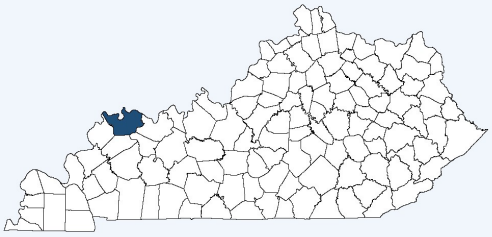
Deaconess



HENDERSON COUNTY, KENTUCKY

COMMUNITY HEALTH NEEDS ASSESSMENT 2022-2025 (January 2022)

Executive Summary-Henderson County

2022 Community Health Needs Assessment (CHNA)

Overview

Deaconess Health System conducted the **2022 Community Health Needs Assessment (CHNA)** in partnership with various community stakeholders. The 2022 CHNA provides insights into the health needs of communities within the Deaconess service area and provides guidance to the development of health-promoting programs and services. This report provides a comprehensive overview of the methods used to conduct the CHNA, summaries of data that were considered, and a description of the process and outcomes of a prioritization process to establish the health priorities that will drive the hospital's activities in subsequent years.

A diverse and comprehensive range of activities were initiated to collect and consider data that provided valuable insights for decision making. A foundational activity included the review of existing secondary data to better understand the health needs and social, economic, and demographic characteristics of those living in the service area. Additionally, to ensure the consideration of community member insights into the health issues impacting their communities, a provider/stakeholder survey was conducted. Lastly, virtual focus groups that included community members and stakeholders representing organizations providing services on the front lines of public health in their communities were conducted. A prioritization session was held to discuss findings and identify areas of focus for subsequent years. This resulted in four identified priorities. Three of these priorities reflect a continued focus from prior assessments.

Local Health Priorities Identified

- **Health Equity and Access**
- **Mental Health**
- **Substance Abuse: Alcohol, Tobacco, and Other Drugs**
- **Obesity/Diabetes: Physical Activity**

These priorities provide an issue-oriented roadmap for the development of local programs, services, and initiatives that seek to improve the health of the local community.

Purpose

The 2022 CHNA provides insights into the health needs of the community and guides health programming and services.

Approach

The 2022 CHNA triangulated data from **three areas**:

- Secondary Data Review (e.g., US Census, County Health Rankings)
- Provider/Stakeholder Survey
- Provider/Stakeholder focus groups

47 providers/stakeholders responded to the survey

3 focus groups were held with **19** participants

18 individuals participated in a prioritization session representing **10** organizations from the Healthy Henderson collaborative:

City of Henderson
Deaconess Health System
Deitz, Shields & Freeburger, LLP
Green River District Health Dept.
Henderson Community Schools
Henderson Cty. Coop. Extension
Henderson First UMC
Matthew 25 AIDS Services
River Valley Behavioral Health
United Way of Henderson County

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Introduction

Community Health Needs Assessment (CHNA) Overview

Section 501(r)(3)(A) requires a hospital organization to conduct a community health needs assessment (CHNA) every three years and to adopt an implementation strategy to meet the community health needs identified through the CHNA. This report provides a comprehensive overview of the 2022 CHNA conducted by Deaconess Health System for Henderson County. This report includes an overview of the methods used to conduct the CHNA, summaries of existing health indicator data, primary data that was collected for purposes of the CHNA, and a description of the process and outcomes of a prioritization process to establish the health priorities that will drive the hospital's activities in the subsequent years.

About Deaconess Health System

Deaconess Health System is the premier provider of health care services to 26 counties in three states (IN, IL, and KY). The system consists of nine hospitals located in southern Indiana: Deaconess Midtown Hospital, Deaconess Gateway Hospital, The Women's Hospital, The Heart Hospital, The Orthopedic and Neuroscience Hospital, Deaconess Cross Pointe, Deaconess Gibson Hospital, Encompass Health Deaconess Rehabilitation Hospital, and the Linda E. White Hospice House. Two hospitals in Kentucky also became part of Deaconess Health System in 2020: Deaconess Henderson Hospital and Deaconess Union County Hospital.

Deaconess Clinic, a fully integrated multispecialty group featuring primary care physicians as well as top specialty doctors, provides patients with consistent and convenient care. Additional components include a freestanding cancer center, urgent care facilities, a network of preferred hospitals and doctors, more than 30 care sites, and multiple partnerships with other regional health care providers.

Deaconess Henderson Hospital opened in 1946 and serves the Henderson, KY community. Located near the Henderson riverfront, the 192-bed acute care hospital offers general hospitalization care, surgical procedures, obstetrical/delivery care, cancer care, and many outpatient services.

Previous CHNA Effort

On July 1, 2020, Methodist Health in Henderson joined Deaconess Health System. In prior CHNA efforts, Methodist collaborated with the Green River District Health Department as part of a regional needs assessment. Various strategies were used to inform the CHNA process including community forums, surveys, and statistical analysis of existing data. The assessment of health issues facing Henderson County were documented.

Upon prior CHNA completion, Methodist reached out to health and community leaders across the region to form the Henderson Health Coalition, now known as Healthy Henderson. The purpose of Healthy Henderson is to promote health and wellness throughout the community. Members of Healthy Henderson represent a broad spectrum of professionals who meet to implement evidence-based actions to provide positive outcomes and improve the county's health statistics in the areas addressed.

2018-2021 Priorities and Plan

Healthy Henderson adopted three health issues:

- → Mental Health-Teen Issues
- → Obesity/Diabetes: Physical Activity
- → Substance Abuse: Alcohol, Tobacco, and Other Drugs

Each subgroup working on these issues also added an emphasis on mental health. The following outcomes and activities were included in the 2018-2021 Community Health Improvement Plan for Henderson County.

Mental Health-Teen Issues: Increase education and awareness of mental health concerns for teens and families. Key activities include (a) partner with local schools and mental health professionals to promote parental involvement in counseling opportunities, (b) partner with local schools to explore the idea of expanding the availability of mental health providers during school hours, (c) establish a Boys and Girls Club, and participate in awareness activities, support/promote fundraising, and contribute programming ideas, (d) partner with the Green River District Health Department to explore the possibility of training Boys and Girls staff in Teen Outreach Program evidence-based curriculum, and (e) promote and refer appropriate individuals and families to local parenting classes, programs, education, and resources (i.e. HANDS Program, Marsha's Place, CASA, etc.).

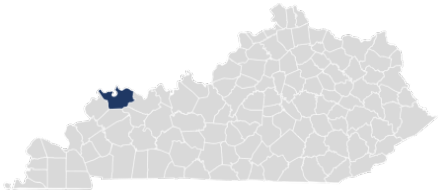
Obesity/Diabetes: Physical Activity: Continue screening for diabetes and prediabetes in the community and promote educational programs for obesity, diabetes and physical activity for children and adults. Key activities include (a) screening for diabetes and prediabetes in the community (related goals include: working in partnership with Prevention and Wellness Services of Methodist Hospital to conduct community screenings for diabetes/prediabetes; information on risk for diabetes/prediabetes will be available at community events during the year), (b) educational programs on diabetes and obesity for the community (related goals include: free diabetes, prediabetes, or weight loss classes/programs will be offered to the community, Henderson County Diabetes Coalition will continue to sponsor a Diabetes Support and Education Group, work with Prevention and Wellness Services of Methodist Hospital to promote the benefit of and referral to a Diabetes Prevention Program to members of the community or to corporate clients, develop a flyer that lists available resources with

contact information for diabetes, prediabetes, nutritional counseling and other related programs in Henderson County), (c) promote healthy good choices for children and adults (related goals include partnership with the City Pool to promote Better Bites food and drink items available in their snack bar, work with the Henderson County School System to expand Better Bite options at schools, work with at least one locally-owned restaurant to highlight healthy food choices on their menu by the end of 2019), and (d) promote physical activity for children and adults.

Substance Abuse: Alcohol, Tobacco, and Other Drugs: To discover, educate and assist in implementing substance abuse programs throughout the community over the next three (3) years. Key activities include (a) continue to promote, support and advocate for an all-inclusive Tobacco Free Policy; (b) continue to promote, support and advocate for a Clean Needle Exchange program in Henderson County. Upon the enactment of the Clean Needle Exchange, assist with the implementation as appropriate, and research the mental health services needed to offer those that benefit from the exchange; (c) partner with and advocate for organizations that are recruiting new mental health providers; and (d) invite and encourage new members to join the coalition.

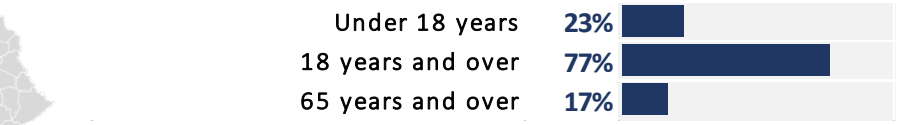
About the 2022 CHNA Service Area

For the purposes of the CHNA, all zip codes in Henderson County and all people living in the county at the time the CHNA was conducted are included in the service area.

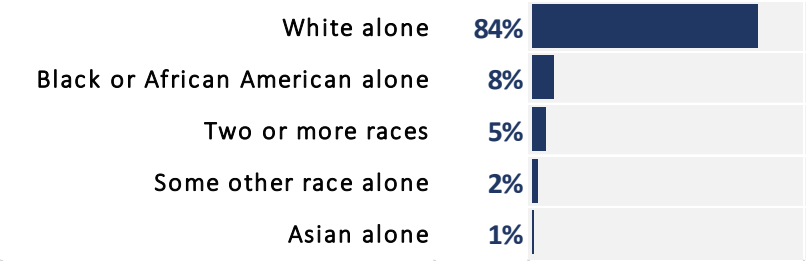


44,793
residents

AGE

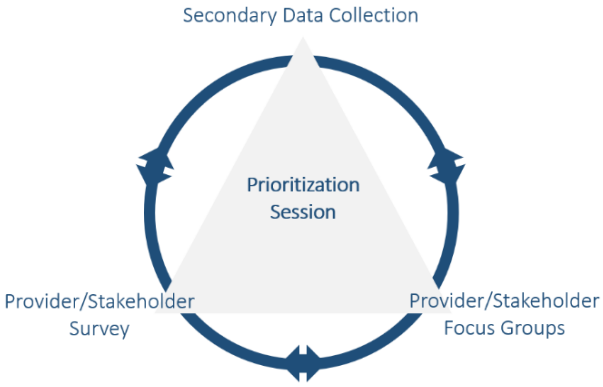


RACE



Summary of 2022 CHNA Methodology

Three approaches were used to collect primary and secondary data. Diehl Consulting Group (DCG) was contracted to provide support to these methods. This included compiling existing secondary data, administering provider/stakeholder surveys, and conducting focus groups. DCG analyzed and summarized data from these methods and assisted in the prioritization and final reporting process.



Methods are summarized below and further detailed in each of the respective results sections of this report and Appendix A. To support prioritization, a synthesis of key findings from data collection processes was presented and summary documents produced to guide discussion (Appendix D).

Secondary data sources were reviewed to better understand the health needs and social, economic, and demographic characteristics of those living in the service area. Sources included (a) the 2021 version of County Health Rankings & Roadmaps, a project of the Population Health Institute of the University of Wisconsin that is supported by the Robert Wood Johnson Foundation, (b) the Kentucky State Data Center, (c) the U.S. Census, (d) the Welborn Baptist Foundation 2021 Greater Evansville Health Survey, (e) Annie E. Casey Foundation: Kids Count Data Center, (f) Kentucky Incentives for Prevention, and (g) Centers for Disease Control (CDC) Wonder.

Provider/stakeholder surveys were administered to gather insights into the health issues impacting the community. Participants were provided a list of twenty (20) health issues and social determinants of health, as well as an opportunity to write-in other issues not included on the list. Participants selected five (5) issues they considered to be highest priority needs in the county. Respondents then ranked the five (5) issues based on priority. For each issue identified, respondents were then asked to provide feedback on the perceived trend of the issue since 2018, the adequacy of resources devoted to addressing the issue, and any perceived barriers to addressing the issue.

Provider/stakeholder focus groups were conducted virtually with 19 participants across 3 groups representing medical/healthcare organizations as well as organizations with unique perspectives on public service, nonprofit services, child/youth development, health equity, and business/economic development (Appendix B). Focus groups expanded on information collected through the surveys by providing additional insight on the highest ranked priority needs identified through the surveys.

Considerations

The following considerations should be taken into account when interpreting findings.

1. Data collection methods used for the 2022 CHNA were informed by the CHNA steering committee. While the CHNA utilized similar processes as prior assessments, a community survey was not conducted specifically for this process. Instead, since the Welborn Baptist Foundation recently published the 2021 Greater Evansville Health Survey, data from this survey were used to inform the CHNA.

2. The CHNA occurred as the COVID-19 pandemic continues to significantly impact public health in Henderson County. To the extent possible, health issues were examined independent of COVID-19. However, the prioritization process considered the extent to which COVID-19 should be included in the prioritization of health issues resulting from this CHNA. In addition, due to COVID-19, focus groups were conducted virtually.

3. Secondary data presented during the prioritization session and contained within the secondary data review section reflect the most recent information available prior to the prioritization process (October 2021). Data sources were based on those used in prior CHNA assessments and supplemented with local data provided or recommended by stakeholders. Data may reflect lagging indicators due to the nature of available data sources. For example, the 2021 County Health Rankings reflect years-old data for some indicators. While these data sources are consistent with prior CHNA efforts and allow for consistent trends to be examined, consideration should be given to the period for which data points reflect when interpreting findings.

4. While survey and focus group data were collected for each separate health issue when possible, it is understood that relationships exist between many of the issues (e.g., co-occurring issues, common barriers). The prioritization process took these relationships into consideration.

Proritization Process & Resulting Priorities

Overview of the Prioritization Process

A prioritization process was conducted to consider CHNA data and identify the most urgent health issues to guide the hospital's future priority areas. Representatives from Healthy Henderson, including hospital staff participated in an in-person meeting to review data collected for the CHNA. Members of Healthy Henderson represent a broad spectrum of professionals who meet to implement evidence-based actions to provide positive outcomes and improve the county's health statistics in the areas addressed. Specifically, eighteen individuals attended the session representing ten organizations. A list of participants is provided in Appendix C. Notes from the session, a copy of the slides used during the data presentation, and health summaries used as reference are included in Appendix D.

The process consisted of the following steps:

(1) The purpose for conducting the CHNA and priorities identified in response to the 2019 CHNA were first reviewed.

(2) A review of data was presented by representatives of DCG. The presentation included an overview of methods used to support the CHNA, a presentation of selected secondary data for the county, and an orientation to survey and focus group data collected through the process. DCG also prepared a series of health summaries and other supporting documents (Appendix D). As applicable, health summaries were referenced by DCG as part of the discussion.

(3) Based on initial planning with Deaconess Health System, the following questions were introduced to the group to guide the prioritization process:

a. Based on the data reviewed and your own contextual knowledge, what health issues, sub-issues, or combinations of issues would you elevate as the highest priorities?
b. Which issues can we reasonably impact over the next three years by leveraging existing resources/partnerships or establishing new resources/partnerships?
c. Which issues are most relevant to Henderson County as a whole? We encourage all participants to look beyond any agendas of their individual organizations.

(4) Participants were invited to identify health issues based on the information from the current CHNA assessment, as well as their current professional experiences.

(5) DCG displayed a Word document and documented participant recommendations while facilitating discussion of health issues. To support this process, DCG prepared an electronic survey that could be used to populate identified priorities and used to support a voting process. However, this type of voting was determined not to be necessary as consensus among group members was primarily used to identify the ultimate priorities. Specifically, following discussion, DCG organized ideas in the Word document around key priority issue categories. Throughout this process, participants provided feedback on wording and placement of ideas within

categories. Prior to completing the session, a representative from Deaconess Health System summarized the overall health issues identified to ensure consensus.

