NORTON HEALTHCARE

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

Community Health Needs Assessment
2022

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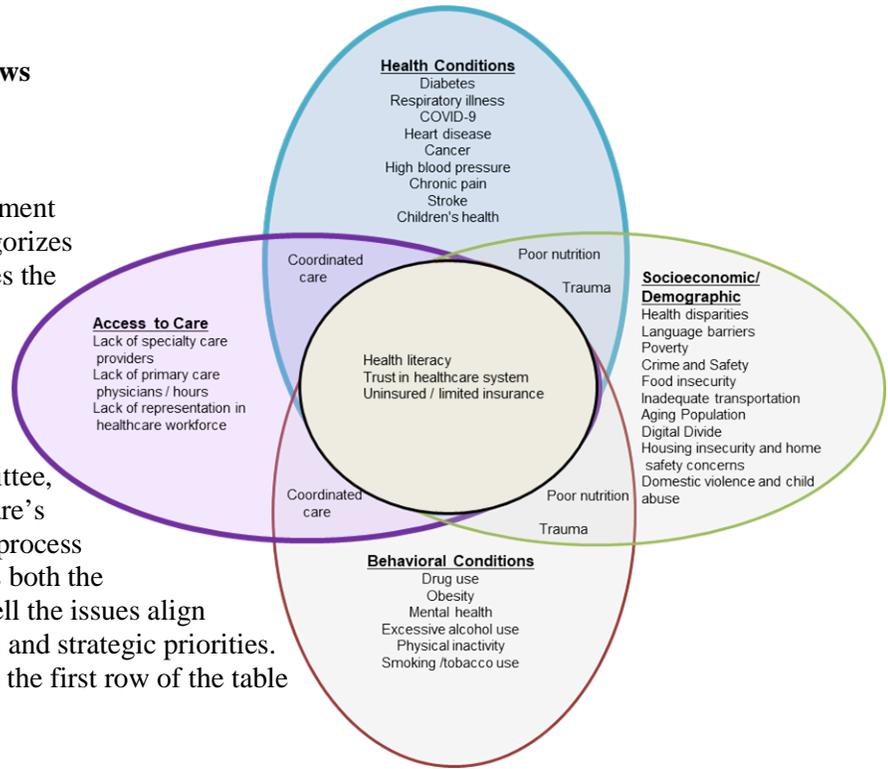
- **Community survey**
- Provider and community leader i**nterviews**
- Secondary market **research**

Findings

A total of 34 issues were identified by the assessment process. The relational diagram to the right categorizes these concerns into four main areas and illustrates the overlap between them. Health literacy, the uninsured and trust in the health care system intersect all four categories of need.

Prioritization

Norton Healthcare's Community Benefit Committee, composed of select members of Norton Healthcare's board of trustees, participated in a prioritization process to rank the identified issues. The ranking reflects both the community's perception of its needs and how well the issues align with Norton Healthcare's mission, vision, values and strategic priorities. The top 20 needs are listed in order of priority in the first row of the table below.

Health Conditions
Diabetes
Respiratory illness
COVID-9
Heart disease
Cancer
High blood pressure
Chronic pain
Stroke
Children's health

Access to Care
Lack of specialty care providers
Lack of primary care physicians / hours
Lack of representation in healthcare workforce
Coordinated care

Poor nutrition
Trauma
Health literacy
Trust in healthcare system
Uninsured / limited insurance

Socioeconomic/ Demographic
Health disparities
Language barriers
Poverty
Crime and Safety
Food insecurity
Inadequate transportation
Aging Population
Digital Divide
Housing insecurity and home safety concerns
Domestic violence and child abuse

Behavioral Conditions
Drug use
Obesity
Mental health
Excessive alcohol use
Physical inactivity
Smoking /tobacco use

	Health Conditions	Access to Care	Behavioral Conditions	Socioeconomic / Demographic

Top 20	Diabetes
	Respiratory illness
	COVID-19
	Heart disease
	Cancer
	High blood pressure
		Access to Care
		   Lack of specialty care providers
		   Lack of primary care physicians/ hours
		Lack of representation in health care workforce
		Coordinated care
			Drug use
			Obesity
			Mental health
			Excessive alcohol use
			Poor nutrition
				Health disparities
				Health literacy
				Language barriers
				Trust in the healthcare system
				Poverty

	Chronic pain Stroke Children's health		Physical inactivity Smoking /tobacco use Trauma (including adverse childhood events)	Crime and safety Food insecurity Inadequate transportation Uninsured / limited insurance Aging population Digital divide Housing insecurity and home safety Domestic violence and child abuse

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

Introduction

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

Norton Healthcare is Louisville's second largest employer,[1] with more than 18,000 employees, over 1,700 employed medical providers and approximately 2,000 total physicians on its medical staff. The system includes six hospitals, five in Louisville and one in Madison, Indiana, with a total of 1,993 licensed beds. A seventh hospital is scheduled to open in West Louisville in summer 2024. seven outpatient centers, 17 Norton Immediate Care Centers, eight Norton Prompt Care at Walgreens clinics and an expanded telehealth program. The system also includes eight outpatient centers, 18 Norton Immediate Care Centers, eight Norton Prompt Care at Walgreens clinics and an expanded telehealth program. It provides care at more than 340 locations throughout Kentucky and Southern Indiana. The hospitals provide inpatient and outpatient acute care as well as specialty care including heart, neuroscience, cancer, orthopedic, women's and pediatric services. A strong research program also provides access to clinical trials in a multitude of areas.

Norton Healthcare has a demonstrated commitment to quality and transparency. As the first health system in the country to display quality outcome metrics on the web, the system empowers patients and providers to compare performance with statewide and national results, as available. Norton Healthcare is also committed to improving community health and promoting health and wellness for its workforce. In 2021 Norton Healthcare was named by Healthiest Employers as the 10th healthiest place to work in the country and has twice been awarded an honorable mention for the C. Everett Koop National Health Awards. Since 2018, Norton Healthcare's five Louisville hospitals and Norton Cancer Institute have been named LGBTQ+ Healthcare Equality Leaders by the Human Rights Campaign Foundation, earning a top score of 100 on the Healthcare Equality Index (HEI).

Norton Healthcare's Community Health Needs Assessment (CHNA) looks at primary and secondary data to guide our continuous improvement in providing clinical programs and health care services, meeting community needs, and improving the overall health of our community.

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

The 2022 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

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1. Louisville Business First. "Louisville's Largest Employers." 2022. https://www.bizjournals.com/louisville/subscriber-only/2022/07/15/louisvilles-largest-employers.html

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

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

As discussed in more detail below, for purposes of this CHNA, Norton Healthcare has defined its "community" as Jefferson County, which accounts for 69.6% of Norton Healthcare's patients. While Norton Healthcare serves patients across a broader region, defining Jefferson County as its community will allow Norton Healthcare to more effectively focus its resources to address identified significant health needs, targeting areas of greatest need and health disparities.

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

Norton Healthcare conducted a communitywide survey to obtain feedback from the general public regarding health needs and perceptions. The community survey was made available in multiple languages, including English, Spanish, French and Arabic, through online and paper surveying methods. There were 5,185 surveys collected. Surveys that fell outside of Jefferson County or were missing the ZIP code, age, gender, race and educational attainment demographic information were excluded from the results. This left 2,794 surveys that were weighted based on age, gender, race and educational attainment in order to make the survey results more representative of the Jefferson County population as a whole.

In addition, Norton Healthcare obtained input from 54 various community stakeholders, including 25 Norton-employed physicians, 20 community leaders in Jefferson County and nine leaders from areas surrounding Jefferson County through face-to-face virtual meetings. Community leaders represent areas of public health, major employers, public schools, social services organizations and community health departments.

Secondary data was collected, including:

- Demographics (population, age, sex, race)

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

- Health access indicators

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

- Availability of health care facilities and resources

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

The interviews and survey identified the following health issues:

	Health Conditions	Access to Care	Behavioral Conditions	Socioeconomic / Demographic

Top 20	Diabetes
	Respiratory illness
	COVID-19
	Heart disease
	Cancer
	High blood pressure
		Access to Care
		   Lack of specialty care providers
		   Lack of primary care physicians/
		   hours
		Lack of representation in health care
		   workforce
		Coordinated care
			Drug use
			Obesity
			Mental health
			Excessive alcohol use
			Poor nutrition
				Health disparities
				Health literacy
				Language barriers
				Trust in the healthcare system
				Poverty

	Chronic pain Stroke Children's health		Physical inactivity Smoking /tobacco use Trauma (including adverse childhood events)	Crime and safety Food insecurity Inadequate transportation Uninsured / limited insurance Aging population Digital divide Housing insecurity and home safety Domestic violence and child abuse

Key findings for each identified health need were summarized and reviewed to determine the magnitude and severity of the problem and the importance of the issue to the community. This information was then taken to the Community Benefit Committee of the board of trustees for further discussion.

The committee was asked to keep in mind 1) how closely the need aligns with Norton Healthcare's mission, key service lines, and/or strategic priorities; 2) alignment with state and local health department initiatives; and 3) whether or not programs exist (within Norton Healthcare or other community organizations) that are addressing the need.

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

Based on the information gathered through this Community Health Needs Assessment and the prioritization process described above, the health needs below have been identified as significant in the community. These have been categorized in four categories: health conditions, access to care, behavioral conditions and socioeconomic/ demographic. Norton Healthcare's mission and core service offerings will continue to advance the issues outlined in the categories of health conditions and certain elements within socioeconomic, including access to care, lack of primary care or specialty providers, and children's health. For purposes of this CHNA, future programming priorities will focus on the community health issues identified in the behavioral and socioeconomic categories.

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

Prioritized Community Health Issues	
Behavioral conditions	**Socioeconomic / demographic**
1. Drug use	1. Health disparities
2. Obesity	2. Health literacy
3. Mental health	3. Language barriers
4. Excessive alcohol use	4. Trust in the health care system
5. Poor nutrition	5. Poverty
Norton Healthcare community health needs areas of focus	
1. Substance use (drugs and alcohol)	1. Health disparities
2. Obesity	2. Health literacy
3. Mental health	3. Language barriers
4. Poor nutrition	4. Trust in health care system

Certain community needs, including access to care, lack of primary care physicians/limited hours and lack of specialty care providers, are not areas of focus for this CHNA. These needs are addressed by Norton Healthcare's core business services and meeting these needs will continue to be a goal of ongoing clinical programming. Norton Healthcare has a comprehensive charity policy, but Norton Healthcare is not in a position to significantly influence the poverty levels that exist within the population we serve.

How the Assessment was Conducted

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

- Community benefit initiatives that were implemented over the course of the past three years were evaluated.
- The "community" served by Norton Healthcare was defined by using inpatient and outpatient data regarding patient origin and is inclusive of medically underserved, low-income, minority populations and people with limited English proficiency. This process is further described in *Communities Served by Norton Healthcare*.
- Population demographics and socioeconomic characteristics of the community were gathered and assessed using various third-party tools.
- The health status of the community was assessed by reviewing community health status indicators from multiple sources. Health indicators with significant opportunity for improvement were noted. The committee reviewed information on the leading causes of death and morbidity information in conjunction with social determinants of health.
- Community input was obtained through a communitywide survey for the general public.
- Community input also was obtained through key stakeholder interviews of 54 community leaders and health care providers. To ensure the medically underserved were represented in this CHNA, median household incomes in neighborhoods throughout Jefferson County were compared to identify neighborhoods with a lower median income. Interviews were conducted with representatives from Louisville Metro Public Health and Wellness (LMPHW), Jefferson County Public Schools and health care organizations serving these neighborhoods, as well as with agencies providing services related to mental health, domestic violence and recent immigration to the United States.
- An inventory was prepared of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA.
- Identified health needs were then prioritized, taking into account community perception regarding the significance of each identified need as well as the ability for Norton Healthcare to impact overall health based on alignment with Norton Healthcare's mission and services provided. 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, accessed from the Office of Disease Prevention and Health Promotion,[2] describes what drives health and provides a context for how the data for the CHNA was compiled and analyzed, as well as the broader lens used to guide the process. Norton Healthcare's CHNA defines health in the broadest sense and recognizes that numerous factors impact a community's health — from health behaviors (*e.g.*, diet and exercise), to clinical care (*e.g.*, access to medical services), to social and economic factors (*e.g.*, education, income and employment opportunities), to the physical environment (*e.g.*, housing and air quality).
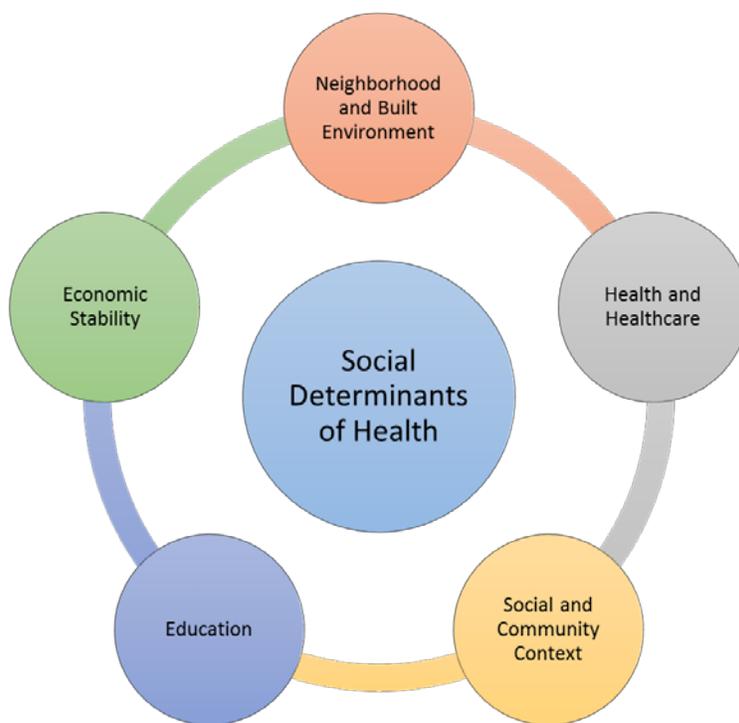
Adapted from Healthy People 2020

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2. Department of Disease Prevention and Health Promotion. "Social Determinants of Health." HealthyPeople.gov. https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health [Accessed via Internet Archive. https://wayback.archive-it.org/5774/20220413203948/https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health]

Limitations and Information Gaps

Several limitations related to the assessment's research methods should be acknowledged:

- Secondary research differs by data source in the timing of when the data was last collected. In some statistics, 2020 may be the most current year available for data, while 2018 may be the most current year for other sources. Survey data used to develop secondary research statistics can be based on self-reporting, and respondents may over- or under-report behaviors and illnesses based on fear of social stigma or misunderstanding of the question being asked. Despite these limitations, most of the self-reported surveys used to create secondary research statistics and analyzed in this CHNA benefit from large sample sizes and repeated administrations, enabling comparison over time.

- A large percentage of respondents of the Norton Healthcare community survey came from a health care setting. No attempt was made to randomly sample the population, but instead surveys were made available through practices and community partners. Respondents may be prone to recall bias — that is, they may attempt to answer accurately, but they remember incorrectly. In some surveys, reporting and recall bias may differ according to a risk factor or health outcome of interest.

- The qualitative interview data collected for this assessment provides valuable insights, but results are not statistically representative of a larger population due to nonrandom recruiting techniques and a small sample size. Data was collected at one point in time and among a limited number of individuals. Therefore, findings, while directional and descriptive, should not be interpreted as definitive.

Norton Healthcare's Community Benefit and Outreach

Norton Healthcare provides a broad array of services to the community. Below is a summary of some significant community benefit initiatives offered over the last three years.

Norton Prevention & Wellness offers health screenings and education to help the community stay healthy. Many of the services are offered at low or no cost. In 2021, 15 dedicated practitioners, registered nurses, certified mammography technologists, and other staff on the Prevention & Wellness team provided preventive health screenings throughout Louisville and Southern Indiana.

- Norton Prevention & Wellness played a key role in supporting the community throughout the COVID-19 pandemic. In 2020, this department supported the first COVID-19 testing site and provided testing throughout the city at various locations. In December 2020, the department began administering COVID-19 vaccinations.
- The Norton Prevention & Wellness Mobile Primary Care unit continued to increase access to health care in underserved neighborhoods. In collaboration with many community partners, staff provided almost 2,000 screenings in 2020 (blood pressure, body mass index, glucose and cholesterol) for approximately 700 participants in multiple locations throughout Jefferson and surrounding counties, including in Southern Indiana. Each participant received education on healthy lifestyle choices, including diet and exercise.
- Norton Healthcare added a second mobile prevention center in 2020. The new unit allows providers to offer a wider range of health screenings and wellness exams to more patients closer to their homes for early detection and treatment.
- In 2020, Norton Prevention & Wellness staff provided preventive screenings aboard the Norton Prevention & Wellness Mobile Prevention Center in collaboration with various community partners. Over 800 women received mammograms and/or wellness exams, including cervical cancer screenings, aboard the mobile unit. Of those, approximately 9% had not been screened in the past five years and 13% had never had a mammogram. Of the almost 90 Norton Prevention & Wellness Mobile Prevention Center events, over half took place in underserved communities and over 60% of patients came from medically underserved areas.
- Education on heart health, effects of smoking, prostate health, breast health, women's health, colon health and more was provided to almost 1,200 community members at various events, including health fairs and presentations. To help eliminate barriers to care, Norton Prevention & Wellness implemented a dedicated phone number that links eligible patients to colonoscopy scheduling or requesting in-home tests.

Community partnerships – Norton Healthcare participates in many community collaborations.

- Norton Healthcare provides programmatic support to the UofL School of Medicine through funding and facilities. During the 2020 calendar year, 198 residents completed clinical rotations in 43 specialties at Norton Healthcare facilities. Residency programs are part of the $75 million in educational support and clinical funding provided to the medical school.
- A new partnership was announced in 2021 between LDG Development, Firstsource Solutions USA, and Norton Healthcare to provide a variety of health care services to meet residents' needs in affordable housing sites including the Jefferson Green Apartments, a mixed-income community in south Louisville, giving access to weekly health care services focusing on prevention and wellness. A brick-and-mortar facility will be set up across the

street from the Jefferson Green Apartments. The services are open to people living at Jefferson's Landing, a neighboring apartment complex that broke ground in 2021 and has 240 mixed-income units. In total, the initiative serves more than 550 families living at both locations. Each week, Norton Healthcare's mobile and prevention teams provides free services — including mammograms, vaccines and education on managing conditions like diabetes and high blood pressure — for underserved communities and communities of color. Norton Healthcare also provides select preventive care services at Brookstone Senior, one of LDG's local communities for older adults.

- Norton Healthcare, in partnership with the United Way, is participating in the United Community care network. United Community seeks to link health care services and social services via a database platform called Unite Us. The database is integrated into the patient's electronic medical record so that providers can see patient referrals to social services as well as the outcome of those referrals.
- In 2019 the Louisville Urban League and Norton Healthcare announced Norton Healthcare's support of the West End multiuse sports and learning complex promoting physical health. Norton Healthcare contributed $5 million to the project through a $3 million grant and an additional challenge grant of $2 million in matching funds.
- Over 340 people were tested for COVID-19 in West Louisville as part of a free drive-thru testing event in partnership with the Louisville Urban League.
- Free drive-thru testing was provided at St. Rita Catholic Church in Louisville in partnership with Kentuckiana Hispanic Business Council Inc.
- In 2019, Norton Healthcare announced a strategic partnership program with UPS and the Metropolitan College program. Norton Healthcare-UPS Health Care Career Tracks combines work and study to support career readiness. The combined tuition assistance offers students a debt-free way to get a college education while working with two of the leading companies in the region.
- Through the Norton Healthcare James R. Petersdorf Fund, the organization provided a $1.2 million grant to Simmons College of Kentucky in West Louisville. The grant will help the historically black college with educational and program initiatives, along with supporting facility improvements to enhance student and faculty experiences.

Community cancer initiatives – Since 2013, Norton Healthcare has focused on increasing cancer screenings. Norton Cancer Institute patients who receive a breast cancer diagnosis can be seen by multiple specialists the same day through a multidisciplinary Breast Clinic. The multidisciplinary setting offers the convenience of fewer appointments, thereby reducing travel and time in beginning the next steps in their care.

- In 2020 Norton Healthcare provided 8,187 colon screenings and 53,905 mammography screenings, more than doubling the number of mammography screenings offered per year since 2017.
- With five area locations, Norton Cancer Institute Resource Centers provide patients and families with the latest information on cancer treatments and support services. Patients and families receive personal attention to address their physical, emotional and spiritual needs before, during and after cancer treatment.
- Norton Cancer Institute and Norton Children's Hospital provide unparalleled childhood cancer care to families in Kentucky, Southern Indiana and beyond through Norton Children's Cancer Institute, affiliated with the UofL School of Medicine.

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

- In response to the COVID-19 pandemic, Norton Children's Prevention & Wellness moved all of its in-person programming to a virtual platform in March of 2020, serving over 5,187 individuals with prevention and wellness programming. Offerings included cooking workshops, teen wellness workshops, Healthy Living Wellness Group, and Teen Talk, as well as their classes Open Airways, Power Up and Play, Safe Baby Essentials, Safe Kids and Safe Grandparenting.
- Norton Children's food pantries in 19 of Norton Healthcare's pediatric and family medicine primary care practices served over 10,000 individuals with food insecurity.
- Certified car seat technicians completed 273 car seat inspections. Forty-one new car seat technicians were trained and certified locally and throughout the state. In 2020, 97 car seats were given to families in need through community events and hospital admissions. Additionally, 34 car seats were loaned to children with body casts and premature infants who would not safely fit in a conventional car seat.
- The Norton Children's Hospital Bike Safety Rodeo program held 19 rodeo events to teach bicycle safety to 2,010 students in third through fifth grade throughout Kentucky.
- In early February 2020, more than 3,600 kindergarten students, teachers, chaperones and nursing students participated in the 37th annual Children and Hospitals Week event. Children and Hospitals Week is designed to teach safe decisions and behaviors to help lessen the fear and anxiety children may have about coming to a hospital.

Norton Faith & Health Ministries works with faith communities to weave health and faith together, promoting the intentional integration of faith, healing and wellness through the development of health ministries. Norton Faith & Health Ministries provides mentoring, educational resources and networking opportunities to assist health ministry coordinators and faith community nurses in ministering to their members.

- In 2020, the department served more than 200 faith communities with active health ministry programs and communicated best practices for COVID-19, including mitigation, reopening guidelines and other health and safety practices. Through long-standing relationships, the department provided a trusted voice for timely pandemic information relevant to faith communities.
- Twelve issues of the "Coordinators' Connection" were distributed to 220 health ministry volunteer leaders, advising on vital COVID-19 announcements and resources.
- Five networking sessions with health experts and spiritual support were hosted, providing a regular space for questions and answers; 119 individuals attended these sessions.
- A COVID-19-focused bimonthly newsletter was distributed electronically to an average of 1,400 subscribers per issue.
- Russell F. Cox, President and CEO, wrote an article informing faith leaders and the larger community of Norton Healthcare's mission-driven response to the pandemic in a midyear issue of "Health Ministries Connection" newsletter, delivered to 5,000 individuals.

Below is a summary of highlights of Norton Healthcare's service offerings in response to the needs identified in our 2019 Community Health Needs Assessment.

