is a strong indicator of a community's demand for various health care services. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). Based on a wide array of demographic and economic statistics, the CNI provides a score for every populated zip code in the United States on a scale of 1.0 to 5.0. A score of 1.0 indicates a zip code with the least need, while a score of 5.0 represents a zip code with the most need.

Table 9 summarizes the CNI for zip codes within Jefferson County, Kentucky. Within Jefferson County, CNI scores indicate needs are greatest in 11 zip codes (40203, 40210, 40212, 40211, 40215, 40202, 40208, 40209, 40292, 40216 and 40219).

Table 9
Norton Healthcare
Community Need Index by Zip Code

	Zip Code	CNI Score	Population	City	County	State
	40203	4.8	20,611	Louisville	Jefferson	Kentucky
	40210	4.8	15,018	Louisville	Jefferson	Kentucky
	40212	4.8	17,332	Louisville	Jefferson	Kentucky
	40211	4.6	22,724	Louisville	Jefferson	Kentucky
	40215	4.6	21,532	Louisville	Jefferson	Kentucky
	40202	4.4	5,736	Louisville	Jefferson	Kentucky
	40208	4.4	12,771	Louisville	Jefferson	Kentucky
	40209	4.4	441	Louisville	Jefferson	Kentucky
	40292	4.2	516	Louisville	Jefferson	Kentucky
	40216	4	42,177	Louisville	Jefferson	Kentucky
	40219	4	37,821	Louisville	Jefferson	Kentucky
	40213	3.8	17,066	Louisville	Jefferson	Kentucky
	40214	3.8	48,102	Louisville	Jefferson	Kentucky
	40218	3.8	31,344	Louisville	Jefferson	Kentucky
	40118	3.4	10,048	Fairdale	Jefferson	Kentucky
	40217	3.2	12,648	Louisville	Jefferson	Kentucky
	40041	3	296	Masonic Home	Jefferson	Kentucky
	40272	3	37,270	Louisville	Jefferson	Kentucky
	40204	2.8	14,243	Louisville	Jefferson	Kentucky
	40206	2.8	19,399	Louisville	Jefferson	Kentucky
	40258	2.8	27,271	Louisville	Jefferson	Kentucky
	40220	2.6	33,211	Louisville	Jefferson	Kentucky
	40229	2.6	38,261	Louisville	Jefferson	Kentucky
	40222	2.4	21,545	Louisville	Jefferson	Kentucky
	40241	2.4	30,581	Louisville	Jefferson	Kentucky
	40207	2.2	29,903	Louisville	Jefferson	Kentucky
	40223	2.2	23,499	Louisville	Jefferson	Kentucky
	40228	2.2	18,605	Louisville	Jefferson	Kentucky
	40291	2.2	38,690	Louisville	Jefferson	Kentucky
	40205	2	23,281	Louisville	Jefferson	Kentucky
	40242	2	10,554	Louisville	Jefferson	Kentucky
	40243	2	10,886	Louisville	Jefferson	Kentucky
	40299	1.8	40,709	Louisville	Jefferson	Kentucky
	40059	1.6	18,266	Prospect	Jefferson	Kentucky
	40245	1.6	33,935	Louisville	Jefferson	Kentucky
	40025	1.4	146	Glenview	Jefferson	Kentucky

Source: Truven Health Analytics & Dignity Health

Health Status of the Community

Community Health Status Indicators

The Community Health Status Indicators (CHSI) Project of the U.S. Department of Health and Human Services compares many health status and access indicators to both the median rates in the United States and to rates in "peer counties" across the United States. Counties are considered "peers" if they share common characteristics such as population size, poverty rate, average age, and population density.

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

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

	Most Favorable Quartile	Middle Two Quartiles	Least Favorable Quartile
Mortality		• Coronary heart disease deaths • Motor vehicle deaths • Stroke deaths • Unintentional injury (including motor vehicle)	• Alzheimer's disease deaths • Cancer deaths • Chronic kidney disease deaths • Chronic lower respiratory disease deaths • Diabetes deaths • Female life expectancy • Male life expectancy
Morbidity		• Adult Diabetes • Alzheimer's diseases/dementia • HIV • Older adult asthma • Older adult depression • Syphilis	• Adult obesity • Adult overall health status • Cancer • Gonorrhea • Preterm births
Health Care Access and Quality		• Cost barrier to care • Primary care provider access • Uninsured	• Older adult preventable hospitalizations
Health Behaviors		• Adult binge drinking • Adult female routine pap test • Adult physical inactivity	• Adult smoking • Teen births
Social Factors	• High housing costs	• Inadequate social support • No high school diploma • Poverty • Violent crime	• Children in single-parent households • Unemployment
Physical Environment	• Housing stress	• Access to parks • Air pollution • Limited access to healthy food	• Living near highways

Source: Centers for Disease Control and Prevention

Healthy Louisville 2020 Tracker

In October 2014, Mayor Greg Fischer and former Public Health Director, Dr. LaQuandra Nesbitt, unveiled HealthyLouisvilleMetro.org, an on-line tool to track community goals for improving Louisville's health. The city published *Healthy Louisville 2020* in February 2014, a comprehensive strategic plan to significantly improve the city's health. The 59-page document contains data on key health indicators such as local rates of cancer mortality, chronic disease, tobacco use, low birth weight babies and obesity. It lays out specific goals to improve health in Louisville by the year 2020. The report is available at: https://louisvilleky.gov/sites/default/files/health_and_wellness/hl2020_report_final_web_091714.pdf.

HealthyLouisvilleMetro.org tracks progress toward achieving those goals. The website brings data, local resources and a wealth of other information to one, accessible, user-friendly location. It also posts best practices, news articles and information about community events. It gives Louisville residents and policy-makers up-to-date information to track progress toward building a healthier Louisville by tracking indicators in 12 focus areas. A summary of the Healthy Louisville 2020 Tracker indicators is included in *Appendix A*. The indicators reported in the table below are indicators which are ***not*** meeting the established target. In instances where the current measurement reported is less favorable from the previous measurement, the current measurement has been recorded in red.

Table 11
Norton Healthcare
Healthy Louisville Tracker-Summary of Indicators Which Are *Not* Meeting Established Targets

Focus Area	Indicator	Measurement	Current	Target
Access to Care	Residents Who Have a Primary Care Provider	Percent	91.7	99
	Residents Without Insurance	Percent	8.3	0
Cancer Prevention and Screening	Age-Adjusted Death Rate due to Breast Cancer	Deaths/100,000 females	27.5	20.3
	Age-Adjusted Death Rate due to Cancer	Deaths/100,000 population	192.5	171.7
	Age-Adjusted Death Rate due to Prostate Cancer	Deaths/100,000 population	20.3	17.5
	Mammogram History	Percent	75.7	87.5
Chronic Disease Prevention and Screening	Adults with Hypertension	Percent	35.3	35.1
	Age-Adjusted Death Rate due to Cerebrovascular Disease	Deaths/100,000 population	37.2	35.4
Healthy Mothers and Healthy Babies	Babies with Low Birth Weight	Percent	**9.3**	8.5
	Children Attending Daycare Immunizations	Percentage	**94.7**	100
	Mothers who Received Early Prenatal Care	Percent	**73.0**	88
	Preterm Births	Percent	10.6	7.8
	Racial Disparity in Infant Mortality Rate	Per 100,000 live births	**9.7**	5.7

Healthy Neighborhoods and Health Homes	Childhood Lead Poisoning	Number of children	87	70
HIV Prevention and Screening	HIV People Who Know Their Status	Percent	**70.1**	90
Injury and Violence Prevention	Fatal Injuries	Per 100,000 Population	**50.3**	46.2
	Homicide Rates	Per 100,000 Population	**8.4**	6.3
	JCPS Schools with a Serious Violent Incidence	Percent	60.2	60
	Non-fatal Gun-shot Rate	Per 100,000 Population	**28.6**	21.1
Mental and Behavioral Health	Age-Adjusted Death Rate due to Suicide	Deaths/100,000 population	15.3	12.6
	Depression Hospitalization for Preteens/Teens	Per 100,000 Population	**255.7**	210
	Depression for Suicide Attempts in Preteens/Teens	Per 100,000 Population	**124.7**	75.2
Obesity Prevention	Adult Fruit and Vegetable Consumption	Percent	**26**	28.6
	Adults who are Obese	Percent	29.2	26.4
	Adults who Participate in Physical Activity	Percent	**50.8**	57.4
	Kindergartners Who are Obese	Percent	**18.2**	16.1
Oral Health	Adults Who Used Oral Health Care System	Percent	**64.9**	76
	Children Enrolled in Medicaid Dental Services	Percent	**40**	100
Social Determinants of Health	Adults at or Below Poverty Level	Percent	15.9	15.5
	Food Deserts in Louisville Metro	Percent	8.3	7.5
	Homeless People	People	10,187	8,150
	SNAP Eligible but Not Enrolled	Percent	**9.1**	7.7
Substance Abuse	Adults who Binge Drink	Percent	**17.4**	14.1
	Death Rate Caused by Overdose	Deaths/100,000 population	**23.8**	14.4
	Students Engaging in Binge Drinking	Percent	11	10

Source: HealthyLouisvilleMetro.org (Reported as of 3/14/16)

Leading Causes of Death

Table 11 below shows leading causes of death within Jefferson County as compared to Kentucky and the United States. The age-adjusted rate is shown per 100,000 residents. As the table indicates, none of the leading causes of death are greater than the Kentucky rates, however all leading causes of death are greater than the United States rates. According to America's Health Rankings 2015, a study released by the United Health Foundation, Kentucky ranks 50th in the nation for cancer deaths and 43rd in the nation for cardiovascular deaths.