Resulting Priorities

The primary and secondary data sources described previously were triangulated to inform prioritization of local health needs. Prioritization included discussion on health equity and access, mental health, and substance abuse issues experienced by residents, as well as barriers and challenges in addressing these issues. Healthy Henderson agreed to focus on these issues along with continuing the three areas of focus within the prior implementation plan, which overlapped with issues discussed during the session. Collectively, four priorities resulted from the prioritization session. These priorities provide an issue-oriented roadmap for the development of local programs, services, and initiatives that seek to improve the health of the local community.

Health Equity and Access	Mental Health	Substance Abuse: Alcohol, Tobacco, and Other Drugs	Obesity/Diabetes: Physical Activity

Priority issues are summarized below along with key considerations specific to the issue identified as part of the prioritization session. Selected key findings from the CHNA secondary data review, surveys, and focus groups are also provided to facilitate understanding of the issue.

Priority Issue: Health Equity and Access. Health equity and access are a cross-cutting issue. As such, it involves residents having equitable access to care and ensuring residents with the most need are being reached. Selected considerations specific to the prioritization of health equity and access include (a) health equity is a cross-cutting issue—do all residents have equitable access, are we reaching those most in need (e.g., LGBTQ populations overall, LGBTQ youth); (b) transportation limitations-city bus system covers city fairly well but there is no public transportation in the rural areas of the county; (c) residents do not want to go outside of the community for healthcare, need regionalism in healthcare; (d) parental inconsistency and follow-through in accessing services (e.g., follow-through, scheduling and attending appointments, picking up and administering medications, unwillingness to devote time and money to getting better); (e) wrap-around service would be beneficial to ensure follow-up, coordinate with parents who may be suffering from their own issues; (f) even in households with ample resources, there is need to coordinate services between parents, schools, other providers, etc.; (g) culturally, there seems like a disconnect between parents and available services (e.g., reliance on technology); and (h) build on existing or potential strategies in schools and the community.

Key Findings

- Selected findings from provider/stakeholder surveys and focus groups highlighted health equity and access issues within the county. Challenges in accessing care/services was a barrier identified within a variety of health issues (e.g., mental health, substance/drug use or abuse, chronic diseases, aging and older adult needs). In addition, several subpopulations were identified as having unique issues accessing care (e.g., young adults, children and youth, Medicaid recipients, seniors, low-income residents, individuals without transportation).

Priority Issue: Mental Health. Selected considerations specific to the prioritization of mental health included (a) current Healthy Henderson goal in this area involves increasing education and awareness of mental health concerns for teens and families, (b) a recognition that access to food, poverty, transportation limitations, etc. impact broader issues such as mental health, (c) need to continue and build on prior efforts (e.g., continue building upon existing work related to big issues such as substance use, mental health, diabetes; continue progress of school systems—hiring more counselors; partnering with community organizations such as Boys and Girls Club; continue professional development of school and other staff around trauma-informed care and Youth Mental Health First Aid; continue partnerships between schools and external therapists; build on regional effort to reduce poverty and/or address unique barriers faced by impoverished and/or homeless populations), (d) build awareness around mental health resources in Henderson County—how to make residents aware of the resources available to them, (e) concern that there are limited inpatient options for services at a certain age (e.g., Deaconess Cross Pointe requires youth to be 10+) for severe issues (e.g., plan to harm themselves and others), (f) outside of schools, there are limited providers for mental health pediatrics and substance use, even young adults, and (g) homelessness-patients are being referred from Henderson to Evansville.

Key Findings from Secondary Data (Referenced tables are in the Secondary Data Review Section)

- **Providers:** Henderson County is currently designated by the Health Resources & Services Administration (HRSA) as a High Need Geographic Health Professional Shortage Area (HPSA) for mental health providers along with other counties in the region including Daviess, Hancock, McLean, Ohio, Union, and Webster.[1] The ratio of residents to providers is also higher than the state. Also, this ratio may not fully account for populations served, insurance types accepted, or the magnitude of need for services. *(Table 1.14)*
- **Depression/anxiety:** Based on responses to the most recent Greater Evansville Health Survey (2021), 27% of residents reported being told by a doctor, nurse, or other health professional in the past 12 months that they had (or still have) a depressive disorder and 25% any type of anxiety. *(Table 1.19)*
- **Teen Mental Health:** Based on responses to the Kentucky Incentives for Protection (KIP) Survey (2018), 23% of teens in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, and Webster) reported having serious psychological distress (2018; State=22%). *(Table 1.11)*
- **Suicide Rate:** 21 per 100,000 (*MOE:* 16-29) suicide rate among residents (State=17). *(Table 1.7).* Among teens specifically, 8.7% of teens in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, Webster) reported attempting suicide in the past 12 months (State=8.4%), and 13.1% made a plan to commit suicide in the past 12 months (State=12.3%) (2018); 16% of teens reported having suicidal thoughts in the past 12 months (2018; State=16%). *(Table 1.11)*

Key Findings from Provide/Stakeholder Surveys and Focus Groups

- Mental health was the highest ranked health issue in the county based on respondents who included the issue as a top-five priority need. Among respondents including mental health as a top-five priority need, 95% perceived mental health as getting worse since 2018, and 76% reported inadequate resources are being devoted to addressing mental health.

[1] https://data.hrsa.gov/tools/shortage-area/hpsa-find (Retrieved: January 2022)

- Selected barriers specific to mental health included accessing care/services (e.g., limited providers, treatment options, length of waiting lists), stigma associated with mental health, and awareness, understanding, and acknowledgment of the issue.

Priority Issue: Substance Abuse: Alcohol, Tobacco, and Other Drugs. The current Healthy Henderson goal in this area involves discovering, educating, and assisting in implementing substance abuse programs throughout the community. While listed as a separate priority, considerations are related to those previously presented under the mental health priority (e.g., need to build continue and build on prior efforts, limited providers for mental health pediatrics and substance use, even young adults).

Key Findings from Secondary Data (Referenced tables are in the Secondary Data Review Section)

- **Drug Overdose Death Rate:** The drug overdose rate in the county is 10 per 100,000 residents (*MOE:* 5-16) (State=32). *(Table 1.15)*
- **Excessive Drinking:** 16% (*MOE:* 15-17%) of residents report binge/excessive drinking (State=17%) (2018). Higher rates (24%) were reported on the most recent Greater Evansville Health Survey (2021). *(Tables 1.15 and 1.19)*
- **Adult Smoking:** 25% (*MOE:* 22-28%) of residents report smoking (currently and at least 100 cigarettes in their lifetime) (State=24%) (2018). *(Table 1.15)*

Key Findings from Provider/Stakeholder Surveys and Focus Groups

- Substance/drug use or abuse was the second highest ranked health issue in the county based on respondents who included the issues as a top-five priority need. Among respondents including substance/drug use or abuse as a top-five priority need, 88% perceived substance/drug use or abuse as getting worse since 2018, and 76% reported inadequate resources are being devoted to addressing substance/drug use or abuse.
- Selected barriers specific to substance/drug use or abuse included accessing care/services, cost of care and services, facilities/treatment options, lack of/need for resources, and awareness, understanding, and acknowledgement of the issue.

Priority Issue: Obesity/Diabetes: Physical Activity. The current Healthy Henderson goal in this area involves continuing to screen for diabetes and prediabetes in the community and promote educational programs for obesity, diabetes and physical activity for children and adults.

Key Findings from Secondary Data (Referenced tables are in the Secondary Data Review Section)

- **Adult Obesity:** 37% (*MOE:* 32-43%) of adults in the county meet criteria for obesity (State=35%), which is a worsening trend compared to prior years per County Health Rankings (2021) (2017). *(Table 1.15)*
- **Child Overweight/Obesity:** Based on responses to the most recent Greater Evansville Health Survey (2021), 28% of children in the region had a BMI falling in the overweight or obese category. Further, 19% of adults reported that a doctor has told them their child is overweight. *(Table 1.19)*
- **Physical Inactivity:** 31% (*MOE:* 27-37%) of residents report being physically inactive (no leisure time physical activity in the past month) (State=29%) (2017). *(Table 1.15).* Based on responses to the most recent Greater Evansville Health Survey (2021), 48% reported getting recommended levels of physical activity. *(Table 1.19)*

- **Child Health:** Based on responses to the most recent Greater Evansville Health Survey (2021), 22% of children were told by a health professional to eat more fruits/vegetables, and 11% were told to get more physical activity. *(Table 1.19)*
- **Food Insecurity:** 15.7% of residents did not have a reliable source of food (State=14.4%). This represents 7,170 people (2019). *(Table 1.17)*
- **Access:** 4% of low-income residents have limited access to healthy foods (State=7%) (2019). Based on responses to the most recent Greater Evansville Health Survey (2021), 28% of residents reported not being able to purchase fruits and vegetables. *(Tables 1.15 and 1.19)*

Key Findings from Provider/Stakeholder Surveys and Focus Groups

- Obesity and food access/availability/safety health issues were ranked seventh and ninth among survey respondents, respectively. Among respondents including obesity as a top-five priority need, 82% perceived the issue as getting worse since 2018, and 73% reported inadequate resources are being devoted to addressing the issue. Among respondents including food access/availability/safety as a top-five priority need, 73% perceived the issue as getting worse since 2018, and 67% reported inadequate resources are being devoted to addressing the issue.
- Selected barriers related to obesity and food access, availability and safety included accessing healthy foods/grocery stores, cost of healthy foods, awareness/understanding/ acknowledgement of the issues, and transportation.

Secondary Data Review

Overview

Secondary data represent existing information available through local, state, and national data sources. Collectively, these data offer insight into the health and social issues of the service area. These data were used throughout the Community Health Needs Assessment (CHNA) process to: (a) inform the development of issues that would be further explored in the 2022 CHNA Provider/Stakeholder Survey; (b) guide specific analyses of data from the 2022 CHNA Community Survey and focus groups; (c) provide data summaries and other insights to stakeholders and hospital staff during CHNA-related meetings and discussions; and (d) serve as a foundation for the review of ongoing efforts and key decisions about the services offered by the hospitals.

Data Sources

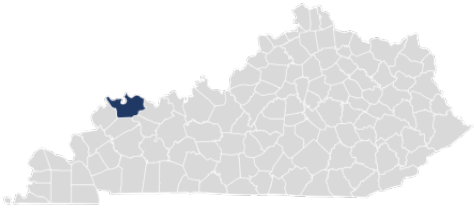
The review focused on similar data sources used in prior assessments and included the most recently available data prior to the prioritization session (October 2021). The following indicator categories were used to organize findings:

- Population characteristics
- Social, community, and economic characteristics
- Quality of life indicators
- Health and birth outcome indicators
- Clinical characteristics
- Behavioral factors
- Mortality indicators

Data presented in this section were primarily sourced from (a) the 2021 version of County Health Rankings & Roadmaps, a project of the Population Health Institute of the University of Wisconsin that is supported by the Robert Wood Johnson Foundation, (b) the Kentucky State Data Center, (c) the U.S. Census, (d) the Welborn Baptist Foundation 2021 Greater Evansville Health Survey, (e) the Annie E. Casey Foundation: Kids Count Data Center, (f) Kentucky Incentives for Prevention, and (g) Centers for Disease Control (CDC) Wonder. Specific data sources are presented under each table.

Considerations

This section presents data for the county of interest, and as available, the state of Kentucky, the nation, and region. While comparisons are valuable for identifying areas in a particular county where improvements can be made, such comparisons should always be made within the context of the vast differences that exist across the counties in the state and country.



Population Characteristics

Demographic characteristics provide important insights for the development and delivery of health-related services and programs. Of the 44,793 residents of Henderson County, 84.0% are White, 8.2% are Black or African American, 5.2% are two or more races, 1.7% are some other race, less than 1% are Asian, Native Hawaiian and Other Pacific Islander or American Indian and Alaska Native. Of any race, 3.1% are of Hispanic or Latino ethnicity.

Overall Population

Table 1.1 Population by United States, Kentucky, and Henderson County

	United States	Kentucky	Henderson County
Total population	331,449,281	4,505,836	44,793

Source: U.S. Census Bureau, 2020 Decennial Census, DEC Redistricting Data PL 94-171 (Table ID: P1)

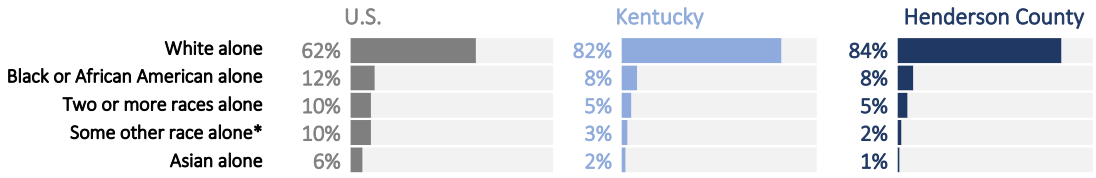
Race

Table 1.2 Race by United States, Kentucky, and Henderson County

	United States		Kentucky		Henderson County	
White alone	204,277,273	61.6%	3,711,254	82.4%	37,648	84.0%
Black or African American alone	41,104,200	12.4%	362,417	8.0%	3,652	8.2%
American Indian & Alaska Native alone	3,727,135	1.1%	12,801	0.3%	101	0.2%
Asian alone	19,886,049	6.0%	74,426	1.7%	241	0.5%
Native Hawaiian & Other Pacific Islander alone	689,966	0.2%	3,681	0.1%	44	0.1%
Some other race alone	27,915,715	8.4%	96,417	2.1%	774	1.7%
Two or more races	33,848,943	10.2%	244,840	5.4%	2,333	5.2%

Source: U.S. Census Bureau, 2020 Decennial Census, DEC Redistricting Data PL 94-171 (Table ID: P1)

Figure 1.1. Race by United States, Kentucky, and Henderson County



*Note: Some other race category also includes American Indian and Alaska Native alone and Native Hawaiian and other Pacific Islander alone due to low numbers of individuals within these groups.