Top Identified Health Need in 2019	Highlights
Drug use	In 2019 the Kentucky Poison Control Center of Norton Children's Hospital launched a 24/7 support hotline for health care providers, patients and first responders on opioid-related issues. The Kentucky Opioid Assistance and Resource Hotline is staffed by toxicology-certified nurses and pharmacists. For the community, the hotline offers advice on safe medication disposal, where to get naloxone and how to use it. Staff also can directly connect users and their families to Operation Unite for substance use disorder treatment and assist displaced patients of pain clinics that suddenly close.
	The Norton Maternal Opiate and Substance Treatment (MOST) Program was created to help pregnant women break the cycle of addiction. The MOST program offers knowledgeable, supportive staff members who are skilled in caring for pregnant women with substance use disorders and for their babies. In 2020, 112 women enrolled in the program and 78% delivered their babies full term.
	In 2018 Norton Healthcare created an opioid stewardship program to develop protocols for opioid use and disposal in both the hospital and ambulatory setting, and to promote alternative pain management methods to reduce the number of opioids in the community. The program focuses on changing prescription practices based on recommendations made by The Joint Commission, a health care accreditation organization.
Obesity	Norton Weight Management Services at the Norton Health & Wellness Center offers free weight management seminars to the community in either an in-person or online setting. Services include educational seminars, support groups, a demonstration kitchen and more.
	The Get Healthy Walking Club has almost 5,000 members. 2020 brought 1,081 new members to the free club to improve their overall health. Get Healthy Walking Club members have free access to walk each day at the Louisville Zoo from March through October, 8 to 9:30 a.m.
	In 2019 the Louisville Urban League and Norton Healthcare announced Norton Healthcare's support of the West End multi-use sports and learning complex. Norton Healthcare contributed $5 million to the project through a $3 million grant and an additional challenge grant of $2 million in matching funds. The facility is named the Norton Healthcare Sports & Learning Center and officially opened in February 2021.
Smoking/tobacco use	Norton Prevention & Wellness conducted nine American Lung Association Freedom From Smoking classes in 2020, with over 20 people attending. Half reported they were tobacco-free. One class was taught in Spanish.
	The Comprehensive Lung Center at Norton Cancer Institute is a Screening Center of Excellence, as designated by the Lung Cancer Alliance. Led by a team of lung specialists, the center combines four comprehensive components — prevention, screening, diagnosis and treatment — to ensure each patient has access to state-of-the-art lung cancer screening, same-day follow-up appointments and fast-track treatment and support services. The Comprehensive Lung Center allows patients to see an oncologist, surgeon, radiation oncologist, counselor, nutritionist and other members of the care team all in one visit.
	Norton Children's Prevention & Wellness worked with a group of media students on a Teens Against Tobacco project called SmokeFreePRP. The students developed campaign materials to raise awareness of the dangers of smoking and e-cigarette use, including original videos, artwork and social media posts.
	In 2021 Norton Healthcare began the N-O-T: Not on Tobacco, an American Lung Association program led by trained Norton Children's Prevention & Wellness facilitators, is helping kids in the Louisville area quit tobacco and vaping. About 90% of teens who participated in an N-O-T program nationally have either quit or reduced their use of tobacco, according to the American Lung Association.
Mental health	Norton Healthcare implemented the Columbia-Suicide Severity Rating Scale in April 2019. This is a questionnaire which is used to assess suicide risks for patients at all access points, including the emergency department and ambulatory setting. The tool is used to assess patient risk and ensure referral to appropriate resources for treatment. From 2019 to 2020 the number of suicide screenings completed at Norton Healthcare increased by 40% with 282,000 screenings completed.

	Free classes are held online as part of a series called Let's Talk that is a parent- and teen-led discussion facilitated by a Norton Healthcare specialist. Classes offered include a class led by a pediatric urologist and gynecologist to discuss puberty. There are also classes led by a child psychologist for parents and their preteens and teens to learn about mental health, get tools to relieve stress and hear about available resources.
	In 2019, Norton Healthcare established the Norton Behavioral Medicine practice, with the goal of providing clinically integrated family- and patient-centered mental health care. The practice offers telemedicine visits in primary care locations to improve access and help overcome the stigma often associated with mental health facilities. The practice cared for almost 6,500 patients in 2020 which is an increase of over 300% from 2019.
Poor nutrition	In 2020, Norton Children's food pantries in 19 of our pediatric and family medicine primary care practices and in Norton Children's Hospital emergency department served over 10,000 individuals with food insecurity needs.
	Norton Children's Prevention & Wellness moved all of its in-person programming to a virtual platform in March of 2020, serving over 5,187 individuals with prevention and wellness programming, including cooking workshops, teen wellness workshops, Healthy Living Wellness Group, and the classes Teen Talk, Open Airways, Power Up and Play, Safe Baby Essentials, Safe Kids and Safe Grandparenting.
	The Norton Children's Prevention & Wellness team offered teens ages 14 to 18 a class called Growing Cooks, a three-week virtual cooking class. Participants learn how to cook healthy recipes using local ingredients. Participants also learn kitchen safety, cooking skills and healthy eating. Families receive a gift card to a local grocery store to offset grocery costs for each class.
Uninsured/limited insurance	In 2020, under its charity care program, Norton Healthcare provided free care to 8,497 patients, at a cost of $12.8 million. Also, Norton Healthcare grants a discount from billed charges to any patients who have no access to private health insurance or do not qualify for government assistance or charity care. Under this program, 9,796 patients were provided care at discounted rates.
	Norton Healthcare continues to offer free health screenings and education to the community through our two mobile prevention units, as well as through various community events and health fairs. In 2020, there were almost 2,000 free screenings performed in the community. Through a partnership with more than 200 community organizations, the Norton Healthcare Mobile Prevention center connects people to wellness at multiple stops every week. Many of the screenings are provided at low cost or no cost.
	Norton Children's Hospital offers inpatient psychiatric care for children ages 2 to 17 through the Ackerly Child Psychiatric Unit. Their mission is to help children and families reach their fullest potential in a nurturing and safe environment. They are equipped to serve patients with developmental disabilities and autism, and extend care regardless of a family's background or ability to pay.
	In 2021, Norton Community Medical Associates – La Clínica Preston, began operations as the organization's first 100% bilingual practice. All staff at this location have the ability to provide compassionate care and service to patients in Spanish and English.
	In collaboration with many community partners, Norton Prevention & Wellness staff provided almost 2,000 cardiovascular screenings (blood pressure, body mass index, glucose and cholesterol) for approximately 700 participants in multiple locations throughout Jefferson and surrounding counties, including in Southern Indiana. Each participant received education on healthy lifestyle choices, including diet and exercise.
	In 2020, Institute for Health Equity, a Part of Norton Healthcare, was established as one of five initiatives to address inequalities within the community. The primary focus of the Institute is to identify and remove obstacles that prevent people in underserved areas from receiving the health care they deserve, as well as to eliminate disparities in care.

	Norton Faith & Health Ministries leaders prioritized faith communities, especially those in hard-hit sections of Louisville Metro, as a way to offer COVID-19 education, address vaccine hesitancy and increase access to vaccinations. The team, in collaboration with Norton Medical Group and Norton Prevention & Wellness, quickly set up and promoted five church-based vaccination events. Those were followed up by many more. In total, church-based events provided more than 6,000 vaccinations as of August 2021.
Lack of primary care providers/ hours	The key to ensuring health equity is increasing access to care in Louisville's underserved areas. Norton Healthcare expanded access in underserved areas through the opening of a new primary care practice in the West End, including a COVID-19 testing and vaccination center at that location.
	Norton Healthcare purchased a second mobile unit, making it easier for the community to access preventive services including mammograms, well-woman exams and colon cancer screenings. Additional site openings are planned in West and South Louisville to further expand access to care.
	Norton Healthcare Express Services, a drive-thru outpatient medical facility, opened in 2021. Norton Healthcare Express Services is primarily a referral-only location, and patients must have a provider's order to be seen, with the exception of existing Norton Healthcare patients seeking flu shots. This allows providers offering Norton Telehealth and Norton eCare services the ability to give patients, including those who are immunocompromised, a no-contact option to receive care.
Lack of specialty care providers	Norton Women's Care launched a new doula program that aims to improve the long-term health of new mothers in 2021. This new program includes several home visits throughout the patient's pregnancy and the period after delivery. Patients must live in specific underserved neighborhoods to be eligible, and receive additional prenatal care through Norton Healthcare OB/GYN practices.
	The affiliation between Norton Healthcare, UofL Physicians – Pediatrics and the University of Louisville School of Medicine was finalized in 2020. Norton Healthcare now shares affiliation with UofL School of Medicine for 21 general pediatric and pediatric subspecialist practices. Doctors in these practices serve on the faculty of the UofL School of Medicine and work clinically within a Norton Healthcare pediatric practice.
	The Norton Cancer Institute Genomics Lab opened in 2021 and is the first of its kind in Louisville. Genomics testing results now come back in half the time it took to get results from an outside laboratory and give our oncology physicians more information to improve patient outcomes.
Coordinated care across the continuum	Norton Healthcare, in partnership with the United Way, is participating in the United Community Initiative. United Community seeks to link health care services and social services via a database platform called Unite Us. Norton Healthcare can refer patients with socioeconomic needs to appropriate resources using this database platform. The database is integrated into the patient's electronic medical record so that providers can see patient referrals to social services as well as the outcome of those referrals.
	In 2019 Norton Healthcare launched the NortonBaby app to streamline care for obstetrics patients from pregnancy planning, to expecting a new baby, to the new parent stage. The app is a one-stop shop for expectant mothers and provides health metrics monitoring, appointment tracking, checklists, health tips and more. In 2021, Norton Healthcare delivered 8,300 babies and 5,700 patients utilized the app.
	The affiliation between Norton Healthcare, UofL Physicians – Pediatrics and the University of Louisville School of Medicine was finalized in 2020. Approximately 600 employees within 21 different practices transitioned with the affiliation. Doctors in these practices serve on the faculty of the UofL School of Medicine and work clinically within a Norton Healthcare pediatric practice. This new model will allow the practices to enhance their focus on providing highly skilled care that is integrated with world-class medical education and research. It will also help streamline patients' access to outpatient care within the practices and to inpatient care provided by Norton Children's Hospital.
	Norton Healthcare adopted a social services assessment tool to streamline the screening and documentation of social needs for patients. The assessment is integrated in the electronic medical record and utilized by social workers to identify and document social needs and to refer patients to appropriate social services resources using the Unite Us database platform.

Areas Served by Norton Healthcare

Norton Healthcare's community
Residents of Jefferson County, Kentucky, account for approximately 64% of Norton Healthcare's inpatient discharges and 69.6% of Norton Healthcare's inpatient and outpatient cases combined. Therefore, for purposes of this CHNA, the Norton Healthcare community is defined as Jefferson County, Kentucky, as the hospital primarily serves residents of this geographic area.

Norton Healthcare's primary service area
Norton Healthcare's primary service area includes 16 counties in Kentucky and Southern Indiana, as illustrated below, with a combined population of approximately 1.5 million. A brief analysis on the counties surrounding Jefferson County can be found in *Appendix H*.

Norton Healthcare's secondary service area and beyond
Norton Healthcare's patients collectively come from a large geographic area that includes the entire Commonwealth of Kentucky as well counties located in Southeast Indiana. As an integrated health care system, the organization continuously monitors health care activities in the primary and secondary service areas.
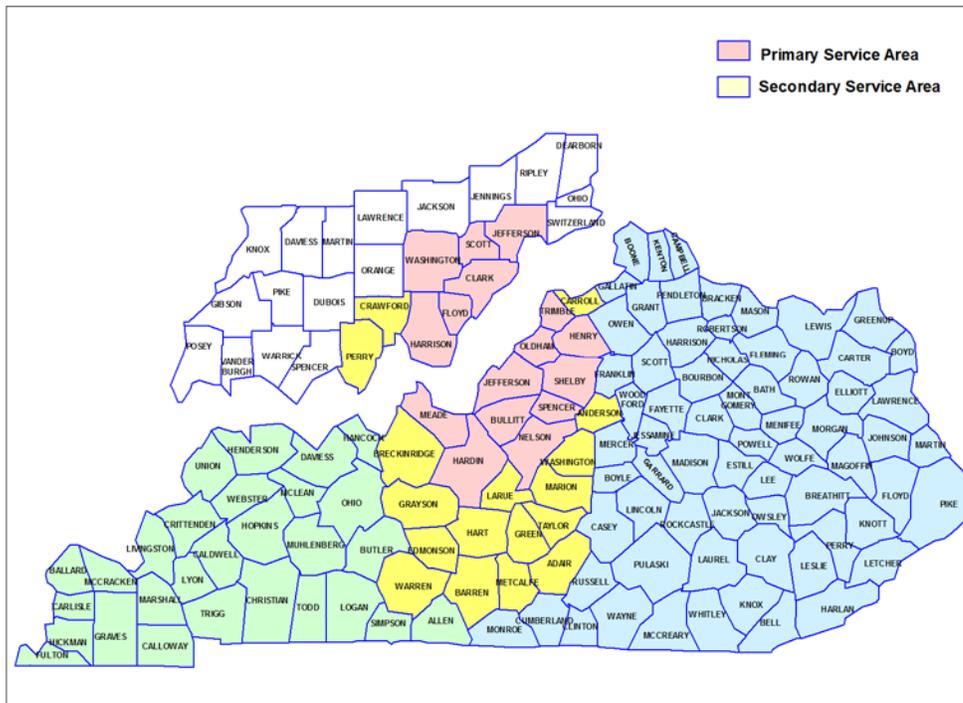
Table 1
Norton Healthcare
Patient Origin- Discharges and Outpatient Cases 1/1/2020 to 12/31/2020

Facility	Total	Jefferson County, KY	% Jefferson County, KY
Norton Hospital	101,878	68,661	67.4%
Norton Audubon Hospital	119,530	95,468	79.9%
Norton Brownsboro Hospital	85,704	52,698	61.5%
Norton Women's & Children's Hospital	147,536	110,063	74.6%
Norton Children's Hospital	66,088	35,756	54.1%
Total	520,736	362,646	69.6%

Source: Norton Healthcare

Norton Healthcare further delineates patients served by sector within Jefferson County, as shown below. While there are some dominant 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 Healthcare 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 Healthcare to best commit resources to those who are poor and underserved. Further details can be found in *Appendix A,* including population in Jefferson County by sector, age, gender and ethnicity.
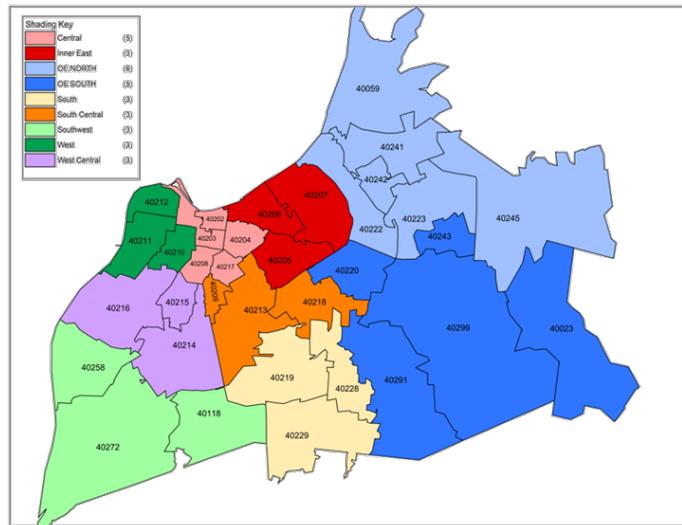
Neighborhoods of Jefferson County by Sector								
West	**Southwest**	**West Central**	**Central**	**South Central**	**South**	**Inner east**	**OE South**	**OE North**
California	Fairdale	Beechmont	Baxter Loop	Audubon	Fern Creek	Belknap	Bon Air	Beckley Station
Chickasaw	Glengarry	Cloverleaf	Belgravia	Bashford Manor	Heritage Creek	Butchertown	Darbyshire Estates	Bellemeade
Irish Hill	Greenfield	Iroquois	Butchertown	Buechel	Highview	Clifton	Douglass Hills	Brownsboro
Park DuValle	Hunters Creek	PRP	Central Park	Fern Creek	Indian Falls	Crescent Hill	Dunbar Springs	Cardinal Harbor
Park Hill	Prairie Village	Shively	Cherokee Triangle	Hikes Point	Okolona	Douglas Loop	Fern Creek	Fincastle
Parkland	PRP		Downtown	Poplar Level		Highlands	Forest Hill	Goose Creek
Portland	Riverport		Old Louisville	South Louisville		St. Matthews	Glenmary	Graymoor-Devondale
Shawnee	Valley Station		Portland	Zachary Taylor		Strathmoor Village	Hikes Point	Harrods Landing
			Schnitzelburg				Jeffersontown	Lyndon
			Smoketown				Lake Forest	Old Dorsey Place
			Zachary Taylor				Middletown	Rolling Hills
							Windy Hills	Silver Creek
								Ten Broeck
								Wildwood
								Windy Hills
								Wolf Pan
								Worthington Hills

Socioeconomic Characteristics of the Community

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

➢ Household poverty level – The nation sets a national poverty line based on both the income and the people living within a household. In Jefferson County, Kentucky, approximately 10.3% of households live below the poverty level. However, there are significant variances among the various communities in Jefferson County. For example, in the West sector of Louisville, 31% of families live below the poverty line and in the Outer East sectors 3.5% to 4% of families live below the poverty line.

➢ Employment – Jefferson County employment rates have been stable historically, with the exception of 2009 and a brief time during 2020 when the community sustained excessive unemployment rates. Employment rates have improved substantially. The unemployment rate for 2021 is estimated to be about 3.9% for Jefferson County residents 16 years and older, which is a rate that falls below the Kentucky (4.7%) and the national (5.3%) unemployment rates.

➢ Insurance coverage – Kentucky was a Medicaid expansion state following implementation of the Affordable Care Act. Most recent statistics for Jefferson County indicated that about 6% of the population under 65 years old remain uninsured. Nationally, about 10% of those under 65 remain uninsured.

➢ Language – Jefferson County is home to a variety of cultures and over 130 languages. About 4.5% of the population does not speak English very well. This varies greatly throughout the communities of Jefferson County with nearly 11% not speaking English fluently in the South Central sector of Jefferson County.

➢ Education – About one-third of Jefferson County residents have attained a bachelor's degree or higher, about 30% have some postsecondary education, and 9.3% do not have a high school diploma. Clearly, this has an impact on employment, income levels, insurance coverage and quality of life.

Norton Healthcare also obtained the Community Need Index (CNI), a tool developed by Dignity Health and IBM Watson Health. The CNI score is an average of five different barrier scores that measure socioeconomic indicators — income, culture, education, insurance and housing. Needs in these five areas were highest for the Central, West and Southwest sectors of the community including the Portland, Smoketown, California, Shawnee, Park DuValle, Chickasaw, PRP and Valley Station neighborhoods, to name a few.

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

Community Health Status

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

❖ Length and quality of life – Opportunities to improve mortality rates as well as improving overall mental and physical health.

❖ Healthy behaviors – Opportunities to support enhanced physical activity and access healthy foods to reduce obesity and diabetes rates, to support smoking cessation and treat drug use, and to reduce teen birth rates.

❖ Clinical care – The biggest area of opportunity is to reduce preventable hospitalizations.

❖ Social and economic factors – Opportunities to support families so children grow up in a household with both parents, to reduce poverty levels and to reduce death rates, both from injuries as well as homicide.

❖ Physical environment – Air quality was the primary opportunity in this area.

These are outlined in detail in *Appendix C*.

Community Resources

The availability of health care resources is a critical component to the health of a 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. An overview of these resources follows.

Hospitals and Health Centers

Norton Healthcare's primary service area has sufficient access to hospital care, with over 3,400 inpatient short-term acute care beds, 1,907 (54.4%) of which are part of the Norton Healthcare system. Review of occupancy rates for each hospital indicates that the inpatient need is currently being met. Through a Certificate of Need (CON) process, Kentucky has a State Health Plan that regulates health services provided. The CON process establishes criteria based on community need in an attempt to ensure that unnecessary duplication of services does not occur.

The primary service area has modest access to psychiatric inpatient care and chemical dependency beds, with 858 beds. These services also are regulated by the State Health Plan and the CON process. A detailed summary of acute and psychiatric care hospitals and related beds can be found in *Appendix E.*

It should be noted that while Norton Healthcare does not have any specifically identified chemical dependency licensed beds, medical detoxification services are provided at two facilities — Norton Audubon Hospital and Norton Women's & Children's Hospital. This service is offered in partnership with a third party, New Vision Withdrawal Management, which offers supervised medical stabilization

treatment to help individuals get through the stages of withdrawal. New Vision for Expectant Mothers is an additional program, provided at Norton Women's & Children's Hospital, that offers medical help for pregnant women looking to quit using substances. The typical length of stay in the hospital is two to seven days. When the patient is ready to leave the hospital, a qualified clinician provides discharge planning, information and referrals for follow-up recovery treatment.

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

Federally Qualified Health Centers

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

Table 2
Norton Healthcare

Summary of Federally Qualified Health Centers located in Jefferson County		
Health Center Name	**Address**	**Sector**
FAMILY HEALTH CENTER AMERICANA FAMILY HEALTH CENTERS INC	4805 Southside Dr Louisville, KY 40214	West Central
FAMILY HEALTH CENTER EAST BROADWAY FAMILY HEALTH CENTERS INC	834 E Broadway Louisville, KY 40204	Central
FAMILY HEALTH CENTER IROQUOIS FAMILY HEALTH CENTERS INC	4100 Taylor Blvd Louisville, KY 40215	West Central
FAMILY HEALTH CENTER PHOENIX FAMILY HEALTH CENTERS INC	712 E Muhammad Ali Blvd Louisville, KY 40202	Central
FAMILY HEALTH CENTER PORTLAND FAMILY HEALTH CENTERS INC	2215 Portland Ave Louisville, KY 40212	West
FAMILY HEALTH CENTER SOUTHWEST FAMILY HEALTH CENTERS INC	9702 Stonestreet Rd STE 220 Louisville, KY 40272	Southwest
FAMILY HEALTH CENTERS INC AMERICANA ANNEX FAMILY HEALTH CENTERS INC	4803 Southside Dr Louisville, KY 40214	West Central
PARK DUVALLE AT CENTRAL HEALTH CENTER PARK DUVALLE COMMUNITY HEALTH CENTER INC	1130 W Chestnut St Louisville, KY 40203	Central
PARK DUVALLE AT NEWBURG PARK DUVALLE COMMUNITY HEALTH CENTER INC	2237 Hikes Ln Louisville, KY 40218	South Central
PARK DUVALLE AT PLEASURE RIDGE PARK HEALTH CENTER PARK DUVALLE COMMUNITY HEALTH CENTER INC	5901 Greenwood Rd Louisville, KY 40258	Southwest
PARK DUVALLE COMMUNITY HEALTH CENTER INC	3015 Wilson Ave Louisville, KY 40211	West
PARK DUVALLE MOBILE DENTISTRY VAN PARK DUVALLE COMMUNITY HEALTH CENTER INC	3015 Wilson Ave Louisville, KY 40211	West
RUSSELL NEIGHBOROOD HEALTH CENTER PARK DUVALLE COMMUNITY HEALTH CENTER INC	1425 W Broadway Louisville, KY 40203	Central
SHAWNEE CHRISTIAN HEALTHCARE CENTER INC	234 Amy Ave Louisville, KY 40212	West
WEST MARKET FAMILY HEALTH CENTERS INC	2500 W Market St Louisville, KY 40212	West

Source: NPI Registry of Federally Qualified Health Centers

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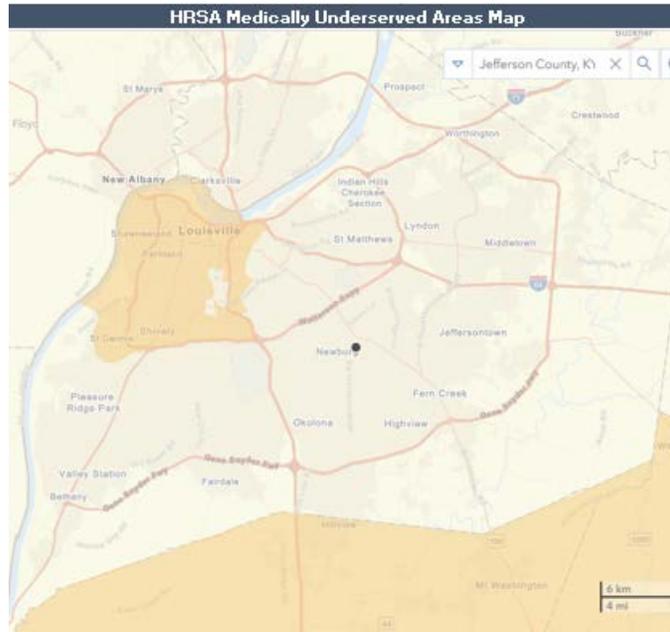
Health Departments

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

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

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

Table 3
Norton Healthcare

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

Source:Louisville Department for Health and Wellness

Other Community Resources

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

Primary Data Assessment

As previously stated, a community health needs survey was conducted to obtain feedback from the general public regarding their needs and perception of the health of the community. The community survey was made available in multiple languages, including English, Spanish, French and Arabic, through online and paper surveying methods.