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

	Jefferson County	Kentucky	United States
Cancer	191.7	202.9	168.9
Heart disease	177.4	209.1	175.0
Lung disease	52.0	63.1	42.2
Stroke	38.0	44.2	37.9
Unintentional injury	45.0	58.6	38.6
Motor vehicle	10.9	16.9	10.8
Suicide	14.4	14.9	12.3

Source: Centers for Disease Control and Prevention -National Vital Statistics System 2009-2013

Additional Findings Related to Behavioral Conditions

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

2015

Smoking	49
Obesity	39
Physical Inactivity	45
Poor Mental Health Days	47
Poor Physical Health Days	49
Drug Deaths	48
Diabetes	45

Smoking: The percentage of smokers in Kentucky (26%) is historically one of the highest in the nation and Jefferson County's current percentage of smokers is only slightly better (25%). Tobacco use brings premature death to almost half a million Americans each year, about one in five deaths, and it contributes to profound disability and pain in many others.

Obesity: Kentucky's adult obesity rate is currently at 31.6%, up from 21.7% in 2000 and from 12.7% in 1990. Almost 30% of Jefferson County adults are obese. This rate has decreased significantly over the prior year, according to the Healthy Louisville 2020 Tracker. However, the obesity rate for the Jefferson County compares negatively with peer cities and national averages. There is a strong correlation between obesity and poor health outcomes, with obesity as one of the top underlying causes of death in the U.S. due to its contribution to chronic diseases. Obesity increases the risk of many chronic conditions including heart disease, Type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems and osteoarthritis. Losing weight and maintaining a healthy weight help to prevent and control these diseases.

The rate of obesity has increased among children as well per the *Healthy Louisville 2020 –Creating a Healthier City* report. According to the report, nearly 18% of kindergartners and 24.2% of sixth graders attending Jefferson County Public Schools were reported as obese in 2012, compared to 17.4% of the nation's children age 6-11 years.

Physical Inactivity: Since 2009, the percent of adults physically inactive in Jefferson County has decreased by almost 3%. Although, Jefferson County's rate is favorable to the state of Kentucky, it compares negatively to national rates and ranks 45 out of 50 among the states according to America's Health Rankings.

Percent Adults Physically Inactive by Year, 2004 through 2012
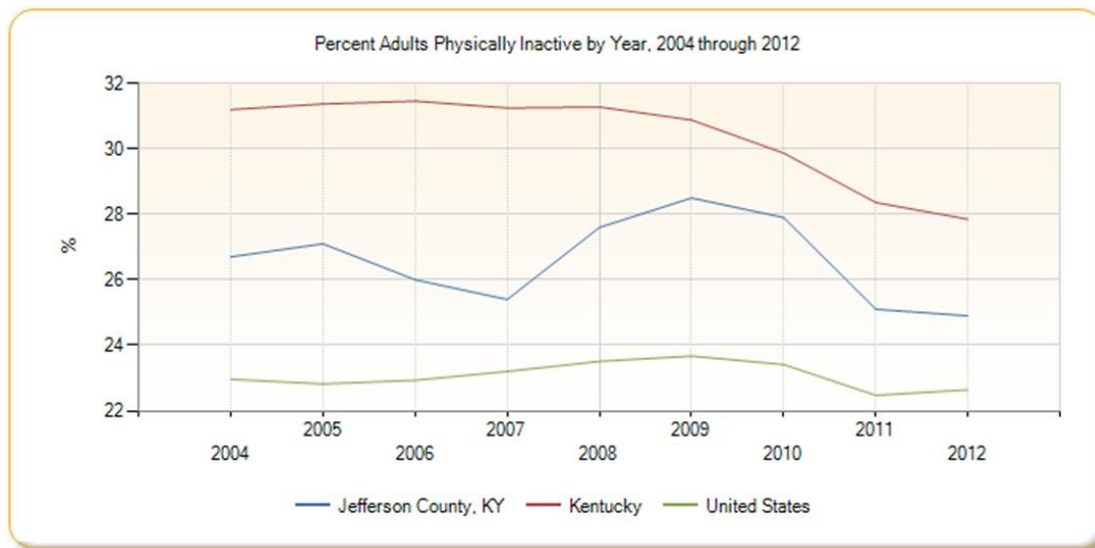
Mental Health: Per America's Health Rankings, Kentucky ranks 47th in "poor mental health days," which means days when people report limiting normal activity due to mental health difficulties. For many, stress is a way of life and long term stress can negatively affect your overall wellness. Short-lived or infrequent episodes of stress pose little risk. However when stressful situations go unresolved, the body is kept in a constant state of activation, which increases the rate of wear and tear to biological systems. Ultimately, fatigue or damage results, and the ability of the body to repair and defend itself can become seriously compromised. As a result, the risk of injury or disease escalates. Furthermore, stress is found to play a role in marital dissatisfaction, social isolation, domestic violence and child abuse.

Substance Abuse: As a result of the increase in prescription drug abuse, deaths from the overdose of pharmaceutical drugs have increased. According to the American's Health Rankings by the United Health Foundation, in the past two years drug deaths in Kentucky increased by 30% from 18.4 to 24.0 deaths per 100,000 populations.

Addicted babies are the tiniest victims of Kentucky's prescription pill epidemic and the use and abuse of illegal drugs; and their numbers are soaring. USA Today published an article in July 8, 2015, titled "Born into suffering": More babies arrive dependent on drugs, admissions for dug-dependent infants has soared from 955 in 2013 to 1,409 in 2014- a startling 50-fold increase since 2000, where were only 28. The skyrocketing numbers reflect the enormity of Kentucky's prescription drug abuse problem, which is among the nation's worst.

Excessive alcohol use: The rate of adults who drink excessively or binge drink is currently 17.4%. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

High Blood Pressure: High Blood pressure or hypertension is a common risk factor for both heart disease and stroke and is prevalent in the United States. This condition is preventable through lifestyle changes, such as quitting tobacco use, limiting alcohol use, eating a healthy diet, avoiding sodium or table salt, maintaining a healthy weight, and being physically active. The current percentage of adults with hypertension is 35.3% according to the Healthy Louisville 2020 Tracker.

Poor Nutrition: The percentage of adults with inadequate fruit and vegetable consumption is currently 74%. Unhealthy eating habits may cause significant health issues such as obesity and diabetes. Kentucky's diabetic population has continued to increase from less than 4% in 1996 to more than 12.5% in 2015. According to the State of Obesity, there were 394,029 diabetes cases in 2010 in the State of Kentucky. At the current pace, the number of diabetes cases is projected to grow to 594,058 by 2030. Adults in Jefferson County have diabetes; and within the next five years it is expected to increase 2%.

Health Disparities

Health behaviors 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 (social determinants) and his/her health. According to the Louisville Metro Health Equity Report issued in July of 2014, our surrounding environment shapes our thoughts, behaviors and subsequently our health. The various environments in which we are raised and live can determine our access to healthy foods and activity, quality of education, exposure to crime, safety, transportation challenges and several other factors.

Health starts in our homes, schools, workplaces, neighborhoods, and communities. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place." Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

As referenced above, LMDPHW – Center for Health Equity issued an updated Louisville Metro Health Equity Report in July of 2014. This was a follow-up to its 2012 inaugural report. The report shows a clear correlation between health status and socioeconomic factors, *i.e.* those neighborhoods with lower incomes have higher rates of chronic diseases, substance abuse and death rates. The demographic makeup of the lower-income neighborhoods often result in poorer health outcomes for African Americans and Hispanics.

According to the Louisville Metro Health Equity Report:

- An individual living in poverty is greatly limited in terms of access to affordable healthy food, safe environments, health care, education and many other factors. Adults living in poverty are more than five times as likely to report that they are in poor or fair health.

- A national survey also demonstrated that poverty is a stronger determinant of obesity than access to healthy food alone. Reducing poverty could alleviate many of the associated chronic diseases and burdens experienced by these vulnerable members of our community.

- In Louisville, 24% of children live in poverty. Nearly one in every four children is growing up without enough basic resources, limiting his or her future development and potential. These numbers are approximately five percentage points higher than the national average (20%).

- Even with national and international public health attention, health inequities are increasing.

Primary Data Assessment

Community Input – Community Health Survey

As previously stated, to obtain feedback from the general public, surveys were conducted by the LMDPHW in collaboration with a consortium of area hospitals. Almost 14,000 residents provided input through an online community health survey which was available in both English and Spanish.

Respondent Demographics

The majority of respondents were White/Caucasian (86%), 10% of the respondents identified as Black or African American and the remaining 4% identified with other racial or ethnic identities. Among the respondents, 2% identified as Hispanic or Latino.

Respondents by age group were as follows:

Age Group	Percent of Total Respondents
18-34	18%
35-44	15%
45-64	43%
65+	24%

Females represented 72% of the respondents while males represented 28%.

Given the reported demographics above, care should be taken with interpreting the survey results. The ethnicities, ages and gender of survey respondents do not match Jefferson County's demographics. Specifically, the survey reached more whites, a higher share of older adults and more females compared to demographic information reported earlier in this report.

Findings

The survey included an assessment of community perceptions of major barriers to health care. The overwhelming majority of respondents strongly agreed or agreed that cost/expense (36%), inconvenient office hours (28%) and insurance issues (20 %) are big barriers to health care. Other barriers include transportation and lack of knowing where to go for care.

Barriers to Getting Health Care in Jefferson County

It costs too much
The doctor's office hours aren't convenient
I have trouble understanding insurance
I do not have a way to get there
I don't know where to go
They don't understand my needs
I don't feel like I am treated fairly
I don't understand what the doctor is telling me
I am too embarrassed to go
They do not speak my language or understand me
I am afraid of deportation
My health or religious believs stop me from going to...

0.00%   10.00%   20.00%   30.00%   40.00%

■ Strongly Agree   ■ Agree

Louisville Metro Health 2015 CHNA   **Community Survey**

Interestingly, while the vast majority depend on thir doctor for health information, twenty percent (20%) indicated they rely on the internet for such need.

The survey solicited input from participants regarding health problems of the community. Aging population, alcohol/drugs, obesity and cancers were identified as the biggest health problems in the community.