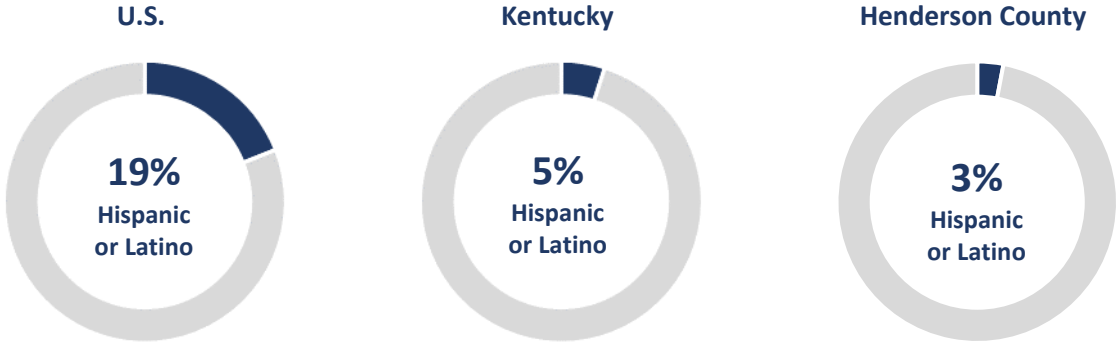
Ethnicity

Table 1.3 Ethnicity by United States, Kentucky, and Henderson County

	United States		Kentucky		Henderson County	
Hispanic or Latino (of any race)	62,080,281	18.7%	207,854	4.6%	1,368	3.1%
Not Hispanic or Latino	269,369,237	81.3%	4,297,982	95.4%	43,425	96.9%

Source: U.S. Census Bureau, 2020 Decennial Census, DEC Redistricting Data PL 94-171 (Table ID: P2)

Figure 1.2. Ethnicity by United States, Kentucky, and Henderson County



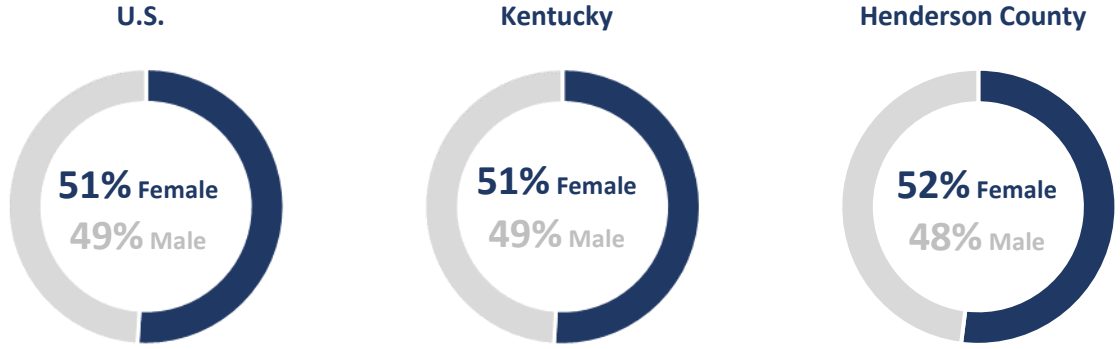
Sex

Table 1.4. Sex by United States, Kentucky, and Henderson County

	United States		Kentucky		Henderson County	
Female	164,810,876	50.8%	2,258,130	50.8%	23,696	51.7%
Male	159,886,919	49.2%	2,190,922	49.2%	22,133	48.3%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates (Table ID: DPO5)

Figure 1.3. Sex by United States, Kentucky, and Henderson County



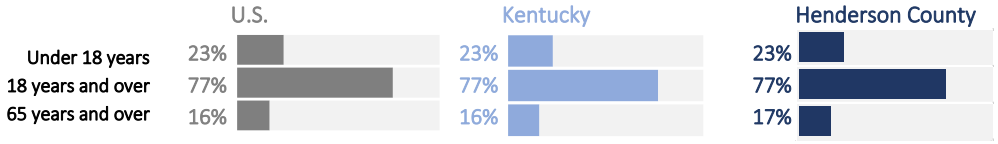
Age

Table 1.5. Age by United States, Kentucky, and Henderson County

	United States		Kentucky		Henderson County	
Median age (years)	38.1 years		38.9 years		41.2 years	
Under 18 years	73,429,392	22.6%	1,009,306	22.7%	10,487	22.9%
18 years and over	251,268,403	77.4%	3,439,746	77.3%	35,342	77.1%
65 years and over	50,783,796	15.6%	710,138	16.0%	7,889	17.2%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates (Table ID: DPO5)

Figure 1.4. Age by Kentucky and Henderson County



Language

Table 1.6. Language by United States, Kentucky, and Henderson County

	Kentucky		Henderson County	
Not proficient in English	42,969	1%	162	0%

Source: County Health Rankings, 2021 (U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Table ID: B16005)

Figure 1.5. Language by Kentucky and Henderson County

Social, Community, & Economic Characteristics

Social and economic factors are well established as important determinants of health and well-being. For purposes of the CHNA, these factors provide valuable insight into the context of health and well-being indicators and offer a foundation for considering the manner in which a hospital's programs are connected to a wider social services network. County high school graduation rates and percentage of residents with some college are comparable to the state. Compared to the state, the county has similar levels of median household income and children in single-parent families. Additionally, Henderson County has a lower rate of violent crime and injury deaths, a lower percentage of homeownership, and a similar percentage of residents with severe housing problems compared to the state. Tables 1.7-1.9 provide a summary of social and economic factors in Henderson County.

Table 1.7. Social and Economic Characteristics by United States, Kentucky, and Henderson County

	Top US Performers	Kentucky	Henderson County	Error Margin	Trend	County-State Comparison
EDUCATIONAL ATTAINMENT						
High School Completion[a]	94%	86%	**87%**	*85-89%*	*NA*	Within Mar.
Some College[a]	73%	62%	**58%**	*53-63%*	*NA*	Within Mar.
INCOME						
% Children in Poverty[b]	10%	21%	**22%**	*15-29%*	Worse	Within Mar.
Income Inequality (ratio of household income at the 80th to that at the 20th percentile)[a]	3.7	5.0	**4.7**	*4.1-5.3*	*NA*	Within Mar.
Median Household Income[b]	$72,900	$52,300	**$53,200**	*$46,900-$59,500*	*NA*	Within Mar.
FAMILY/RELATIONSHIPS						
% Children in Single-Parent Households[a]	14%	26%	**31%**	*26-36%*	*NA*	Within Mar.
Social Association Rate (per 10,000; local social/community support)[c]	18.2	10.6	**12.5**	--	*NA*	Better
CRIME/VIOLENCE						
Violent Crime Rate (per 100,000)[d]	*NA*	222	**177**	--	Same	Better
Homicide Rate (per 100,000)[e]	*NA*	6	**3**	*1-6*	*NA*	Within Mar.
SUICIDE/INJURY						
Suicide Rate (per 100,000)[f]	11	17	**21**	*16-29*	*NA*	Within Mar.
Injury Death Rate (per 100,000)[f]	59	96	**71**	*60-81*	*NA*	Better
HOUSING						
% Homeowner[a]	81%	67%	**61%**	*59-64%*	*NA*	Worse
% Severe Housing Problems[g]	9%	14%	**12%**	*10-14%*	*NA*	Within Mar.

Source: [a]County Health Rankings, 2021 (U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates); [b]County Health Rankings, 2021 (Small Area Income and Poverty Estimates, 2019); [c]County Health Rankings, 2021 (County Business Patterns, 2018); [d]County Health Rankings, 2021 (Uniform Crime Reporting (UCR), 2014 & 2016); [e]County Health Rankings, 2021 (National Center for Health Statistics-Mortality Files, 2013-2019); [f]County Health Rankings, 2021 (National Center for Health Statistics-Mortality Files, 2015-2019); [g]County Health Rankings, 2021 (U.S. Census Bureau, Comprehensive Housing Affordability (CHAS data) 2013-2017)

Table 1.8. Employment Characteristics by United States, Kentucky, and Henderson County

	Top US Performers	Kentucky	Henderson County
EMPLOYMENT (ACS 5-Year Estimates)			
Labor Force Participation Rate[a]	---	---	**58.3%**
Unemployment Rate[b]	2.6%	4.3%	**3.8%**

Source: [a]U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates (Table ID: S2301); [b]County Health Rankings, 2021 (Local Area Unemployment Statistics (LAUS), 2019)

Table 1.9. Family and Community Indicators by State and County

	Kentucky	Henderson
Number of reports meeting criteria for child abuse/neglect[a]	56,251	511
Children in foster care (per 1,000)[b]	51.1	27.7

Source: [a]The Annie E. Casey Foundation: Kids Count Data Center: Number of reports to DCBS meeting criteria for child abuse/neglect (2018). [b]The Annie E. Casey Foundation: Kids Count Data Center: Children in foster care (3-year) (2017-2019). Available: https://datacenter.kidscount.org/data

Quality of Life Indicators

Self-reported rankings of overall health status, and the number of days in a given month individuals would rate their physical and mental health as being poor, offer important insights into the factors that often influence individuals to seek care or support and share well-documented associations with care outcomes. Additionally, low birthweight is commonly used as a gauge for the existence of multi-faceted public health problems. Henderson County has a higher percentage than the state of children born with low birthweight, along with a higher rate of poor physical health days. Henderson County has similar levels to the state on self-reported measures of poor/fair health and mental health days. Additionally, teens in the River Valley School Districts (which includes Henderson County) have similar levels of serious psychological distress and suicidal ideation compared to all of Kentucky. Quality of life indicators are presented in Tables 1.10 and 1.11.

Table 1.10. Quality of Life Indicators by United States, Kentucky, and Henderson County

	Top US Performers	Kentucky	Henderson County	Error Margin	Trend	County-State Comparison
Poor or Fair Health[a]	14%	22%	23%	*20-26%*	*NA*	Within Mar.
Average Number of Poor Physical Health Days[a]	3.4 days	4.6 days	5.2 days	*4.7-5.7*	*NA*	Worse
Average Number of Poor Mental Health Days[a]	3.8 days	5.0 days	5.3 days	*4.9-5.7*	*NA*	Within Mar.
Low Birthweight[b]	6%	9%	11%	*10-12%*	*NA*	Worse

Source: [a]County Health Rankings, 2021 (Behavior Risk Factor Surveillance System, BRFSS, 2018); [b]County Health Rankings, 2021 (National Center for Health Statistics Natality Files, 2013-2019)

Table 1.11. Teen Mental Health and Suicidal Thoughts by Kentucky and River Valley School Districts

	Kentucky	River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, Webster)
MENTAL HEALTH ISSUES IN THE PAST 30 DAYS		
% Serious Psychological Distress	22.2%	23.1%
% Self-Harm	19.5%	19.2%
% Suicidal Ideation	15.7%	15.8%
% Suicide Plan	12.3%	13.1%
% Suicide Attempt	8.4%	8.7%

Note: The survey was administered to 10th graders across multiple school districts in the River Valley area as defined by KIP
Source: Kentucky Incentives for Prevention (KIP) Survey, 2018. Available: https://static1.squarespace.com/static /5a30a0572aeba58c0fb5e2eb/t/5d17da6a7ada480001a07c14 /1561844355466/KIP+State+%26+Regional+Trend+2018-29June2019.pdf

Health & Birth Outcome Indicators

Common health indicators that provide insight into the general health state of a community include premature mortality, infant mortality, chronic disease (e.g., diabetes), infectious disease (e.g., HIV), and both physical and mental distress. On these indicators, Henderson County largely mirrors the averages for the state of Kentucky with the exception of higher frequency of physical distress and higher diabetes prevalence. However, both the state and county have health outcomes that indicate a level of health worse than the top U.S. performing regions. Table 1.12 provides an overview of these leading health indicators for Henderson County.

Table 1.12. Health Outcome Indicators by United States, Kentucky, and Henderson County

	Top US Performers	Kentucky	Henderson County	Error Margin	Trend	County-State Comparison
Premature Age-Adj. Mortality (per 100,000)[a]	280	470	440	*410-470*	*NA*	Within Mar.
Child Mortality (per 100,000)[b]	40	60	60	*40-90*	*NA*	Within Mar.
Infant Mortality (per 1,000)[c]	4	6	8	*6-12*	*NA*	Within Mar.
Frequent Physical Distress (14 or more days or poor physical health)[d]	10%	14%	16%	*15-18%*	*NA*	Worse
Frequent Mental Distress (14 or more days or poor mental health)[d]	12%	17%	17%	*16-19%*	*NA*	Within Mar.
Diabetes Prevalence[e]	8%	13%	19%	*15-24%*	*NA*	Worse
HIV Prevalence (per 100,000)[f]	50	196	--	--	*NA*	*NA*

Source: [a]County Health Rankings, 2021 (National Center for Health Statistics Mortality Files, 2017-2019); [b]County Health Rankings, 2021 (National Center for Health Statistics Mortality Files, 2016-2019); [c]County Health Rankings, 2021 (National Center for Health Statistics Mortality Files, 2013-2019); [d]County Health Rankings, 2021 (Behavior Risk Factor Surveillance System, BRFSS, 2018); [e]County Health Rankings, 2021 (United States Diabetes Surveillance System, 2017); [f]County Health Rankings, 2021 (National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), 2018)

Birth outcomes are related to infant mortality and are important measures in understanding maternal child health. On these indicators, Henderson County is higher than the state in low birthweight and teen births. Additionally, Henderson County has a lower percentage of early prenatal care. Table 1.13 provides an overview of these leading health indicators for Henderson County.

Table 1.13. Birth Outcomes Indicators by Kentucky and Henderson County

	Kentucky	Henderson County
Low Birthweight	9%	12%
Teen Births (Ages 15-19 per 1,000 live births)	28	35
Early (1st Trimester) Prenatal Care	66%	54%

Source: Kentucky State Data Center – Vital Statistics, 2015-2019. Available: https://www.kentuckyhealthfacts.org/data/topic/

Clinical Characteristics

Data were used to help assess and consider issues closely aligned with the nation's objectives of improving access to care, reducing health care costs, adhering to preventative screenings and chronic disease monitoring, and improving the proportion of the population (especially children) who have health insurance.

When overall resident-to-healthcare provider ratios are considered (without considering populations served, insurance types accepted, or magnitude of need for services), Henderson County has lower healthcare ratios compared to the state based on the availability of primary care, dental, mental health and other health care providers. Uninsured rates in Henderson County are better than those in the state and on par with the top US performers. Further, mammography screening is lower than the state, and preventable hospital stays are higher than state rates. Table 1.14 provides a summary of these clinical characteristics of Henderson County.

Table 1.14. Clinical Characteristics by United States, Kentucky, and Henderson County

	Top US Performers	Kentucky	Henderson County	Error Margin	Trend	County-State Comparison
INSURANCE STATUS						
Uninsured[a]	6%	7%	6%	*5-7%*	Better	Within Mar.
Uninsured Adults[a]	7%	8%	7%	*6-8%*	Better	Within Mar.
Uninsured Children[a]	3%	4%	3%	*2-4%*	Better	Within Mar.
PROVIDERS						
Primary Care Physicians[b]	1,030:1	1,540:1	1,900:1	--	Better	Worse
Dentists[c]	1.210:1	1,490:1	2,060:1	--	Better	Worse
Mental Health Providers[d]	270:1	420:1	810:1	--	*NA*	Worse
Other Primary Care Providers[d]	620:1	680:1	900:1	--	*NA*	Worse
PREVENTION						
Preventable Hospital Stays (per 100,000)	2,565	5,615	6,115	--	Better	Worse
Mammography Screening in the Past Year (ages 65-74 enrolled in Medicare Part B)[e]	51%	40%	40%	--	Better	Same

Source: [a]County Health Rankings, 2021 (US Census Bureau's Small Area Health Insurance Estimates (SAHIE), 2018); [b]County Health Rankings, 2021 (Area Health Resource File/American Medical Association, 2018); [c]County Health Rankings, 2021 (Area Health Resource File/National Provider Identification File, 2019); [d]County Health Rankings, 2021 (CMS, National Provider Identification, 2020); [e]County Health Rankings, 2021 (The Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, 2018);

Behavioral Factors

A range of leading health behavior indicators that share important associations with leading causes of morbidity and mortality in the county were assessed. Tables 1.15 to 1.17 provide an overview of the leading health behaviors that not only offer insights into the social/behavioral determinants of leading health challenges in Henderson County but also provide opportunities for the ongoing development and implementation of health and social service programs.