Survey findings were categorized in four areas:

Areas of Focus	Top Priorities
Community health problems	Mental health and suicide issues Obesity Drug or alcohol addiction Coronavirus disease (COVID-19) Heart disease, stroke and/or high blood pressure Diabetes
Unhealthy behaviors	Drug abuse Coronavirus disease (COVID-19) transmission Distracted driving Poor eating habits Lack of exercise Alcohol abuse
Barriers to health care	Past due bill with a health care provider Getting a timely appointment with provider Can't take time off work Other barrier due to money Can't afford the health care visit Can't afford prescription medicine
Community needs to be healthy	Good jobs that pay a living wage Clean environment (clean air, water, soil and streets) Good schools and a good place to raise children Affordable housing Access to affordable fresh foods Safe roads and walkways

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

➢ Health status – 84% of those surveyed believe that the community they live in is somewhat to very healthy. Jefferson County's West End, including the California, Chickasaw, Irish Hill, Park DuValle, Park Hill, Parkland, Portland and Shawnee neighborhoods, had a less favorable view of

their community health, with only 54% reporting their community as being somewhat to very healthy.

➢ Housing – 11% of respondents reported housing insecurity. The West Central sector of Jefferson County, including the Beechmont, Cloverleaf, Iroquois, PRP and Shively neighborhoods, had 19% of community responses reporting housing insecurity. The Southern sector of Jefferson County, including Fern Creek, Heritage Creek, Highview, Indian Falls and Okolona, had 17% of those surveyed reporting housing safety concerns.

➢ Environmental safety – Less than 20% of Jefferson County residents have environmental concerns, which can include mold, bug infestations, lead paint or pipes and other related issues. 23% of the West Central sectors of the community had environmental safety concerns. 28% of the Central sector have environmental concerns. The Central sector includes the Baxter loop, Belgravia, Butchertown, Central Park, Cherokee Triangle, Downtown, Old Louisville, Portland, Schnitzelburg, Smoketown and Zachary Taylor neighborhoods.

➢ Food insecurity – 22% of residents indicate they sometimes or often experience food insecurity. Consistent with other areas of focus, this increases to 32% for the South Central and Western sectors of the community. The Audubon, Bashford Manor, Buechel, Fern Creek, Hikes Point, Poplar Level, South Louisville and Zachary Taylor neighborhoods are included in the South Central sector of Jefferson County.

➢ Affordability –23% of all Jefferson County residents stated that they put off health care due to affordability and this rate increases to 34% and 30% for the South and Central sector.

➢ Discrimination – Almost one-third of all residents and 50% of Western Jefferson County residents indicated they sometimes or often felt discriminated against. The population in the West End is 80% African American.

To ensure we had a complete assessment of needs and perceptions, Norton Healthcare interviewed 54 community leaders and physicians. These interviews focused on COVID-19, The Black Lives Matter movement and gun safety as well as the following four key areas: pressing problems in health care, barriers to health care, health care engagement and global or universal issues involving health care. Key themes identified area are as follows:

Pressing problems and barriers to health care

➢ Access to care – Availability of providers and the need for additional prevention screenings and programs, as well as the growing need for care providers who specialize in aging populations.

➢ Mental health – Uncertainty about access to services and the overall stigma associated with behavioral health, as well as the growing need for services.

➢ Substance use – Opioid crisis, long-term effects of drug use and the need for medically assisted treatment options.

➢ Trauma– Experiences of trauma can lead to high-risk behaviors; social, emotional and cognitive impairment. There is a growing need for trauma-informed care throughout the community.

➢ Overuse of emergency services – Strained use of EMS and emergency departments for non-emergent services.

➢ Health literacy – The need for education around a healthy lifestyle as well as educating the population on navigation of health care services.

- ➢ Social determinants of health – Transportation, safe and stable housing, financial barriers, food insecurities, cultural and language barriers continue to be areas of concern in the community.

- ➢ Chronic disease – As the population ages the percentage experiencing chronic disease is expected to grow. There is a growing need for care coordination and a need to focus on the prevention of chronic disease in the community.

- ➢ Trust in the health system – Nearly half of those interviewed identified trust as an issue in our community, affecting how a person accesses care as well as what is communicated between the patient and provider.

Norton Healthcare chose to seek out community perceptions regarding the coronavirus pandemic, the Black Lives Matter movement and gun safety during the interview process.

Community reflections regarding the Coronavirus Pandemic (COVID-19)

The questions pertaining to the coronavirus pandemic focused on three areas: expectations of health care systems during a public health event, needs that have been highlighted, and areas where needs of the community were not met during the pandemic.

There were five main areas where there are clear expectations for a health care system during a pandemic. Many interviewees expressed that they were proud of the response by health systems serving the community, but in some of these areas, needs were not always met. Below are areas where expectations were not met at various times during the pandemic:

- Access to care: The expectations of health care systems are to deliver care, provide testing and distribute vaccines. Needs were not always met during the pandemic due to the timeliness and availability of vaccines and testing, the reduction in access to care due to the reduction of outreach clinics, and the changes in access methods that failed to take vulnerable populations into consideration.
- Education and communication: Interviewees discussed the expectation for clear, consistent and accurate communication for all community populations. Areas where this fell short include lack of information in various languages and unclear messaging at times during the pandemic.
- Collaboration: Several individuals discussed the expectation for health care systems to work with community partners and collaborate with local health departments. Most spoke positively about the partnerships that have developed through the pandemic. However, there were opportunities to improve collaboration at the onset of the pandemic and support for smaller organizations to gain access to personal protective equipment.
- Public health and safety: Interviewees discussed the importance of being prepared for a public health crisis. They expect health systems to have a strategy for events including COVID-19 and would like the health system to review supply chains to ensure critical personal protective equipment is available in adequate quantities for medical staff and patients.

Conversations about the Black Lives Matter movement:

Due to the escalation of the Black Lives Matter movement, the role health care institutions should play when it comes to racial disparities was discussed as part of the interviews. While some interviewees expressed that they believe that it is a nonmedical issue and health care institutions should not be involved, the majority of interviewees felt strongly that it is a medical issue and discussed cultural disparities and the impact on both the delivery and receipt of health care. Through the discussions, several themes were identified:

➤ Address health disparities for people of color. Many interviewees called for the assistance of the health community to research and elevate the conversation around poor health outcomes of people of color including the role of social determinants of health.

➤ Reflect on the health system's internal culture, practices and policies to determine if they perpetuate disparities within the health care system.

➤ Provide education for staff and providers regarding cultural sensitivity and bias.

➤ Diversify staff and providers to be more representative of the community.

➤ Increase health access points and involvement in the West Louisville communities.

➤ Provide mental health resources and trauma-informed care.

➤ Build trust between the underserved areas of Jefferson County and health care systems.

Gun violence

Gun safety has been a prominent issue in our community for the last few years and became very prominent over the last year with 160 victims killed by gun violence in 2020. It is challenging for health care institutions to ensure they are responding to community needs but also to ensure safety of the workforce, patients and families. Interviewees were asked the question, *"What role do you feel health care institutions can play relative to the promotion of gun safety in our community?"* The majority of interviewees indicated that community health care institutions could play a larger role in providing education pertaining to gun violence prevention and safety education. A few responses suggested that it become standard to discuss accessibility to guns in the home, specifically in pediatric practices and potentially provide some safety measures including gun locks.

Throughout the interviews there were a few prevalent themes pertaining to the challenges our community is facing in the areas of mental health and substance use, trust between provider and patient, and the impact of other behavioral and social issues.

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

For more detail pertaining to the survey and interview findings please review *Appendix F*.
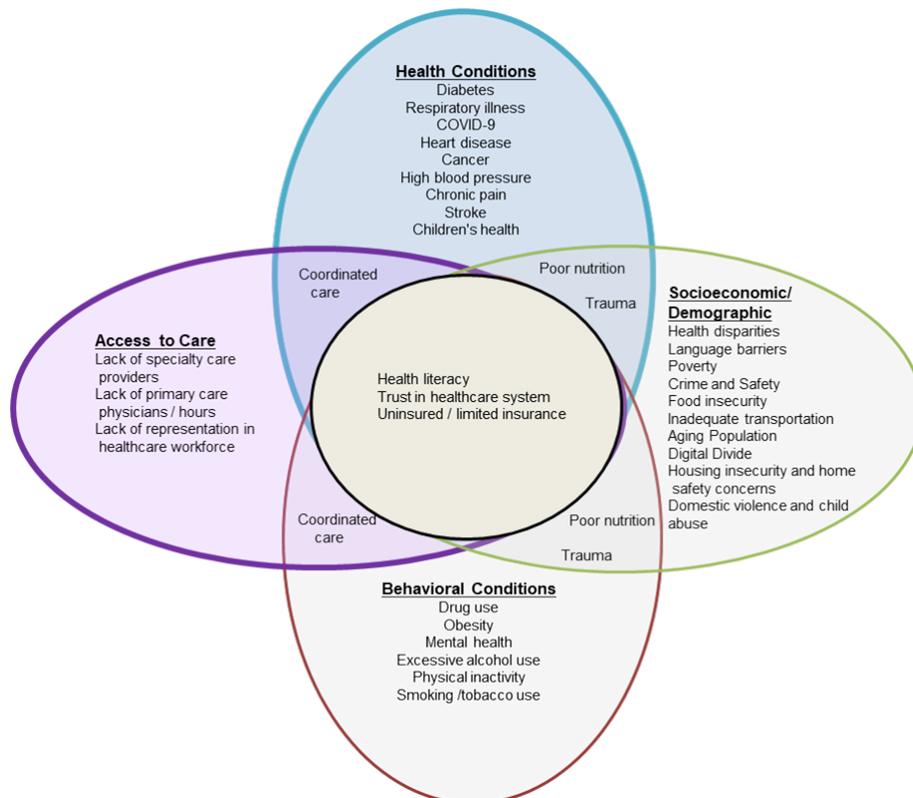
Prioritization of Identified Health Needs

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

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

- ➢ *Primary data*
  - Community health survey
  - Health provider interviews
  - Community leader interviews
- ➢ *Secondary data – socioeconomic indicators*
  - Poverty levels
  - Employment
  - Insurance coverage
  - Educational attainment
- ➢ *Secondary data – community health status indicators*
  - Leading causes of death
  - Community health status indicators
  - County and state health rankings

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

To facilitate prioritization of identified health needs the key findings were summarized and reviewed to determine the magnitude and severity of the problem and the importance emphasized by the community. This information was then taken to the Community Benefit Committee of the Norton Healthcare board of trustees for further discussion.

The committee was asked to keep in mind 1) how closely the need aligns with Norton Healthcare's mission, 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 Healthcare or other community organizations) that are addressing the need.

The Community Benefit Committee participated in a thorough discussion of the 34 needs identified to provide input and further narrow the needs to the areas of focus for the 2022 Community Health Needs Assessment.

Based on this prioritization process, the health needs below have been identified as the most significant opportunities in the community. Norton Healthcare leadership and the Community Benefit Committee worked to identify areas where Norton Healthcare can most effectively focus its resources to have significant impact and develop an implementation strategy for 2020-2022 directly through programming as a collaborator or convener.

	Health Conditions	Access to Care	Behavioral Conditions	Socioeconomic / Demographic

Top 20	Diabetes
	Respiratory illness
	COVID-19
	Heart disease
	Cancer
	High blood pressure
		Access to Care
		   Lack of specialty care providers
		   Lack of primary care physicians/
		   hours
		Lack of representation in health care
		   workforce
		Coordinated care
			Drug use
			Obesity
			Mental health
			Excessive alcohol use
			Poor nutrition
				Health disparities
				Health literacy
				Language barriers
				Trust in the healthcare system
				Poverty

	Chronic pain Stroke Children's health		Physical inactivity Smoking /tobacco use Trauma (including adverse childhood events)	Crime and safety Food insecurity Inadequate transportation Uninsured / limited insurance Aging population Digital divide Housing insecurity and home safety Domestic violence and child abuse

Appendices

Appendix A

Demographic Characteristics of the Community

Community population and demographics

The U.S. Census Bureau has compiled population and demographic data and projected growth over the next five years. Table 4 below shows the total population of the community. The Outer East North and South sectors are expected to grow 3.2%, 2.6% and 2.3%, respectively, by 2026, while the other segments are projecting growth of less than 1% or reduction in population projections. Children and adolescents are expected to remain stable over the next five years, while the 65+ population segment is expected to grow and there is an expected reduction in the 18 to 64 age range. Overall, the segmented population for Jefferson County is expected to increase 10,037 with the most impacted segments being the Outer East and the South.

Table 4
Norton Healthcare
Jefferson County Population

2021 Population

Sector	Total Population	Male	Female		0-17	18-39	40-64	65+
West	53,102	24,661	28,441		13,650	16,509	14,953	7,990
Southwest	74,078	35,974	38,104		16,904	21,958	22,864	12,352
West Central	109,210	52,652	56,558		25,483	32,834	33,617	17,276
Central	66,290	34,407	31,883		12,863	24,210	19,753	9,464
South Central	47,784	23,124	24,660		11,472	14,440	14,334	7,538
South	96,955	47,291	49,664		22,471	28,498	30,719	15,267
Inner East	71,700	34,312	37,388		12,970	20,790	22,602	15,338
OE SOUTH	126,237	60,744	65,493		27,024	34,895	40,790	23,528
OE NORTH	145,227	69,419	75,808		32,021	38,227	46,979	28,000
	790,583	382,584	407,999		174,858	232,361	246,611	136,753
		48.4%	51.6%		22.1%	29.4%	31.2%	17.3%

2026 Population

Sector	Total Population	Male	Female		0-17	18-39	40-64	65+
West	52,666	24,592	28,074		13,482	16,446	13,646	9,092
Southwest	74,879	36,417	38,462		17,019	21,429	22,313	14,118
West Central	109,479	52,864	56,615		25,486	31,261	32,887	19,845
Central	66,007	34,320	31,687		12,701	21,984	20,259	11,063
South Central	47,745	23,170	24,575		11,536	13,206	14,473	8,530
South	99,499	48,550	50,949		22,674	27,892	31,318	17,615
Inner East	71,401	34,223	37,178		12,940	19,253	22,281	16,927
OE SOUTH	129,122	62,193	66,929		27,351	34,577	40,186	27,008
OE NORTH	149,822	71,641	78,181		32,391	40,009	44,992	32,430
	800,620	387,970	412,650		175,580	226,057	242,355	156,628

Percentage Change

Sector	Total Population	Male	Female		0-17	18-39	40-64	65+
West	-0.8%	-0.3%	-1.3%		-1.2%	-0.4%	-8.7%	13.8%
Southwest	1.1%	1.2%	0.9%		0.7%	-2.4%	-2.4%	14.3%
West Central	0.2%	0.4%	0.1%		0.0%	-4.8%	-2.2%	14.9%
Central	-0.4%	-0.3%	-0.6%		-1.3%	-9.2%	2.6%	16.9%
South Central	-0.1%	0.2%	-0.3%		0.6%	-8.5%	1.0%	13.2%
South	2.6%	2.7%	2.6%		0.9%	-2.1%	1.9%	15.4%
Inner East	-0.4%	-0.3%	-0.6%		-0.2%	-7.4%	-1.4%	10.4%
OE SOUTH	2.3%	2.4%	2.2%		1.2%	-0.9%	-1.5%	14.8%
OE NORTH	3.2%	3.2%	3.1%		1.2%	4.7%	-4.2%	15.8%
	1.3%	1.4%	1.1%		0.4%	-2.7%	-1.7%	14.5%

Source: SG2.com

While the relative age of our population can impact community health needs, so can the ethnicity and race of a population. The following table shows the population by ethnicity and race, illustrating Hispanic versus non-Hispanic residents. The black non-Hispanic population makes up 23% of the population, with Asian non-Hispanic accounting for 4%, Hispanic 7% and all others at 1%.

Table 5
Norton Healthcare
Jefferson County Population by Ethnicity & Race

	2021 Population						2021 Mix				
Sector	Total Population	White Non-Hispanic	Black Non-Hispanic	Asian Non-Hispanic	Hispanic	All Others	White Non-Hispanic	Black Non-Hispanic	Asian Non-Hispanic	Hispanic	All Others
West	53,102	9,023	42,232	248	1,069	530	17%	80%	0%	2%	1%
Southwest	74,078	60,336	7,976	1,124	4,042	600	81%	11%	2%	5%	1%
West Central	109,210	57,781	35,539	4,697	10,153	1,039	53%	33%	4%	9%	1%
Central	66,290	38,927	22,581	1,904	2,244	633	59%	34%	3%	3%	1%
South Central	47,784	23,827	15,570	1,551	6,345	492	50%	33%	3%	13%	1%
South	96,955	65,515	17,842	2,548	10,300	750	68%	18%	3%	11%	1%
Inner East	71,700	62,175	4,183	2,213	2,674	454	87%	6%	3%	4%	1%
OE SOUTH	126,237	95,717	17,879	4,439	7,433	769	76%	14%	4%	6%	1%
OE NORTH	145,227	111,960	14,006	11,177	7,115	968	77%	10%	8%	5%	1%
	790,583	524,711	178,298	29,868	51,464	6,242	66%	23%	4%	7%	1%
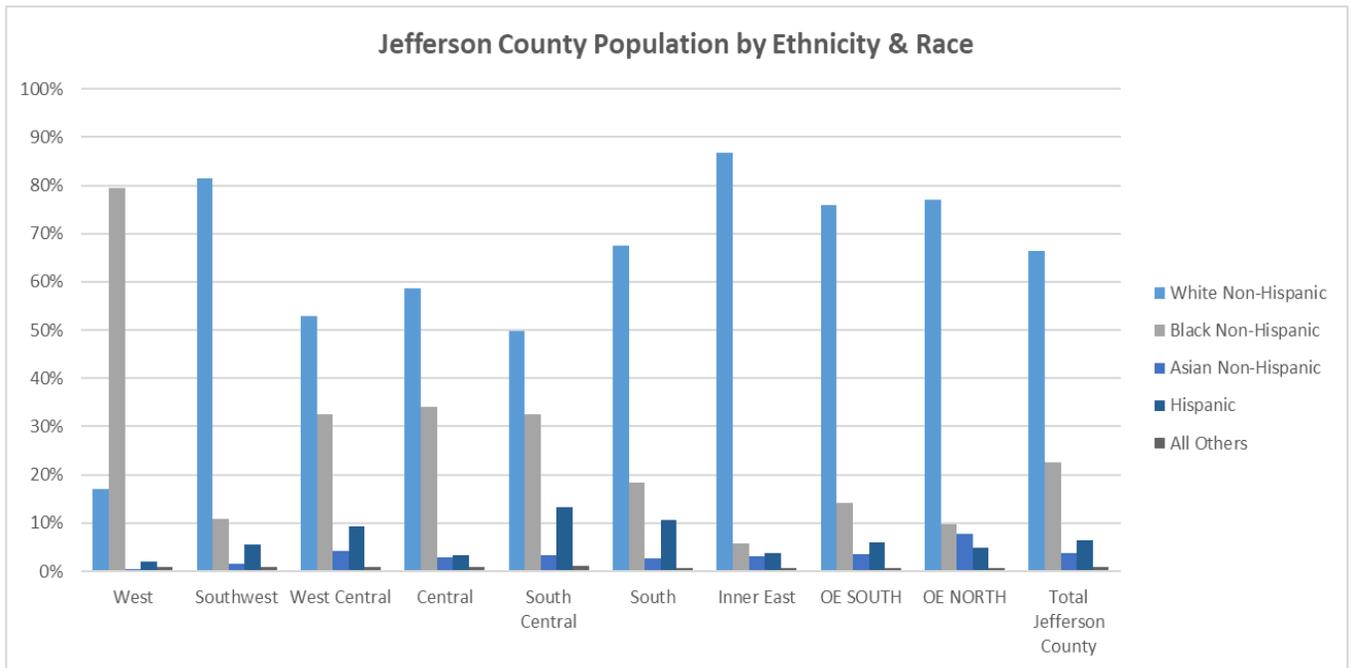
Appendix B

Socioeconomic Characteristics of the Community

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

The federal government maintains a set of poverty thresholds based on the age and size of each family. These are updated on an annual basis. Below you will find the poverty thresholds set for 2020 according to the U.S. Census Bureau.

Poverty Thresholds for 2020 by Size of Family and Number of Related Children Under 18 Years

Size of family unit	Weighted average thresholds	Related children under 18 years								
		None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual):	13,171									
Under age 65..............................	13,465	13,465								
Aged 65 and older........................	12,413	12,413								
Two people:	16,733									
Householder under age 65............	17,413	17,331	17,839							
Householder aged 65 and older.....	15,659	15,644	17,771							
Three people.................................	20,591	20,244	20,832	20,852						
Four people..................................	26,496	26,695	27,131	26,246	26,338					
Five people...................................	31,417	32,193	32,661	31,661	30,887	30,414				
Six people....................................	35,499	37,027	37,174	36,408	35,674	34,582	33,935			
Seven people................................	40,406	42,605	42,871	41,954	41,314	40,124	38,734	37,210		
Eight people.................................	44,755	47,650	48,071	47,205	46,447	45,371	44,006	42,585	42,224	
Nine people or more........................	53,905	57,319	57,597	56,831	56,188	55,132	53,679	52,366	52,040	50,035

Source: U.S. Census Bureau.

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

Jefferson County Household Socioeconomic Statistics

Table 6
Jefferson County Households

	West	South-west	West Central	Central	South Central	South	Inner East	OE SOUTH	OE NORTH	Jefferson County	Kentucky	United States
Count	13,139	20,358	28,218	11,943	11,890	26,021	17,519	34,700	39,823	203,611	1,785,007	125,732,767
% with income <$50K	72.7%	44.1%	56.0%	61.5%	52.0%	40.8%	32.4%	28.0%	21.6%	41.5%	47.2%	38.2%
% below the Poverty	31.3%	9.1%	16.6%	23.6%	14.7%	8.4%	5.2%	4.0%	3.4%	10.3%	12.9%	11.4%*
% with Children	54.8%	44.9%	48.7%	50.9%	48.4%	45.4%	39.3%	43.0%	45.7%	46.0%	46.4%	31%**

Source: SG2.com; Census.gov   *As reported for the year 2020   **As reported for the year 2019

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

Employment

Retail, health care and professional services make up a significant portion of the 19,900 business establishments in Jefferson County.