Biggest Health Problem

Aging population (e.g. Arthritis, hearing/vision loss, etc.)
Alcohol/drugs
Obesity
Cancers
Heart disease and stroke
High blood pressure
Poor diet
Diabetes
Mental health problems
Violent Crimes
Respiratory/lung disease
Motor vehicle crash injuries
Other

0.00%   5.00%   10.00%   15.00%   20.00%   25.00%   30.00%

Louisville Metro Health 2015 CHNA   **Community Survey**
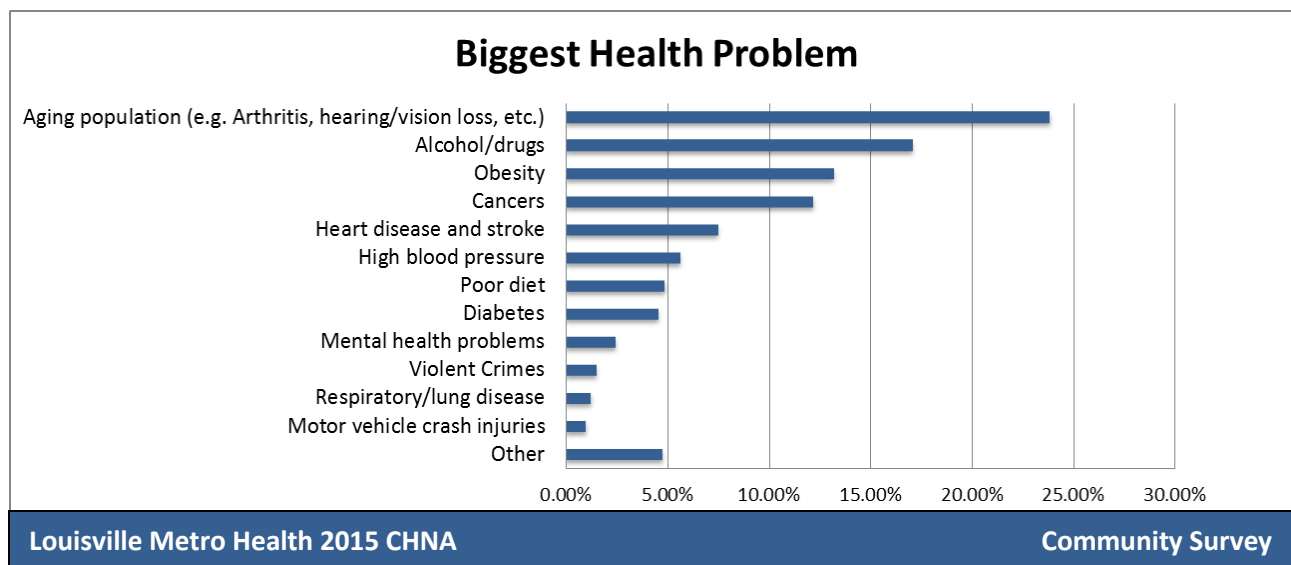
More than half of the survey respondents did not feel health organizations in Louisville were adequately addressing neighborhood health needs. When asked how to best meet their needs, the majority of respondents considered lowering the cost of health care and prescription drugs and providing more health screenings as the best ways to address these health needs. Additionally, while almost a third didn't have an alternative recommendation, some respondents recommended more exercise opportunities and increased access to fresh fruits and vegetables as ways to address health needs in the community.

Best Ways to Address the Health Needs of People in the Community

Lower how much it costs to get my medicine or see a doctor
Give us more health screenings (i.e. cancer screenings, blood sugar screenings)
Provide more places to exercise
Provide more opportunities to get fresh fruits and vegetables
Teach me and my family how to eat better
I want to be able to choose from more doctors when I get sick or need a...
Add more Stop Smoking classes
Help me manage my diabetes
No opinion/ I don't know

0.00%   5.00%   10.00%   15.00%   20.00%   25.00%   30.00%

Louisville Metro Health 2015 CHNA   **Community Survey**

28

Additional survey results:

➢ The majority (93%) said they had seen a primary care provider in the last 12 months and 73 percent said they had been checked by a dentist in the past year

➢ Nearly 99% of the respondents indicated they had health insurance.

➢ Over 86% of the participants indicated they get annual checkups.

➢ When asked where you go most often when you have a health problem, participants indicated the following:

  • My doctor or health care professional (75.29%)

  • Urgent care/immediate care (10.36%)

  • Specialist (2.45%)

  • Chiropractor (2.33%)

  • Health Clinic (1.53%)

Community Input – Health Provider Survey

The second survey administered by LMDPHW was a health provider survey. There were 215 health providers who participated in the survey.

Provider Demographics

Providers surveyed were split evenly between those in clinical vs. non-clinical positions. A variety of types of organizations were represented including nonprofit community-based organizations, educational organizations, private practices, health centers, faith-based and government. Providers surveyed served a diverse patient population with a balanced insurance base. Their opinions and perceptions are summarized below.

Findings

Health providers were asked to identify the top individual issues that affect the residents of the community as well as the top public health or environmental issues facing the community. Results from these questions are summarized on the following two graphs. As can be seen on the graphs, there is a significant amount of similarities between answers to these two questions with obesity ranking the highest need in both cases.

Top Public Health Environmental Issues

Issue	
Obesity	
Tobacco use	
Lack of physical activity	
Mental health problems	
Heart disease and stroke	
Poor eating habits	
Medically underserved populations	
Violent Crimes	
Lung cancer	
Other	

0.0% 2.0% 4.0% 6.0% 8.0% 10.0% 12.0% 14.0% 16.0% 18.0%

Louisville Metro Health 2015 CHNA — **Health Provider Survey**
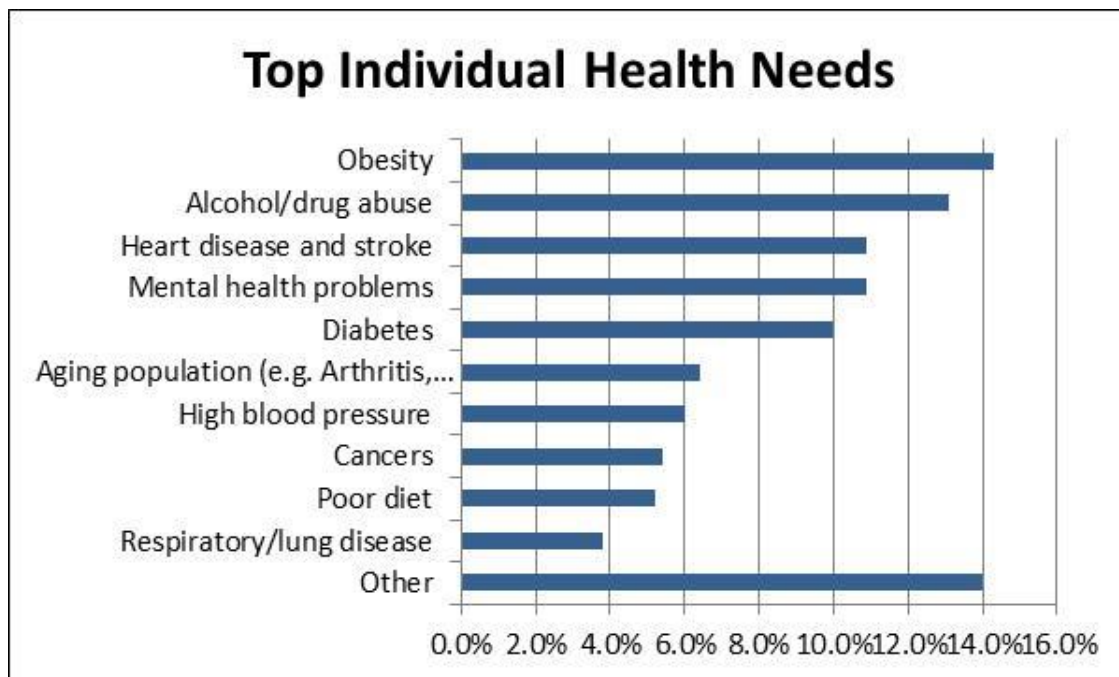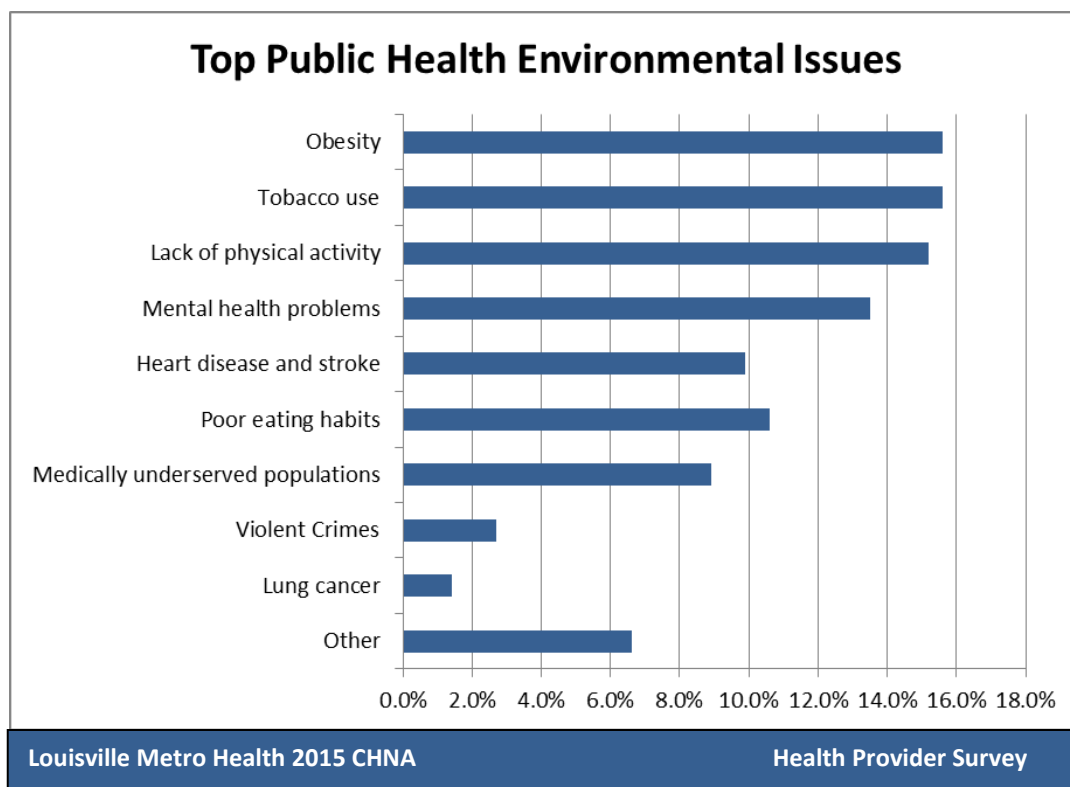
Forty percent of the providers felt Louisville was doing a good or very good job on preventive care, which is a significant improvement from the 2012 survey which reported 14%. However, the results related to mental health services did not improve from the 2012 survey; 54% said Louisville was a doing a poor or very poor job in mental health services.