Table 1.15. Behavioral Characteristics by United States, Kentucky, and Henderson County

	Top US Performers	Kentucky	Henderson County	Error Margin	Trend	County-State Comparison
SMOKING						
Adult Smoking[a]	16%	24%	25%	*22-28%*	*NA*	Within Mar.
NUTRITION/PHYSICAL ACTIVITY						
Adult Obesity[b]	26%	35%	37%	*32-43%*	Worse	Within Mar.
Food Environment Index[c]	8.7	6.9	7.4	--	*NA*	Better
Physical Inactivity[b]	19%	29%	31%	*27-37%*	Same	Within Mar.
Access to Exercise Opportunities[d]	91%	71%	75%	--	*NA*	Better
Food Insecurity[e]	9%	15%	16%	--	*NA*	Worse
Limited Access to Health Foods[f]	2%	6%	4%	--	*NA*	Better
ALCOHOL USE						
Excessive Drinking[a]	15%	17%	16%	*15-17%*	*NA*	Within Mar.
Alcohol-Impaired Driving Deaths[g]	11%	25%	11%	*3-22%*	Better	Better
Drug Overdose Deaths (per 100,000) [h]	11	32	10	*5-16*	*NA*	Better
SEXUAL BEHAVIOR						
Sexually Transmitted Infections (per 100,000) [i]	161.2	436.4	398.4	--	Worse	Better
Teen Births[j]	12	31	44	*40-48*	*NA*	Worse
SLEEP						
Insufficient Sleep[a]	32%	42%	40%	*39-42%*	*NA*	Better

Source: [a]County Health Rankings, 2021 (The Behavioral Risk Factor Surveillance System (BRFSS),2018); [b]County Health Rankings, 2021 (United States Diabetes surveillance System),2017); [c]County Health Rankings, 2021 (USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2015 & 2018); [d]County Health Rankings, 2021 (Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files,2010 & 2019); [e]County Health Rankings, 2021 (Map the Meal Gap,2018); [f]County Health Rankings, 2021 (USDA Food Environment Atlas,2015); [g]County Health Rankings, 2021 (Fatality Analysis Reporting System,2015-2019); [h]County Health Rankings, 2021 (National Center for Health Statistics – Mortality Files, 2017-2019); [i]County Health Rankings, 2021 (National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2018); [j]County Health Rankings, 2021 (National Center for Health Statistics – Natality Files, 2013-2019)

Table 1.16. Teen Alcohol, Tobacco, and Drug Use by Kentucky and River Valley School Districts

	Kentucky	River Valley Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, Webster)
ALCOHOL USE IN THE PAST 30 DAYS		
% More than just a few sips	16.8%	19.0%
% Binge Drinking	8.6%	9.3%
TOBACCO USE IN THE PAST 30 DAYS		
% Cigarette	9.7%	9.7%
% Smokeless Tobacco	7.6%	6.7%
% E-cigarettes	23.2%	27.1%
MARIJUANA USE IN THE PAST 30 DAYS		
% Marijuana	11.4%	11.3%
% Synthetic Marijuana	1.8%	1.6%
OTHER DRUGS USE IN THE PAST 30 DAYS		
% Narcotics/Prescription Drugs	2.5%	2.5%
% Painkillers	2.8%	2.5%
% Speed, Uppers	1.5%	1.5%
% Tranquilizers	1.5%	1.4%
% Over-the-Counter Drugs	2.4%	2.1%
RISK PERCEPTIONS		
E-Cigarettes	--	40.5%
Heroin	--	80.9%

Note: The survey was administered to 10th graders across multiple school districts in the River Valley area defined by KIP.
Source: Kentucky Incentives for Prevention (KIP) Survey, 2018. Available: https://static1.squarespace.com/static /5a30a0572aeba58c0fb5e2eb/t/5d17da6a7ada480001a07c14 /1561844355466/KIP+State+%26+Regional+Trend+2018-29June2019.pdf

Table 1.17. Food Insecurity by State and County as Reported by Feeding America

	Kentucky	Henderson County
# of food insecure people	644,540	7,170
Food insecure rate	14.4%	15.7%

Source: Feeding America: Map the Meal Gap, 2019. Available: https://map.feedingamerica.org/county/2019/overall. Retrieved September 24, 2021

Mortality Indicators

An examination of the leading causes of mortality provides valuable insight into the major health issues facing a community. Presented in terms of the rates of disease-specific death by 100,000 members of a population, these data serve as indicators of the issues most likely to require significant attention from hospitals and other health and social service organizations.

While these data are mortality-specific, they also serve as indicators of a community's morbidity given that many individuals live with these diseases for extended periods of time. They also provide a helpful guide to prevention-focused programs given that behavioral determinants of these leading health issues are fairly understood.

There were 533 deaths in Henderson County representing a 906.3 age-adjusted rate per 100,000 residents (State=911.2). Heart disease is the leading cause of death in the county followed by cancer. Table 1.18 provides a summary of these various mortality indicators for the county and state.

Table 1.18. Mortality Indicators by Kentucky and Henderson County

Mortality Cause	Kentucky		Henderson County	
	Deaths	Age-Adjusted Death Rate per 100,00	Deaths	Age-Adjusted Death Rate per 100,00
All Causes	48,990	911.2	533	906.3
Malignant neoplasms (cancer)	9,975	176.4	98	173.5
Malignant neoplasm of stomach	163	3.0	< 10	NA
Malignant neoplasms of colon, rectum, and anus	904	16.2	10	0.0
Malignant neoplasm of pancreas	648	11.1	< 10	NA
Malignant neoplasms of trachea, bronchus, and lung	3,069	52.8	25	40.0
Malignant neoplasm of breast	658	12.1	< 10	NA
Malignant neoplasms of cervix uteri, corpus uteri, and ovary	351	6.4	< 10	NA
Malignant neoplasm of prostate	365	6.6	< 10	NA
Malignant neoplasms of urinary tract	540	9.7	< 10	NA
Non-Hodgkin's Lymphoma	295	5.5	< 10	NA
Leukemia	363	6.7	< 10	NA
Other malignant neoplasms	1,290	22.6	< 10	NA
Diabetes mellitus	1,611	29.1	24	41.6
Alzheimer's Disease	1,684	32.1	13	NA
Major cardiovascular diseases	13,789	252.8	155	254.4
Diseases of heart	10,742	196.4	114	186.3
Hypertensive heart disease with or without renal disease	856	15.8	< 10	NA
Ischemic heart diseases	5,454	98.6	70	114.5
Other diseases of heart	4,432	82.0	40	64.6
Essential hypertension and hypertensive renal disease	378	7.1	< 10	NA
Cerebrovascular disease (stroke)	2,296	42.5	34	57.8
Atherosclerosis	51	1.0	< 10	NA
Other diseases of circulatory system	322	5.9	< 10	NA
Influenza and pneumonia	850	15.7	< 10	NA
Chronic lower respiratory diseases	3,517	62.4	52	85.1
Peptic ulcer	34	0.6	< 10	NA
Chronic liver disease and cirrhosis	750	13.7	< 10	NA
Nephritis, nephrotic syndrome, and nephrosis (kidney disease)	997	18.2	25	40.0
Pregnancy, childbirth, and the puerperium	21	0.5	< 10	NA
Certain conditions originating in the perinatal period	121	3.1	< 10	NA
Congenital malformations, deformations, and chromosomal abnormalities	129	3.0	< 10	NA
Sudden infant death syndrome (SIDS)	21	0.5	< 10	NA

Mortality Cause	Kentucky		Henderson County	
	Deaths	Age-Adjusted Death Rate per 100,00	Deaths	Age-Adjusted Death Rate per 100,00
All Causes	48,990	911.2	533	906.3
Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified (excluding SIDS)	661	12.6	< 10	NA
Motor vehicle accidents	90	2.0	< 10	NA
Intentional self-harm (suicide)	756	16.5	< 10	NA
Assault (homicide)	250	5.9	< 10	NA
All other external causes	75	1.6	< 10	NA
Accidents (unintentional injuries)	3,121	68.1	18	NA
Septicemia	918	16.7	<10	NA

Source: CDC Wonder – Underlying Cause of Death (2019)

Other Community Health Indicators

Approximately every five years, the Welborn Baptist Foundation conducts a survey of resident health perceptions and behaviors within their service area. The 2021 survey was conducted in the Greater Evansville region, including Gibson, Posey, Vanderburgh, Warrick, and Henderson counties. Survey results offer important insights into various health indicators within the county and region. Results are presented in Table 1.19 below.

Table 1.19. Selected Health Indicators from the 2021 Greater Evansville Health Survey

	Region (Gibson, Posey, Vanderburgh, Warrick, Henderson)	Henderson County
ADULT PHYSICAL HEALTH		
% of adults with a routine checkup in the last year	80%	81%
% with some type of arthritis	25%	30%
% with high blood pressure	32%	41%
% with high blood cholesterol	23%	24%
% with diabetes	10%	17%
% with heart disease	5%	9%
% with asthma	8%	8%
% with COPD	6%	9%
% obese	35%	39%
ALCOHOL USE		
% binge drinking/drinking in excess	29%	24%
NUTRITION/FOOD ACCESS		
Number of times consumed fruit	5	4
Number of times consumed vegetables	10	8
% unable to purchase fresh fruits and vegetables	23%	28%
PHYSICAL ACTIVITY		
% getting recommended physical activity	49%	48%
SMOKING		
% reporting currently smoking cigarettes	12%	17%
ADULT MENTAL HEALTH		
% with depressive disorder in the past 12 months	20%	27%
% with an anxiety disorder in the past 12 months	22%	25%
HOUSING, NEIGHBORHOODS, & HEALTH		
% of residents reporting sidewalks or walking paths nearby	53%	50%
% reporting litter near their home	25%	29%
% reporting blight near their home	24%	28%
% reporting vandalism near their home	11%	12%

	Region (Gibson, Posey, Vanderburgh, Warrick, Henderson)	Henderson County
CHILDREN'S HEALTH		
% of children told to by a health professional to eat more fruits/vegetables	22%	---
% of children told to by a health professional to get more physical activity	11%	---
% of children told to by a health professional to get more sleep	9%	---
% of children told to by a health professional to reduce stress	7%	---
% reporting child has asthma	11%	---
CHILD MENTAL HEALTH		
% reporting a diagnosis of ADD/ADHD	18%	---
% reporting a diagnosis of anxiety	15%	---
% reporting a diagnosis of depression	7%	---
% reporting a diagnosis of behavior/conduct disorder	6%	---
% reporting a diagnosis of autism	3%	---
CHILD WEIGHT		
% overweight or obese (based on BMI)	28%	---
% of adults reporting that a doctor has told them their child is overweight	19%	---

Note: Child health data are only reported for the region. Also, due to differences in survey methodology, state-level and prior year comparisons were not included.

Source: Welborn Baptist Foundation Greater Evansville Health Survey, 2021. Available: https://www.welbornfdn.org/app/uploads/2021/03/2021-Welborn-GEHS-Book-Web.pdf). Retrieved September 23, 2021

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Provider/Stakeholder Survey Results

Overview

In the summer of 2021, the Community Health Needs Assessment (CHNA) steering committee identified organizations serving Henderson County with unique perspectives on community health. Representatives from the identified organizations were invited to complete a survey around the primary issues impacting health and social determinants of health among residents. In total, 47 participants provided survey feedback. Many respondents worked in the medical/healthcare field (44.7%), though education/youth development (17.0%), public service (17.0%), nonprofit (14.9%), and business/economic development (2.1%) organizations were also represented. More than half of respondents identified as management or organizational leadership (53.2%), while others represented professional/technical (17.0%) or administrative/clerical (4.3%) positions. Physicians or advanced providers comprised 6.4% of the responding sample, and an additional 2.1% identified as nurses or nursing support.

The survey itself included three sequential steps:

1. Survey respondents were presented with a list of twenty (20) health issues and social determinants of health, as well as an opportunity to write-in other issues not included on the list. Participants were then instructed to **select the five (5) issues they consider to be highest priority needs** in Henderson County.

2. Respondents then **ranked the five (5) issues they selected** during the first step on a scale of 1 (highest priority) to 5 (fifth highest priority). Ultimately, ranking scores were reversed such that higher total ranking scores indicated higher priority.

3. Finally, for each of the five (5) selected issues, respondents were invited to provide feedback on three areas:
    - The **perceived trend** of the issue since 2018 (*Survey item: Since 2018, this health issue has: Gotten a lot worse, Gotten a little worse, Stayed about the same, Improved a little, Improved a lot);*
    - The perceived **adequacy of resources** devoted to addressing the issue in this county (*Survey item: There are adequate resources devoted to addressing this health issue in this county. Response options: Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree);* and
    - Any perceived **barriers** to addressing the issue in the county (*Survey item: Please identify up to three specific barriers to addressing this health issue in this county*).

Respondent rankings, perceptions of the trend, and resources are summarized in the following sections below. Next, a summary of identified barriers specific to the highest ranked health issues is provided.

All Health Issues-
Rankings, Perceived Worsening Trend, and Perceived Inadequate Resources

Mental health and substance/drug use or abuse were the highest ranked health issues in the county based on respondents who included the issues as a top-five priority need. Mental health was ranked highest. Among respondents including mental health as a top-five priority need, 95% perceived mental health as getting worse since 2018, and 76% reported inadequate resources are being devoted to addressing mental health. Substance/drug use or abuse was ranked second. Among respondents including substance/drug use or abuse as a top-five priority need, 88% perceived substance/drug use or abuse as getting worse since 2018, and 76% reported inadequate resources are being devoted to addressing substance/drug use or abuse. Figure 2.1 summarizes results for each health issue by rankings, perceived worsening trend, and perceived inadequacy of resources. Tables 2.1 through 2.3 provide additional details for each health issue.

Figure 2.1 Combined Survey Data for Health Issues in Henderson County

Priority Ranking	Health Issue	Total Ranking Points	Perceived Worsening Trend	Perceived Inadequate Resources
1	Mental health	128	95.1%	75.6%
2	Substance/drug use or abuse	104	87.9%	75.8%
3	Chronic diseases	90	87.0%	43.5%
4	Poverty	64	85.0%	80.0%
5	Aging and older adult needs	47	76.5%	58.8%
6	Child neglect and abuse	44	86.7%	73.3%
7(T)	Alcohol use or abuse	36	63.6%	81.8%
7(T)	Obesity	36	81.8%	72.7%
9	Food access, affordability, and safety	34	84.6%	66.7%
10	Tobacco use or vaping	33	83.3%	66.7%
11	Disability needs	16	75.0%	50.0%
12	Infectious diseases like HIV, STDs, and hepatitis	15	80.0%	60.0%
13	Suicide	14	71.4%	71.4%
14(T)	Environmental issues	10	100%	0.0%
14(T)	Homelessness	10	100%	80.0%
16	Violent crime	8	100%	100%
17	Reproductive health and family planning	5	0.0%	0.0%
18	Dental care	2	50.0%	100%

Ranking Health Issues

Table 2.1 Ranking of Health Issues in Henderson County

*Mental health and substance/drug use or abuse were included by **more than half** of survey respondents as top-five priority needs. With 128 ranking points, mental health was the **#1 ranked** health issue.*

Health Issue	Percentage Identifying the Health Issue as a Top-Five Priority Need (N=47)	Total Ranking Points Assigned to the Health Issue	Priority Ranking Based on Total Ranking Points
Mental health	87.2%	128	**1**
Substance/drug use or abuse	72.3%	104	**2**
Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	51.1%	90	**3**
Poverty	42.6%	64	**4**
Aging and older adult needs	36.2%	47	**5**
Child neglect and abuse	31.9%	44	**6**
Alcohol use or abuse	23.4%	36	**7(T)**
Obesity	25.5%	36	**7(T)**
Food access, affordability, and safety	27.7%	34	**9**
Tobacco use or vaping	27.7%	33	**10**
Disability needs	8.5%	16	**11**
Infectious diseases like HIV, STDs, and hepatitis	10.6%	15	**12**
Suicide	14.9%	14	**13**
Environmental issues	4.3%	10	**14(T)**
Homelessness	10.6%	10	**14(T)**
Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	8.5%	8	**16**
Reproductive health and family planning	2.1%	5	**17**
Dental care	4.3%	2	**18**

Perceived Trends of Health Issues (Since 2018)

Table 2.2 Perceived Trends of Health Issues (Since 2018) in Henderson County

__95%__ of survey respondents who included mental health as a top-five priority need and __88%__ of those who included substance/drug use or abuse perceived the health issues as __getting worse__ in this county since 2018.

Health Issue	A lot worse	A little worse	About the same	A little better	A lot better	A little or a lot worse	N
Aging and older adult needs	29.4%	47.1%	11.8%	11.8%	-	**76.5%**	17
Alcohol use or abuse	18.2%	45.5%	36.4%	-	-	**63.6%**	11
Child neglect and abuse	33.3%	53.3%	13.3%	-	-	**86.7%**	15
Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	43.5%	43.5%	13.0%	-	-	**87.0%**	23
Dental care	-	50.0%	50.0%	-	-	**50.0%**	2
Disability needs	25.0%	50.0%	-	25.0%	-	**75.0%**	4
Environmental issues	50.0%	50.0%	-	-	-	**100%**	2
Food access, affordability, and safety	61.5%	23.1%	-	15.4%	-	**84.6%**	13
Homelessness	60.0%	40.0%	-	-	-	**100%**	5
Infectious diseases like HIV, STDs, and hepatitis	-	80.0%	-	-	20.0%	**80.0%**	5
Mental health	65.9%	29.3%	2.4%	2.4%	-	**95.1%**	41
Obesity	27.3%	54.5%	18.2%	-	-	**81.8%**	11
Poverty	45.0%	40.0%	10.0%	5.0%	-	**85.0%**	20
Reproductive health and family planning	-	-	-	100%	-	-	1
Substance/drug use or abuse	45.5%	42.4%	9.1%	3.0%	-	**87.9%**	33
Suicide	28.6%	42.9%	28.6%	-	-	**71.4%**	7
Tobacco use or vaping	50.0%	33.3%	8.3%	8.3%	-	**83.3%**	12
Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	50.0%	50.0%	-	-	-	**100%**	4

Perceived Adequacy of Resources to Addressing Health Issues

Table 2.3 Perceived Adequacy of Resources Devoted to Addressing Health Issues in Henderson County

__76%__ of survey respondents who included mental health as a top-five priority need and __76%__ of those who included substance/drug use or abuse reported __inadequate resources are being devoted to addressing the health issues__.