According to the December 2020 Business First Major Employer Ranking, the top four companies based on number of local employees were:

- United Parcel Service Inc. – Employs 25,090 local employees and specializes in logistics and distribution; financial services; air, ocean, rail and road freight chain services; and international trade management.
- Jefferson County Public Schools – Employs 14,484 local employees and is a leading urban school district that provides a high-quality education for more than 100,000 students.
- Norton Healthcare Inc. – Employs 13,828 local employees and is a health care provider, including hospitals, diagnostic centers, immediate care centers and physician offices.
- Ford Motor Co. – Employs 13,020 local employees and is a global automotive and mobility company. The company's business includes designing, manufacturing, marketing and servicing a line of Ford cars, trucks and sport utility vehicles, as well as Lincoln luxury vehicles.

The unemployment rate has been relatively stable in recent years. However, in 2020 there was a significant rise in unemployment due to the onset of a global pandemic. In April 2020 Jefferson County experienced an unemployment rate of 16.8%. The monthly rate improved throughout the remaining portion of the year. The annual average for 2020 was 6.7% showing that Jefferson County recovered somewhat throughout the remaining year. The estimated average for 2021 was 4.1% as of November with October at 3.2% and November estimated to be 3.0%. Historically, both Jefferson County and the Commonwealth of Kentucky have had higher rates of unemployment than the national average. In 2020 the relationship reversed with the national unemployment rate being higher. (See graph below)

Unemployment Rates (Annual Averages)

*YTD Nov 2021 is estimated
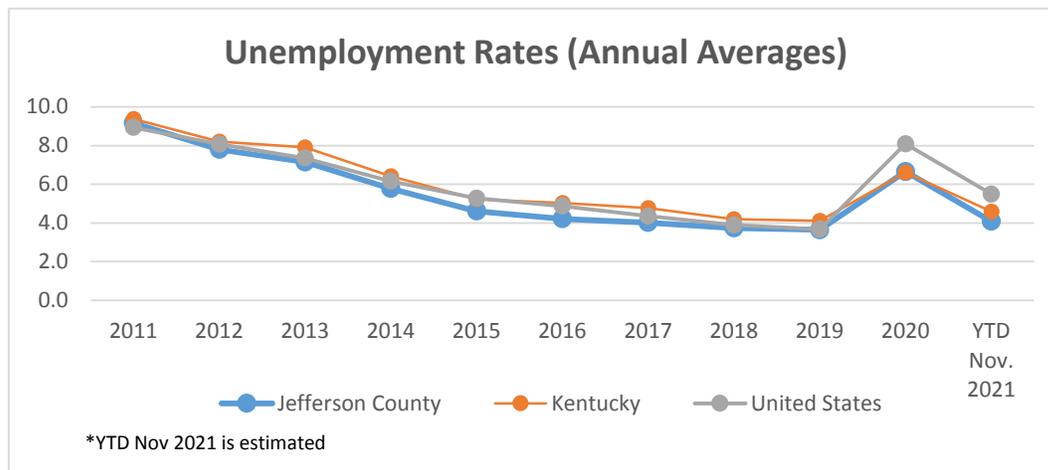
Educational attainment

Links exist between education, economy and quality of life. Table 7 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. Approximately 36% of the adults in the CHNA community do not have a college education or, from a professional perspective, only 31% successfully attained postsecondary degrees at a bachelor's level or higher. This impacts the household income levels of the community and the insured population and levels of coverage.

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

Table 7
Educational Attainment and English Proficiency

	West	South-west	West Central	Central	South Central	South	Inner East	OE SOUTH	OE NORTH	Jefferson County	Kentucky	United States
% without a highschool diploma	17.8%	13.5%	16.0%	13.5%	10.4%	9.9%	3.2%	4.9%	3.6%	9.3%	13.4%	11.9%
25+ High School	38.4%	38.4%	34.9%	26.2%	30.7%	36.7%	12.1%	21.7%	12.5%	26.2%	32.6%	27.0%
25+ Some College/ Associate degree	34.9%	33.0%	32.9%	29.9%	34.1%	33.5%	22.9%	33.0%	25.5%	33.1%	31.3%	31.1%
25+ Bachelor's + degree	8.8%	15.2%	16.1%	30.4%	24.7%	19.9%	61.8%	40.4%	58.3%	31.3%	22.7%	30.1%
**% unable to speak English Very Well	1.8%	3.3%	8.1%	2.2%	10.8%	7.4%	2.7%	3.5%	2.7%	4.6%	2.3%	8.3%

*Educational attainment reported for the population 25 years old or older.

**English proficienct is reported for the population 5 years old or older

Source: SG2.com; Census.gov

English remains the dominant language within the CHNA community, with 89.26% of the community speaking only English in the home. However, in Jefferson County 4.6% of the community are unable to speak English "very well." The communities that have the most difficulty in understanding English are located in the South Central and West Central sectors.

Insurance coverage

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

The Medicaid indicator is relevant because it assesses vulnerable populations, which are more likely to have multiple health issues, poor health status and social support needs. When combined with poverty data, providers can use this measure to identify gaps in eligibility and

enrollment. The table below shows that over 50,000 people are uninsured in the CHNA community based on the 2021 County Health Rankings data.

Table 8

Insurance Coverage

	Population	% Uninsured*	Estimated uninsured	% receiving Medicaid	Medicaid enrollees
Jefferson County	790,583	6.5%	51,546	32%	250,021
Kentucky	4,488,037	6.7%	299,801	35%	1,557,089
United States	330,946,040	9.20%	30,447,036	23%	76,302,278

Sources: American Health Rankings; County Health Rankings; Centers for Medicare and Medicaid Services; Kentucky Monthly enrollment by county report

Community Need Index for Jefferson County ZIP codes

"Dignity Health and IBM Watson Health jointly developed a Community Need Index (CNI) to assist in the process of gathering vital socioeconomic factors in the community."[3] The CNI is strongly linked to variations in community health care needs and is a strong indicator of a community's demand for various health care services. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). Based on a wide array of demographic and economic statistics, the CNI provides a score for every populated ZIP code in the United States on a scale of 1.0 to 5.0. A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need.

Table 9 summarizes the CNI for ZIP codes within Jefferson County as of 2018. Within Jefferson County, CNI scores indicate with the greatest needs can be found in the West, West Central, South Central, and Central sectors and are highlighted below:

Table 9
Jefferson County Community Need Index by Zipcode

Zip Code	CNI Score	Population	Jefferson County Sector
40210	4.8	14639	West
40211	4.4	22253	West
40212	4.8	16916	West
40214	3.8	47316	West Central
40215	4.4	21387	West Central
40216	4	41752	West Central
40219	3.4	37897	South
40228	2.2	19348	South
40229	2.4	40275	South
40209	4	431	South Central
40213	3.8	16752	South Central
40218	3.8	31074	South Central
40118	3.6	10004	Southwest
40258	2.6	26996	Southwest
40272	3	37474	Southwest
40202	4.4	6345	Central
40203	4.8	20825	Central
40204	3	13891	Central
40208	4.6	12707	Central
40217	3	12510	Central
40292	3.6	626	Central

Zip Code	CNI Score	Population	Jefferson County Sector
40041	2.8	303	Inner East
40205	2	22973	Inner East
40206	2.4	19488	Inner East
40207	2.2	29553	Inner East
40220	2.8	33179	OE SOUTH
40243	2.2	11275	OE SOUTH
40291	2	39817	OE SOUTH
40299	1.6	42817	OE SOUTH
40025	1.2	137	OE NORTH
40059	1.4	20463	OE NORTH
40222	2.4	22264	OE NORTH
40223	2.4	24156	OE NORTH
40241	2.4	31892	OE NORTH
40242	2.4	10288	OE NORTH
40245	1.8	36906	OE NORTH
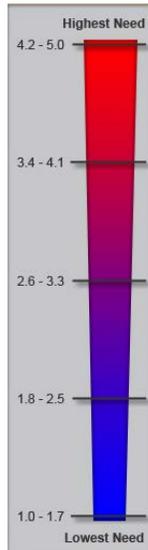
Highest Need
4.2 - 5.0
3.4 - 4.1
2.6 - 3.3
1.8 - 2.5
1.0 - 1.7
Lowest Need

3. Dignity Health and IBM Watson Health. 2021 Community Needs Index Methodology and Source Notes. 2021.
http://cni.dignityhealth.org/Watson-Health-2021-Community-Need-Index-Source-Notes.pdf

Appendix C

Community Health Status

Community Health Status Indicators

America's Health Rankings has been compiled through the United Health Foundation for over 30 years. This report assesses the health of our nation on a state-by-state basis utilizing the World Health Organization's definition of health as a state of physical, mental, and social well-being and not the absence of disease or infirmity.[4] The annual report looks at measures falling into five categories including social and economic factors, physical environment, clinical care, behaviors and health outcomes. Kentucky had the most challenges in the behaviors and health outcomes categories. Specific areas noted in the annual report were high prevalence of multiple chronic conditions, premature death rate and high prevalence of cigarette smoking. The table below shows additional areas where Kentucky has challenges.

Table 10
America's Health Ranking Categories

America's Health Rankings	2020 Rank
Behaviors	**48**
Insufficient Sleep (Percentage of adults)	48
Exercise (Percentage of adults)	50
Physical Inactivity (Percentage of adults)	48
Fruit and Vegetable Consumption (Percentage of adults)	50
Teen BirthsBirths per 1,000 females ages 15-19	47
Smoking (Percentage of adults)	49
Health Outcomes	**46**
Depression (Percentage of adults)	49
Drug Deaths Deaths per 100,000 population	41
Premature Death Years lost before age 75 per 100,000 population	47
Frequent Physical Distress (Percentage of adults)	48
Multiple Chronic Conditions (Percentage of adults)	49
Cancer (Percentage of adults)	48
Cardiovascular Diseases (Percentage of adults)	48
Diabetes (Percentage of adults)	44
High Blood Pressure (Percentage of adults)	46
Obesity (Percentage of adults)	45

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

County Health Rankings

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

Jefferson County has been compared with 33 peer counties within multiple states based on the peer county comparison feature, including Jackson County in Missouri, Franklin County in Ohio

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4. America's Health Rankings. "About America's Health Rankings." 2021 retrieved from:
https://www.americashealthrankings.org/about/methodology/introduction

and Davidson County in Tennessee. A table comparing 2020 data from Jefferson County with several peer counties is available in *Appendix D. Table 11* provides a summary of how Jefferson County compares with peer counties on the full set of primary indicators. Peer county values for each indicator were ranked and then divided into quartiles.

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

	Most favorable quartile	**Middle two quartiles**	**Least favorable quartile**
Length and quality of life		• Low birth weight • Infant mortality rate	• Premature death • Child mortality rate • Percentage of adults reporting fair or poor health • Average number of physically unhealthy days reported in past 30 days
Health behaviors		• Excessive drinking • Alcohol-impaired driving deaths • Sexually transmitted infections • HIV prevalence rate • Food environment index	• Adult obesity • Adult smoking • Diabetes prevalence • Drug overdose deaths • Motor vehicle crash deaths • Insufficient sleep
Clinical care	• Mammography screenings • Dentists	• Uninsured • Primary care physicians • Mental health providers	• Preventable hospital stays
Social and economic factors		• High school graduation rate • % of some college • Math and Reading scores • Unemployment rate • Social associations • Disconnected youth • Children eligible for free or reduced price lunch	• Unemployment rate • Teen birth rates • Children in single parent households • Injury death rate • Homicide rate • Median household income • Violent crime rate • Firearms fatalities
Physical environment	• Severe housing problems	• Homeownership • Traffic volume	• Air pollution • Driving alone to work • Broadband access

Source: County Health Rankings

For further details pertaining to County Health Rankings please see *Appendix D*

Leading Causes of Death

The table below shows leading causes of death for calendar year 2019 within Kentucky and the United States. The age-adjusted rate is shown per 100,000 residents. All leading causes of death in Kentucky are greater than the United States national rates.

Table 12

Selected Causes of Resident Deaths: Age Adjusted Rate

Kentucky Leading Causes of Death, 2019	Deaths	Age Adjusted Rate	*State Rank	United States
Heart Disease	10,742	196.4	42	161.5
Cancer	9,975	176.4	49	146.2
Accident	3,121	68.1	47	49.3
Chronic Lower Respiratory Disease	3,517	62.4	49	38.2
Stroke	2,296	42.5	46	37.0
Alzheimer's Disease	1,684	32.1	24	29.8
Diabetes	1,611	29.1	47	21.6
Kidney Disease	997	18.2	47	12.7
Influenza/Pneumonia	850	15.7	42	12.3
Septicemia	918	16.7	47	9.5

*State Rank: 1 is the best score and 50 in the worst

Source: Centers for Disease Control and Prevention - National Vital Statistics System 2019

Additional findings related to behavioral conditions

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

Smoking: The percent of smokers in Kentucky of 24% is historically one of the highest in the nation, and Jefferson County's falls just under that at 23% of the adult population. Smoking has been linked to multiple diseases that can result in premature death. Approximately 480,000 American's die from smoking each year, accounting for 1 in every 5 deaths. According to the U.S. Department of Health & Human Services, nearly all tobacco use begins during youth and young adulthood. Over 3,800 youth under the age of 18 start smoking each day across the United States. The use of smokeless tobacco is no longer declining and appears to be increasing among some groups.

Obesity: Kentucky's adult obesity rate is currently at 36.5%, up from 30% in 2008 and 21.7% in 2000. Of Jefferson County adults, 32% are obese, and this rate compares negatively with peer cities and national

averages. According to the CDC, obesity is associated with poorer mental health outcomes as well as many of the leading causes of death in the United States including diabetes, heart disease and stroke.[5]
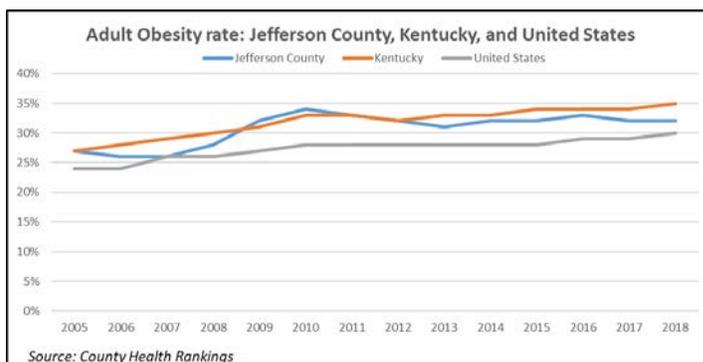

Physical inactivity: Physical inactivity is defined as not getting the recommended level of regular physical activity. Since 2012, the percent of adults who are physically inactive in Jefferson County has not improved. Although Jefferson County's rate is favorable compared to the Commonwealth of Kentucky, it compares negatively with national rates and ranks 48 out of 50 among all states, according to America's Health Rankings.
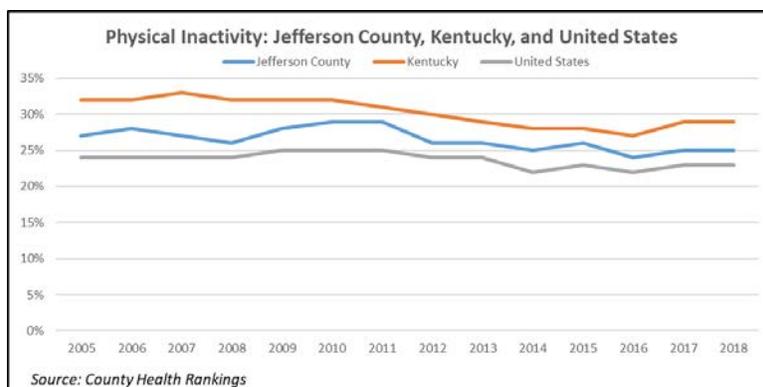
Mental health: America's Health Rankings reports that Kentucky ranks 45th in "poor mental health days," and 49th in the percentage of adults with depression. "Poor mental health days" were defined as days when people report limiting normal activity due to mental health difficulties. According to the CDC, 1 in 5 children either currently or at some point during their life, have had a seriously debilitating mental illness. The rate of suicide increased 33% between 1999 and 2019 and is one of the 10 leading causes of death in the United States. According to the National Alliance on Mental Health, suicide is the second leading cause of death among people ages 10 to 34, and 1 in 20 adults experience mental illness each year.

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5. Center for Disease Control and Prevention. "Adult Obesity Causes & Consequences." Accessed January 2021.
https://www.cdc.gov/obesity/adult/causes.html#:~:text=Obesity%20is%20serious%20because%20it,and%20some%20types%20of%20cancer

Substance use: American's Health Rankings reports that drug overdoses have become the leading cause of injury related death, increasing by 56.5% from 2013 to 2019 and reaching 21.5 deaths per 100,000 a year in the United States. Kentucky has a less favorable rate of 31.3 per 100,000. Jefferson County's rate according to County Health rankings is 42.1 per 100,000, which is nearly double that of the national rate. Drug use can affect not only the people using but also those around them, increasing the risk for trauma and violence.
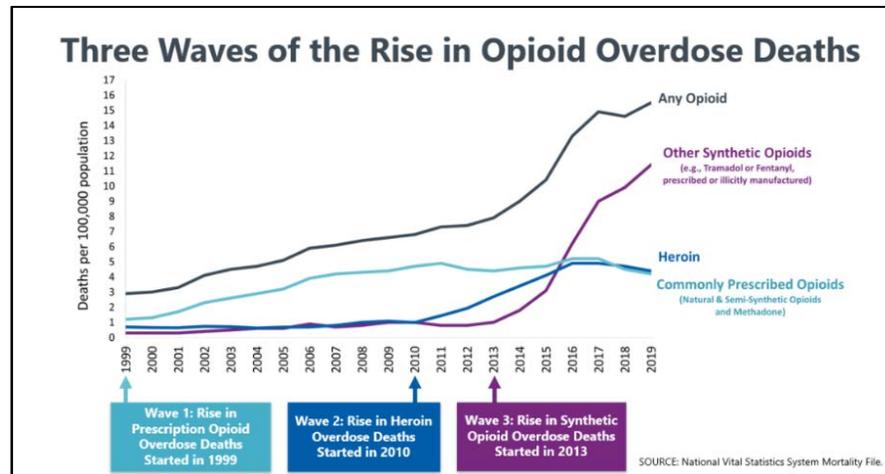
Excessive alcohol use: The rate of adults who drink excessively or binge drink is currently 19.5% for Jefferson County, according to County Health Rankings. This indicator is relevant due to the effects of prolonged excessive alcohol use. The Centers for Disease Control and Prevention reports that excessive alcohol use can lead to the development of chronic diseases including liver disease, heart disease, as well as multiple forms of cancer and weakening of the immune system. Excessive drinking affects not only the physical health of the individual but also their mental health, causing memory issues and creating social problems involving their family and job.

Accidents or unintentional injuries: Accidents are the third leading cause of death in the United States, Kentucky and Jefferson County. In 2019 Jefferson County had 30,977 collisions resulting in 4,989 nonfatal injuries, according to the *Kentucky Traffic Collision Report*. Of the collisions in Jefferson County, 629 involved drinking drivers, and 162 of the drivers were suspected of being under the influence of drugs. According to the Kentucky Cabinet for Health and Family Services Division of Maternal and Child Health, accidents are the second leading cause of death in children between infancy and age 17 in Kentucky. This is significant because they have the potential to be prevented. According to the CDC, falls among adults 65 years or older caused over 34,000 deaths for this age group in 2019.

Abuse and neglect: Kentucky remains one of five states experiencing the highest child abuse and neglect case rates in the United States. From 2017 through 2019 Kentucky lead the nation with the highest child abuse and neglect rates. Kentucky had a rate of 20 cases per 100,000 children in 2019. This decreased to 16.7 in 2020. Kentucky had a total of 9,004 children in out-of-home care placements as of January 2022, with 846 from Jefferson County. Experiencing child abuse is considered to be an adverse childhood event (ACE), which can lead to mental and physical health issues into adulthood.

High blood pressure: High blood pressure, or hypertension, is a common risk factor for heart disease and stroke, and is estimated to affect 47% of adults in the United States. According to the Centers for

Disease Control and Prevention, the risk for high blood pressure is increased by engaging in unhealthy behaviors, including smoking, physical inactivity, obesity and drinking too much alcohol. Hypertension was a contributing factor to over 500,000 deaths in the United States in 2019. The current percent of adults with hypertension in Jefferson County is estimated to be around 40%, according to the Kentucky Health Facts.

Poor nutrition: Unhealthy eating habits may increase the risk of significant health issues, including obesity, heart disease and diabetes. Kentucky's diabetic population has continued to increase from less than 4% in 1996 to more than 13.3% in 2019 according to the *State of Obesity*, an annual report produced by Trust for America's Health and the Robert Wood Johnson Foundation. Environmental factors affect people's diet, including access to healthy or unhealthy food options. The County Health rankings developed a food environment index that takes into account the proximity to healthy food and income with a result range of 0 (worst) to 10 (best). Jefferson County scored a 7.4. In addition, County Health Rankings estimate that 15.3% of Jefferson County's population may be experiencing food insecurity.

Health disparities

Health outcomes often are related to the environments in which people are raised, and many studies have shown the connection between an individual's social and physical environment and their health, often stated as social determinants of health. The Louisville Metro Health Equity Report aims to identify connections between health outcomes, root causes and the historical context that creates inequity as well as practices that can move the community forward. The 2017 health equity is the most recent report as of early 2022, with prior reports published in 2014 and 2012.