Sixty-eight percent of the physician/community leader respondents said that Louisville was doing a good or very good job providing immunizations, while 25% said the city was doing a good job providing oral health services. Only 25% said the city was doing a good or very good job of drug and alcohol treatment, while 42% thought was doing a poor or very poor job.

When asked what would be the most helpful in addressing the health needs of Jefferson County, providers indicated the following:

- Increased access to primary care physicians (26.11%)

- Lower cost of health care and prescription drugs (13.89%)

- Offering chronic disease management classes (diabetes, high blood pressure, asthma, etc.) (13.89%)

- Nutrition education (8.33%)

Slightly more than half of the providers surveyed indicated they felt their patients/clients had difficulty accessing needed medical services. Approximately 25% of them felt this was a significant issue for their patients/clients.

The main barriers to access included:

- No transportation

- Inability to pay

- Patient/provider communication barriers

- Inconvenient office hours

- Limited availability of providers/offices (for Medicaid patients)

Community Input – Community Leader Interviews

Interviews were performed with 17 community leaders representing major employers, public health, public schools and universities, social service organizations and hospital board members (see *Appendix D* for a list of organizations as well as the interview guide). To assure that medically underserved were included in this CHNA, interviews were also conducted with agencies related to domestic violence, recent immigration to the United States and other organizations serving persons with low-income.

To ensure consistency in the topics covered a semi-structured interview guide was used. All interviews were conducted by Norton personnel. Feedback was gathered on pressing health care concerns, access challenges and identification of populations with serious unmet health care needs. Insights on provider engagement and approaches to improve our community's health were also solicited. Frequency and intensity of discussions on a specific topic were key indicators used for extracting main themes. The following needs and input were identified and described by the community leaders. The descriptions below are based on qualitative statements provided by key leaders.

Chronic Conditions

Chronic conditions:

- Chronic conditions such as obesity, diabetes, cardiovascular disease, hypertension and cancer are seen as pressing problems in the community.

- The aging population is seen as an emerging health need, along with the associated increase in chronic diseases and age-related illnesses such as Alzheimer's and dementia.

Behavioral Conditions

Behavioral and mental health issues:

- There is an increasing need for behavioral health in the community which includes treatment for substance abuse

- There is a lack of behavioral health services in the community.

- There is an increasing need for social and emotional support because historical support systems are no longer available.

- Drug use (including prescription drug abuse) is seen as one of the most prevalent health issues impacting the community.

- There is a lack of awareness regarding available mental health services.

- Persons with mental health needs are viewed as having serious unmet health needs.

Drug abuse and violence:

- Drug abuse and violence are pressing issues that are impacting the community. Stakeholders noted that poverty, education and lack of employment opportunities are contributing factors.

- Substance abuse is impacting all economic classes

Socioeconomic Conditions

Access to health care:

- There are inadequate hours or locations for basic health services within Jefferson County. Appointments are not available on days and times that make it easier to be seen, such as evenings and weekends.

- There is a shortage of providers in the south and western parts of the county.

- Because of the long wait lists for appointments with certain specialists, patients often put it off, resulting in more severe illnesses when they finally seek treatment.

- People need access close to home. Efforts should be made to communicate locations and available services.

- There is a need for more preventive screenings and efforts should be made to effectively communicate their availability.

- There is a shortage of school nurses.

- Consider expanding school based health care for children and adolescents

- Persons do not seek medical treatment due to fear of high copays and deductibles.

- Certain services such as mental health and dental care are not available to low-income and uninsured families.

Service coordination:

- There is a need for coordinated care among different types of care providers and better need to connect with neighborhoods where people live to help people stay healthy

- There is a lack of access to medical homes. Increasing access to medical homes could improve care coordination.

- Navigators are needed in the community to help manage chronic care.

- Facilitate navigation so people know where to go when they need service or care.

Needs related to social determinants:

- Persons living in poverty and immigrants are seen as having serious unmet health needs.

- Economic growth is needed to fuel jobs in the community.

- There is a lack of affordable, healthy nutrition in the community.

- Refugees and immigrants have a difficult time accessing social services/welfare and it limits their ability to access health services.

- Lack of transportation impacts many individual's ability to get to medical appointments or treatments.

Community Demographics

Health literacy and education:

- Many individuals need assistance to understand what health care services are available and how to access them. The system is confusing and hard to navigate for many people. Insurance benefits are hard to understand as well.

- There is a growing immigrant population in Jefferson County which requires increased efforts health education and communication regarding medical services.

- People are generally uninformed of available free screenings. Health care systems should do more to promote and provide free screenings.

- Health care providers should utilize social media for messaging and appointment reminders.

- The 211 program should be utilized more by health care providers and promoted to underserved populations as a resource.

- Health care organizations should engage community partners such as schools, churches and out of school providers and work with people/organizations who are already communicating with people in communities to promote and educate persons on health-particularly healthy behaviors

- A community/neighborhood ambassador program might be beneficial in communicating and educating the public on health.

- Education regarding health behaviors needs to be focused on children (and by extension their parents) through school and after-school programs.

Community Resources

The availability of health care resources is a critical component to the health of a county's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community's health status. Fewer health care facilities and health care providers not only impact the access to services but also the timely delivery of services.

Hospitals and Health Centers

The primary service area has good access to hospital care with over 3,700 inpatient acute care beds. Review of occupancy rates for each hospital indicates that the need is being met. The State Health Plan regulates health services provided, by a Certificate of Need process, which establishes criterion based on community need. With current capacity any expansion would introduce complexities. The exhibit below summarizes the hospital services available to residents of the community.

Table 13
Summary of Acute Care Hospitals and Health Centers

Facility	Address	County	Bed Size
Norton Children's Hospital	200 E Chestnut St. Louisville, KY 40202	Jefferson	859
Norton Audubon Hospital	1 Audubon Plaza Drive Louisville, KY 40217	Jefferson	432
Norton Women's and Children's Hospital	4001 Dutchmans Ln. Louisville, KY 40207	Jefferson	343
Norton Brownsboro Hospital	4960 Norton Healthcare Blvd. Louisville, KY 40241	Jefferson	127
Baptist Health Louisville	4000 Kresge Way, Louisville, KY 40207	Jefferson	468
Jewish Hospital & St. Mary's Healthcare	200 Abraham Flexner Way, Louisville, KY 40202	Jefferson	517
University of Louisville Hospital	530 S Jackson St., Louisville, KY 40202	Jefferson	384
Saints Mary & Elizabeth Hospital	1850 Bluegrass Avenue, Louisville, KY 40215	Jefferson	298
Kindred Hospital	1313 Saint Anthony Place, Louisville, KY 40204	Jefferson	337

Source: KY Cabinet for Health & Family Services/Norton Healthcare

The primary service area has modest access to psychiatric inpatient care with only 666 beds as seen in the exhibit below. Occupancy rates show a possible strain of providing needed services. And, these services are also regulated by the State Health Plan and the CON process.

Table 14
Summary Psychiatric Facilities

Facility	Address	County	Bed Size
Baptist Health Louisville	4000 Kresge Way, Louisville, KY 40207	Jefferson	22
Our Lady of Peace	2020 Newburg Rd., Louisville, KY 40205	Jefferson	396
Jewish Hospital & St. Mary's Healthcare	200 Abraham Flexner Way, Louisville, KY 40202	Jefferson	20
Norton Children's Hospital	200 E Chestnut St. Louisville, KY 40202	Jefferson	46
The Brook Hospital - Dupont	1405 Browns Lane, Louisville, KY 40207	Jefferson	76
The Brook Hospital - KMI	8521 LaGrange Rd., Louisville, KY 40242	Jefferson	86
University of Louisville Hospital	530 S Jackson St., Louisville, KY 40202	Jefferson	20

Source: KY Cabinet for Health & Family Services/Norton Healthcare

Seven Counties Services, a local social services agency, mission is about helping individuals and families affected by mental illness and developmental abilities, addictions and abuse. The organization serves Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer and Trimble counties in Kentucky. It has developed a strong affiliated network of providers to help meet the mental health needs of our community.

The Kentucky Office of the Inspector General's inventory lists 268 licensed nonhospital health care facilities in Jefferson County. The types of facilities include ambulatory care facilities, adult day care, dialysis centers, rehabilitation agencies and special medical technology locations. A complete listing may be obtained through the Kentucky Cabinet for Health and Family Services at http://chfs.ky.gov/ohp/con/inventory.htm.

Federally Qualified Health Centers

Four areas within Jefferson County have been designated as Medically Underserved Areas by the Health Resources and Services Administration (HRSA). Table 15 lists Federally Qualified Health Centers which have been established to serve underserved areas or populations. The map that follows the table identifies the Medically Underserved Areas in light blue as well as the location of each of the Federally Qualified Health Centers.