There are adequate resources devoted to addressing this health issue in this county.	**Strongly disagree**	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly agree**	**Disagree or strongly disagree**	**N**
Aging and older adult needs	17.6%	41.2%	35.3%	5.9%	-	**58.8%**	17
Alcohol use or abuse	9.1%	72.7%	18.2%	-	-	**81.8%**	11
Child neglect and abuse	26.7%	46.7%	20.0%	6.7%	-	**73.3%**	15
Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	8.7%	34.8%	26.1%	30.4%	-	**43.5%**	23
Dental care	50.0%	50.0%	-	-	-	**100.0%**	2
Disability needs	25.0%	25.0%	-	50.0%	-	**50.0%**	4
Environmental issues	-	-	50.0%	50.0%	-	-	2
Food access, affordability, and safety	16.7%	50.0%	8.3%	16.7%	8.3%	**66.7%**	12
Homelessness	20.0%	60.0%	20.0%	-	-	**80.0%**	5
Infectious diseases like HIV, STDs, and hepatitis	20.0%	40.0%	20.0%	-	20.0%	**60.0%**	5
Mental health	46.3%	29.3%	14.6%	9.8%	-	**75.6%**	41
Obesity	9.1%	63.6%	9.1%	18.2%	-	**72.7%**	11
Poverty	20.0%	60.0%	20.0%	-	-	**80.0%**	20
Reproductive health and family planning	-	-	100%	-	-	-	1
Substance/drug use or abuse	36.4%	39.4%	18.2%	6.1%	-	**75.8%**	33
Suicide	14.3%	57.1%	28.6%	-	-	**71.4%**	7
Tobacco use or vaping	-	66.7%	25.0%	8.3%	-	**66.7%**	12
Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	25.0%	75.0%	-	-	-	**100%**	4

Identified Barriers

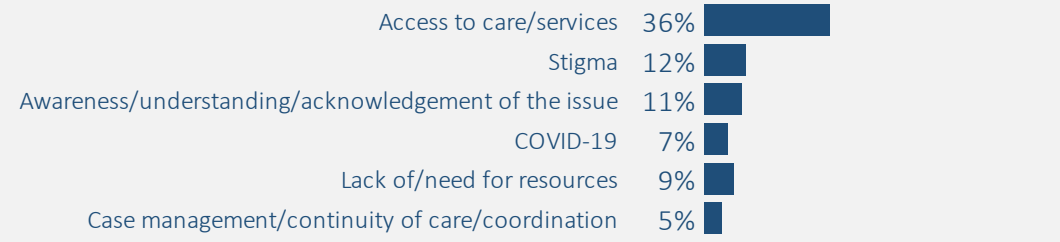
For each of the five (5) selected issues, respondents were invited to identify up to three specific **barriers** to addressing the issue in the county. Data were first organized by each health issue for analysis. Each open-ended comment was reviewed and divided into unique ideas or concepts. Next, overall categories were developed based on the full range of ideas presented and coded according to one of the established categories. The total number of unique ideas within each barrier category was tallied and frequencies calculated to identify the most common barriers relative to each health issue.

While respondent rankings, perceived trends, and inadequacy of resources allow for an overall understanding of top priorities, barriers specific to these health issues further understanding of the specific challenges faced to addressing the issue. For example, mental health was identified as the highest ranked priority need. When barriers specific to mental health were examined, more than a third (36%) related to accessing care/services (e.g., lack of mental health care providers and lack of access to quality care). Further, 12% of barriers related to stigma (e.g., stigma prevents people from getting help) and 11% awareness, understanding, or acknowledgement of the issue (e.g., lack of awareness). Figure 2.2 displays the frequency of the most common barrier categories for the highest ranked health issues and/or related health issues. Results are organized by related health issues (e.g., mental health and suicide).

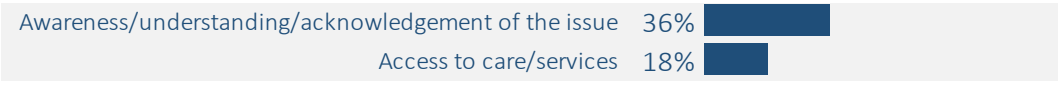
Figure 2.2 Identified Barriers to Addressing Identified Health Issue

Mental Health/Suicide

Mental health: 102 Barriers Described

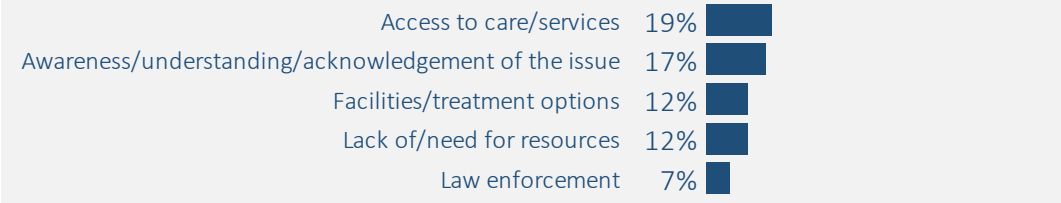


Suicide: 11 Barriers Described

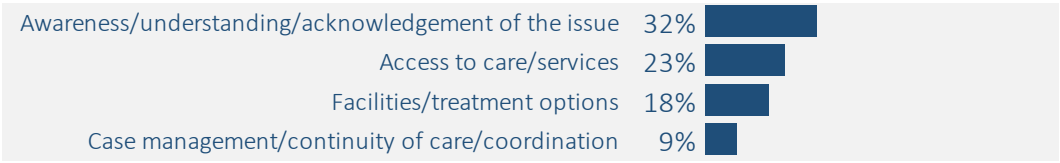


Substance/drug use or abuse/Alcohol use or abuse/Tobacco use or vaping

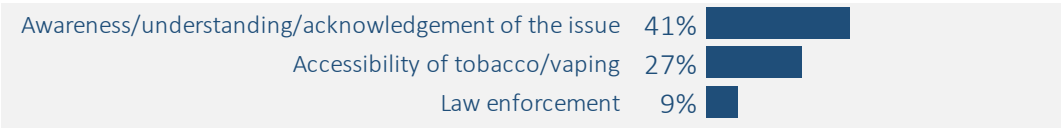
Substance/drug use or abuse: 59 Barriers Described



Alcohol use or abuse: 22 Barriers Described

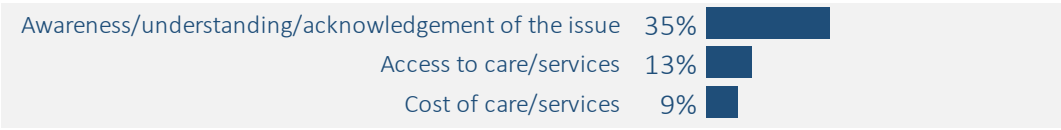


Tobacco use or vaping: 22 Barriers Described

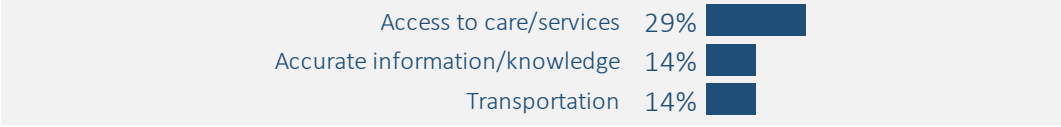


Chronic Diseases/Infectious Diseases

Chronic diseases: 54 Barriers Described

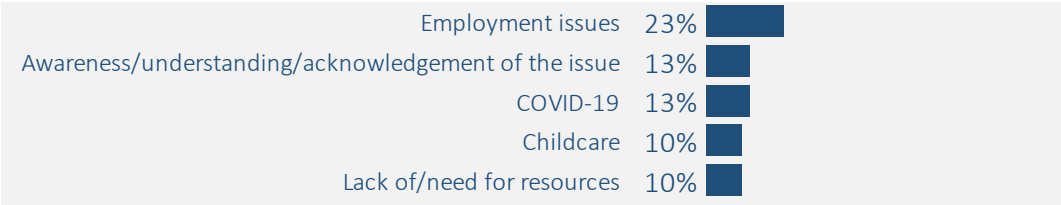


Infectious diseases: 14 Barriers Described

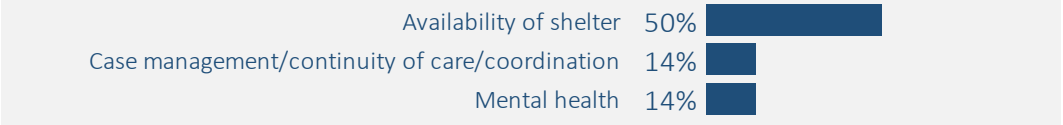


Poverty/Homelessness

Poverty: 40 Barriers Described

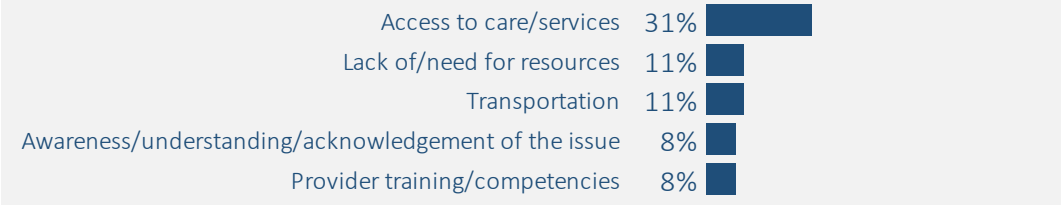


Homelessness: 14 Barriers Described



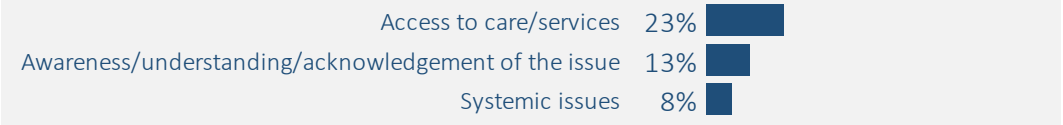
Aging and older adult needs

Aging and older adult needs: 36 Barriers Described



Child neglect and abuse

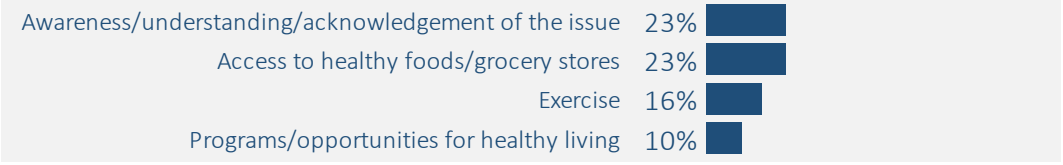
Child neglect and abuse: 40 Barriers Described



Food access, availability, and safety/Obesity

Food access, availability, and safety: 31 Barriers Described

Obesity: 21 Barriers Described



Provider/Stakeholder Focus Group Highlights

Overview

In the summer of 2021, the Community Health Needs Assessment (CHNA) steering committee identified organizations serving Henderson County with unique perspectives on community health. Representatives from the identified organizations were invited to participate in virtual focus groups around the primary issues impacting health and social determinants of health among residents. In some cases, focus group participants had participated in the earlier survey process, though this was not a requirement for participation. Focus groups expanded on information collected through the surveys. Namely, for each of the highest ranked priority needs identified through the surveys, focus group participants provided additional information around barriers to addressing each need, differences in the way different subpopulations experience the need, and any other considerations. Focus group participants were also invited to discuss any health needs not identified by survey respondents.

In total, **3 focus groups** were conducted for Henderson County on July 29, 2021. The **19 total participants** represented medical/healthcare organizations as well as organizations with unique perspectives on public service, nonprofit services, child/youth development, health equity, and business/economic development. Focus groups were facilitated by Diehl Consulting Group with support from members of the CHNA steering committee. All focus groups were recorded and transcribed for analysis. Analysis of the focus group feedback included the following sequential steps:

(1) Feedback was combined across focus groups for initial review.
(2) Each comment specific to identified health issues was reviewed and divided into unique ideas or concepts.
(3) Overall categories were developed based on the full range of ideas presented.
(4) Each individual idea or concept was coded according to one of the established categories.
(5) Barrier themes were identified from any categories comprised of three or more similar ideas. In some cases, participants indicated if an issue represented a specific subpopulation (e.g., youth, individuals with disabilities, race/ethnicity). Feedback related to subpopulations is presented, even if a single participant provided insight related to the subpopulation in question.

Considerations

Highlighted feedback from focus groups is presented on the following pages. For each health issue presented, the total number of unique barrier themes are provided, along with a verbatim comment to assist in interpreting the category. Focus groups were intended to provide information to better understand the highest ranked health issues and related issues from survey findings and guide planning.

Mental health

10

unique barrier themes described related to **mental health**

Subpopulation Feedback

Children/Youth

- Lack of pediatric psychiatrists
- Increase in anxiety and depression due to school being virtual

Medicaid Patients

- Difficulty accessing psychiatrists
- Employers are concerned about the costs of providing insurance to employees

Access to care/services: Providers

There is a need for more prescribers, psychiatrists or nurse practitioners that can actually provide mental health medication.

Access to care/services: Treatment options

Need more resources that help patients after they leave acute care/crisis episodes.

Access to care/services: Wait lists

Providers are making appointments months and months out (calling in June and scheduling in October), but people can't wait that long.

Co-occuring issues

Substance abuse and mental health are a connected issue: "It's hard to determine that line between substance abuse and mental health. Which is happening first, which is driving the other. They are so connected."

Awareness/understanding/acknowledgment of the issue

More people are seeking care because it is being talked about more in the media, social media.

Case management/continuity of care/coordination

Need a specific agency or conglomerate of agencies to refer individuals who have mental health/substance abuse uses.

Stigma

Teens experiencing stigma. Afraid to ask for help for fear of judgment. This is especially true in middle and high school.

Effective prioritization of issues

People have enough issues dealing with their regular health concerns so they don't always focus on mental health needs.

Inappropriate use of the ER

EMS is being used to transport patients to ED because the patients are in crisis and can't get in with a provider. It's been a cycle with some of the same patients.

Increased prevalence

More people seeking care is good, but it means that the system is overloaded.

Substance/drug use or abuse

4

unique barrier themes described related to **substance/drug use or abuse**

Subpopulation Feedback

Children/Youth

- Connections between vaping and other substance use

Men

- Limited resources; often utilize emergency room

Substance/drug use prevalence

Meth, opioid abuse, alcohol are the top issues we see in the hospital setting.

Facilities/treatment options

The addiction center for women stays pretty busy but there is not comparable facility for men.

Awareness/understanding/acknowledgment of the issue

Need education and so forth. Teens need more help rather than punishment in the schools.

Cost of care/services

Finding a treatment center that you can afford and stay out long enough to see results is a big issue.

Chronic diseases

4

unique barrier themes described related to **chronic diseases**

Subpopulation Feedback

Young Adults

- Asthma due to parents smoking in home
- Adverse childhood experiences contribute to chronic health issues

Awareness/understanding/acknowledgment of the issue

Things that should be communicated by their primary care doctor about disease management are being done in acute care settings (e.g., hospital).