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

- Neighborhood development – This examines the economic and social characteristics of a neighborhood; types of businesses and capital available; kinds of development; and whether there is intergenerational wealth or poverty
- Housing – Affordability and quality; ability to attain and maintain ownership
- Transportation – Ways people are able to move through the community: walking, biking, driving and public transit
- Criminal justice – The system that involves police, courts and incarceration, as well as how they are linked together and how people move through and are impacted by the system
- Built environment – The physical environment in which people live: buildings, transportation pathways, parks, green space, natural resources and community centers; the structures and resources that help facilitate neighborhood development
- Food systems – Food supply chains; programs that examine affordability and accessibility of food
- Early childhood development – The environment in which children grow up and develop cognitive, social and linguistic skills
- Environmental quality – Quality of air, water and soil in a community

- Education – Elementary school to doctorate degrees; vocational training programs, apprenticeships, resources and adult educational programming
- Health and human services – Health care and public health; insurance, provider availability and proximity; patient-provider communication; cost of health care; and navigation of the health care system
- Employment and income – Types of jobs people have: part time/full time; unemployment; benefits received; what type of wealth and assets they are able to build up over time

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

Appendix D

County Health Ranking Data

Table 13
2020 County Health Rankings

2020 County Health Rankings Data		Kentucky											
Category	County Ranking Categories	Jefferson	Bullitt	Hardin	Henry	Meade	Nelson	Oldham	Shelby	Spencer	Trimble	KY	US
Health Outcomes	Premature death (per 100,000)	9,909	7,926	8,104	8,932	8,595	9,308	5,594	7,429	7,725	11,419	9,718	6,940
	Life expectancy	75.80	77.89	77.36	75.28	76.15	75.81	79.68	78.03	77.05	73.97	75.43	79.09
	Poor or fair health	20.8%	17.7%	20.3%	21.3%	20.5%	17.7%	15.0%	18.8%	16.6%	20.5%	23.9%	17.2%
	Poor physical health days	4.42	4.15	4.63	4.76	4.62	4.30	3.67	4.44	4.09	4.64	5.05	3.75
	Poor mental health days	4.25	4.36	4.54	4.82	4.64	4.39	3.94	4.43	4.28	4.71	5.00	3.97
	Low birthweight	9.1%	7.8%	7.6%	7.7%	7.3%	8.2%	7.1%	7.8%	7.8%	9.1%	8.8%	8.1%
	Infant mortality	6.49	5.72	6.35	-	-	4.98	5.42	6.85	-	-	6.69	5.83
	Child mortality	60.34	40.64	54.44	-	-	43.21	32.75	63.24	-	-	58.19	49.94
	Diabetes prevalence	12.1%	17.2%	13.2%	10.4%	13.6%	11.5%	8.7%	11.9%	19.1%	14.8%	12.6%	10.3%
	HIV prevalence	431.30	50.80	162.60	-	-	-	201.10	-	-	-	184.30	365.50
Health Behaviors	Adult smoking	19.8%	19.7%	21.2%	20.8%	21.3%	18.5%	16.0%	18.7%	18.2%	20.5%	24.6%	17.1%
	Adult obesity	32.2%	34.5%	37.8%	28.7%	36.6%	35.2%	21.6%	30.7%	36.5%	36.9%	33.8%	29.0%
	Food environment index	7.40	8.00	7.20	8.10	7.70	8.20	8.60	8.30	-	8.20	7.00	7.60
	Physical inactivity	24.9%	28.2%	31.8%	24.0%	30.0%	26.7%	20.2%	26.5%	29.1%	33.1%	28.6%	23.3%
	Food insecurity	15.3%	10.2%	14.2%	13.6%	12.5%	11.4%	7.6%	11.1%	9.3%	12.2%	14.9%	12.5%
	Access to exercise opportunities	91.0%	73.7%	54.7%	32.3%	46.9%	75.0%	94.0%	73.6%	53.6%	62.1%	71.1%	84.2%
	Insufficient sleep	36%	40%	41%	35%	39%	41%	36%	37%	38%	39%	39%	34%
	Teen births	28.08	24.93	33.23	37.00	27.25	28.91	8.73	24.47	20.99	37.63	33.65	22.71
	Sexually transmitted infections	706.10	214.30	584.80	237.40	195.40	447.00	170.10	381.70	232.30	268.70	433.70	524.60
	Drug overdose deaths	42.13	34.93	19.95	25.04	24.71	27.00	15.62	25.29	30.59	-	32.19	20.62
	Excessive drinking	19.5%	17.9%	17.1%	15.7%	17.7%	18.0%	19.0%	17.0%	18.2%	16.7%	17.3%	19.0%
	Motor vehicle crash deaths	12.42	15.09	14.69	20.02	23.94	20.26	8.43	8.73	15.85	24.65	17.00	11.31
	Alcohol-impaired driving deaths	26.1%	26.3%	16.3%	25.0%	45.7%	30.0%	20.0%	25.6%	28.6%	15.4%	26.1%	27.8%
Clinical Care	Uninsured	6%	5%	5%	7%	6%	5%	4%	8%	5%	6%	6%	10%
	Primary care physicians	1058:1	5350:1	1589:1	2001:1	4692:1	2173:1	1660:1	2635:1	2313:1	4281:1	1523:1	1325:1
	Mental health providers	329:1	1126:1	263:1	2301:1	1248:1	705:1	1090:1	703:1	3759:1	4258:1	443:1	403:1
	Dentists	958:1	3003:1	1093:1	3221:1	4102:1	1764:1	2557:1	2695:1	4699:1	8515:1	1543:1	1447:1
	Preventable hospital stays	5,562	6,584	6,007	5,097	5,744	3,393	3,534	4,683	5,502	6,501	5,949	4,535
	Mammography screening	46%	43%	39%	39%	35%	44%	49%	42%	40%	34%	40%	42%
Social & Economical Factors	High school graduation	88%	91%	94%	93%	96%	96%	98%	94%	96%	93%	90%	85%
	% Rural	1.4%	30.4%	34.2%	100.0%	85.9%	56.9%	20.3%	47.0%	100.0%	94.7%	41.6%	19.3%
	Some college	69%	58%	70%	48%	65%	60%	76%	57%	65%	46%	62%	66%
	Children in poverty	22%	13%	18%	22%	16%	16%	5%	14%	10%	21%	22%	18%
	Unemployment	4%	4%	4%	4%	5%	4%	3%	3%	4%	4%	4%	4%
	Income inequality	4.85	3.68	4.29	4.20	3.72	4.07	3.94	4.64	3.88	5.09	5.08	4.92
	Children in single-parent households	42%	31%	33%	41%	21%	25%	17%	26%	22%	42%	34%	33%
	Children eligible for free or reduced lunch	63%	47%	58%	55%	53%	56%	20%	50%	44%	61%	60%	52%
	Reading scores	2.94	3.15	3.14	3.04	3.42	3.05	3.40	3.06	3.34	3.02	3.18	3.10
	Math scores	2.91	3.13	3.06	2.85	3.47	2.99	3.22	2.81	3.41	2.83	3.07	3.02
	Disconnected youth	7%	7%	9%	0%	0%	13%	4%	0%	0%	0%	8%	7%
	Suicides	16.26	22.27	13.83	13.67	17.59	18.68	10.67	14.02	14.33	23.79	16.82	13.58
	Violent crime	612.00	121.62	158.24	30.46	77.02	107.51	81.59	117.60	44.66	34.12	222.00	386.46
	Homicides	11.18	3.09	5.03	-	5.98	4.75	-	3.74	-	-	5.64	5.45
	Injury deaths	97.82	86.37	70.13	101.11	88.70	89.87	46.51	72.15	76.81	99.42	93.28	69.87
	Social associations	9.97	6.36	9.62	11.25	5.68	8.98	6.32	9.49	5.94	10.51	10.69	9.34
Physical Environment	Driving alone to work	80.4%	84.9%	82.3%	80.1%	85.6%	83.8%	85.2%	81.6%	84.6%	80.7%	82.1%	76.4%
	Air pollution - particulate matter	12.90	12.40	11.80	11.20	12.10	11.50	11.90	11.50	11.40	11.20	10.70	8.60
	Drinking water violations	No	No	No	No	Yes	Yes	No	No	No	No	0.33	-
	Severe housing problems	15.0%	10.8%	12.9%	13.5%	11.8%	10.9%	8.4%	13.8%	9.1%	11.0%	13.9%	17.9%
	Percentage of households with high housing costs	13.1%	9.6%	10.8%	12.0%	9.8%	8.6%	7.3%	10.0%	7.2%	8.9%	0.0%	0.0%
	Homeownership	61.7%	80.6%	62.0%	69.5%	72.3%	76.6%	84.9%	69.7%	85.0%	75.3%	67.0%	63.8%
	Traffic volume	697.75	79.96	106.04	33.97	42.75	18.22	44.33	34.47	11.70	15.17	234.86	-
	Long commute - driving alone	25%	49%	27%	47%	49%	39%	47%	43%	65%	40%	30%	36%

2020 County Health Rankings Data		Indiana							
Category	County Ranking Categories	Clark	Floyd	Harrison	Jefferson	Scott	Washington	IN	US
Health Outcomes	Premature death (per 100,000)	9,765	8,184	8,114	9,336	13,106	10,650	8,306	6,940
	Life expectancy	74.88	76.57	77.18	75.39	71.59	74.81	77.04	79.09
	Poor or fair health	20.4%	16.6%	17.5%	17.6%	19.2%	17.9%	19.8%	17.2%
	Poor physical health days	4.35	3.91	3.97	4.14	4.22	4.01	4.17	3.75
	Poor mental health days	4.84	4.46	4.42	4.72	4.72	4.51	4.72	3.97
	Low birthweight	8.3%	8.7%	7.3%	8.4%	9.3%	7.3%	8.0%	8.1%
	Infant mortality	7.37	4.20	-	-	-	-	7.15	5.83
	Child mortality	66.91	32.61	49.80	78.67	88.28	39.10	60.75	49.94
	Diabetes prevalence	11.5%	14.3%	11.8%	10.9%	14.1%	14.6%	11.9%	10.3%
	HIV prevalence	218.10	161.70	65.90	80.00	779.20	102.90	199.50	365.50
Health Behaviors	Adult smoking	22.2%	21.7%	20.1%	23.1%	20.8%	21.2%	21.8%	17.1%
	Adult obesity	36.8%	34.7%	38.1%	35.0%	32.8%	40.6%	33.4%	29.0%
	Food environment index	7.90	7.90	8.50	7.70	8.30	8.10	7.10	7.60
	Physical inactivity	27.9%	28.1%	27.2%	24.8%	29.1%	34.3%	26.7%	23.3%
	Food insecurity	11.6%	11.6%	11.0%	12.4%	12.1%	12.1%	13.3%	12.5%
	Access to exercise opportunities	89.1%	82.0%	41.1%	66.1%	52.0%	46.5%	75.2%	84.2%
	Insufficient sleep	35%	35%	34%	34%	36%	34%	36%	34%
	Teen births	31.75	22.33	27.46	31.82	43.74	32.30	26.50	22.71
	Sexually transmitted infections	426.60	394.40	235.60	395.80	398.00	283.90	514.20	524.60
	Drug overdose deaths	38.25	31.49	25.82	17.58	60.16	23.97	25.05	20.62
	Excessive drinking	17.6%	17.8%	17.1%	18.0%	17.0%	16.1%	17.6%	19.0%
	Motor vehicle crash deaths	11.06	9.70	23.08	15.88	23.40	23.61	12.16	11.31
	Alcohol-impaired driving deaths	7.6%	26.8%	11.5%	13.8%	14.8%	22.9%	19.7%	27.8%
Clinical Care	Uninsured	9%	7%	8%	9%	9%	10%	10%	10%
	Primary care physicians	2339:1	1454:1	2217:1	1783:1	2387:1	3975:1	1511:1	1325:1
	Mental health providers	460:1	694:1	4035:1	1007:1	2171:1	2794:1	623:1	403:1
	Dentists	2794:1	1468:1	2374:1	1534:1	3980:1	5589:1	1777:1	1447:1
	Preventable hospital stays	6,519	5,480	5,431	5,926	7,381	4,034	5,006	4,535
	Mammography screening	45%	46%	49%	39%	36%	39%	42%	42%
Social & Economical Factors	High school graduation	91%	94%	97%	82%	87%	90%	84%	85%
	% Rural	20.5%	20.3%	85.8%	45.1%	52.7%	76.8%	27.6%	19.3%
	Some college	64%	69%	54%	51%	44%	48%	63%	66%
	Children in poverty	16%	15%	13%	22%	21%	20%	18%	18%
	Unemployment	3%	3%	3%	3%	4%	4%	3%	4%
	Income inequality	3.80	4.48	4.11	4.25	4.25	3.92	4.37	4.92
	Children in single-parent households	31%	35%	25%	36%	27%	30%	34%	33%
	Children eligible for free or reduced lunch	50%	41%	44%	52%	61%	53%	50%	52%
	Reading scores	3.19	3.28	3.28	2.98	3.31	3.34	3.23	3.10
	Math scores	3.06	3.27	3.25	3.12	3.42	3.45	3.29	3.02
	Disconnected youth	4%	4%	11%	8%	0%	7%	7%	7%
	Suicides	16.41	14.18	12.49	27.87	11.15	20.91	15.26	13.58
	Violent crime	356.05	132.39	81.75	-	193.85	-	385.07	386.46
	Homicides	4.85	3.36	-	-	-	5.65	6.25	5.45
	Injury deaths	85.17	74.58	82.43	91.57	105.94	107.80	77.07	69.87
	Social associations	9.92	11.16	8.02	11.53	10.05	6.83	12.32	9.34
Physical Environment	Driving alone to work	85.3%	86.4%	87.1%	82.9%	84.8%	83.7%	83.0%	76.4%
	Air pollution - particulate matter	12.00	12.00	12.30	11.30	11.40	11.50	11.75	8.60
	Drinking water violations	No	No	No	No	No	No	0.15	-
	Severe housing problems	11.3%	11.4%	10.1%	14.1%	9.9%	11.7%	13.2%	17.9%
	Percentage of households with high housing costs	10.0%	10.0%	8.2%	10.7%	9.8%	9.8%	0.0%	0.0%
	Homeownership	70.5%	72.4%	82.5%	71.9%	72.7%	76.2%	68.9%	63.8%
	Traffic volume	319.88	343.90	20.71	149.86	113.16	79.26	247.93	-
	Long commute - driving alone	33%	32%	57%	32%	40%	51%	31%	36%

Source: Robert Wood Johnson Foundation, County Health Rankings. "Explore Health Rankings | What and Why We Rank." 2020. From: http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank

Appendix E

Community Resources

Hospitals

Table 14
Norton Healthcare

Summary of Licensed Acute Care Beds		
Facility Name	**Address**	**Sector**
NORTON HOSPITAL / NORTON PAVILION / NORTON CHILDREN'S HOSPITAL	200 EAST CHESTNUT STREET	Central
NORTON AUDUBON HOSPITAL	1 AUDUBON PLAZA DRIVE	Central
NORTON WOMEN'S AND CHILDREN'S HOSPITAL	4001 DUTCHMANS LANE	Inner East
NORTON BROWNSBORO HOSPITAL	4960 NORTON HEALTHCARE BOULEVARD	OE NORTH
BAPTIST HEALTH LOUISVILLE	4000 KRESGE WAY	Inner East
UNIVERSITY OF LOUISVILLE HOSPITAL	530 SOUTH JACKSON STREET	Central
UOFL HEALTH - JEWISH HOSPITAL	200 ABRAHAM FLEXNER WAY	Central
UOFL HEALTH - MARY & ELIZABETH HOSPITAL	1850 BLUEGRASS AVENUE	West Central

Source: 2020 Annual Kentucky Hospital Utilization and Service Report

Table 15
Norton Healthcare

Summary of Licensed Psychiatric Care and Chemical Dependency Beds				
Facility Name	**Sector**	**Licensed Adult Psy Beds**	**Licensed Psy Beds**	**Licensed Chemical Dependency Beds**
BAPTIST HEALTH LOUISVILLE	Inner East		22	
CENTRAL STATE HOSPITAL	OE NORTH		192	
NORTON HOSPITAL / NORTON PAVILION / NORTON CHILDREN'S HOSPITAL	Central		46	
THE BROOK HOSPITAL - DUPONT	Inner East	20	76	12
THE BROOK HOSPITAL - KMI	OE NORTH		86	12
UOFL HEALTH - PEACE HOSPITAL	Inner East		396	
UNIVERSITY OF LOUISVILLE HOSPITAL	Central		20	
UOFL HEALTH - JEWISH HOSPITAL	Central		20	

Source: 2020 Annual Kentucky Hospital Utilization and Service Report

Table 16

Name	Address	Select Community Resources Available Through Organization
American Cancer Society - Louisville	1640 Lyndon Farm Court Suite 104 Louisville, KY 40223	Provides transportation to and from cancer treatment appointments. This transportation is provided by volunteers.Provides cancer patients with supplies to help cope with cancer related issues, including wigs, hats, and turbans.
American Red Cross - Louisville Area Chapter	510 East Chestnut Street Louisville, KY 40202	Disaster Services - Disaster Relief Services, Public Safety - Health And Safety Classes, Public Safety - Home Fire Campaign, Veteran / Active Military Services
Americana World Community Center	4801 Southside Drive Louisville, KY 40214	Community Garden and educational and support services
Baptist Fellowship Center	1351 Catalpa Street Louisville, KY 40211	Provides financial assistance for utilities; food assistance as a Dare-to-Care site; used clothing from the Clothes Closet; and toiletry and household items. Also assists qualified persons in getting their prescription medication free or at a reduced cost.
Bates Community Development Corporation	1228 South Jackson Street Louisville, KY 40203Jefferson County	Provides emergency food services including fresh produce, infant formula and a community meal. Also offers a clothes closet.
Cabbage Patch Settlement House	1413 South 6th Street Louisville, KY 40208	Provides long term case management for at risk families to assist with self sufficiency goals.
Catholic Charities Of Louisville	2911 South 4th Street Louisville, KY 40208	Provides assistance and support to women who are pregnant or who have recently had babies.
Center For Women And Families	27 South 2nd Street Louisville, KY 40203	Provides supportive services for victims of domestic violence, including hospital and court advocacy, individual counseling and support groups.
Coalition For The Homeless	1300 South 4th Street Suite 250 Louisville, KY 40208	Single Point Of Entry-Shelter Bed Reservation
Dare To Care - Food Bank	5803 Fern Valley Road Louisville, KY 40228	Provides a mobile food pantry that offers fresh produce and other food and household items such as toilet paper.
Dare To Care Senior Commodity Warehouse	3360 Commerce Center Place Louisville, KY 40211	Provides monthly packages of broadly nutritious food for older adults.
Day Spring	3430 Day Spring Court Louisville, KY 40213	Provides a range of housing and residential services for adults with intellectual disabilities, including group homes, supported apartments, staffed residences, and support services for pesons who live in their own homes.
Goodwill Industries Of Kentucky - Louisville Metro Area	962 East Chestnut Street Louisville, KY 40204	Sells donated vehicles for approved applicants at about 20% discount from market value. Offers refundable-interest loans. Also provides 24 month / 24,000 mile service contract.
House Of Ruth	607 East St Catherine Street Louisville, KY 40203	Bus Fare for AIDS/HIV, Rent Payment Assistance for AIDS/HIV, Rental Deposit Assistance for AIDS/HIV, Utility Service Payment Assistance for AIDS/HIV
Kentucky Autism Training Center	1405 East Burnett Ave. Louisville, KY 40217	Provides resources and professional development training for the systems of support for individuals with ASD in education, early childhood, mental health, and employment.
Leukemia And Lymphoma Society - Kentucky And Southern Indiana Chapter	301 East Main Street Suite 100 Louisville, KY 40202	Provides financial assistance for medical bill and prescription expense co-pays for persons with blood cancers. Also offers travel assistance stipend for pediatrics patients in Kentucky.
Meals on Wheels America / Louisville Metro Senior Nutrition Program	701 West Ormsby Avenue, Suite 201 Louisville, Kentucky 40203	The Senior Nutrition Program provides nutritious meals for all seniors age 60 and older regardless of income promoting health throughout the community. Senior Nutrition encourages sites to provide activities and fitness programs. Meals are delivered to most sites Monday through Friday.
Metro United Way	334 E. Broadway Louisville, KY 40204	2-1-1 help referral service supports community by connecting them to the organizations to provide support in the community
Re:Center Ministries	733 East Jefferson Street Louisville, KY 40202	Provides emergency day shelter services for men and women experiencing homelessness. Guests have access to restrooms, showers, laundry, personal belonging storage, and a mailbox. Various community service partners assist in meeting the needs of the population including medical, dental, and housing services.
Salvation Army Of Louisville	911 South Brook Street Louisville, KY 40203	Provides emergency shelter for homeless men for up to 45 days.
Seniorcare Experts	145 Thierman Lane Louisville, KY 40207	Provides transportation for frail, home-bound older adults to doctor's appointments, the grocery store, and other necessary or recreational destinations. No shared rides.
Southwest Center For The Developmentally Disabled	8009 Terry Road Louisville, KY 40258	Provides wheelchair accessible vehicle to transport persons with disabilities to medical appointments.
Transit Authority Of River City	1000 West Broadway Louisville, KY 40203	TARC3 Paratransit Service provides public transportation for people with disabilities who cannot use regular fixed-route bus service.
Volunteers Of America Mid-States	570 South 4th Street Suite 100 Louisville, KY 40202	Provides homelessness prevention services and case management for veterans and their families. Connects veterans with benefits such as vocational and rehabilitation counseling, job training and educational assistance, health care services, transportation, legal assistance, child care, and other services.
Wellspring	225 West Breckinridge Street Louisville, KY 40203	Provides intensive supportive housing for persons with mental illness. Services include support, rehabilitation, skills training, case management and peer support.
YMCA of Greater Louisville	2400 Crittenden Drive Louisville, KY 40217	Provides a network of community partners throughout Jefferson, Oldham and Bullitt counties, where teens can go to get help and be transported to the YMCA Safe Place Services' Shelter House facility at 2400 Crittenden Drive. Shelter House accommodates up to 12 boys and 12 girls, and the average stay ranges from six to ten days. Also offers outreach to homeless youth.
Zoom Group	1904 Embassy Square Blvd. Louisville, KY 40299	Provides residential homes for adultes with developmental disabilities. Offers support staff.

Source: Metro United Way 211
For a full listing of services please visit: http://www.navigateresources.net/metro/

Appendix F

Primary Data Assessment

Community input: Community Health Needs Survey

As previously stated, Norton Healthcare conducted a communitywide survey to obtain feedback from the general public regarding health needs and perceptions. The community survey was made available in multiple languages, including English, Spanish, French, Arabic, Chinese, Nepali, Russian, Somali and Vietnamese, through online and paper surveying methods. Norton Healthcare utilized IQS Research, an independent research organization, to assist with the collection of the surveys.

There were 5,185 surveys collected. Surveys that fell outside of Jefferson County or were incomplete were excluded from the results. This left 2,794 surveys that were weighted based on age, gender, race and educational attainment to be more representative of the Jefferson County population as a whole.

A high number of respondents were employed by or obtaining health care from a Norton Healthcare. This should be taken into consideration when interpreting the survey results. The results presented here use the weighted results of the survey.

Respondent demographics

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

Gender	Jefferson County	Survey Respondents
Female	52%	54%
Male	48%	46%

Age Range	Jefferson County	Survey Respondents
18-24	11%	10%
25-34	18%	19%
35-54	32%	33%
55-64	17%	18%
65+	22%	20%

Race identity	Jefferson County	Survey Respondents
White	71%	75.30%
Black / AA	20%	18.80%
Hispanic	5%	3.90%
Asian	3%	1.80%
Other	2%	0.20%

Education Attainment	Jefferson County	Survey Respondents
No HS	12%	11%
HS diploma	27%	24%
Some College	29%	32%
Bachelor/Graduate	32%	33%

» **76%** of survey responses were collected from Norton Healthcare employees or patients.

» The survey was collected between August 2020 and February 2021.

Norton Healthcare 2020-2021	Community Survey

Findings

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

Community health problems: A high number of respondents (35%) indicated that obesity and addiction to/overdose from drugs or alcohol are current issues for our community. Other top community health problems included mental health (33%), coronavirus disease (28%), and high blood pressure (23%). See the chart below for the full list of survey options and the results.