Table 15
Summary of Federally Qualified Health Centers

Facility	Address	County
Family Health Center- Americana	4805 Southside Drive, Louisville, KY 40214	Jefferson
Family Health Center- East Broadway	834 E. Broadway, Louisville, KY 40204	Jefferson
Family Health Center- Fairdale	1000 Neighborhood Place, Fairdale, KY 40118	Jefferson
Family Health Center- Iroquois	4100 Taylor Blvd., Louisville, KY 40215	Jefferson
Family Health Center- Phoenix	712 E. Muhammad Ali Blvd., Louisville, KY 40202	Jefferson
Family Health Center- Portland	2215 Portland Avenue, Louisville, KY 40212	Jefferson
Family Health Center- Southwest	9702 Stonestreet Road, Medical Office Building 1, Louisville, KY 40272	Jefferson
Park Duvalle At City View	1015 W. Chestnut Street, Louisville, KY 40203	Jefferson
Park Duvalle At Newburg Park	2237 Hikes Lane, Louisville, KY 40218	Jefferson
Park Duvalle Community Health Center	3015 Wilson Avenue, Louisville, KY 40211	Jefferson
Shawnee Christian Healthcare Center	234 Amy Avenue, Louisvlle, KY 40212	Jefferson

Source: National Provider Database

Health Departments

The LMDPHW health department is located within the Hospital's primary service area of Jefferson County. LMDPHW operates multiple preventive health clinics and educational programs throughout Louisville Metro to community members regardless of their residency status or ability to pay. Clinics operated under the direction of LMDPHW and privately operated Federally Qualified Healthcare Centers are available at https://louisvilleky.gov/government/health-wellness/our-clinics.

Services provided by LMDPHW include: dental care, Women, Infants and Children (WIC), immunizations, family planning, pregnancy tests, head lice check, cancer screens, sexually transmitted infection testing, tuberculosis testing, diagnosis and treatment and well child exams.

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

Other Community Resources

There are various social service agencies throughout Jefferson County available to assist residents with needs that fall outside the healthcare delivery system, yet impact overall health such as food, housing and utilities, childcare and job training services. *Table 16* provides a partial list of agencies available to address certain identified health needs.

Table 16
Community Resources

Agency	Website	Telephone Number
Metro United Way	http://metrounitedway.org	502.583.2821
Louisville Metro Community Action Partnership	https://louisvilleky.gov/government/community-services/about-us	502.574.1157
Catholic Charities	http://cclou.org/	502.636.9263
Salvation Army	http://www.salvationarmyusa.org/	502.671.4900
Volunteers of America	http://www.voa.org/	502.636.0742
YMCA Safe Places	http://ymcasafeplaceservices.org/	502.635.5233
Meals on Wheels	https://louisvilleky.gov/government/community-services/services/get-information-about-meals-wheels-and-senior-nutrition	502.574.6325

Prioritization of Identified Health Needs

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

The following data was assessed to identify health needs for the community:

➢ *Socioeconomic Indicators*

- Household Income and Poverty
- Employment
- Insurance Coverage
- Educational Attainment

➢ *Community Health Status Indicators*

- Leading Causes of Death
- Community Health Status Indicators
- Healthy Louisville 2020 Indicators

➢ *Primary Data*
- Community Health Survey
- Health Provider Survey
- Community Leader Interviews

As a result, the following summary list of needs was identified:

Chronic Conditions	Behavioral Conditions	Socioeconomic Conditions	Community Demographics
• Heart Disease • Cancer • Diabetes • Stroke • Respiratory Illnesses	• Obesity • Excessive Alcohol Use • Poor Nutrition • Smoking/Tobacco Use • Physical Inactivity • High Blood Pressure • Mental Health-Acute Conditions • Mental Health-Behavioral	• Access to Care • Lack of Primary Care Providers/Hours • Uninsured/Limited Insurance • Poverty Levels • Lack of Coordinated Care Across the Continuum • Poor or Lack of Dental Care • Lace of Prenatal Care/ Low Birth Weight • Teen Births • Sexually Transmitted Infections • Crime and Safety	• Senior Health and Incidence of Chronic Care Needs (Identified as "Aging Population" in Community Health Survey and Interviews) • Children's Health • Lack of Health Knowledge/Education • Single Parent Households • Community Support

Using findings obtained through the collection of primary and secondary data, Norton completed a key findings summary for each identified health need (see *Appendix B*).

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

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

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

Significant needs were further reviewed and analyzed regarding 1) how closely the need aligns with Norton's mission and strategic priorities, 2) alignment with state and local health department initiatives and 3) whether or not existing programs exist (within Norton or other community organizations) that are addressing the need.

Based on the information gathered through this Community Health Needs Assessment and the prioritization process described above, the health needs below have been identified as the most significant health needs in the community. Opportunities for health improvement exist in each area. Norton Healthcare Leadership and the Community Benefit Committee of the Board of Trustees will work to identify areas where Norton can most effectively focus its resources to have significant impact and develop an Implementation Strategy for 2017-2019.

Chronic Conditions	Behavioral Conditions	Socioeconomic Conditions	Community Demographics
• Heart Disease • Cancer • Diabetes • Stroke	• Obesity • Smoking / Tobacco use	• Access to Care • Lack of Primary Care Providers/Hours	• Senior Health and Incidence of Chronic Care Needs (Identified as "Aging Population "in Community Health Survey and Interviews) • Children's Health

APPENDICES
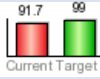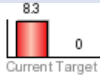
APPENDIX A

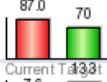**Healthy Louisville 2020 Tracker**
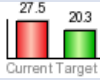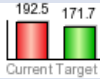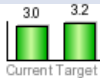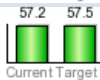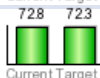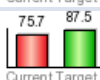
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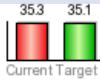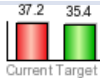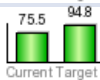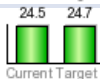
Indicator	Current and Target		Data	Since Prior Period
Access to Health Services				
Residents Who Have a Primary Care Provider	**Current:** 91.7 **Target:** 99 percent		91.7 / 99 Current Target	⬆
Residents Without Insurance	**Current:** 8.3 **Target:** 0 percent		8.3 / 0 Current Target	⬇
Cancer Prevention and Screening				
Age-Adjusted Death Rate due to Breast Cancer	**Current:** 27.5 **Target:** 20.3 deaths/100,000 females		27.5 / 20.3 Current Target	⚌
Age-Adjusted Death Rate due to Cancer	**Current:** 192.5 **Target:** 171.7 deaths/100,000 population		192.5 / 171.7 Current Target	⚌
Age-Adjusted Death Rate due to Cervical Cancer	**Current:** 3 **Target:** 3.2 deaths/100,000 females		3.0 / 3.2 Current Target	⚌
Age-Adjusted Death Rate due to Lung Cancer	**Current:** 57.2 **Target:** 57.5 deaths/100,000 population		57.2 / 57.5 Current Target	⚌
Age-Adjusted Death Rate due to Prostate Cancer	**Current:** 20.3 **Target:** 17.5 deaths/100,000 males		20.3 / 17.5 Current Target	⚌
Colorectal Cancer Screening	**Current:** 72.8 **Target:** 72.3 percent		72.8 / 72.3 Current Target	⬆
Mammogram History	**Current:** 75.7 **Target:** 87.5 percent		75.7 / 87.5 Current Target	
Chronic Disease Prevention and Screening				
Adults With Hypertension	**Current:** 35.3 **Target:** 35.1 percent		35.3 / 35.1 Current Target	⬇
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	**Current:** 37.2 **Target:** 35.4 deaths/100,000 population		37.2 / 35.4 Current Target	⬇
Age-Adjusted Death Rate due to Coronary Heart Disease	**Current:** 75.5 **Target:** 94.8 deaths/100,000 population		75.5 / 94.8 Current Target	⬇
Age-Adjusted Death Rate due to Diabetes	**Current:** 24.5 **Target:** 24.7 deaths/100,000 population		24.5 / 24.7 Current Target	⚌
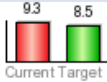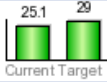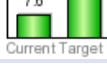
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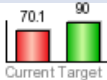
Indicator	Current and Target		Data	Since Prior Period
Healthy Mothers and Healthy Babies				
Babies with Low Birth Weight	**Current:** 9.3 **Target:** 8.5 percent			
Children Attending Daycare Immunizations	**Current:** 94.7 **Target:** 100 percentage			
Infant Mortality Rate	**Current:** 6.7 **Target:** 6.75 deaths/1,000 live births			
Mothers who Received Early Prenatal Care	**Current:** 73 **Target:** 88 percent			
Mothers who Smoked During Pregnancy	**Current:** 12.1 **Target:** 16.1 percent			
Preterm Births	**Current:** 10.6 **Target:** 7.8 percent			
Racial Disparity in Infant Mortality Rate	**Current:** 9.7 **Target:** 5.7 per 1,000 live births			
Teen Birth Rate	**Current:** 29.7 **Target:** 37.2 live births/1,000 females aged 15-19			
Healthy Neighborhoods and Healthy Homes				
Adults who Smoke	**Current:** 25.1 **Target:** 29 percent			
Air Quality	**Current:** 30 **Target:** 34 days			
Childhood Lead Poisoning	**Current:** 87 **Target:** 70			
Smoking Among Adolescents	**Current:** 7.6 **Target:** 13.3 percent			
HIV Prevention and Screening				
HIV People Who Know Their Status	**Current:** 70.1 **Target:** 90 percent			
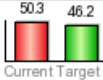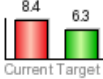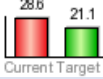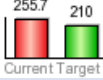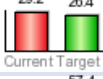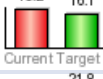
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Tracker for Jefferson County, Kentucky

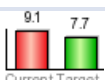| Indicator	Current and Target		Data	Since Prior Period
Injury and Violence Prevention				
Fatal Injuries	**Current:**	50.3	50.3 46.2 Current Target	▲
	Target:	46.2		
	per 100,000 population			
Homicide Rates	**Current:**	8.4	8.4 6.3 Current Target	▲
	Target:	6.3		
	per 100,000 population			
JCPS Schools With a Serious Violent Incidence	**Current:**	60.2	60.2 60 Current Target	▼
	Target:	60		
	percent			
Non-fatal Gun-shot Rate	**Current:**	28.6	28.6 21.1 Current Target	▲
	Target:	21.1		
	per 100,000 population			
Mental and Behavioral Health				
Age-Adjusted Death Rate due to Suicide	**Current:**	15.3	15.3 12.6 Current Target	=
	Target:	12.6		
	deaths/100,000 population			
Depression Hospitalization for Preteens/Teens	**Current:**	255.7	255.7 210 Current Target	▲
	Target:	210		
	per 100,000 population			
Depression Hospitalization for Suicide Attempts in Preteens/Teens	**Current:**	124.7	124.7 75.2 Current Target	▲
	Target:	75.2		
	per 100,000 population			
Obesity Prevention				
Adult Fruit and Vegetable Consumption	**Current:**	26	26.0 28.6 Current Target	▼
	Target:	28.6		
	percent			
Adults who are Obese	**Current:**	29.2	29.2 26.4 Current Target	▼
	Target:	26.4		
	percent			
Adults Who Participate in Physical Activity	**Current:**	50.8	50.8 57.4 Current Target	▼
	Target:	57.4		
	percent			
Kindergartners Who Are Obese	**Current:**	18.2	18.2 16.1 Current Target	▲
	Target:	16.1		
	percent			
Sixth Graders Who Are Obese	**Current:**	18.6	18.6 21.8 Current Target	▼
	Target:	21.8		
	percent			
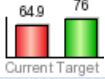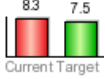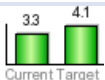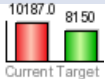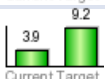
Tracker for Jefferson County, Kentucky