Case management/continuity of care/coordination

It would be nice if all disease entities had care coordinators. They work in support of the primary care in education, assessment, and linkage to medication support. Being able to pull all of their care providers together.

Specific chronic disease prevalence

Diabetes, heart disease, asthma.

Co-occurring issues

Usually if you have one chronic disease, you have more than one.

Poverty

3

unique barrier themes described related to **poverty**

Subpopulation Feedback

Medicaid Patients

- Have to travel out of town for dental care for Medicaid or Medicare: "You can go to Elizabethtown, Bowling Green, Paducah to get care."

Awareness of resources/services

We have a lot of great programs, but many people aren't aware of the programs or can't access the programs.

Transportation

People use EMS to get to the hospital but then don't have a way to get back home … People have food stamps but don't have transportation to grocery store.

Access to care/services

No access to primary health care for those with no insurance, under insured, or not able to pay.

Aging and older adult needs

5

unique barrier themes described related to **aging and older adult needs**

Subpopulation Feedback

Seniors with Low Income

- Assisted living is very expensive
- Income creates a barrier to communication and support (e.g., no cell phones)

Assistance/support

Need more in-home care (e.g., cooking meals, laundry, medical care) for seniors; especially for those seniors who don't have family support close.

Aging primary caregivers/generational issues

Older adults are serving as caregivers for their grandchildren and great grandchildren.

Awareness/understanding/acknowlegment of the issue

Many seniors want to stay at home and don't want to go to assisted living or nursing homes.

Case management/continuity of care/coordination

Seniors need to connect with home health agency upon discharge to reduce the risk of a reoccurring ER visit.

Housing needs

Resources/tools for seniors who want to make their homes safer (handrails, ramps, lighting).

Child neglect and abuse

5

unique barrier themes described related to **child neglect and abuse**

Subpopulation Feedback

Uninformed Parents

- Education and support for parents are needed (especially younger parents)

COVID-19

During COVID, when kids were out of school, we saw more kids (ages 2,3,4) who were not monitored. We would call but couldn't get through to social services.

Family/generational/cyclical issues

We see neglect and abuse typically with young parents who have young children. They have not been taught coping or parenting skills.

Increase in child needs

Child neglect and abuse serious in Henderson and KY is one of worst in nation. Not enough manpower to take more cases at DCS.

Case management/continuity of care/coordination

Need follow up – giving a resource list and make sure they follow through. Sometimes might need to go with them.

Co-occurring issues

Child abuse is linked with mental health, especially if the parents have untreated mental health issues.

Obesity

2

unique barrier themes described related to **obesity**

Subpopulation Feedback

Children/Youth

- More sedentary, easy access to unhealthy foods

Individuals with Low Income

- Junk food is most affordable

Awareness/understanding/acknowledgment of the issue

Most people know they are obese, and they know they need to do certain things, but making that change is very difficult, and it has been complicated by the pandemic.

Lifestyle choices

Lifestyle is cause of obesity (sugary drinks, unhealthy food, not physically active).

Food access, affordability, and safety

2

unique barrier themes described related to **food access, affordability, and safety**

Subpopulation Feedback

Children/Youth

- May rely on school-based supports that are not available during the summer

Individuals without Transportation

- Food deserts prevent people from walking to grocery stores

Access to healthy foods/grocery stores

Groceries are on very fringes of area. If you're in the center it's hard to walk and get groceries back home. If you can't walk to one or other, no availability. Food desert.

Awareness/understanding/acknowledgement of the issue

Education is just so important and right now that isn't happening … Teach parents how to grow, teach healthy eating to prevent other health issues.

Implementation Plan

Overview

From the four endorsed issues identified for prioritization, the group selected mental health; substance abuse: alcohol, tobacco and other drugs; and obesity/diabetes: physical activity our primary points of focus for the next CHNA period. However, it was decided to consider health equity and access for all issues selected.

Subject experts and groups currently conducting work in these fields will continue to meet to identify metrics and outcome measures as well as assign tasks for the three-year CHNA period.

Mental Health

1. Increase education and awareness of mental health concerns and programs available to help.

    a. Work with county mental health experts in offering mental health first aid training and promoting additional programs.

2. Create a resource directory to help community members find the mental health and other services they need.

Substance Abuse: Alcohol, Tobacco and Other Drugs

1. Restructure/revamp the Healthy Henderson Coalition's Substance Abuse committee, identifying leaders/champions to lead the cause(s).

2. Identify and support programs that address substance abuse and misuse.

Obesity/Diabetes: Physical Activity

1. In partnership with the Henderson County Diabetes Coalition, increase education and awareness of diabetes and other obesity-related health concerns.

    a. Resume community events, such as A1C screenings and diabetes support groups.

Appendices

Appendix A: 2022 CHNA Methodology

Three approaches were used to collect primary and secondary data. Specific methods included compiling secondary data, administering provider/stakeholder surveys, and conducting focus groups.

Secondary Data Review

Secondary data represent existing information available through local, state, and national data sources. Collectively, these data offer insight into the health and social issues of the service area. These data were used throughout the Community Health Needs Assessment (CHNA) process to (a) inform the development of issues that would be further explored in the 2022 CHNA Provider/Stakeholder Survey; (b) guide specific analyses of data from the 2022 CHNA Community Survey and focus groups; (c) provide data summaries and other insights to stakeholders and hospital staff during CHNA-related meetings and discussions; and (d) as a foundation for the review of ongoing efforts and key decisions about the services offered by the hospitals.

Data Sources

The review focused on similar data sources used in prior assessments and included the most recently available data prior to the prioritization session (October 2021). The following indicator categories were used to organize findings:

- Population characteristics
- Social, community, and economic characteristics
- Quality of life indicators
- Health and birth outcome indicators
- Clinical characteristics
- Behavioral factors
- Mortality indicators

Data presented in this section were primarily sourced from (a) the 2021 version of County Health Rankings & Roadmaps, a project of the Population Health Institute of the University of Wisconsin that is supported by the Robert Wood Johnson Foundation, (b) Kentucky State Data Center, (c) U.S. Census, (d) the Welborn Baptist Foundation 2021 Greater Evansville Health Survey, (e) Annie E. Casey Foundation: Kids Count Data Center, (f) Kentucky Incentives for Prevention, and (g) Centers for Disease Control (CDC) Wonder. Specific data sources are presented under each table in the secondary data section.

Provider/Stakeholder Surveys

In the summer of 2021, the Community Health Needs Assessment (CHNA) steering committee identified organizations serving Henderson County with unique perspectives on community health. Representatives from the identified organizations were invited to complete a survey around the primary issues impacting health and social determinants of health among residents. The survey was administered electronically by Diehl Consulting Group.

In total, 47 participants provided survey feedback. Many respondents worked in the medical/healthcare field (44.7%), though education/youth development (17.0%), public service (17.0%), nonprofit (14.9%), and business/economic development (2.1%) organizations were also represented. More than half of respondents identified as management or organizational leadership (53.2%), while others represented professional/technical (17.0%) or administrative/clerical (4.3%) positions. Physicians or advanced providers comprised 6.4% of the responding sample, and an additional 2.1% identified as nurses or nursing support.

The survey itself included three sequential steps:

(1) Survey respondents were presented with a list of twenty (20) health issues and social determinants of health, as well as an opportunity to write-in other issues not included on the list. Participants were then instructed to select the five (5) issues they consider to be highest priority needs in Henderson County.

(2) Respondents then ranked the five (5) issues they selected during the first step on a scale of 1 (highest priority) to 5 (fifth highest priority). Ultimately, ranking scores were reversed such that higher total ranking scores indicated higher priority.

(3) Finally, for each of the five (5) selected issues, respondents were invited to provide feedback on three areas:

- The perceived trend of the issue since 2018 (*Survey item: Since 2018, this health issue has: Gotten a lot worse, Gotten a little worse, Stayed about the same, Improved a little, Improved a lot);*
- The perceived adequacy of resources devoted to addressing the issue in this county (*Survey item: There are adequate resources devoted to addressing this health issue in this county. Response options: Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree);* and
- Any perceived barriers to addressing the issue in the county (*Survey item: Please identify up to three specific barriers to addressing this health issue in this county*).

2022 Community Health Needs Assessment (CHNA)

Note: Survey was administered electronically

Thank you for participating in the 2022 Community Health Needs Assessment (CHNA). Your organization has been identified by the CHNA Steering Committee as a key stakeholder regarding community health. As such, your input is critical to the prioritization of community health needs.

About Your Organization

Please provide some basic information about your organization and role. This information will be used to assess the variety of respondents participating in the survey. Results will be aggregated and no effort will be made to identify individual respondents.

1. Which of the following **best** describes your organization?
    - ○ Medical/Healthcare
    - ○ Business/Economic Development
    - ○ Public Service
    - ○ Community Development
    - ○ Education/Youth Development
    - ○ Nonprofit
    - ○ Other: _____

2. OPTIONAL: What is the name of your organization? *This response will not be shared in connection with individual survey responses.*
   _____

3. Which of the following **best** describes your role in your organization?
    - ○ Management/Organizational Leadership
    - ○ Professional/Technical
    - ○ Physician/Advanced Provider
    - ○ Nursing or Nursing Support
    - ○ Service/Trade
    - ○ Administrative/Technical
    - ○ Other: _____

Overall Health Issues

A primary goal of the Community Health Needs Assessment (CHNA) is to identify and prioritize health-related issues. Twenty distinct health issues and social determinants of health are listed below. Please indicate the five (5) issues you consider to be the highest priorities (ranked first through fifth) in this county.

**NOTE: Within the electronic survey, participants first select the five issues and then on a subsequent page rank the five issues. These steps are presented together on the hard copy.*

	Highest Priority	Second Highest Priority	Third Highest Priority	Fourth Highest Priority	Fifth Highest Priority
1. Aging and older adult needs	○	○	○	○	○
2. Alcohol use or abuse	○	○	○	○	○
3. Child neglect and abuse	○	○	○	○	○
4. Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	○	○	○	○	○
5. Dental care	○	○	○	○	○
6. Disability needs	○	○	○	○	○
7. Environmental issues	○	○	○	○	○
8. Food access, affordability, and safety	○	○	○	○	○
9. Homelessness	○	○	○	○	○
10. Infant mortality	○	○	○	○	○
11. Infectious diseases like HIV, STDs, and hepatitis	○	○	○	○	○
12. Injuries and accidents	○	○	○	○	○
13. Mental health	○	○	○	○	○
14. Obesity	○	○	○	○	○
15. Poverty	○	○	○	○	○
16. Reproductive health and family planning	○	○	○	○	○
17. Substance/drug use or abuse	○	○	○	○	○
18. Suicide	○	○	○	○	○
19. Tobacco use or vaping	○	○	○	○	○
20. Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	○	○	○	○	○
21. Other (please be specific): _____	○	○	○	○	○

[Selected Health Issue]

You identified *[specific health issue]* as one of the priority health issues in the community. Please answer the following questions about [specific health issue].

**NOTE: Within the electronic survey, participants saw this page five times—once for each priority health issue selected.*

1. Since 2018, this health issue has:
    - ○ Gotten a lot worse
    - ○ Gotten a little worse
    - ○ Stayed about the same
    - ○ Improved a little
    - ○ Improved a lot

2. There are adequate resources devoted to addressing this health issue in this county.
    - ○ Strongly disagree
    - ○ Disagree
    - ○ Neither agree nor disagree
    - ○ Agree
    - ○ Strongly agree

3. Please identify up to three specific barriers to addressing this health issue in this county:
    I. _____
    II. _____
    III. _____

4. OPTIONAL: If you have any additional input regarding this health issue, please provide it below. Also, if you feel this health issue should be clarified, please do so below:
    _____
    _____

Focus Groups

In the summer of 2021, the Community Health Needs Assessment (CHNA) steering committee identified organizations serving Henderson County with unique perspectives on community health. Representatives from the identified organizations were invited to participate in virtual focus groups around the primary issues impacting health and social determinants of health among residents. In some cases, focus group participants had participated in the earlier survey process, though this was not a requirement for participation. Focus groups expanded on information collected through the surveys. Namely, for each of the highest ranked priority needs identified through the surveys, focus group participants provided additional information around barriers to addressing each need, differences in the way different subpopulations experience the need, and any other considerations. Focus group participants were also invited to discuss any health needs not identified by survey respondents and invited to insert any specific data sources within the chat box to guide secondary data collection.

Specific questions included:

- What issues and/or barriers are your clients experiencing specific to…? [health issue was identified]
- Please help us understand your feedback in the context of any populations you work with?
- In addition to what we have already discussed, what other needs are your clients experiencing? What do you want to be sure to convey to us?

In total, 3 focus groups were conducted in Henderson County on July 29, 2021. The 19 total participants represented medical/healthcare organizations as well as organizations with unique perspectives on public service, nonprofit services, child/youth development, health equity, and business/economic development. Focus groups were facilitated by Diehl Consulting Group with support from members of the CHNA steering committee. All focus groups were recorded and transcribed for analysis.

Analysis of the focus group feedback included the following sequential steps:

(1) Feedback was combined across focus groups for initial review.

(2) Each comment specific to identified health issues was reviewed and divided into unique ideas or concepts.

(3) Overall categories were developed based on the full range of ideas presented.

(4) Each individual idea or concept was coded according to one of the established categories.

(5) Barrier themes were identified from any categories comprised of three or more similar ideas. In some cases, participants indicated if an issue represented a specific subpopulation (e.g., youth, individuals with disabilities, race/ethnicity). Feedback related to any subpopulations was presented in the highlight summary even if a single participant provided insight related to the subpopulation in question.

Appendix B: Focus Group Participants

Henderson County: Focus Group Participants
July 29, 2021

Name	Organization
1. Tammy Sutton	Audubon Kids Zone
2. Heather Stevens	Audubon Area Community Services
3. Sherida McFarland	Central Academy (Henderson County Schools)
4. Jeff Jones	Deaconess Health System
5. Pam Hight (Evansville)	Deaconess Health System
6. Dr. Dennis Beck	Deaconess Health System
7. GW Thomas	Deaconess Health System
8. Kintina Chapman	Deaconess Health System
9. Stephanie Jenkins	Deaconess Health System
10. Angela Smith	Deaconess Health System
11. Karen Hill	Diabetes Coalition
12. Amy Brown	Green River District Health Department
13. Gary Hall	Green River District Health Department
14. Leslie Newman	Henderson District Court Judge
15. Bobbie Jarrett	Housing Authority
16. Rhonda Goetz	Humana Healthy Horizons
17. Jaime Rafferty	Kentucky Cancer Program
18. Cyndee Burton	Matthew 25
19. Amy Coleman	United Healthcare Community Plan Kentucky

Note: Participation information was gleaned from the initial invitation list, participant information provided upon entry into the virtual platform, and information included in the chat.