Community Health Problems

Norton Healthcare 2020-2021 — Community Survey
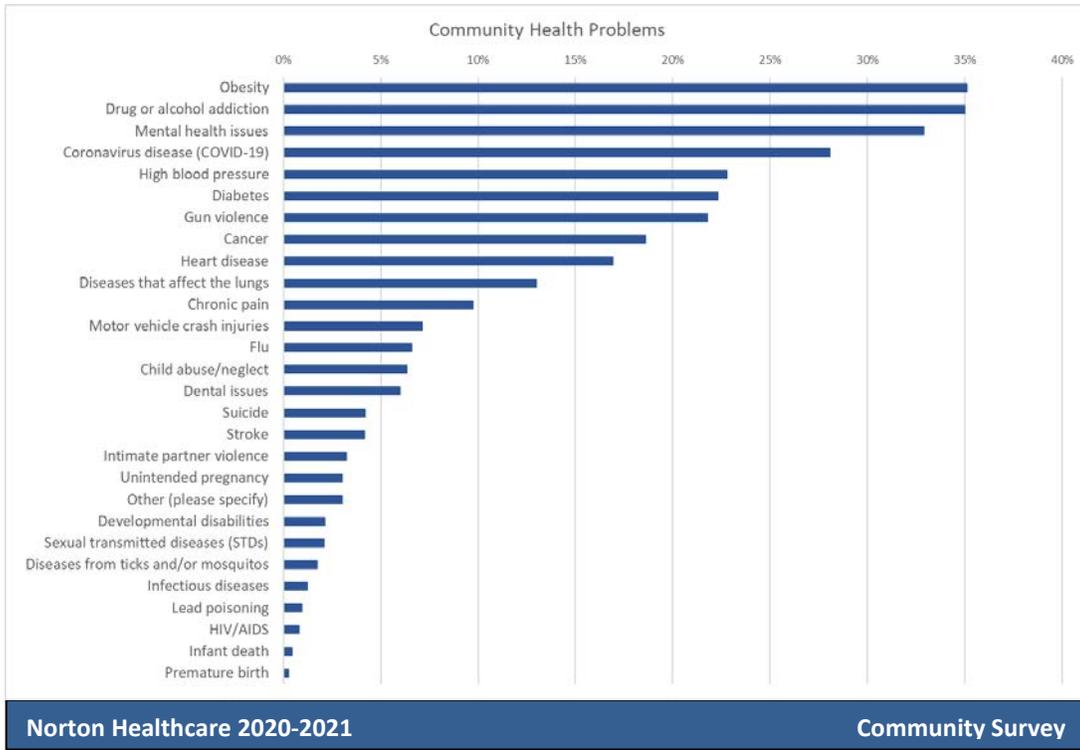
Unhealthy behaviors: Similar to the community health needs, one of the most frequent behavioral issues was drug abuse (49%). This was followed by coronavirus disease transmission (36%), distracted driving (31%), poor eating habits (36%), and lack of exercise (24%).


Unhealthy Behaviors

Norton Healthcare 2020-2021 — Community Survey
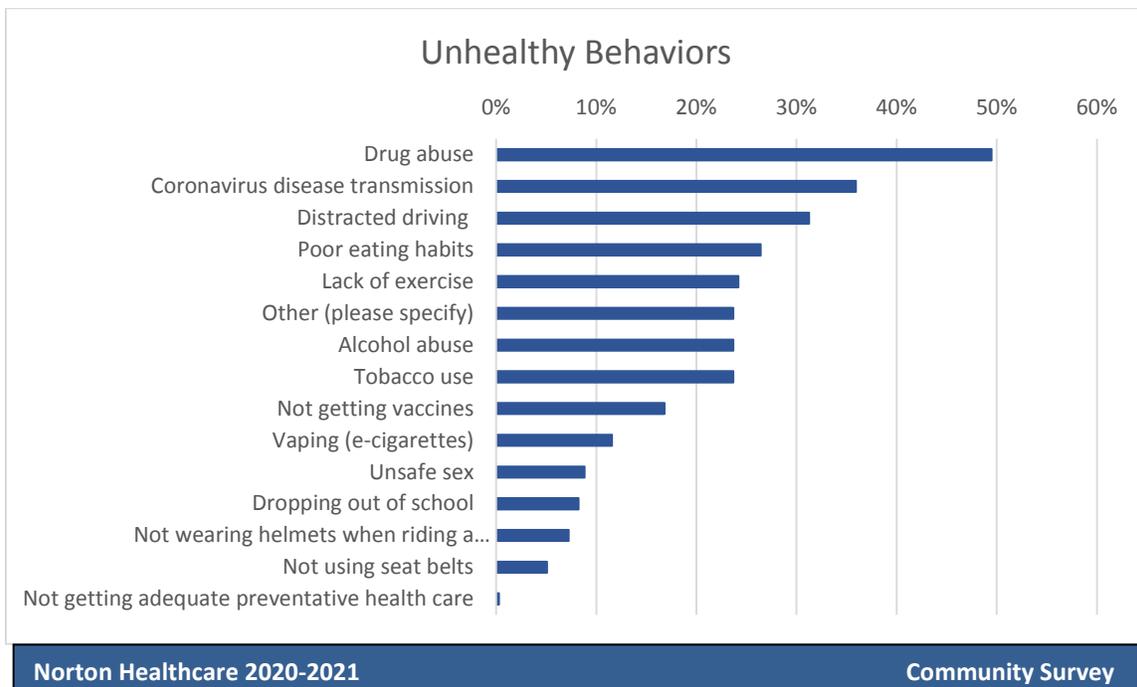
Barriers to health care: The survey instrument used two questions to obtain information regarding barriers to health care. The first question dealt with financial barriers. Forty-five percent of respondents indicated that they did not have financial barriers. The second question dealt with nonfinancial barriers to health care. Fifty-six percent of respondents indicated that they did not have other barriers to health care. It is important to note that a high majority of the surveys were received from persons who work for or are receiving health care from Norton Healthcare.

In reviewing the financial barriers listed, the most prevalent financial barriers are: having a past due bill with a health care provider (18%), can't take time off work (15%), can't afford prescription medicine (13%) and can't afford the health care visit (13%).

Financial Barriers to Helathcare

Category	Percentage
Paying for health care is not much of a problem	~45%
Past due bill with a health care provider	~18%
Can't take time off work	~15%
Can't afford the health care visit	~13%
Can't afford prescription medicine	~13%
No insurance	~8%
Can't afford medical equipment	~7%
Can't afford gas or bus fare	~4%
Other barrier due to money	~14%

Norton Healthcare 2020-2021   **Community Survey**

The most prevalent nonfinancial barriers are not being able to get an appointment with a provider in a timely manner (18%), waiting too long in the provider's waiting room (9%) and not knowing where to go (6%). The graphs below show the full results from the survey.
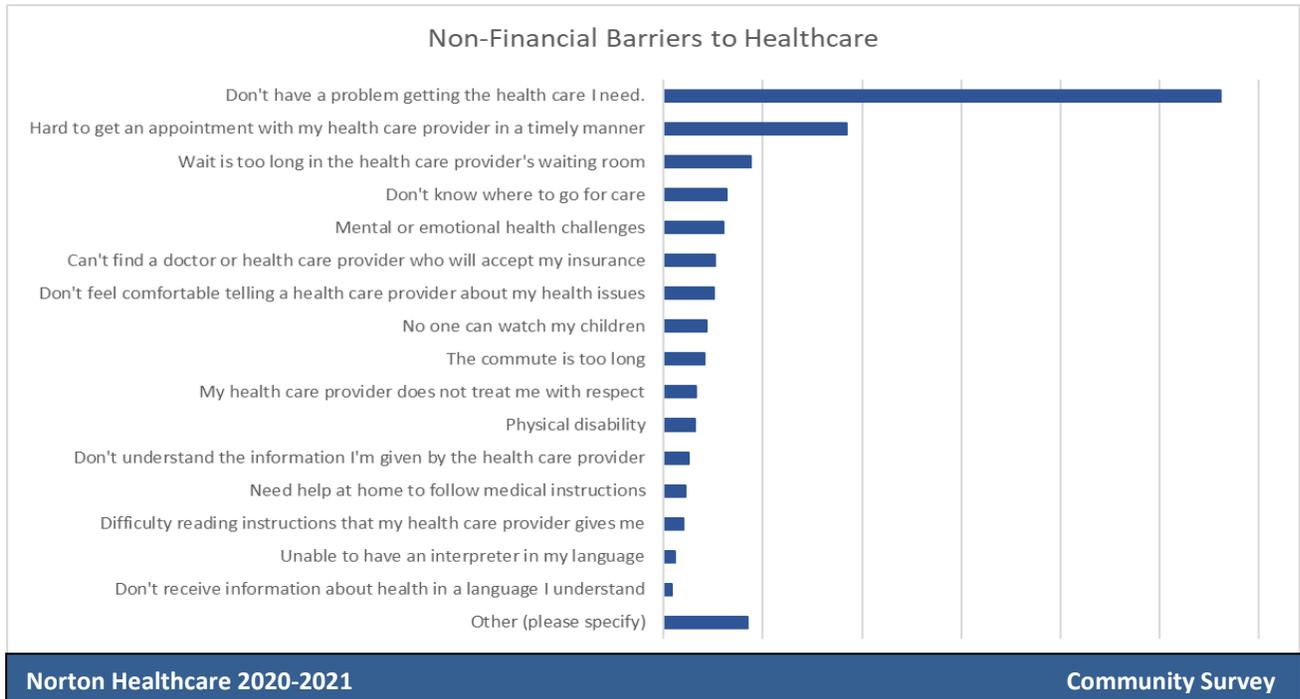
Community needs to be healthy: When asked what the community needs to be healthy, the most common response was good paying jobs that pay a living wage (38%), followed by a clean environment (28%), good schools and good places to raise children (36%), affordable housing (24%) and access to affordable fresh foods (23%).

Community Needs to be Healthy

| Norton Healthcare 2020-2021 | Community Survey |
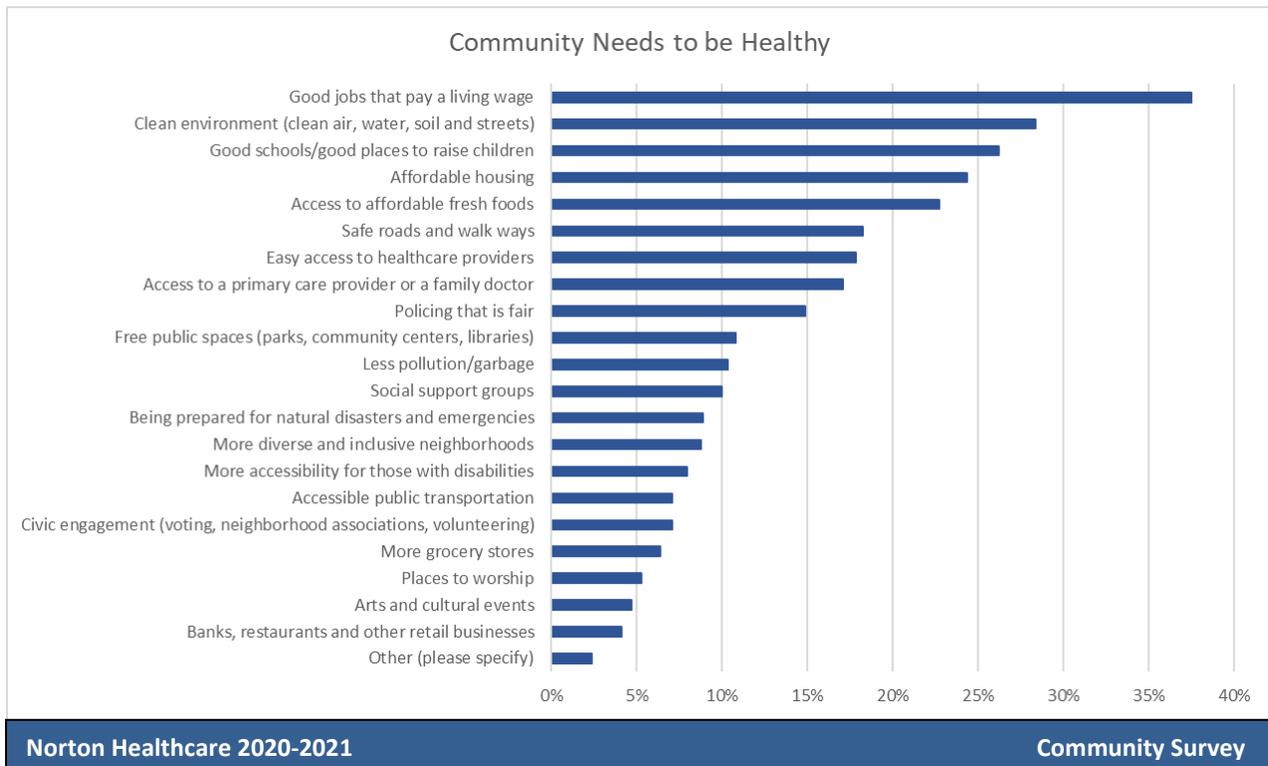
Additional survey results:

➢ 84% believe that the community is somewhat to very healthy. Those living in the western areas believe their community is less healthy.

Health Status	Grand Total	West	West Central	South-west	South Central	South	Central	Inner East	OE NORTH	OE SOUTH
Somewhat to very healthy	84%	54%	70%	75%	79%	83%	82%	94%	98%	96%

➢ 31% indicated that being able to trust a provider is the most important attribute when choosing a provider.
➢ 17% had difficulty finding a provider for a specific illness, with 25% of those having difficulty finding a mental health specialist.
➢ 23% sometimes or often put off medical care because they could not afford it, with higher percentages putting off care in the South and Central sectors.

Delaying Medical Care	Grand Total	West	West Central	South-west	South Central	South	Central	Inner East	OE NORTH	OE SOUTH
Sometimes or Often	23%	24%	24%	24%	30%	34%	30%	15%	14%	19%

➢ 16% of residents have environmental safety concerns (mold, bug infestations, lead paint or pipes, water leaks, etc.) that make their housing unsafe/unhealthy. There is a significant variance based on the region a person lives in Jefferson County.

Environmental Safety	Grand Total	West	West Central	South-west	South Central	South	Central	Inner East	OE NORTH	OE SOUTH
No Issues	83%	80%	77%	82%	78%	82%	72%	85%	92%	91%
Have housing safety concerns	16%	20%	23%	17%	22%	17%	28%	14%	8%	9%

• 22% of residents sometimes or often experience food insecurities. In the West and Central sectors, 32% of residents sometimes or often experience food insecurities. There is a significant variance among the different regions of Jefferson County.

Food Insecurities	Grand Total	West	West Central	South-west	South Central	South	Central	Inner East	OE NORTH	OE SOUTH
Sometimes or Often	22%	32%	25%	28%	32%	29%	23%	14%	12%	16%

• 27% of respondents sometimes or often felt personally discriminated against. There is a significant variance in this finding based on the region a person lives in Jefferson County.

Discrimination	Grand Total	West	West Central	South-west	South Central	South	Central	Inner East	OE NORTH	OE SOUTH
Sometime or Often	27%	50%	36%	24%	31%	26%	27%	21%	20%	26%

Norton Healthcare has seen similar patterns related to the use of hospital services. As can be seen in the table below, there is a significantly higher use rate for emergency services in the West, South and Central sectors of Jefferson County.

Utilization of Norton Healthcare's Hospital Services per 1000 population										
	Total	West	West Central	South-west	South Central	South	Central	Inner East	OE NORTH	OE SOUTH
IP Admissions	100.3	148.9	110.4	102.5	130.2	115.0	119.5	72.6	74.2	83.1
Emergency Room visits	343.5	639.2	363.0	257.0	518.3	356.3	481.6	198.6	263.8	278.7
OP surgeries	56.1	63.6	55.1	56.6	57.8	61.0	49.0	49.1	55.6	57.2

Community Health Needs Survey 2020

Norton Healthcare Community Health Needs Survey

2020

We want to hear from you!

What you think about the health needs of our community is important. That is why Norton Healthcare, a leader in serving adult and pediatric patients from Greater Louisville and beyond, regularly conducts a Community Health Needs Survey. This survey helps us ensure our programs and resources are focused on the health needs you identify as significant.

Thank you for participating in this survey. It should take three to five minutes to complete.

This survey is completely confidential, and no personal information is collected. You will not receive any direct responses or additional emails from Norton Healthcare after completing the survey.

1. In what ZIP code do you live? _____

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

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

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

    ☐ HIV/AIDS

    ☐ Suicide

    ☐ Coronavirus disease (COVID-19)

    ☐ Lead poisoning

    ☐ Diabetes

    ☐ Infant death

    ☐ High blood pressure

    ☐ Unintended pregnancy

    ☐ Cancer

    ☐ Developmental disabilities, such as autism spectrum disorder, cerebral palsy, Down syndrome

    ☐ Stroke

    ☐ Gun violence (including homicide)

    ☐ Diseases that affect the lungs, such as COPD, emphysema, asthma

    ☐ Infectious diseases, such as hepatitis, tuberculosis

    ☐ Drug or alcohol addiction

    ☐ Heart disease

    ☐ Mental health issues

    ☐ Motor vehicle crash injuries

    ☐ Chronic pain

    ☐ Intimate partner violence (including rape and sexual assault)

    ☐ Diseases from ticks and/or mosquitoes

    ☐ Flu

    ☐ Obesity

    ☐ Sexually transmitted diseases (STDs)

    ☐ Dental issues, such as gum disease, tooth decay, tooth loss

    ☐ Child abuse/neglect

    ☐ Premature birth

    ☐ Other (please specify)
    _____
    _____

4. What are the three most unsafe behaviors that you wish could be stopped? **Select only three.**

☐ Lack of exercise

☐ Not getting adequate preventive health care/not going to doctor's appointments

☐ Not wearing helmets when riding a motorcycle or bicycle

☐ Drug abuse

☐ Not getting vaccines (shots) to prevent disease

☐ Dropping out of school

☐ Tobacco use

☐ Unsafe sex

☐ Poor eating habits

☐ Coronavirus disease (COVID-19) transmission

☐ Alcohol abuse

☐ Vaping (e-cigarettes)

☐ Not using seat belts

☐ Distracted driving (texting, drinking)

☐ Other (please specify)

_____

_____

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

☐ Social support groups

☐ Accessible public transportation

☐ Free public spaces (parks, community centers, libraries)

☐ Less pollution/garbage

☐ Good schools/good places to raise children

☐ Good jobs or jobs paying a living wage

☐ Arts and cultural events

☐ Affordable housing

☐ Banks, restaurants and other retail businesses

☐ Access to affordable fresh foods

☐ Being prepared for natural disasters and emergencies

☐ Access to a primary care provider or a family doctor

☐ Clean environment (clean air, water, soil and streets)

☐ Places to worship

☐ More accessibility for those with disabilities

☐ Policing that is fair

☐ Civic engagement (voting, neighborhood associations, volunteering)

☐ Safe roads and walkways

☐ More diverse and inclusive neighborhoods

☐ More grocery stores

☐ Easy access to health care providers

☐ Other (please specify) _____

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

☐ Yes   ☐ No

7. How does the cost of health care affect you? Select all that apply.

☐ No insurance

☐ Can't afford the health care visit

☐ Can't afford prescription medicine

☐ Can't afford medical equipment

☐ Past due bill with a health care provider

☐ Can't afford gas or bus fare

☐ Can't take time off work

☐ Other barrier due to money

☐ Paying for health care is not much of a problem

☐ Other (please specify)

_____

_____

8. **Why is health care hard to get? Select all that apply.**

- ☐ The commute is too long
- ☐ Don't know where to go for care
- ☐ My health care provider does not treat me with respect
- ☐ Can't find a doctor or health care provider who will accept my insurance
- ☐ Hard to get an appointment with my health care provider in a timely manner

- ☐ Wait is too long in the health care provider's waiting room
- ☐ No one can watch my children
- ☐ Don't understand the information I'm given by the health care provider
- ☐ Unable to have an interpreter in my language
- ☐ Don't receive information about health in a language I understand

- ☐ Difficulty reading instructions that my health care provider gives me
- ☐ Need help at home to follow medical instructions
- ☐ Physical disability
- ☐ Mental or emotional health challenges
- ☐ Don't feel comfortable telling a health care provider about my health issues

- ☐ Don't have a problem getting the health care I need
- ☐ Other (please specify)
  _____
  _____

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

11. **What's most important when choosing a doctor or provider?**

- ☐ Accepted by my medical or health insurance plan
- ☐ Expertise

- ☐ Quality ratings from agencies (such as CMS star ratings)
- ☐ Office is close to my home or work

- ☐ Able to get an appointment in a timely manner
- ☐ Recommended by my friends or family

- ☐ Able to trust them
- ☐ Other (please specify)
  _____
  _____

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

- ☐ Health department
- ☐ Hospital staff

- ☐ Social media (Facebook, Instagram, Twitter, Snapchat, etc.)
- ☐ Family and friends

- ☐ My doctor or provider
- ☐ TV, radio, newspaper
- ☐ Nurse, nurse practitioner or physician assistant

- ☐ Internet (Google, WebMD, blogs, etc.)
- ☐ Other (please specify)
  _____
  _____

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

☐ Always   ☐ Sometimes   ☐ Never

☐ Often   ☐ Occasionally

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

☐ Extremely   ☐ Somewhat   ☐ Not at all

☐ Quite a bit   ☐ A little bit

15. How many times during the past 12 months have you or any household member used a hospital emergency room?

_____

16. How many times during the past 12 months have you or any household member used a retail clinic (such as CVS, Walgreens or The Little Clinic)?

_____

17. How many times during the past 12 months have you or any household member used a smartphone, tablet or computer for a health care visit?

_____

18. If you used a smartphone, tablet or computer for a health care visit, why did you choose it?

☐ Ease of use   ☐ Couldn't get in to see my doctor/provider   ☐ Other (please specify)

☐ Cost – more affordable   ☐ Basic health need   _____

     ☐ Does not apply   _____

19. Within the past two years, have you or anyone in your household had difficulty finding a doctor/provider who treats specific illnesses or conditions in your area?

☐ Yes   ☐ No

20. What kind of specialist did you look for?

☐ Women's health specialist, such as an OB/GYN   ☐ Mental health specialist, such as a social worker, psychologist or psychiatrist   ☐ Dentist   ☐ Lung and breathing specialist

☐ Diabetes specialist   ☐ Children's specialist   ☐ Nerve and brain specialist

     ☐ Bone and joint specialist   ☐ Cancer specialist   ☐ Other (please specify)

     ☐ Heart specialist   _____

     _____

21. **Why were you unable to visit the specialist when you needed one?**

    ☐ The specialist was not covered by my health insurance

    ☐ Did not have a car or transportation to get to the office

    ☐ Did not know how to find a specialist

    ☐ No specialist was available in my area

    ☐ Could not get to the office while they were open

    ☐ Could not afford to pay for the specialist

    ☐ No appointments were available

    ☐ Other (please specify)

    _____

    _____

22. **What is your housing situation today?**

    ☐ I am staying in a hotel, homeless shelter, on the street, in a camp, in a car, in an abandoned building, in a bus station or in a park

    ☐ I have housing today, but I am worried about losing housing in the future

    ☐ I have housing

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

    ☐ Yes   ☐ No

24. **How many people live in your house or household?**

    ☐ 1 to 2   ☐ 3 to 5   ☐ 6 to 10   ☐ More than 10

25. **In a typical week, how often do you interact (by phone or in person) with family, friends or neighbors?**

    ☐ Never   ☐ Twice a week   ☐ More than three times a week

    ☐ Once a week ☐ Three times a week

26. **Within the past 12 months, how often have you not had enough money to buy the food you needed?**

    ☐ Never   ☐ Rarely   ☐ Sometimes   ☐ Often

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

    ☐ Never   ☐ Rarely   ☐ Sometimes   ☐ Often

28. **What is your age?**

    _____

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

    ☐ Female   ☐ Male

30. **What is your gender identity? (Choose all that apply.)**

    ☐ Female   (please specify)

    ☐ Male   _____

    ☐ Nonbinary   _____

    ☐ Different identity

5

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

☐ American Indian or Alaska Native   ☐ Black or African American   ☐ Native Hawaiian/ Pacific Islander   ☐ Other (please specify)

☐ Asian   ☐ Hispanic, Latino or Spanish   ☐ White

_____
_____

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

☐ Never   ☐ Rarely   ☐ Sometimes   ☐ Often

33. **How long have you lived in the United States?**

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

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

☐ Less than a high school diploma (1 to 12 years)   ☐ GED or alternative   ☐ Associate degree   ☐ Master's degree, professional degree or doctorate

☐ Some college, but no degree   ☐ Bachelor's degree

☐ High school diploma

35. **What is your employment status?**

☐ Employed full time   ☐ Unable to work due to a disability   ☐ Student   ☐ Other (please specify)

☐ Employed part time   ☐ Furloughed/ temporarily laid off

☐ Not employed   ☐ Retired

_____
_____

36. **What was your total household income from all sources in 2019?**

☐ Less than $15,000   ☐ $35,000 to $49,999   ☐ $100,000 and above

☐ $15,000 to $24,999   ☐ $50,000 to $74,999   ☐ Prefer not to answer

☐ $25,000 to $34,999   ☐ $75,000 to $99,999

Thank you for completing the 2020 Norton Healthcare Community Health Needs Survey. We appreciate your feedback in helping us ensure our programs and resources are focused on the significant health needs of the Louisville community.