Indicator	Current and Target		Data	Since Prior Period

Oral Health
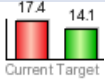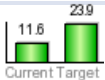
Indicator	Current and Target		Data	Since Prior Period
Adults Who Used Oral Health Care System	**Current:** 64.9 **Target:** 76 percent		64.9 / 76 Current Target	↓
Children Enrolled in Medicaid Receive Dental Services	**Current:** 40 **Target:** 100 percent		40.0 / 100 Current Target	↓

Social Determinants of Health

Indicator	Current and Target		Data	Since Prior Period
Adults at or Below Poverty Level	**Current:** 15.9 **Target:** 15.5 percent		15.9 / 15.5 Current Target	↓
Food Deserts in Louisville Metro	**Current:** 8.3 **Target:** 7.5 percent		8.3 / 7.5 Current Target	
Gap in Life Expectancy	**Current:** 3.3 **Target:** 4.1 years		3.3 / 4.1 Current Target	↓
Homeless People	**Current:** 10187 **Target:** 8150 people		10187.0 / 8150 Current Target	
SNAP Eligible but Not Enrolled	**Current:** 9.1 **Target:** 7.7 percent		9.1 / 7.7 Current Target	↑
Unemployed Workers in Civilian Labor Force	**Current:** 4.3 **Target:** 9.2 percent		3.9 / 9.2 Current Target	↑

Substance Abuse

Indicator	Current and Target		Data	Since Prior Period
Adults who Binge Drink	**Current:** 17.4 **Target:** 14.1 percent		17.4 / 14.1 Current Target	↑
Death Rate Caused by Overdose	**Current:** 23.8 **Target:** 14.4 Rate per 100,000 population		23.8 / 14.4 Current Target	↑
Students Engaging in Binge Drinking	**Current:** 11 **Target:** 10 percent		11.0 / 10 Current Target	
Students Reporting Use of Alcohol or Any Illicit Drug	**Current:** 11.6 **Target:** 23.9 percent		11.6 / 23.9 Current Target	↓

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APPENDIX B

Key Findings by Identified Need

Norton Healthcare
Key Findings Overview

	Data Assessment (Secondary Research)	Community Survey (Primary Research)	Physician/Provider Survey (Primary Research)	Community Leader Interviews (Primary Research)	Health Disparities (2014 Health Equity Report)
Heart Disease	• 2nd leading cause of resident deaths	• 5th Highest Need identified on Community Survey (10%)	• Heart disease and stroke noted as 3rd highest individual health need and 5th highest environmental need	• Noted as health issue in the community	• Higher rates of heart disease in Central and West sectors of Jefferson County • According to 2011 BRFSS, heart disease impacts nearly 8% of the black population compared to 4% of white population
Cancer	• #1 leading cause of resident deaths • Cancer and Cancer deaths rank in the least favorable quartile according the CHSI • Breast, Colon, Lung Cancer Incidence rate higher than national rates and HP2020 goals. • Death rates for Cancer, including Breast and Prostate Cancer, are above target per Healthy Louisville 2020 current measurement	• 4th highest need identified on the Community Survey (11%)	• Noted as one of the highest individual health needs on provider survey	• Noted as health issue in the community	• The highest death rates due to cancer are concentrated around the central downtown area.

Norton Healthcare
Key Findings Overview

	Data Assessment (Secondary Research)	Community Survey (Primary Research)	Physician/Provider Survey (Primary Research)	Community Leader Interviews (Primary Research)	Health Disparities (2014 Health Equity Report)
Diabetes	• Almost 400,000 persons have diabetes in the State of Kentucky per State ofObesity.org • Diabetes deaths rank in the least favorable quartile according to CHSI • 1 in 10 adults in Louisville currently live with diabetes (2014 Health Equity Report)	• Identified as a need on the Community Survey.	• Identified as 5th highest individual health need	• Noted as health issue in the community	• 62% of the population is living in high-risk environments. • According to 2011 BRFSS, 13.4% of black males are diabetic or pre-diabetic compared to 8.1% for white males; 13.1% of black females are diabetic of pre-diabetic compared to 7.0% for white females
Stroke	• 4th highest leading cause of resident deaths			• Noted as health issue in the community	• Premature death due to stroke is higher for blacks than whites
Respiratory Disease	• 3rd highest leading cause of resident deaths • Chronic lower respiratory deaths rank in the least favorable quartile according to CHSI	• Identified as a health problem on the Community Survey 11th highest)			

Norton Healthcare
Key Findings Overview

	Data Assessment (Secondary Research)	Community Survey (Primary Research)	Physician/Provider Survey (Primary Research)	Community Leader Interviews (Primary Research)	Health Disparities (2014 Health Equity Report)
Obesity	• 29% (over 225,000 persons) are obese in the CHNA community • Obesity ranks in the least favorable quartile according to CHSI	• 3rd highest identified need on the Community Survey	• Obesity is top individual need and top environmental need identified.	• Access to nutritional foods	
Substance Abuse/Excessive Alcohol Use	• In the past two years drug deaths have increased by 30% in Kentucky • Kentucky ranks 48th in the nation for drug deaths • The death rate caused by overdose is currently 23.8 per 100,0000 population compared to a target of 14.4 per Healthy Louisville 2020. This represents a 30% increase in the past two years. • The percent of adults in Louisville who binge drink (drink 5 or more drinks on an occasion at least once during the prior 30 days) is currently 17.4% • 11% of students (grades 6-12) engage in binge drinking	• Substance Abuse was 2nd biggest health problem identified in the Community Survey	• Alcohol/Drug Abuse 2nd highest Individual Health Need identified on the Health Provider Survey.	• There is a need for substance abuse treatment in the community. • Drug use is seen as one of the most prevalent health issues impacting the community. • Substance abuse is impacting all economic classes.	• Disparities exist in low-income areas.

Norton Healthcare
Key Findings Overview

	Data Assessment (Secondary Research)	Community Survey (Primary Research)	Physician/Provider Survey (Primary Research)	Community Leader Interviews (Primary Research)	Health Disparities (2014 Health Equity Report)
Poor Nutrition/Limited Access to Healthy Food Options	• Adult Obesity is 29% • Only 26% of adults in Jefferson County eat five or more servings of fruits and vegetables per day •	• Nutrition noted as opportunity to improve health • Obesity is 3rd highest need identified (12%) • Poor diet is also identified as need in the Community Survey.	• Obesity was top individual and environmental health need identified • Poor Eating Habits identified as 6th highest environmental issue and Poor Diet was a top individual health need identified.	• Lack of affordable, nutritious food	• Food insecurity impacts persons with low-income • Healthy nutrition is more difficult to access for persons with low-income
Adult Smoking/Tobacco Use	• Kentucky ranks 49th in the nation for smoking • Smoking ranks in the least favorable quartile according to CHSI • 25.1% of adults currently smoke in Jefferson County		• Tobacco use identified as 2nd highest environmental Issue		
Physical Inactivity	• Only 50% of the adults in Louisville participate in physical activity		• Lack of physical activity was 3rd highest environmental issue identified by providers.		
High Blood Pressure	• 35.3 % of adults have hypertension in Louisville	• Identified as a need on the Community Survey.	• Noted as one of the highest individual health needs on provider survey	• Noted as a pressing problem in the community	• High Blood Pressure is higher for blacks than whites
Mental Health	• Kentucky ranks 47th in poor mental health days according to America's Health Rankings • Depression hospitalization for pre-teens/teens is	• Mental Health identified as a top health problem on the Community Survey.	• Mental Health was 4th highest individual and environmental health need identified (11%)	• There is an increasing need for mental health services • There is a lack of awareness of mental health services	

Norton Healthcare
Key Findings Overview

	Data Assessment (Secondary Research)	Community Survey (Primary Research)	Physician/Provider Survey (Primary Research)	Community Leader Interviews (Primary Research)	Health Disparities (2014 Health Equity Report)
	significantly higher than target per Health Louisville 2020. (255.7 per 100,000 population) • Depressions for suicide attempts is significantly higher than target per Health Louisville 2020. • i			• Persons with mental health issues are viewed as having serious unmet health needs.	
Access to Care	• 8.3% of the population in Jefferson County does not have a Primary Care Provider	• Cost of Care was noted as the biggest barrier to care on the survey • Inconvenient Hours and Locations of doctor's offices was 2nd biggest barrier identified on the community survey • Lower Cost identified as a way to address health needs • More screenings identified as key opportunity	• Transportation, cost, inconvenient office hours and limited availability for Medicaid patients was noted as main barriers to care • Over 50% of the providers felt their patients had difficulty accessing needed medical services	• Shortage of Providers in South and Western parts of the County • Inadequate office locations • Community based healthcare access is recommended. • Expand home health • Affordability of services noted as a social/socio-economic factor to consider. • There are long wait lists for appointments with some specialists. • Certain services such as mental health and dental care are not	• Zip codes with the highest Community Need Index are concentrated in the Central, West and Southwest sectors of Jefferson County.