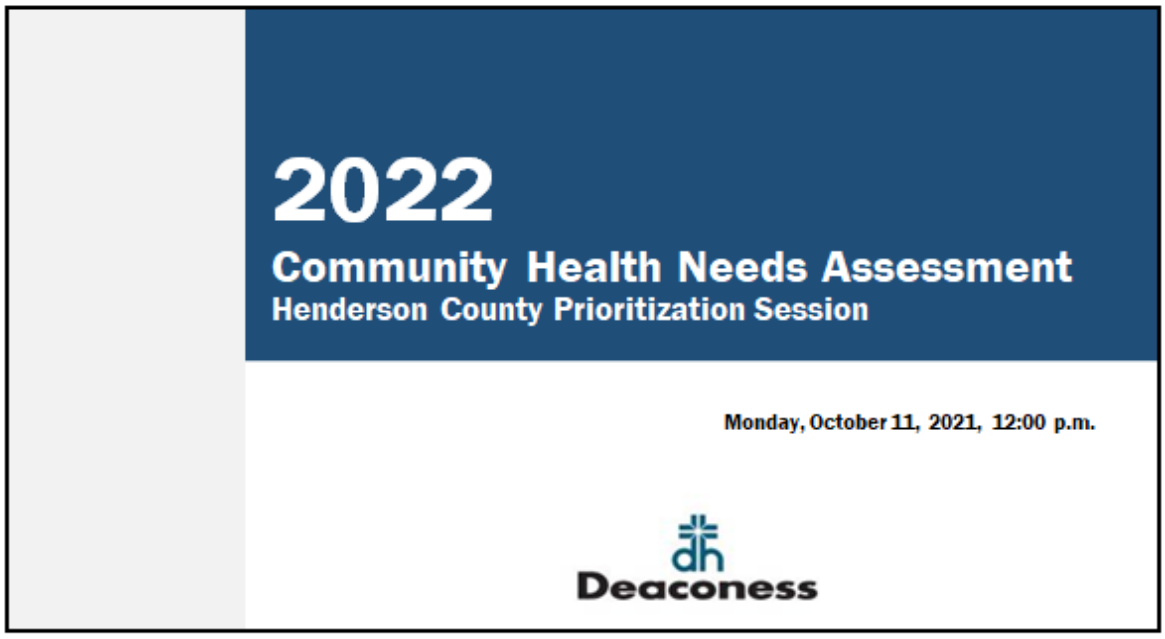
Appendix C: Prioritization Participants

Henderson County: Prioritization Session
October 11, 2021

Participant	Organization
1. Mayor Steve Austin	City of Henderson
2. Pam Hight	Deaconess Health System
3. Jeff Jones	Deaconess Health System
4. Dr. Dennis Beck	Deaconess Henderson Hospital
5. Linda White	Deaconess Henderson Hospital
6. Dana Delano	Deaconess Henderson Hospital
7. Dane Shields	Deitz, Shields & Freeburger, LLP
8. Karen Hill	Green River District Health Dept.
9. Rebecca Horn	Green River District Health Dept.
10. Nancy Gibson	Henderson Community Schools
11. Shawna Evans	Henderson Community Schools
12. Amber Williams	Henderson Community Schools
13. Amanda Hardy	Henderson County Cooperative Extension
14. Jim Wofford	Henderson First UMC
15. Courtney Woolfork	Matthew 25 AIDS Services
16. Chris Bentonwhite	River Valley Behavioral Health
17. Brooke Arnold	River Valley Behavioral Health
18. Melissa Clements	United Way of Henderson County

Appendix D: Prioritization Information

Presentation slides, prioritization notes, and health summaries used to support the prioritization process follow.



1

2

CHNA Purpose

Community Health Needs Assessment (CHNA) is a federally required assessment that identifies recurring causes of poor health then focuses resources to support and drive positive change in the identified behaviors.

1. Identify and prioritize community health needs
   - → Collect, analyze, and use data in the development of strategies to address needs
   - → Contribute to improvements in the community's health
2. Justify and maintain nonprofit status
   - → The 2010 Affordable Care Act (ACA) requires that all hospitals that are or seek to be recognized as 501(c)3 conduct a community health needs assessment (CHNA).
   - → A hospital must complete a CHNA at least every three years with input from the broader community, including public health experts.
   - → This requirement applies for tax years beginning after March 23, 2012.

3

Recent Community Health Assessment

- → In 2019, the Green River District Health Department completed a Community Health Assessment for Daviess, Hancock, Henderson, McLean, Ohio, Webster, and Union Counties in Kentucky
- → The following themes emerged from the 2019 assessment:
  - → Lack of access to healthcare
  - → Health behaviors
  - → Health and safety of youth

4

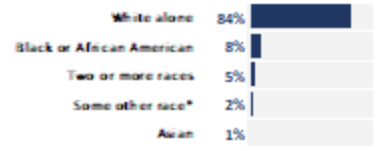
2022 Community Health Needs Assessment

1. Community (secondary) data review
2. Primary data collection methods and triangulation
3. Considerations and limitations
4. Discussion of health issues
5. Prioritization

5

Henderson County at a Glance

→ 44,793 total residents



→ Selected community metrics:

- **Median household income: $53,200** (2019)
- **Homeownership: 61%** (compared to 67% statewide) (2015-19)
- **Lower** rates of **violent crime** (2014-2016) and **injury deaths** (2015-19) compared to the state
- **31% of children in single-parent families** (compared to 26% statewide) (2015-19)

6

Henderson County
Selected Health Indicators

→ **533 deaths** representing an age adjusted death rate of 906 per 100,000 residents (State=911). **Heart disease** is the leading cause of death, followed by **cancer** (2019).

→ **23% of residents report poor or fair health** (state=22%), averaging **5.2 poor physical health days** in the past month which is **higher** than the state average (state=4.6) (2018).

→ **Infant mortality** rate of 8 per 1,000 infants is similar to state rates (State=6; 2015-2019); **higher** rate of **low birthweight** (11%; State=9%).

7

Henderson County
Healthcare Access

→ **Approximately 6%** of residents are **uninsured** (state=7%) (2018).

→ **Resident to healthcare provider ratios lag statewide ratios** for primary care physicians (2018), mental health providers (2020), dentists (2019), and other primary care providers (2020).
**These ratios may not fully account for populations served, insurance types accepted, or magnitude of need for services.*

→ **81%** of respondents to the Greater Evansville Health Survey (2021) had a **routine checkup** in the last year.

8

Henderson County
Selected Healthy Living Indicators

→ **16%** of residents suffer from **food insecurity** (2019). This reflects 7,170 people in the county.

Access to healthy foods/grocery stores

Groceries are on very fringes of area. If you're in the center it's hard to walk and get groceries back home. If you can't walk to one or other, no availability. Food desert.

→ **37% of adults** meet criteria for **obesity** (comparable to the state); worsening trend per County Health Rankings (2021 [2017]). Regionally (Gibson, Posey, Vanderburgh, Warrick, IN, & Henderson, KY), **28% of children** meet criteria for overweight or obesity (Greater Evansville Health Survey, 2021).

→ **31%** of adult residents report being **physically inactive** (compared to 29% statewide) (2021 [2017]).

9

Henderson County
Selected Mental and Behavioral Health Indicators

→ Residents report **5.3 poor mental health days** in the past month (comparable to the state [State=5.0]) (2018).

→ Based on the Greater Evansville Health Survey (2021):

- **27%** of residents reported being told by a doctor, nurse, or other health professional in the past 12 months that they have (or still have) a **depressive disorder** and **25%** any type of **anxiety**.

→ The **suicide rate** is **21 per 100,000 residents** (comparable to the state [State=17]) (2019).

→ **23.1%** of 10th grade students across multiple school districts in the River Valley area report **serious psychological distress** (State=22.2%; KIP, 2018).

10

Henderson County
Selected Social Indicators

→ **511 reports met criteria for child neglect and abuse** (2018). The rate of **children in foster care was 27.7 per 1,000** (2019).

→ **24%** of adults report **binge drinking/drinking in excess** (Region=29%; 2021 Greater Evansville Survey), and the **drug overdose** rate is 10 per 100,000 residents (2017-19).

→ **9.3%** of 10th grade students across multiple school districts in the River Valley area report **binge drinking/drinking in excess** (State=8.6%), **27.1%** report using **E-cigarettes** in the past 30 days (State=23.2%), and **40.5%** report using **E-cigarettes** on some days but not everyday to be moderate or high risk (State regional areas range from 38.3% to 46.8%; KIP, 2018).

11

Henderson County
Identified Issues Associated with Access

→ **County spans 466 square miles**

→ **Limited resources** in the **rural areas of the county** was mentioned as a barrier to accessing healthcare services and healthy foods

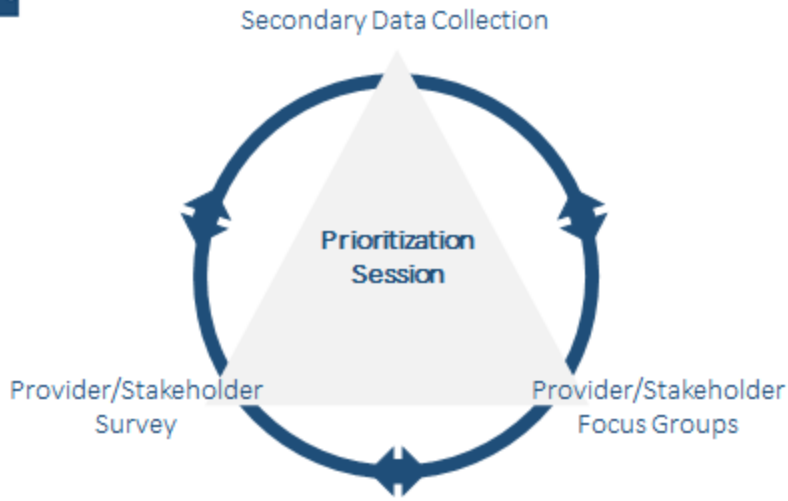
→ **Reliable transportation** was mentioned as a barrier to accessing **services**

Transportation

People use EMS to get to the hospital but then don't have a way to get back home… People have food stamps but don't have transportation to grocery store.

12

Triangulating Data to Inform Priorities



13

Provider/Stakeholder Survey

In the summer of 2021, members of the CHNA steering committee identified organizations serving Henderson County with unique perspectives on community health. Representatives from the identified organizations were invited to complete a survey around the primary issues impacting health and social determinants of health among residents.

→ **47 total respondents** primarily representing medical/healthcare (45%)

Others represented nonprofits, education/youth development, public service, or business/economic development

1. From a list of twenty (20) health issues and social determinants of health, participants **selected the five (5) issues they consider to be highest priority needs** in Henderson County.
2. Respondents **ranked the five (5) issues they selected** during the first step on a scale of 1 (highest priority) to 5 (fifth highest priority).
3. For each of the five (5) selected issues, respondents provided feedback on a) the **perceived trend** of the issue since 2018, b) the perceived **adequacy of resources** devoted to addressing the issue in this county, and c) any perceived **barriers** to addressing the issue in this county.

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Provider/Stakeholder Survey

Selected Results

Priority Ranking	Health Issue	Total Ranking Points	Perceived Worsening Trend	Perceived Inadequate Resources
1	Mental health	128	95.1%	75.6%
2	Substance/drug use or abuse	104	87.0%	75.8%
3	Chronic diseases	98	87.0%	43.5%
4	Poverty	64	85.0%	80.0%
5	Aging and older adult needs	47	76.5%	58.8%
6	Child neglect and abuse	44	86.7%	73.3%
7(T)	Alcohol use or abuse	36	63.6%	81.8%
7(T)	Obesity	36	81.8%	72.7%
9	Food access, affordability, and safety	34	84.6%	66.7%
10	Tobacco use or vaping	33	83.3%	66.7%
11	Disability needs	16	75.0%	50.0%
12	Infectious diseases like HIV, STDs, and hepatitis	15	80.0%	60.0%
13	Suicide	14	71.4%	71.4%
14(T)	Environmental issues	10	100%	0.0%
14(T)	Homelessness	10	100%	80.0%
15	Violent crime	8	100%	100%
17	Reproductive health and family planning	5	0.0%	0.0%
16	Dental care	2	50.0%	100%

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Provider/Stakeholder Focus Groups

In the summer of 2021, members of the CHNA steering committee identified organizations serving Henderson County with unique perspectives on community health. Representatives from the identified organizations were invited to participate in a virtual focus group around the primary issues impacting health and social determinants of health among residents.

- → **Focus groups** held July 29, 2021
- → **19 total participants** represented medical/healthcare organizations as well as organizations with unique perspectives on public service, nonprofit services, child/youth development, health equity, and business/economic development
- → For each of the highest ranked priority needs identified through the surveys, focus group participants discussed:

1. Specific barriers related to the health issue
2. Any population or subpopulation characteristics that should be considered
3. Available resources related to the health issue

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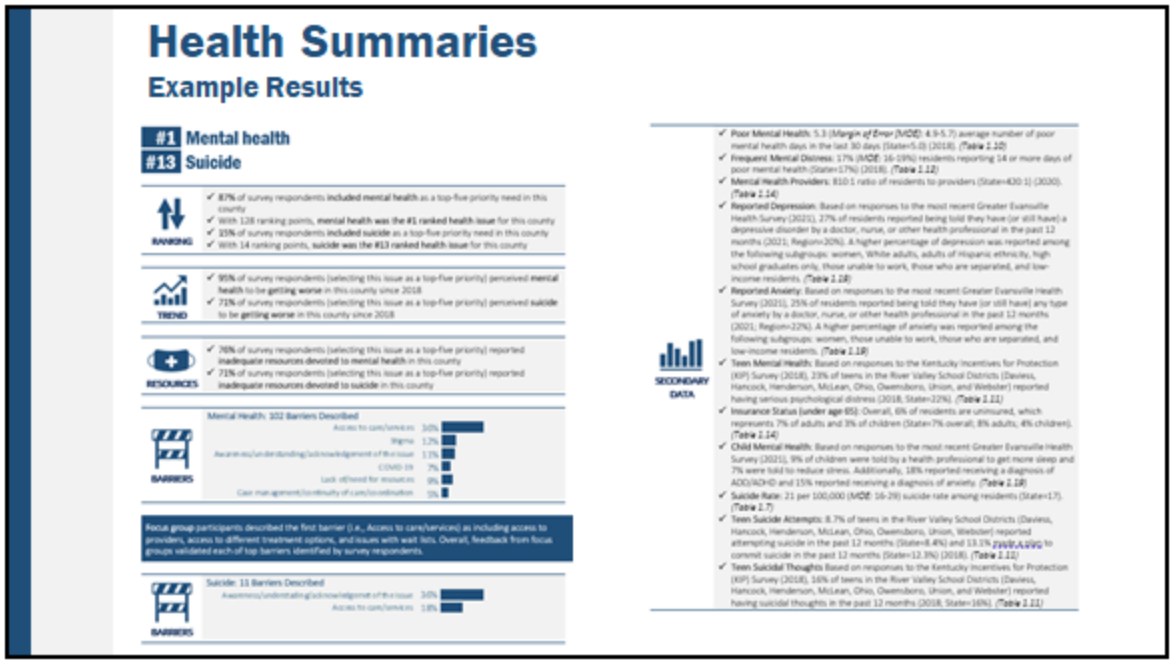
Provider/Stakeholder Focus Groups
Example Results
Mental health
10
unique barrier themes described related to mental health
Subpopulation Feedback
Children/Youth
Lack of pediatric psychiatrists
Increase in anxiety and depression due to school being virtual
Medicaid Patients
Difficulty accessing psychiatrists
Employers are concerned about the costs of providing insurance to employees
Access to care/services: Providers
There is a need for more prescribers, psychiatrists or nurse practitioners that can actually provide mental health medication.
Access to care/services: Treatment options
Need more resources that help patients after they leave acute care/crisis episodes.
Access to care/services: Wait lists
Providers are making appointments months and months out (calling in June and scheduling in October), but people can't wait that long.
Co-occuring issues
Substance abuse and mental health are a connected issue. "It's hard to determine that line between substance abuse and mental health. Which is happening first, which is driving the other. They are so connected."
Awareness/understanding/acknowledgment of the issue
More people are seeking care because it is being talked about more in the media, social media.
Case management/continuity of care/coordination
Need a specific agency or conglomerate of agencies to refer individuals who have mental health/substance abuse uses.
Stigma
Teens experiencing stigma. Afraid to ask for help for fear of judgment. This is especially true in middle and high school.

17


Health Summaries
Example Results
#1 Mental health
#13 Suicide
RANKING
TREND
RESOURCES
BARRIERS
Mental Health: 102 Barriers Described
Focus group participants described the first barrier (i.e., Access to care/services) as including access to providers, access to different treatment options, and issues with wait lists. Overall, feedback from focus groups validated each of top barriers identified by survey respondents.
Suicide: 11 Barriers Described
SECONDARY DATA

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Considerations and Limitations

→ The secondary data presented today (and, ultimately, in the full CHNA report) cannot encompass *all* available data sources.
If a particular data source seems lacking, please feel free to identify it.