Community input: Community leader and physician interviews

Norton Healthcare conducted interviews with 25 Norton Healthcare employees or physicians and 29 community leaders to gather their feedback on the health needs of the community. The specific interview questions and a list of organizations included in the interview process are provided later in this appendix. These interviews focused on major events and the following key areas: pressing problems in health care, barriers to health care, health care engagement, and global or universal issues involving health care. The questions were designed to gather feedback or perspectives on barriers to health care and greatest areas of need in the community. The key themes identified as a result of the interviews can be found below.

Major events

The major events focused on in the interview process were COVID-19, the death of Breonna Taylor and the Black Lives Matter movement, as well as the rise in gun violence.

COVID-19 reflections:
To discuss the COVID-19 pandemic, three questions were asked to determine the health needs that were highlighted through the pandemic experience, the expectations of health care systems during a pandemic, and areas where the needs of the community were not met during the pandemic.

There were five main areas where there are clear expectations for a health care system during a pandemic. Many interviewees expressed that they were proud of the response by health systems serving the community, but in some of these areas needs were not always met. Below is a list of expectations and circumstances where those areas many not have been met at various times during the pandemic.

Areas Identified	Expectation	Circumstances of Unmet Needs

Access to health care	• Deliver care
	• Provide testing
	• Distribute vaccines
		• Timely access to vaccines and testing
		• Reduced community outreach clinics affected access for vulnerable populations.
		• Changes in health access methods failed to take many of the vulnerable populations into consideration:
		  o Policies that remove waiting areas reduced access for those without vehicles or phones.
		  o The focus on taking health care virtual increased barriers for patients in West Louisville.

Education and communication	• Communicate clear consistent and accurate information	• Lack of information in various languages • Unclear messaging. A unified response by all community hospitals would reduce confusion. • Moving to virtual education increased disparities in educational access.
Collaboration and community involvement	• Work with community partners • Coordinate with local health departments	• Reduction of community service involvement • COVID-19 and personal protective equipment support for smaller organizations like Hosparus and The Center for Women and Families
Public health	• Have a public health strategy	• Be prepared for a public health crisis by having a strategy.
Safety	• Ensure the safety of both patients and staff	Lack of access to personal protective equipment was an issue at the start of the pandemic.

Conversations about the Black Lives Matter Movement:

Due to the escalation of the Black Lives Matter movement, the role health care institutions should play when it comes to racial disparities was discussed as part of the interviews. While some interviewees expressed that they believe it is a nonmedical issue and health care institutions should not be involved, the majority of interviewees felt strongly that the Black Lives Movement is a medical issue and discussed cultural disparities and the impact on both the delivery and receipt of health care. Through the discussions several expectations were outlined by those interviewed and these are organized in the table below.

Expectation	Expectation details
Address health disparities for people of color	• People of color have worse health outcomes in multiple areas including maternal health, infant mortality, etc. Help elevate conversations around these issues. • Research disparities in health outcomes and social determinants of health, including food deserts and environmental issues that exist in the community and the effect that it has on health outcomes. • Perform quality assessments and quality improvement processes specifically focused on patients of color.
Reflect on internal culture and biases that may perpetuate disparities within the health system	• There is a need to look at current policies and practices to determine if they perpetuate disparities within the health care systems. • Ensure that people of color are considered when developing new agendas and protocols within the organization.
Provide education for staff and providers regarding cultural sensitivity and bias	• Provide a safe space for employees to learn and understand the Black Lives Matter movement. • Educate staff and providers on cultural issues and biases.
Diversify staff and providers to mirror the community	• Diversify staff, providers and leaders. Having health providers that mirror the community can make it easier and more comfortable to access care. • Increase career pathways for minorities. • Be proactive in community outreach programs to recruit minorities into the health care industry. • Look into medical school admission demographics. • Look at mentorship programs for minorities in health care related fields.

Increase health access opportunities and involvement in West Louisville communities and organizations	• Increase health care access points in the West End including diagnostics, immediate care clinics, mental health providers, specialty care clinics and pharmacies.
	  o Regular scheduled health fairs with clinic availability
	  o Partnering with other primary care locations to have specialty clinic days
	  o Integrating mental health with primary care clinics
	• Increase community health workers to help with health care navigation.
	  o Some people struggle with just knowing where to go. Community health workers could help provide guidance with navigation questions and resources.

Provide mental health resources and trauma-informed care	• Be proactive in communicating ways to access mental health resources during times of social unrest and tragic community events. • Train staff and providers in trauma-informed care practices. • Become more involved in areas of mental and social health by providing support and increasing availability of these services.

Be present in the community and build trust	• There is a large amount of mistrust of health care among minority populations. Continued efforts to build trust are needed. • Become more present in the community by partnering with churches and community organizations.

Gun violence

Gun safety has been a prominent issue in our community for the last few years and the community lost 160 victims killed by gun violence last year. It is challenging for health care institutions to ensure they are responding to community needs but also to ensure safety of the workforce, patients and families. Interviewees were asked the question, *"What role do you feel health care institutions can play relative to the promotion of gun safety in our community?"* The majority of interviewees indicated that community health care institutions could play a larger role in providing education pertaining to gun violence prevention and safety education. A few responses suggested it become standard to discuss accessibility to guns in the home, specifically in pediatric practices and potentially provide some safety measures including gun locks.

Pressing problems and barriers

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

Mental health and substance use	Social determinants of health	
·Increase in substance use	·Transportation	·Language barriers
·Limited addiction treatment resources	·Safe and stable housing	·Food insecurity
·Increase need for mental health providers	·Financial barriers	·Cultural barriers
·Uncertainty surrounding how to access care options	·Trauma	
·Need for more trauma-informed care providers		

Access to care	Health literacy
·Increase access points in areas of limited health resources	·Lack of knowledge to navigate the health care system
·Shortage of specialty care options	·Education on benefits of preventive care and healthy behaviors
·Inability to access care outside of a 9 to 5 schedule	

Chronic conditions	Gun safety
·Increase in comorbidities such as diabetes, cancer, obesity, heart disease, etc.	·Educate on immediate and long-term effects of gun violence ·Gun violence prevention and safety education

Mental health and substance use

A significant amount of time was spent discussing the current mental health landscape, including the increasing demand for mental health services in Jefferson County. Mental health issues drive many other behavioral and social issues, including suicide, gun violence, addiction and homelessness. The full impact of the current opioid epidemic is not fully known or realized, as it could include health and behavior issues for children exposed to opioids in utero and children who experience adverse childhood events

(ACEs) because of a parent's substance use. The effects of trauma and the increasing need for trauma-informed care options are growing throughout the community.

Populations with unmet health needs

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

- <u>Marginalized populations:</u> Including African Americans, a population that experiences higher rates of cancer, preterm births and other poor health outcomes; immigrants and refugees including people who are not eligible for health insurance because of their immigration status and people who speak limited English; and the LGBTQ+ population who face stigma and judgment as a significant barrier to care.
- <u>Low income:</u> Populations experiencing homelessness, living at the poverty level, lacking means of transportation, or living in food deserts.
- <u>Adults over 65:</u> There continues to be a need for providers who specialize in working with older adults. This population often experiences social isolation, lack of access to transportation and increasing comorbidities, making health navigation more difficult.
- <u>Populations with higher risk of mental health and substance use disorders:</u> Substance use treatment continues to be limited in the community. Mental health issues and use of substances are increasing throughout the community.

Actions and reflections

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

Diversify access points
• Invest in locations where services are limited, increase virtual care and home care options, and partner with community programs, churches, health departments and schools. • Integrate mental health with primary care services to reduce stigma and increase access. • Reduce the transportation burden for the surrounding community. • Increase ability to respond to times of crisis for a family, a community or the health system.

Advocate	Educate	Transform
• Advocate for an expansion of Medicaid benefits that provides better mental health reimbursement rates. • Increase access to mental health services for vulnerable populations.	• Provide education and communication in coordination with community partners. • Increase understanding of health systems, healthy lifestyle choices, and gun safety. • Show success stories of those that have overcome substance use to reduce compassion fatigue for health care workers.	• Develop a strategy to help address the clinical manifestation of social determinants of health. • Provide wellness and support programs for health care workers, because working in a high-stress environment for an extended amount of time can have a toll on a person's mental health.

Community input: Key findings

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

1. Access to care

2. Health disparities

3. Management of chronic conditions

4. Resources in the areas of mental health, substance use and trauma-informed care models

5. Affordability of health care services

6. Health literacy, including helping patients navigate the health care landscape

7. Engagement with community organizations and faith partners

8. Trust in the health care system

Access to care: 23% of survey respondents indicated that they sometimes or often put off health care because they cannot afford it, 18% identified access to care as a community need and nearly 17% reported difficulty finding a provider for specific illnesses with the most prevalent reason being no appointments available or no specialist in the area. The most frequent services needed were in the areas of mental health, dentistry, women's health and bone health. During the interview process, all interviewees discussed access to care as a concern. Among these concerns were the shortage of both primary care providers and specialty providers throughout the community, specifically the need for services in the western and southern regions of Jefferson County. In addition to provider and access point shortages, the inability to access providers due to work commitments or the inability to take time off, transportation barriers, as well as financial barriers were identified in both the survey and interviews.

Health disparities: Many interviewees acknowledged the health disparities that exist in our community today, including the life expectancy gap between the various sectors of Jefferson County. Many interviewees discussed the need to research disparities in health outcomes and social determinants of health including food deserts and environmental issues that exist in the community and the effect that it has on health outcomes.

Management of chronic conditions: The community health needs survey identified obesity, diabetes, cancer, heart and stroke conditions as top community health problems. Chronic conditions were discussed by 34% of interviewees as a major health concern for the community. In addition, the population experiencing chronic health conditions was identified as a group with significant unmet health needs. Many interviewees spoke of chronic condition management and prevention as an area of importance for health care systems.

Resources for mental health and substance use: 55% of survey respondents identified mental health and drug abuse addiction to or overdose from drugs or alcohol as a top community health problem, and

49% identified drug abuse as an unsafe behavior in the community. Ninety-three percent (93%) of interviewees discussed mental health/substance use as a concern. Many of these concerns dealt with the increasing prevalence of mental health, uncertainty around accessing services, the opioid crisis, stigma surrounding mental health, and trauma including adverse childhood events. Many interviewees spoke up about the importance of having trauma-informed care models and the integration of primary care and mental health services.

Affordability of health care services: Economic issues, such as affordability, insurance and other financial concerns, were named as a significant barrier to health care in 34% of interviews. Seven of the top 10 barriers to health care identified through the community survey were financial concerns. Nearly a quarter of survey takers (23%) have sometimes or often put off health care because they could not afford it.

Health literacy: The need to improve health literacy in an effort to increase awareness and promote healthy lifestyles was identified through the physician and community leader interviews. Seventy-five percent (75%) discussed health care literacy and navigation as a major issue for the community. This included knowledge regarding how to navigate health systems and the understanding of what makes up a healthy lifestyle. The interviewees discussed this as a specific area where the health care community could partner with community organizations to make a difference.

Engagement with community organizations and faith partners: Many of the interviewees discussed the development and strengthening of partnerships among health systems, schools, churches and other community programs to improve health access, health literacy, and to build trust between the health systems and the community served.

Trust in the health care system: Trust in the health care system is a newly identified barrier to care discovered through the interview process. Nearly half of interviews identified this issue and many discussed marginalized communities' concerns about trust and respect in the health care setting. An emphasis was placed on the effects this has on how a patient might interact with a health care provider. Trust affects how and what is communicated, and communication is critical in the process of providing care to a patient. The Community Health Needs Survey also revealed that 31% stated that being able to trust the provider is the most important aspect to choosing a doctor or provider.

Key leader interview questions

Major events:
 COVID-19:
   1. What are the top three (3) needs that were highlighted as a result of COVID-19?
   2. In your opinion what is the responsibility of a hospital system during a public health crisis such as the COVID-19 pandemic?
   3. In your opinion, in what ways did our health care systems miss the mark on the COVID-19 response? (Where did they not meet the community need of expectation?)
 Breonna Taylor and the Black Lives Matter Movement:
   1. In your opinion, what is the role of health care institutions as it relates to the Black Lives Matter movement and what specific actions would you like to see health care institutions take?
 Gun Violence
   1. What role do you feel health care institutions can play relative to the promotion of gun safety in our community?

Pressing problems
   1. What health care services are lacking in Jefferson County (or surrounding counties)?
   2. What groups of people have the most trouble accessing health care services? What are the barriers they face?
   3. What do you believe is the single most pressing health issue impacting our community?
   4. When surveying our community, having a clean environment (clean air, water, soil and streets) ranked as one of the top three things needed for a healthy community. In your opinion, how clean would you say our community is? What effects does this have on the overall health of our community?
   5. Mental health continues to be a major health concern for our community. Over the last few years what initiatives / actions have had the most impact on mental health concerns?
       a. Follow-up: What can our health care organizations do to further address the mental health needs of the community?
   6. Substance Use continues to be a major health concern for our community. Over the last few years what initiatives / actions have had the most impact on substance use (alcohol/tobacco/marijuana vs. illicit drugs)?
       a. Follow-up: What can our health care organizations do to further support the community in regard to substance use?

Barriers
   1. What barriers keep people in our community from getting health care services?
       a. Follow-up: What do you think could be done to help alleviate some of those barriers?
       b. Follow-up: Do these barriers differ for the various demographic areas or population groups?
   2. Do you feel telehealth, including video visits and e-visits, are an effective and satisfying way to receive health care? If so, why? If not, why?
   3. For what type of services do you feel telehealth visits are most effective and accepted?

Hospitals/health care engagement/responses
   1. What do you think hospitals/health systems can do to improve the health of our community?
   2. Describe your ideal hospital experience and your ideal physician office visit experience.

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

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

Organizations included in the provider and community leader interviews	
Norton Healthcare	Shawnee Christian Health Center
Jefferson County Public Schools	Urban League of Louisville
Ford Motor Company	MOLO Village CDC
Evolve502	YMCA of Greater Louisville
Centerstone	Metro United Way
Bellewood & Brooklawn	Family Health Centers
Hosparus	Center for Women & Families
Park DuValle Community Health Center	Bullitt County Public Schools
Americana Community Center	Lincoln Trail District Health Department
Foundation for a Healthy Kentucky	Oldham County Health Department
Kentucky Youth Advocates	Clark County Health Department
Louisville Metro Office for Globalization	Bullitt County Health department
Louisville Metro Department of Public Health and Wellness	North Central Health District

Appendix G

Detailed Summary of Topics and Findings

Category	Topic	Secondary Data	Survey Data	Interviews
Access to care	**Access to care**	According to KentuckyHealthFacts.org, about 82% of adults in Jefferson County report that they have a personal doctor or health care provider. Data comes from the CDC and the Kentucky Department for Public Health.	23% sometimes or often put off health care because they cannot afford it. 18% identified access to health care as a community need.	Access to care was discussed during all the interviews. The need for increased access points in underserved area was specifically highlighted in many interviews.
	Lack of specialty care providers	The Kentucky Primary Care Office 2021 Needs Assessment identified shortages of providers as a significant concern. Specifically, all counties in Kentucky have shortages in mental health care providers.	Nearly 17% indicated that they or someone in their household had difficulty finding a provider for a specific illness. The most common reason was due to no appointment available or no specialist in the area.	48% of interviews discussed the need for expanded primary care access points throughout the community as well as ensuring access to specialty care in all areas of the community specifically in the West End of Louisville.
	Trust / respect provider	The Kentucky Primary Care Office 2021 Needs Assessment states that: "Individuals' fears and mistrust of providers are also challenges that Kentucky faces regarding increasing access to health care."	31% indicated that the most important thing when choosing a doctor is that they are able to trust the provider. 5% report not feeling comfortable telling a health care provider about their health issues. 3% stated that one of their barriers to care was that their provider does not treat them with respect.	Nearly half of the interviews identified lack of trust as a barrier to health care in the community.

	Lack of primary care physicians / hours	The Kentucky Primary Care Office 2021 Needs Assessment identified getting time off work or the practice hours of operations as barriers to care by 11% and 6 % of respondents respectively.	15% reported they are unable to get time off work to go to the doctor. 18% reported that it is difficult to get into their health care provider in a timely manner.	17% of interviews specifically identified the need to have access to health services outside of the normal 9 to 5 hours to allow for better access for more vulnerable populations.
	Coordinated care across the continuum	According to the Agency for Healthcare Research and Quality, "Well designed, targeted care coordination that is delivered to the right people can improve outcomes for everyone."	6% indicated that they do not know where to go for care, 14% in Western sector and 10% in the South Central sector of Jefferson County.	12% of interviews discussed the importance of coordinated care throughout the health care system.
Health conditions	**Diabetes**	According to the County Health Rankings, 12% of adults report a diagnosis of diabetes.	22% named diabetes as one of the top three health problems in the community.	32% of interviews discussed diabetes with the majority discussing diabetes as a pressing health issue impacting health of the community or as a population group that has unmet health needs.
	Respiratory illness	The American Lung Association gives Jefferson County a passing grade (C) for particle pollution and a failing grade (F) for exposure to ozone. According to the CDC, respiratory illness remains one of the top five leading causes of death in the Jefferson County community.	13% named respiratory illnesses as one of the top three health problems in the community.	15% of the interviews discussed respiratory illness as a concern for the community. The majority were discussed as a primary concern for populations living in areas prone to air pollution.

COVID-19 (or transmission)	As of November 2021, 64.8% of the total population of Jefferson County had at least one vaccine dose.	28% of the community stated that COVID-19 was a top health concern and 36% stated that the transmission of COVID-19 was an unsafe behavior that they would like to see improved.	COVID-19 was discussed in all the interviews. Concerns that were brought up regarding COVID-19 centered on the availability of resources like testing and vaccines as well as the need for clear communication regarding COVID-19.
Heart disease	According to the CDC, the leading cause of death in Jefferson County is heart disease.	17% named heart disease as one of the top three health problems in the community.	12% of interviews discussed concerns regarding the prevalence of heart disease in the community.
Cancer	According to the CDC, cancer remains the second leading cause of death in Jefferson County.	19% named cancer as one of the top three health problems affecting the community.	12% of interviews discussed cancer as major health issue facing the community and as area where there are limited services available in the community.
High blood pressure	According to Kentucky Health Facts, 30% of people indicate that they have been told they have high blood pressure.	23% identified high blood pressure as one of the top three health problems facing the community.	
Chronic pain	In 2019, the CDC presented data showing that approximately 20% of the U.S. population has chronic pain. Higher rates were found in females and older adults.	10% stated chronic pain as one of the top health concerns for our community.	27% of interviews discussed chronic pain as a health issue for the community including the limited specialists and resources for this health concern.
Stroke	According to the CDC, stroke is the fifth leading cause of death in Jefferson County	4% named stroke as one of the top three health problems in the community.	

Behavioral conditions	Drug use	Kentucky's 2020 Overdose Fatality Report shows more than 1,964 Kentuckians died from drug overdose in 2020 (nearly 50% more than 2019) The drug overdose rate is 42.13 per 100,000 people based on County Health Rankings data.	35% named alcohol and drug use as a community health problem.	Substance use was discussed in all the interviews. Several interviewees discussed the limited resources for people suffering from addiction including medically assisted treatment options.
	Obesity	According to Community Health Rankings data, 32% of adults in Jefferson County are obese and 25% of people report being physically inactive.	35% named obesity as one of the top three health problems for the community. 24% stated that lack of exercise is an unsafe behavior in the community.	27% of interviews discussed obesity as a major community health issue. The discussed the need to educate people on how to live a healthy lifestyle, ensure access to healthy food choices as well as physical activity resources.
	Mental health	Jefferson County has a suicide rate of 16.26 per 100,000 people (2015-2019) according to CDC Wonder (a CDC public health reporting tool). According to County Health Rankings, 13% of people in Jefferson County report more than 14 poor mental health days per 30 days. According to the Youth Behavioral Health Summit presentation, 1 in 10 students with an individualized education program have an emotional behavioral disorder, or an estimated more than 500 kids in Jefferson County Public schools.	33% acknowledged mental health as one of the top three health problems in Jefferson County. 4% reported suicide as one of the top three health problems in the community.	Mental health was discussed directly in each interview. Many of the interviews discussed mental health as a major health concern.

	Excessive alcohol use	According to the Community Health Rankings data, nearly 20% of people in Jefferson County report excessive alcohol consumption. Community Health Rankings also reports that 26% of driving deaths involve alcohol in Jefferson County.	35% named alcohol and drug use as a community health problem.	
	Trauma (Including adverse childhood events)	According to the National Council for Mental Wellbeing, 70% of adults in the United States have experienced some type of traumatic event at least once in their lives.	6% reported child abuse and 3% reported intimate partner violence as health problems in the community. 22% reported gun violence as one of the top three health problems in the community.	34% of interviews discussed trauma and the effects on a person's mental health as well as a growing need for trauma-informed care options and the integration of mental health with primary care services.
	Poor nutrition	According to the Centers for Disease Control and Prevention, National Center for Health Statistics nutritional deficiencies were a contributing factor in 183 deaths in Jefferson County from 2015 to 2019.	26% reported poor eating habits as an unsafe behavior in the community. 22% reported sometimes or often experiencing food insecurity.	39% of interviews discussed food deserts in Jefferson County and rural areas and how that affects the nutrition consumed by the community.
	Physical inactivity	County Health Rankings reports 25% of adults 20 years and older report no leisure-time physical activity	Lack of exercise was identified by 24% of respondents as an unsafe behavior affecting the community.	
	Smoking/tobacco use	According to County Health Rankings data nearly 20% of the adult population in Jefferson County are current smokers.	24% named tobacco use an unsafe behavior in the community and 12 % identified vaping as an unsafe behavior in the community as well.	17% of interviews acknowledged tobacco use as a pressing health issue for the community.

	Motor vehicle crash injuries/distracted driving	County Health Rankings reports 12.42 deaths per 100,000 people due to motor vehicle crashes.	31% stated that distracted driving is an unsafe behavior in the community that needs to be worked on. 7% identified motor vehicle crashes as a health concern.	
Socio-economic conditions	**Poverty levels**	SG2 demographics analysis shows that 10% of families in Jefferson County live below the poverty level, with higher percentages in the Central and Western sectors of the county.	Only 45% indicated that they did not have financial barriers to health care.	71% of interviews discussed poverty and its effects on the health of the community and the barriers that exist for those experiencing poverty.
	Crime and safety (including gun violence)	County Health Rankings reports 612 violent crime incidents per 100,000 people in Jefferson County. For comparison the Kentucky rate is 222 and the United States in total is 386. In 2020, there were 173 homicides in Jefferson County. 160 of those were shootings. There were an additional 585 people that were shot and survived.	22% reported gun violence as a health problem.	The issue of gun safety was discussed as one of the major issues facing our community. Many believed that health care institutions could help improve safety by providing education and starting conversations.