Norton Healthcare
Key Findings Overview

	Data Assessment (Secondary Research)	Community Survey (Primary Research)	Physician/Provider Survey (Primary Research)	Community Leader Interviews (Primary Research)	Health Disparities (2014 Health Equity Report)
				available to low-income and uninsured families.	
Lack of Primary Physicians (Locations and Hours			• Providers noted access issues being a significant issue for a majority of their patients/clients. Inconvenient office hours and Limited availability of providers (for Medicaid patients) were cited as reasons for access issues.	• There are inadequate hours or locations for basic health services within Jefferson County. • There is a shortage of Providers in South and Western parts of the County	
Uninsured/Limited Insurance	• Over 90,000 persons are uninsured in the CHNA Community per the most recent information available through the American Community Survey. However, current rates have continued to drop and are currently 9% (or approximately 70,000 persons) per www.enrollamerica.com		• Providers noted access issues being a significant issue for a majority of their patients/clients. Inability to pay, Limited availability of providers (for Medicaid patients) and no insurance were cited as reasons for access issues.	• Certain services such as mental health and dental care are not available to low-income and uninsured families	• Central, South and West sectors have higher rates of uninsured population.

Norton Healthcare
Key Findings Overview

	Data Assessment (Secondary Research)	Community Survey (Primary Research)	Physician/Provider Survey (Primary Research)	Community Leader Interviews (Primary Research)	Health Disparities (2014 Health Equity Report)
Poverty Levels	• There is extreme poverty in certain segments of Jefferson County • The Central and West sectors of Jefferson County have poverty rates twice that of the Kentucky and National rates. • There are 10,187 people living with homelessness in Jefferson County. • 9.1% of people in Louisville are eligible for SNAP benefits but not enrolled.			• Economic growth is needed to fuel jobs • Refugees and immigrants have a difficult time accessing social services • Lack of transportation impacts individual's ability to get to medical appointments	• Over 40% of adults (18-64) living in Russell, Phoenix Hill-Smoketown-Shelby Park, California-Parkland, Algonquin-Park-Park Hill and Park Duvalle live in poverty • Nearly one in every four children is growing up without enough basic resources, limiting his or her future development and potential.
Coordinated Care across the Continuum				• Lack of access to medical homes • There is a need for coordinated care amount various types of providers • Navigators are needed in the community to help manage chronic care	

Norton Healthcare
Key Findings Overview

	Data Assessment (Secondary Research)	Community Survey (Primary Research)	Physician/Provider Survey (Primary Research)	Community Leader Interviews (Primary Research)	Health Disparities (2014 Health Equity Report)
Poor Dental Health/Lack of Dentists	• Only 40% of all children enrolled in Medicaid or KCHIP received dental care in 2013 • The percentage of adults who used the oral health care system in the past 12 months is 64.9% compared to a target of 76% per Healthy Louisville 2020.				
Need for Pre-Natal Care/Low Birth-weight	• Percentage of Low Weight Births compares negatively to state and national rates • % of mothers who receive early prenatal care is 73%				
Teen Births	• Teen births rank in the lowest quartile according to CHSI				
Sexually Transmitted Infections	• The percentage of people who are infected with HIV and know their status is 70% compared to a target rate of 90% per Healthy Louisville 2020.				• Age-Adjusted HIV Death Rates are highest in West, Central and Inner East sectors of Jefferson County

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Norton Healthcare
Key Findings Overview

	Data Assessment (Secondary Research)	Community Survey (Primary Research)	Physician/Provider Survey (Primary Research)	Community Leader Interviews (Primary Research)	Health Disparities (2014 Health Equity Report)
Crime and Safety	• Homicide rates are above target per Health Louisville 2020. • Non-fatal gun-shot rate is 28.6 compared to a target of 21.1per 100,000 population per Healthy Louisville 2020.	• Violent Crime is 10th biggest problem identified on the Community Survey.	• Violent crime is 8th highest environmental need identified	• Promote safe and healthy neighborhoods • Violence is seen as a pressing issue impacting the community.	• Homicide rates are highest in low-income neighborhoods
Senior Health and Incidence of Chronic Care Needs	• Jefferson County's 65+ population is projected to increase 18.4% by 2021	• Identified as the biggest health problem on the Community Survey	• Identified as 6th highest individual need	• Aging population noted as a social/socio-economic factor to consider	•
Children's Health	• Childhood obesity rates in Kentucky are some of the highest in the nation. • The percent of mother receiving prenatal care is 73% compared to the target of 88% per Healthy Louisville 2020. • The number of children in case management with blood levels >14 ug/dl is above target per Healthy Louisville 2020.			• Shortage of school nurses • There is a need to reach children (and by extension their parents) through school, after-school and church outreach. • Expansion of school-based health care for children and adolescents should be considered.	• Healthy Louisville 2020 indicates a racial disparity in the Infant Mortality Rate

Norton Healthcare
Key Findings Overview

	Data Assessment (Secondary Research)	Community Survey (Primary Research)	Physician/Provider Survey (Primary Research)	Community Leader Interviews (Primary Research)	Health Disparities (2014 Health Equity Report)
	• Depression hospitalization for pre-teens/teens is significantly higher than target per Health Louisville 2020. (255.7 per 100,000 population) • Depressions for suicide attempts is significantly higher than target per Health Louisville 2020. • 18.2% of kindergartners are obese in Jefferson County. • 11% of students (grades 6-12) engage in binge drinking • .Admissions for drug-addicted infants was 1,409 in 2014 compared to 955 in 2013				

Norton Healthcare
Key Findings Overview

	Data Assessment (Secondary Research)	Community Survey (Primary Research)	Physician/Provider Survey (Primary Research)	Community Leader Interviews (Primary Research)	Health Disparities (2014 Health Equity Report)
Lack of Health Knowledge/Education	• Chronic Health Conditions	• Trouble understanding insurance was one of the highest barriers noted on the survey		• Community Liaisons/Ambassadors recommended • Chronic disease management classes identified as opportunity • Community Support groups/health coaches • Education regarding healthy behaviors should be focused on children through school and after-school programs. • The health care systems should do more to provide and promote free screenings • Nurse navigators to work with community liaisons to manage chronic care • Healthcare organizations should engagement community partners such as schools, churches,	

Norton Healthcare
Key Findings Overview

	Data Assessment (Secondary Research)	Community Survey (Primary Research)	Physician/Provider Survey (Primary Research)	Community Leader Interviews (Primary Research)	Health Disparities (2014 Health Equity Report)
				etc. who are already communicating with people in communities to promote and educate person on health related topics. • The current health system is hard to navigate for many people and insurance benefits are hard to understand as well.	
Single Parent Households	• Children in single-parent households rank in the bottom quartile according to CHSI • 42% of children in Jefferson County live in a household headed by a single parent				

Norton Healthcare
Key Findings Overview

	Data Assessment (Secondary Research)	Community Survey (Primary Research)	Physician/Provider Survey (Primary Research)	Community Leader Interviews (Primary Research)	Health Disparities (2014 Health Equity Report)
Community Support				• There is an increasing need for social and emotional support because historic support systems are no longer available. • The 211 program should be utilized more by health care providers and promoted to underserved populations as a resource.	

APPENDIX C

DETAILED DESCRIPTION OF PRIORITIZATION PROCESS

Utilizing a modified Hanlon Method, health needs were ranked based on the 10 factors in the table below.

		Scale				
		1	2	3	4	5
COMMUNITY PERCEPTION	Does this Issue Affect a Large Population base?	Very few people	Less than half of the people	Half the people	A majority of the population	Everyone
	Are the Consequences of Not Addressing This Problem Significant?	Nothing significant	Minor impact on the Community	Recognizable impact	Serious impact	Very Serious impact
	Does this Significantly Impact our Community's Vulnerable Populations? (1)	Very few minorities	Less than half of the minority population	Half the minority population	A majority of the minority population	All Minorities
	What is the Level of Priority for our Community?	Not an identified need	Some mention by leaders	Average discussion	Mentioned by most Community Leaders	Mentioned to some degree by All
	Was this Need (or has this need been) Identified by Multiple Sources?	Not mentioned by anyone	Mentioned by a small portion of the group surveyed / interviewed	Mentioned about half and half	Mentioned by Most	Mentioned by All
	Do you Believe this Need is a Critical Element to Reduce the Cost of Healthcare in our Community?	Not expected to have a significant economic impact	Could impact the level of cost to the Community and Constituents	Some impact but not significant	Substantial economic impact	Critical to controlling rising costs
ALIGNMENT	Does this Issue align with NHC's mission and strategic priorities?	Not at all	Related to some priorities	Aligned with mission but not a priority	Aligned with Norton's mission and a recognized priority	Aligned with Norton's mission and identified as a critical priority
	Is this in Alignment with State and Local Health Department Initiatives?	Not at all	Related to some initiatives to my knowledge	Aligned but not deemed a priority	Aligned with State or Local Health initiatives but not both	Aligned with both State and Local Health initiatives
	Does NHC have existing Programs/ Resources that Respond to the Identifed Need?	No resources or programs	Limited resources	Some resources but not a formal program	Existing program but not a targeted priority	Existing program and dedicated resources within the organization
	Do you Believe Norton has the Bandwidth to Address the Issue?	Not al all	Capacity to address but not a structured program	Program in place but limited capacity	Existing capacity within existing program in the organization	Identified resources and commitment from leadership

Twenty-three (23) members of Norton's management team rated each factor with a score between zero and five. The final ranking of health needs (based on aggregate scores) is reported on the following pages.

TOP 10 COMMUNITY HEALTH NEEDS PRIORITIZED	
Condition	**Category**
1	Cancer	Chronic Condition
2	Heart Disease	Chronic Condition
3	Children's Health	Community Demographics
4	Diabetes	Chronic Condition
5	Obesity	Behavioral Condition
6	Stroke	Chronic Condition
7	Aging Population	Community Demographics
8	Lack of Primary Care Physicians / Hours	Socioeconomic Condition
9	Access to Care	Socioeconomic Condition
10	Smoking/ Tobacco Use	Behavioral Condition

Questions included in each category are outlined below

COMMUNITY PERCEPTION

1. Does this Issue Affect a Large Population base?
2. Are the Consequences of Not Addressing This Problem Significant?
3. Does this Significantly Impact our Community's Vulnerable Populations? (1)
4. What is the Level of Priority for our Community?
5. Was this Need (or has this need been) Identified by Multiple Sources?
6. Do you Believe this Need is a Critical Element to Reduce the Cost of Healthcare in our Community?

ALIGNMENT

1. Does this Issue align with NHC's mission and strategic priorities?
2. Is this in Alignment with State and Local Health Department Initiatives?
3. Does NHC have existing Programs/ Resources that Respond to the Identifed Need?
4. Do you Believe Norton has the Bandwidth to Address the Issue?

Prioritization was determined with a team of 23 leaders within the Norton organization

		COMMUNITY PERCEPTION	ALIGNMENT	TOTAL
	Chronic Conditions			
2	Heart Disease	631	441	1,072
1	Cancer	648	449	1,097
4	Diabetes	625	401	1,026
6	Stroke	560	423	983
	Respiratory Illnesses	535	366	901
	Behavioral Conditions			
5	Obesity	618	392	1,010
	Excessive Alcohol Use	469	283	752
	Drug Use	578	303	881
	Poor Nutrition	564	337	901
10	Smoking/ Tobacco Use	584	357	941
	Physical Inactivity	549	344	893
	High Blood Pressure	558	380	938
	Mental Health - acute conditions	520	287	807
	Mental Health - behavioral	557	288	845
	Socioeconomic Conditions			
9	Access to Care	551	410	961
8	Lack of Primary Care Physicians / Hours	550	411	961
	Uninsured / Limited Insurance	512	358	870
	Poverty Levels	495	299	794
	Coordinated Care across the Continuum	496	366	862
	Poor or Lack of Dental Care	445	216	661
	Lack of Prenatal Care - Low Birth Weight	499	387	886
	Teen Births	454	347	801
	Sexually Transmitted Infections	439	315	754
	Crime and Safety	492	269	761
	Community Demographics			
7	Aging Population	570	393	963
3	Children's Health	583	437	1,020
	Lack of Health Knowledge/ Education	524	380	904
	Single Parent Households	430	266	696
	Community Support	458	338	796
		12,731	**8,549**	**25,737**

APPENDIX D

KEY STAKEHOLDER INTERVIEW PROTOCOL & ACKNOWLEDGEMENTS

Key Leader Interview Questions

Pressing Problems

1. What health care services are lacking in your community?

2. What health care services in the community are not being used well or to their capacity?

3. What emerging health needs do you expect to see in the coming years?

4. What do you believe is the single most pressing health issue impacting the community in which you live and work? Your family and friends? You?

Barriers

1. What health care services are difficult to access in your community?

2. What challenges keep individuals from seeking health care services?

Hospitals/health care engagement/responses

1. What role might hospitals play in addressing the healthcare needs of people in your community?

Global/universalizing

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

2. If you were in charge of improving the health of individuals in your community, what would you do first?

3. What groups of people in your community do you believe have the most serious unmet health care needs?

Key Leader Interview Acknowledgements

Americana Community Center

Center for Women and Families

Ford

Foundation for a Healthy Kentucky

Jefferson County Public Schools

Louisville Metro Department of Public Health

Metro United Way

New Roots

Norton Healthcare-Community Benefit Committee of the Board

Seven Counties

Shawnee Christian Healthcare Center

Texas Roadhouse

University of Louisville

Yum Brands

NORTON HEALTHCARE

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

Community Health Needs Assessment
Implementation Strategy
2016

Executive Summary

Norton Healthcare (Norton) is a comprehensive health care system, providing a full range of medical services through its five hospitals, 20 outpatient facilities, including 12 Norton Immediate Care Centers and more than 200 physician practice locations. For more than a century, Norton has demonstrated its commitment to the community, providing quality and compassionate care to patients locally, regionally and statewide. Norton has further demonstrated its commitment to quality and transparency, being the first health system in the country to display quality outcomes metrics on the web, enabling patients and providers to compare performance with statewide and national results, as available.

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

As discussed in the Community Health Needs Assessment Report (CHNA), Norton defined its "community" as Jefferson County which accounts for 70.3% of Norton's patients. While Norton serves patients across a broader region, defining Jefferson County as its primary community allows Norton to more effectively focus its resources to address identified significant health needs, targeting areas of greatest need and health disparities. Norton collaborated with the Louisville Metro Department of Public Health and Wellness (LMDPHW) and other Louisville area health systems to gather initial primary data. Additionally, an on-line community health survey and a health provider survey were conducted and included in this evaluation as well as direct input from community leaders representing a broad constituent base.

The process identified the following health issues:

Chronic Conditions	Behavioral Conditions	Socioeconomic Conditions	Community Demographics
• Heart Disease • Cancer • Diabetes • Stroke • Respiratory Illnesses	• Obesity • Excessive Alcohol Use • Poor Nutrition • Smoking/Tobacco Use • Physical Inactivity • High Blood Pressure • Mental Health-Acute Conditions • Mental Health-Behavioral	• Access to Care • Lack of Primary Care Providers/Hours • Uninsured/Limited Insurance • Poverty Levels • Lack of Coordinated Care Across the Continuum • Poor or Lack of Dental Care • Lack of Prenatal Care/ Low Birth Weight • Teen Births • Sexually Transmitted Infections • Crime and Safety	• Senior Health and Incidence of Chronic Care Needs (Identified as "Aging Population "in Community Health Survey and Interviews) • Children's Health • Lack of Health Knowledge/Education • Single Parent Households • Community Support

Key findings for each identified health need were summarized and health needs were prioritized, the process of which is outlined in the CHNA report. Norton Executive Leadership and the Community Benefit Committee of the Board of Trustees has identified areas where Norton can most effectively focus its resources to have significant impact and developed Implementation Strategies for 2017-2019, in conjunction with their strategic planning process.

Chronic Conditions	Behavioral Conditions	Socioeconomic Conditions	Community Demographics

• Heart Disease • Cancer • Diabetes • Stroke	• Obesity • Smoking / Tobacco Use	• Access to Care • Lack of Primary Care Providers/Hours	• Senior Health and Incidence of Chronic Care Needs (Identified as "Aging Population "in Community Health Survey and Interviews) • Children's Health

Implementation strategies have been developed and are outlined in the following pages. These are not intended to be all-inclusive or a comprehensive catalog of all activities of the acute care facilities as part of the Norton Healthcare system, but rather a representation of specific actions that have been committed and will be monitored over the course of the next three years.

The chart in Appendix A depicts the 10 items that will be implemented, tracked and measured over the next three years.

Appendix A

#	Category of Need	Community Health Need	Target Population	Action Plan	Goal	Evaluation / Community Impact	Collaborative partners
1	Chronic Disease	Heart Disease	Female adult population in Jefferson County	Develop a women's educational program offering as a component of the Marshall Women's Center to promote awareness of symptoms indicating heart disease	Increase awareness to enable early detection of at risk patients	# of events and attendees	**Internal**: Norton Heart Care, N Good Health, NHC Church & Health Ministries
2	Chronic Disease	Heart Disease	Adult population in Jefferson County	Establish health ministry nurse skills / knowledge base and conduct Hypertension workshops	Early identification of hypertension patients with our faith partners	# of events; participants; # of patients identified for intervention	**Internal**: Norton Heart Care, N Good Health, NHC Church & Health Ministries **External:** NHC Faith based partners
3	Chronic Disease	Diabetes	Adult population in Jefferson County	Increase participation in diabetes management programs	Increase HbA1c testing and improve levels of our diagnosed patients	# of diagnosed patients (Type 1 and Type 2); % of those receiving HbA1c test annually	**Internal**: Norton Medical Group
4	Chronic Disease	Cancer - Smoking / Tobacco Cessation	Adolescent and Adult population in Jefferson County	Identify resources for oncology screening and program offerings, internal staff and opportunities for collaboration with other community agencies. Promotion of educational awareness of consequences of tobacco use	Increase cancer screenings	# of screenings, by type of condition	**Internal**: Norton Cancer Institute
5	Chronic Disease	Cancer	Minority population in Jefferson County	Assess community hemoglobinopathy needs, develop community health plan to fill gaps	Early detection of sickle cell patients	Minority participants; diagnosed cases	**Internal**: Norton Cancer Institute
6	Behavioral Need	Obesity	Pediatric and Adolescent population in Jefferson County	Partnership with YMCA of Greater Lou. Healthy Weight and Your Child Program	Improve physical health and well being of the children in our community	# of partner events and participants	**Internal**: Office of Child Advocacy, Norton Medical Group **External:** YMCA
7	Socio-economic Conditions	Access to Care	General population in Jefferson County	Increase education and awareness of alternative primary care office locations as an alternative to ED utilization - employed providers to expand hours and ensure walk-in patients can be seen	Improve community health	Reduce number of ED patients that do not have an aligned PCP	**Internal**: Norton Medical Group, Norton hospitals
8	Socio-economic Conditions	Lack of Providers/ Hours	General population in Jefferson County	Utilize Norton Access Center to better navigate patients to nearby providers and streamline process.	Improve community health	Reduce wait times for primary care physician appointments	**Internal**: Norton Medical Group, Norton hospitals, Access Center
9	Community Demographics	Children's Health	Pediatric population in Jefferson County	Injury prevention - Bike Rodeo, Car Seat Checks, Helmet dist., Safe Sleep, Safe Kids coalition, Children Hospitals Wk, Safety City,	Improve the health of our children	Reduce injuries presented to ER	**Internal:** Office of Child Advocacy, Norton Children's Hospital, Norton Children's Medical Center, Norton Women's and Children's Hospital **External:** JCPS, Boys & Girls Club, Park DuValle, Shawnee Christian
10	Community Demographics	Children's Health	Pediatric population in Jefferson County	OCA wellness outreach and GoNoodle sponsorship - Physical activity workshops in schools and community settings	Increase physical health of our children	# of schools and community organizations as well as number of children participating in events	**Internal:** Office of Child Advocacy, Norton Children's Hospital, Norton Children's Medical Center, Norton Women's and Children's Hospital **External:** JCPS, Boys & Girls Clubs