Health disparities and discrimination	The Louisville Metro 2017 Health Equity report found that preterm births, low birth weight and infant deaths disproportionately affect African American babies. African Americans die at a higher rate of heart disease than other racial / ethnic groups. Life expectancy in Jefferson County varies dramatically with a 12.6 year difference between the eastern and central Jefferson County regions. Over 400 complaints of discrimination were submitted to the Kentucky Commission on Human Rights in 2020. This is up significantly from 291 in 2019. In 2020, we had a higher number of discrimination complaints filed than in any of the last 10 years.	27% indicated that they sometimes or often have experienced personal discrimination. The percentage is 50% for those living in the Western sector of Jefferson County. 15% of people identified fair policing as a one of the top three things a community needs to be healthy.	During the course of the interviews each interviewer was asked what role health care institutions should play when it comes to racial disparities. Several interviewees discussed how racism exists in health care and a need to look at anti-racism education.
Food insecurity	County Health Rankings estimate that 15% of the population lacks adequate access to food.	22% indicated that they sometimes or often experience food insecurity.	Food access issues were raised by 39% of people interviewed, including food deserts, the cost of food and how food access affects the overall health of individuals and the community.

	Digital divide	"Internet Access in Louisville," a report produced by the Greater Louisville Project, reports that 1 in 10 households have no internet access and 3 in 10 do not have high-speed internet. Approximately 25,600 students in Jefferson County do not have access to high-speed internet (The highest number being in the West End of Jefferson County). The article also acknowledges that 15% of households do not have a computer or tablet.		Nearly a quarter of interviews (24%) discussed limited access to the internet in the community, and the barriers this presented to accessing education, information about the pandemic, vaccines, or health care.
	Housing and home safety concerns (mold, lead, etc.)	According to the county health rankings, 15% of households in Jefferson County report one of the following housing issues: high cost, lack of kitchen, lack of plumbing or overcrowding. 13% of households in Jefferson County have housing costs exceeding 50% of their monthly income.	11% are worried about losing their housing or do not have permanent housing. 16% have had home safety issues.	Housing issues that face many families were mentioned by 30% of interviews. These issues vary greatly but may include homelessness, cost of housing and environmental issues in the home.
	Uninsured/limited insurance	According to County Health Rankings 8% of adults and 3% of children in Jefferson County do not have health insurance.	10% report not having health care coverage.	29% discussed being uninsured or under-insured as a significant barrier to care for many people in our community.

	Domestic violence and child abuse	According to the Kentucky Cabinet of Child Protective Service, Jefferson County had 2,571 children with substantiated cases of abuse or neglect in 2020. As of October 2021, Jefferson County had a total of 925 children in out-of-home care placements.	6% reported child abuse and 3% reported intimate partner violence as a health problem.	The, representative for The Center for Women and Families discussed the need for services and screenings for people experiencing domestic violence and interpersonal violence. Child abuse and witnessing domestic violence were discussed as pressing health issues for the community.
	Sexually transmitted infections	County Health Rankings reported 706.10 newly reported sexually transmitted infections per 100,000 people in Jefferson County.	Sexually transmitted disease was only identified as a top health concern by 2% of Jefferson County respondents. However, the percentage rose to 6% in the Western sector of the county.	One of the interviewees discussed the reemergence of syphilis, a sexually transmitted infection, and how sexually transmitted infections is one of the most pressing health issues impacting the community.
	Teen births	According to County Health Rankings data there are 28.8 births per 1,000 teen females in Jefferson County.		
Community demographics	**Adequate public transportation options**	According to The Kentucky Primary Care Office 2021 Needs Assessment transportation was cited as the greatest health access issue by survey respondents.	4% indicate inability to pay for gas or bus fare as a barrier to health care.	80% discussed transportation needs as a major barrier to health care.
	Lack of health literacy	The Agency for Healthcare Research and Quality, estimates the cost of low health literacy to be between $106 billion and $238 billion. This represents between 7% and 17% of all U.S. personal health care expenditures.	Nearly 4% reported using the emergency department five or more times in the prior 12 months. (11% in the Western and 8% in the Southern sectors).	75% discussed health care literacy and navigation as a major issue for the community we serve, including the knowledge of how to access health care utilizing the appropriate pathways of care.

Diversify health care workforce	According to the U.S Bureau of Labor Statistics 72% of hospital staff and 73% of health care workers outside of the hospital are Caucasian.		24% of interviews discussed the need to diversify health care staff to mirror the community.
Language barriers	According to Jefferson County Schools there are more than 130 languages spoken by students.		51% of interviews discussed language barriers as a major health issue for the community.
Aging population	Currently 17.3% of our population is over the age of 65 and this is expected to continue to rise as the baby boomer age group ages. A 14.53% change expected in the next five years would increase this age group to 19.56% of the total population in 2026.		37% discussed the complexities of caring for an aging population including the lack of care options for older adults.
Children's health	Children currently make up 22% of our total patient population. This is expected to drop to 21.93% in 2026.		Several interviewees discussed the need to improve coordination of care for pediatric patients that have chronic conditions. They also discussed the need for trauma-informed care for children to help with the identification of and coping with adverse childhood events.

Appendix H

Counties Surrounding Jefferson County

Description

While located in Jefferson County, Norton Healthcare provides care for a patient population that expands outside of the Jefferson County limits. The service area map on page 16 of this report shows that the primary service area for Norton includes the following counties surrounding Jefferson County, Kentucky:

Kentucky:	Indiana:
Bullitt, Hardin, Henry, Meade, Nelson, Oldham, Shelby, Spencer and Trimble	Clark, Floyd, Harrison, Jefferson, Scott and Washington

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

Community leader interviews

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

- Lincoln Trail Health District
- Bullitt County Health Department
- Oldham County Health Department
- Clark County Health Department
- North Central Kentucky Health District

Health department	Counties
Lincoln Trail District Health Department	Meade, Hardin, LaRue, Nelson, Marion and Washington counties
Bullitt County Health Department	Bullitt County
Oldham County Health Department	Oldham County
Clark County Health Department	Clark County
North Central Kentucky Health District	Henry, Shelby, Spencer and Trimble counties

Attempts were made to reach the Floyd County Health Department, but no response was received.

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

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

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

Health department	County represented	Top concerns from interviewees
Bullitt County	Bullitt, KY	Access to care (hospitals and specialties) Need for mental health services Health literacy Chronic diseases Substance use
Oldham County	Oldham, KY	Lack of mental health services Substance use Social determinants of health (transportation) Language barriers
North Central Kentucky Health District	Trimble, KY	Access to health care (hospitals and primary care) Health literacy Substance use Preventive care Social determinants of health
	Henry, KY	
	Shelby, KY	
	Spencer, KY	
Lincoln Trail Health District	Meade, KY	Access to care Chronic diseases Preventive health services Social determinants of health (transportation) Substance use and mental health Health literacy and navigation
	Hardin, KY	
	Nelson, KY	
	Washington, KY	
	Marion, KY	
	Larue, KY	
Clark County Health Department	Clark, IN	Access to care (specialties are needed) Substance use Social determinants of health Health literacy

Community input: Areas surrounding Jefferson County survey results

For areas outside of Jefferson County, the survey was conducted using the same survey instrument used for Jefferson County. The distribution time and process were completed concurrently. The results presented in this section are limited to the patients served by or staff working for Norton Healthcare who reside outside of Jefferson County. The results reported are unweighted results.

There were a total of 1,560 respondents outside of the Jefferson County ZIP codes, 1,056 were in the primary service area and met the criteria set for inclusion. Most (88%) of the responses were from surveys completed by Norton Healthcare employees and patients. The majority of respondents from outside of Jefferson County were female with an average age of 50. A brief summary of the demographic characteristics of this sample are listed below.

Gender	Percentage
Female	78%
Male	22%

Education Attainment	Percentage
No HS	5%
HS Diploma	16%
Some College	40%
Bachelor/Graduate	39%

Age Range	Percentage
18-24	5%
25-34	12%
35-54	36%
55-64	25%
65+	23%

Race Identity	Percentage
White	89%
Black / AA	5%
Hispanic	2%
Asian	0%
Other	4%

Primary Service Area outside of Jefferson County 2020-2021	Community Survey

Community health problems: A high number of respondents (43%) indicated that obesity is a current issue for the region. Other top community health problems included drug or alcohol addiction (33%), mental health (27%), high blood pressure (24%) and diabetes (23%).

Unhealthy behaviors: The most frequent behavioral issue was drug abuse, indicated by 53% of respondents. This was followed by distracted driving (37%), coronavirus transmission (30%), poor eating habits (28%) and tobacco use (28%).

Barriers to health care: About 49% of respondents indicated they did not have financial barriers to health care and 57% do not have nonfinancial barriers to health care. It is important to note that the majority of surveys received within this specific sample were from individuals who work for or are receiving health care from Norton Healthcare. In reviewing the other barriers listed, the most frequent financial barriers are having a past due bill with health care provider (20%), inability to take time off work (18%), and can't afford prescription medicine (11%). The most frequent nonfinancial barriers are not being able to get an appointment with my provider in a timely manner (21%), waiting too long in the provider's waiting room (9%) and having no one to watch my children (9%).

Community needs to be healthy: When asked what the community needs to be healthy, the most common response was good jobs that pay a living wage (38%). Additional responses included access to affordable fresh foods (22%), clean environment (21%) and good schools and good places to raise children (21%).

Additional survey results

➢ 17% of survey respondents sometimes or often experienced food insecurity in the past 12 months.
➢ 20% indicated they sometimes or often put off health care because they cannot afford it.
➢ 4% reported not having permanent housing or being worried about losing housing in the future.
➢ 8% indicated their current residence has experienced issues including mold, bug infestation, lead paint or pipes, inadequate heat, water leaks or other issues that made it unsuitable or unhealthy to live in.

Secondary research

Demographics: Our primary service area is made up of 16 counties that vary dramatically in size. The chart below lists population, percent of households below the poverty level, educational and aging percentages to give a picture of each county.

Supporting Statistics	Kentucky									
	Jefferson	Bullitt	Hardin	Henry	Meade	Nelson	Oldham	Spencer	Trimble	Kentucky
% Households below Poverty level	10.32%	8.11%	10.87%	13.40%	8.91%	7.62%	4.76%	5.89%	14.71%	12.86%
Population	790,583	65,851	123,583	18,697	19,334	49,654	58,300	23,570	7,995	4,481,312
%<18	22.1%	21.2%	24.4%	22.5%	19.4%	23.0%	23.3%	20.9%	21.9%	22.4%
% 65 and older	17.3%	17.2%	14.8%	18.7%	17.8%	17.0%	14.7%	16.4%	18.9%	17.5%
% 25+ without a High School diploma	9.3%	10.1%	9.0%	15.1%	12.4%	10.6%	7.6%	8.9%	15.6%	13.44%
% 16+ unemployed	3.2%	2.5%	2.7%	3.1%	4.0%	3.4%	2.0%	2.8%	5.8%	3.18%

Supporting Statistics	Indiana						
	Clark	Floyd	Harrison	Jefferson	Scott	Washington	Indiana
% Households below Poverty level	6.7%	7.6%	7.6%	10.7%	11.1%	11.5%	9.33%
Population	121,321	81,516	37,225	31,614	27,421	26,530	6,766,875
%<18	22.3%	22.2%	22.3%	20.6%	21.6%	22.3%	23.1%
% 65 and older	17.0%	17.4%	18.9%	19.1%	18.1%	18.4%	25.4%
% 25+ without a High School diploma	10.3%	8.4%	11.4%	10.1%	15.5%	15.7%	11.17%
% 16+ unemployed	2.4%	2.3%	3.6%	3.4%	2.9%	3.4%	2.91%

Source: Sg2 Analytics". Analytics.Sg2.Com, Claritas Pop-Facts, 2021, https://analytics.sg2.com/Assess/Demographics/Default. Accessed 11 Oct 2021.

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

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

- Health care provider ratios comparing the county population with the number of primary care providers show Jefferson County having a significantly lower population-to-provider for all provider types listed in the table below:

		Primary Care Physican	Primary Care Other	Mental Health	Dentist
		Popualtion to Provider Ratios			
State	County				
Kentucky	Jefferson	1058:1	540:1	329:1	958:1
	Bullitt	5350:1	3003:1	1126:1	3003:1
	Hardin	1589:1	665:1	263:1	1093:1
	Henry	2001:1	1790:1	2301:1	3221:1
	Meade	4692:1	2393:1	1248:1	4102:1
	Nelson	2173:1	1042:1	705:1	1764:1
	Oldham	1660:1	1749:1	1090:1	2557:1
	Shelby	2635:1	1183:1	703:1	2695:1
	Spencer	2313:1	2088:1	3759:1	4699:1
	Trimble	4281:1	8515:1	4258:1	8515:1
Indiana	Clark	2339:1	1128:1	460:1	2794:1
	Floyd	1454:1	836:1	694:1	1468:1
	Harrison	2217:1	2690:1	4035:1	2374:1
	Jefferson	1783:1	1039:1	1007:1	1534:1
	Scott	2387:1	1837:1	2171:1	3980:1
	Washington	3975:1	2540:1	2794:1	5589:1
Kentucky		1523:1	732:1	443:1	1543:1
Indiana		1511:1	1080:1	623:1	1777:1
United States		1325:1	1013:1	403:1	1447:1

Counties in our primary service area with the highest population to provider ratio are highlighted above

Source: County Health Rankings

- The counties surrounding Jefferson County have a significantly lower rate of sexually transmitted infections. Jefferson (706.1) and Hardin (584.8) counties were the only two that have a ratio higher than the overall U.S. score of 524.6 per 100,000.
- There were only three counties in our service area that have a teen birth ratio below the U.S. overall ratio of: 22.71 births per 1,000 females 15-19 years old. Those counties are: Oldham County, Kentucky (8.73), Spencer County, Kentucky (20.99), and Floyd County, Indiana (22.33).
- Jefferson County, Kentucky, has the lowest high school graduation rate in our service area at 88%. All counties are above the U.S. overall rate of 85% except for Jefferson County, Indiana at 82%.
- The income inequality ratio compares the population at the 80th percentile with those at the 20th percentile of household income within the county. A higher ratio indicates a larger division between the top and bottom in the household income spectrum. The counties with the greatest amount of inequality are Trimble County, Kentucky (5.09), Jefferson County, Kentucky (4.85), and Shelby County, Kentucky (4.64).

Conclusions: Areas surrounding Jefferson County

The key findings for the areas surrounding Jefferson County remain similar to the results of Jefferson County. The overarching areas of concern include improving access to care, reducing health disparities, management of chronic conditions, increased resources for mental health and substance use, and increasing health literacy. All counties discussed the need to look more closely at social determinants of health, many focusing on transportation and the affordability of health services.

Appendix I

References

References

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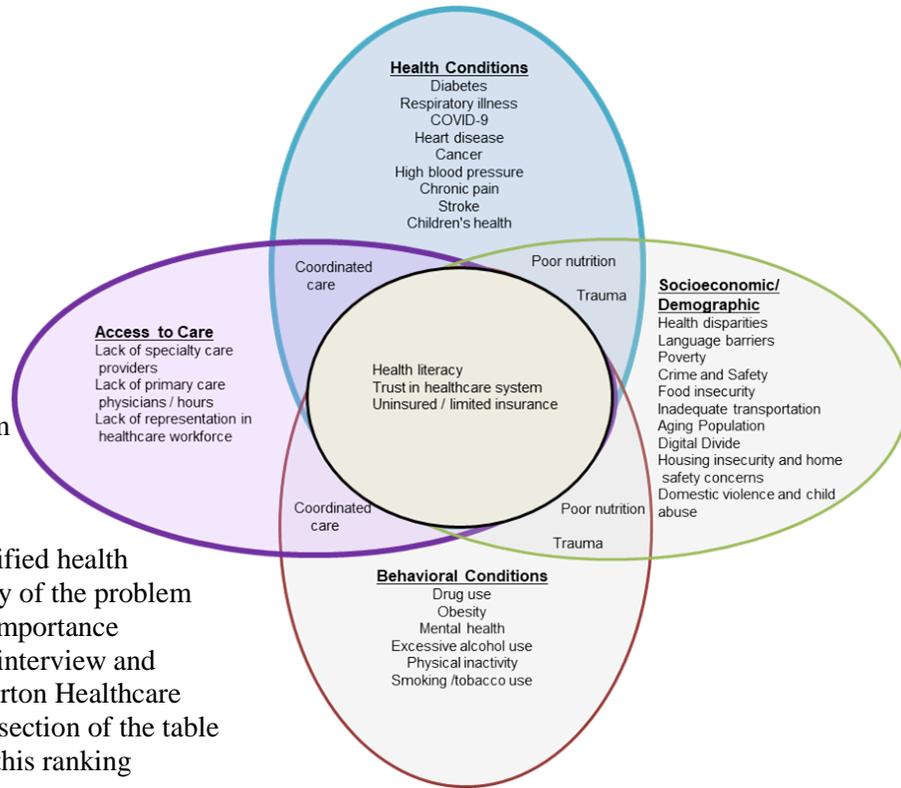
NORTON HEALTHCARE

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

Community Health Needs Assessment
Implementation Strategy
2022

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

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

FINDINGS

A total of 34 issues were identified by the assessment process. The relational diagram to the right categorizes these concerns into four main areas and illustrates the overlap between them. Health literacy, the uninsured and trust in the health care system intersect all four categories of need.

PRIORITIZATION

Norton Healthcare Inc. prioritized the identified health needs by ranking the magnitude and severity of the problem based on secondary data available and the importance emphasized by the community through the interview and survey process, as well as the ability for Norton Healthcare Inc. to influence the issue directly. The top section of the table below identifies the top 20 needs based on this ranking methodology.

	Health Conditions	Access to Care	Behavioral Conditions	Socioeconomic / Demographic

Top 20	Diabetes
	Respiratory illness
	COVID-19
	Heart disease
	Cancer
	High blood pressure
		Access to Care
		   Lack of specialty care providers
		   Lack of primary care physicians/
		   hours
		Lack of representation in health care
		   workforce
		Coordinated care
			Drug use
			Obesity
			Mental health
			Excessive alcohol use
			Poor nutrition
				Health disparities
				Health literacy
				Language barriers
				Trust in the healthcare system
				Poverty

	Chronic pain Stroke Children's health		Physical inactivity Smoking /tobacco use Trauma (including adverse childhood events)	Crime and safety Food insecurity Inadequate transportation Uninsured / limited insurance Aging population Digital divide Housing insecurity and home safety Domestic violence and child abuse

Norton Healthcare desires to continue providing clinical programs and health care services for our community while also pursuing continuous improvement in existing and future programs to meet community needs and improve the overall health of the communities we serve. The areas shaded in blue, in the prioritization table above, are those concerning health conditions and access to care, which pertain

to Norton Healthcare's core business and will always be areas of priority. The unshaded areas on the right of the prioritization table above involve behavioral conditions and socioeconomic/demographic concerns that were prioritized for inclusion in our Community Health Needs Assessment. From those areas of need, we identified six areas of focus for implementation. These strategic areas are **substance use, obesity, mental health, poor nutrition, health disparities, health literacy, language barriers and trust in the health care system.** Poverty levels were not included as a strategic area. Norton Healthcare Inc. continues to have a comprehensive charity care policy, but we are not currently in a position to significantly influence the poverty levels that exist in the population that we serve. Drug use and excessive alcohol use are both included in the category of substance use.

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

Substance use

Initiative	Description	Measure
Reduce the number of opiates prescribed	• Reduce number of opioid prescriptions through the use of modified order sets in Epic.	Number of opioids prescribed
Norton Maternal Opioid and Substance Treatment (MOST) Program	• Expand this existing addiction recovery program. The goal of the program is to help pregnant women overcome their addiction to opioids and deliver healthy babies.	Number of patients using the program Number of patients who deliver full term
Social determinants of health and substance use screenings	• Create an implementation plan for screening and intervention at first prenatal visit for social determinants of health and substance use disorder.	Number of pregnant mothers screened

Obesity

Initiative	Description	Measure
Availability of dietitians and nutritionists in Workforce	• Increase the number of available dietitians and nutritionists.	Number of dietitians/nutritionists Number of visits
Dietitian / nutritionists referrals	• Increase referrals to dietitian or diabetic counselors.	Number of referrals

Mental health

Initiative	Description	Measure
Mental health telehealth	• Continue mental health telemedicine visits to improve access and continuity of care. • Make telehealth psychology visits available to all pediatric patients.	Number of visits

Social workers	• Embed Licensed Clinical Social workers in all pediatric primary care practices to increase access and reduce the stigma associated with mental health services.	Number of LCSWs Number of practices Number of visits
Education and support	• Provide mental and behavioral health services, education and support to residents in West Louisville	Number of visits from West End
Suicide screening	• Continue utilizing the Columbia-Suicide severity screening tool in all health access points.	Number of screenings Number of psych consults

Poor nutrition

Initiative	Description	Measure
Food insecurity screenings	• Screen for food insecurity during every patient discharge. Connect patients with resources through Unite Us platform.	Number of screenings
Expand food pantries	• Expand food pantries in adult and OB/GYN practices to improve access to healthy food options throughout the community.	Number of food pantry referrals

Health disparities

Initiative	Description	Measure
Doula program	• Expand the Norton Women's Doula Program in West Louisville to provide guidance on prenatal care, health navigation as well as improve outcomes for mothers and babies.	Number of patients in Doula program
Mobile units for Norton Prevention & Wellness	• Increase access to primary care and screening services for areas in West Louisville through the utilization of the Norton Prevention & Wellness Mobile Primary Care unit and Norton Prevention & Wellness Mobile Prevention Center mammo unit.	Number of visits to the mobile units

Health literacy

Initiative	Description	Measure
West End Hospital	• Open the Norton West Louisville Hospital and increase patient reach in a historically underserved population.	Number of visits Number of unique patients
Community health workers	• Increase the community health worker workforce, patient volume and interactions.	Number of Community Health workers

Education for English-language learners population	• Increase the availability of health education information in multiple languages.	Number of languages translated

Language

Initiative	Description	Measure
Spanish version of MyNortonChart	• Implementation of a Spanish translation of MyNortonChart • Increase MyNortonChart enrollees and engagement of Hispanic population.	Number of MyNortonChart users
Expansion of bilingual staff	• Increase bilingual staff at Norton Medical Group and Norton Cancer Institute locations and the Norton Healthcare Access Center. • Grow Access Center volume.	Number of bilingual staff members
Norton Prevention & Wellness	• Increase employer relationships. • Increase prevention and wellness visits with bilingual staff.	Number of employer partners Number of mobile wellness visits

Trust

Initiative	Description	Measure
Increase patient interactions in Western Jefferson County	• Grow participation in Institute of Health Equity activities, events and education opportunities. • Grow partnerships with the faith community. • Grow primary care patients in the new Norton West Louisville Hospital location.	Number of faith partnerships Number of events

The implementation strategies listed above were approved by the Norton Healthcare's Community Benefit Committee composed of select members of Norton Healthcare's board of trustees on May 11, 2022.