→ In some cases, the most "current" data may be lagging.
For example, the 2021 County Health Rankings reflect years-old data for some indicators.

→ This assessment did not involve a community survey.
However, the 2021 Greater Evansville Health Survey published by the Welborn Baptist Foundation provided valuable information for this assessment.

→ "Individual" health issues are interrelated in many cases.
While data were collected for each separate health issue when possible, it is understood that relationships exist between many of the issues (e.g., co-occurring issues, common barriers). Ultimately, prioritization should take these relationships into consideration.

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Consideration—COVID-19

The current CHNA is occurring as the COVID-19 pandemic continues to significantly impact public health in Henderson County. To the extent possible, health issues have been examined independent of COVID-19. This group will be invited to consider the extent to which COVID-19 should be included in the prioritization of health issues resulting from this CHNA.

→ Based on the most recent data available on the Kentucky Department of Public Health website[1] as of October 7, 2021, pertinent COVID-19 metrics for Henderson County:

- Current Rate: 41.4 Per 100,000 Residents
- 7,686 Positive Cases
- 95 Deaths

→ The impacts of COVID-19 are embedded into the assessment of other health issues.
The relationship between COVID-19 and other medical issues is well-documented. This CHNA highlighted the relationship between the pandemic and other issues such as substance or alcohol abuse, mental health challenges, child neglect, and aging/older adult needs.

[1] https://govstatus.egov.com/kycovid19

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Discussion

Discuss health issues and sub-issues to populate list of potential priority areas

→ Guiding questions:

- Based on the data reviewed and your own contextual knowledge, what health issues, sub-issues, or combinations of issues would you elevate as the highest priorities?
- Which issues can we reasonably impact over the next three years by leveraging existing resources/partnerships or establishing new resources/partnerships?
- Which issues are most relevant to Henderson County as a whole? We encourage all participants to look beyond any agendas of their individual organizations.

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Prioritization

→ Please visit the site below to complete the prioritization poll:

www.diehlconsultinggroup.com/chna_priority

(we will also post this site in the chat box)

→ If you would prefer to complete the poll on your phone or other mobile device, please scan the QR code below:

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Prioritization Results and Discussion

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Thank You!

→ Questions about the 2022 Community Health Needs Assessment? Please contact:

Dan Diehl: Diehl Consulting Group
dan@diehlgrp.com

Doug Berry: Diehl Consulting Group
doug@diehlgrp.com

Jeff Jones: Deaconess Health System
jeffrey.jones@deaconess.com

Pam Hight: Deaconess Health System
pamela.hight@deaconess.com

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2022 Community Health Needs Assessment (CHNA)
Henderson County Prioritization Session
Monday, October 11, 2021

An in-person meeting was held to guide the prioritization of health issues for Henderson County. The process included an overview of methods used to support the CHNA, a presentation of selected secondary data for the county, an orientation to survey and focus group data collected through the process, and a facilitated discussion of priorities. To guide the process, three documents were provided to participants prior to the session.

1. **A summary of health issues:** Includes a summary of survey results and synthesis of primary and secondary data specific to health issues.
2. **Secondary data:** Includes various secondary data sources (e.g., County Health Rankings, Census) used to better understand current trends and the magnitude of needs.
3. **Focus group highlights:** Includes themes identified from focus group participants.

Priority Areas Identified/Discussion Notes:

Health Equity and Access

- → Health equity is a cross-cutting issue—do all residents have equitable access, are we reaching those most in need (e.g., LGBTQ populations overall, LGBTQ youth)
- → Transportation limitations—city bus system covers city fairly well but no public transportation in the rural areas of the county (do utilize GRITS transportation service for Medicaid and Medicare patients, but there are obstacles; selected providers such as Matthew 25 and Deaconess Cross Pointe provide some transportation services)
- → Residents do not want to go to Evansville (etc.) for healthcare, need regionalism in healthcare
- → Parents are quick to access health/mental health needs, but often lack the consistency (e.g., follow-through, scheduling and attending appointments, picking up and administering medications); some kind of wrap-around service would be beneficial to ensure follow-up, coordinate with parents who may be suffering from their own issues
- → Parents may be unwilling to devote the time and money to getting better (or getting their children better)—this is observed across children's age groups
- → Even in households with ample resources, there is need to coordinate services between parents, schools, other providers, etc.
- → Culturally, there seems like a disconnect between parents and available services (e.g., reliance on technology)
- → Build on existing or potential strategies:
    - Build on life skills taught in schools (e.g., existing community outreach programs)—may be paused due to COVID-19, but opportunity to grow
    - Implement programs, partners who can fill gaps where "good parenting" is unfortunately not occurring (e.g., the Boys and Girls Club programing listed below, other afterschool programming)
    - Model programs that have been successful in neighboring communities (e.g., Charity Tracker in Evansville)—or develop other ways to coordinate resources, make referrals, etc.—network of nonprofits
    - Build on prior booklet published by the Volunteer Information Center

- Do not forget the church community (e.g., build on existing Youth Families)—youth are yearning for that connection that they may not get at home

Mental Health

- → Recognition that access to food, poverty, transportation limitations, etc. impact broader issues such as mental health
- → Continue building upon existing work related to big issues such as substance use, mental health, diabetes
- → Continue progress of school systems—hiring more counselors, partnering with community organizations such as Boys and Girls Club
- → Continue professional development of school and other staff around trauma-informed care and Youth Mental Health First Aid
- → Build awareness around mental health resources in Henderson County—how to make residents aware of resources available to them
- → Continue partnerships between schools and external therapists
- → Concern that there are limited inpatient options for services at a certain age (e.g., Deaconess Cross Pointe requires youth to be 10+) for severe issues (e.g., plan to harm themselves and others)
- → Outside of schools, there are limited providers for mental health pediatrics and substance use, even young adults—this issue exists even beyond poverty concerns—this leads to involvement in the legal system, or referrals to the Emergency Room
- → There are two new service providers for substance use, but they serve primarily the adult population
- → Homelessness—having to refer patients from Henderson to Evansville because mental health is rampant in homeless population
- → Build on regional effort to reduce poverty and/or address unique barriers faced by impoverished and/or homeless populations—this has implications for law enforcement

Continued Focus on Current Goals

The Green River District: Community Health Improvement Plan 2018-2021 includes three goal areas for Henderson County. In addition to priority areas identified during the session, partners agreed that a focus on these goal areas should continue:

a. Mental Health: Teen Issues: Increase education and awareness of mental health concerns for teens and families.
b. Obesity/Diabetes: Physical Activity: Continue screening for diabetes and prediabetes in the community and promote educational programs for obesity, diabetes, and physical activity for children and adults.
c. Substance Abuse: Alcohol, Tobacco and Other Drugs: To discover, educate, and assist in implementing substance abuse programs throughout the community over the next three (3) years.

The three documents described above included similar information already presented in the secondary data, provider/stakeholder survey, and focus group sections of this report. The summary of health issues document included a summary of selected issues which served to synthesize various data sources. The document was used as a reference in the prioritization session. These summaries are provided below.

Health Issue Summaries

This section includes summaries of selected data related to health issues. While a review of the entire Community Health Needs Assessment (CHNA) report is recommended for a comprehensive understanding of each health issue, the following pages present a synthesis of data points from surveys, focus groups, and secondary data sources. Multiple health issues are included within the same summary below to highlight relationships. It is understood that additional relationships may exist between health issues included on different summaries. Where applicable based on available data, summaries contain the following data elements.

RANKING

For any health issue identified as a top-five priority need by at least five (5) survey respondents, the summaries include the percentage of respondents selecting the health issue as a top-five priority need, the total ranking points, and the **overall ranking** based on survey feedback.

TREND

For any health issue identified as a top-five priority need by at least five (5) survey respondents, the summaries include the percentage of *these* respondents indicating that the health issue has **gotten worse** since 2018.

RESOURCES

For any health issue identified as a top-five priority need by at least five (5) survey respondents, the summaries include the percentage of *these* respondents indicating that there are **inadequate resources** devoted to the issue.

BARRIERS

For any health issue identified as a top-five priority need by at least five (5) survey respondents, the summaries include a distribution of the most commonly-described **barriers** by *these* respondents. In most cases, descriptions of barriers also include supplemental data gleaned through focus groups (e.g., **clarifying descriptions, quotes, themes**). It should be noted that focus group participants were only asked to provide feedback on health issues identified as high priority needs by survey participants.

SECONDARY DATA

Various secondary data points are presented in all summaries, though the availability and relevance of **secondary data** vary by health issue. Individual data sources and supplemental information (e.g., the margin of error around a given data point, years represented) are included in the secondary data section of this report. Source tables are referenced for each data point within the summaries. Table numbering corresponds to numbering in the secondary data section of this report.

#1 Mental health
#13 Suicide

RANKING

- ✓ **87%** of survey respondents **included mental health** as a top-five priority need in this county
- ✓ With 128 ranking points, **mental health was the #1 ranked health issue** for this county
- ✓ **15%** of survey respondents **included suicide** as a top-five priority need in this county
- ✓ With 14 ranking points, **suicide was the #13 ranked health issue** for this county

TREND

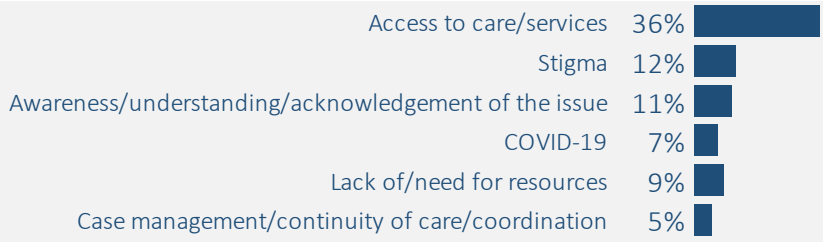
- ✓ **95%** of survey respondents (selecting this issue as a top-five priority) perceived **mental health** to be **getting worse** in this county since 2018
- ✓ **71%** of survey respondents (selecting this issue as a top-five priority) perceived **suicide** to be **getting worse** in this county since 2018

RESOURCES

- ✓ **76%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to mental health** in this county
- ✓ **71%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to suicide** in this county

BARRIERS

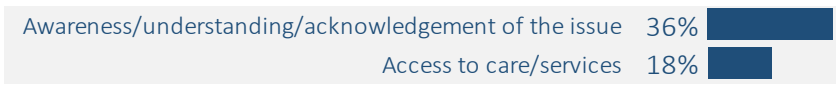
Mental Health: 102 Barriers Described



Focus group participants described the first barrier (i.e., Access to care/services) as including access to providers, access to different treatment options, and issues with wait lists. Overall, feedback from focus groups validated each of top barriers identified by survey respondents.

BARRIERS

Suicide: 11 Barriers Described



SECONDARY DATA

- ✓ **Poor Mental Health:** 5.3 (*Margin of Error [MOE]:* 4.9-5.7) average number of poor mental health days in the last 30 days (State=5.0) (2018). *(Table 1.10)*
- ✓ **Frequent Mental Distress:** 17% (*MOE:* 16-19%) residents reporting 14 or more days of poor mental health (State=17%) (2018). *(Table 1.12)*
- ✓ **Mental Health Providers:** 810:1 ratio of residents to providers (State=420:1) (2020). *(Table 1.14)*
- ✓ **Reported Depression:** Based on responses to the most recent Greater Evansville Health Survey (2021), 27% of residents reported being told they had (or still have) a depressive disorder by a doctor, nurse, or other health professional in the past 12 months (2021; Region=20%). A higher percentage of depression was reported among the following subgroups: women, White adults, adults of Hispanic ethnicity, high school graduates only, those unable to work, those who are separated, and low-income residents. *(Table 1.19)*
- ✓ **Reported Anxiety:** Based on responses to the most recent Greater Evansville Health Survey (2021), 25% of residents reported being told they had (or still have) any type of anxiety by a doctor, nurse, or other health professional in the past 12 months (2021; Region=22%). A higher percentage of anxiety was reported among the following subgroups: women, those unable to work, those who are separated, and low-income residents. *(Table 1.19)*
- ✓ **Teen Mental Health:** Based on responses to the Kentucky Incentives for Protection (KIP) Survey (2018), 23% of teens in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, and Webster) reported having serious psychological distress (2018; State=22%). *(Table 1.11)*
- ✓ **Insurance Status (under age 65):** Overall, 6% of residents are uninsured, which represents 7% of adults and 3% of children (State=7% overall; 8% adults; 4% children). *(Table 1.14)*
- ✓ **Child Mental Health:** Based on responses to the most recent Greater Evansville Health Survey (2021), 9% of children were told by a health professional to get more sleep, and 7% were told to reduce stress. Additionally, 18% reported receiving a diagnosis of ADD/ADHD and 15% reported receiving a diagnosis of anxiety. *(Table 1.19)*
- ✓ **Suicide Rate:** 21 per 100,000 (*MOE:* 16-29) suicide rate among residents (State=17). *(Table 1.7)*
- ✓ **Teen Suicide Attempts:** 8.7% of teens in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, Webster) reported attempting suicide in the past 12 months (State=8.4%), and 13.1% made a plan to commit suicide in the past 12 months (State=12.3%) (2018). *(Table 1.11)*
- ✓ **Teen Suicidal Thoughts:** Based on responses to the Kentucky Incentives for Protection (KIP) Survey (2018), 16% of teens in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, and Webster) reported having suicidal thoughts in the past 12 months (2018; State=16%). *(Table 1.11)*

#2 Substance/drug use or abase
#7(T) Alcohol use or abuse
#10 Tobacco use or vaping

RANKING

- ✓ **72%** of survey respondents **included substance/drug use or abuse** as a top-five priority need in this county
- ✓ With 104 ranking points, **substance/drug use or abuse was the #2 ranked health issue** for this county
- ✓ **23%** of survey respondents **included alcohol use or abuse** as a top-five priority need in this county
- ✓ With 36 ranking points, **alcohol use or abuse was the #7(T) ranked health issue** for this county
- ✓ **28%** of survey respondents **included tobacco use or vaping** as a top-five priority need in this county
- ✓ With 33 ranking points, **tobacco use or vaping was the #10 ranked health issue** for this county

TREND

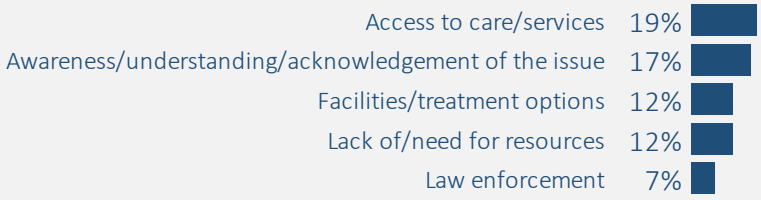
- ✓ **88%** of survey respondents (selecting this issue as a top-five priority) perceived **substance/drug use or abuse** to be **getting worse** in this county since 2018
- ✓ **64%** of survey respondents (selecting this issue as a top-five priority) perceived **alcohol use or abuse** to be **getting worse** in this county since 2018
- ✓ **83%** of survey respondents (selecting this issue as a top-five priority) perceived **tobacco use or vaping** to be **getting worse** in this county since 2018

RESOURCES

- ✓ **76%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to substance/drug use or abuse** in this county
- ✓ **82%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to alcohol use or abuse** in this county
- ✓ **67%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to tobacco use or vaping** in this county

BARRIERS

Substance/drug use or abuse: 59 Barriers Described

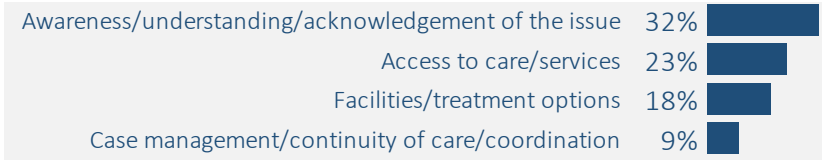


Finding a treatment center that you can afford and stay out long enough to see results is a big issue.

-Focus Group Participant

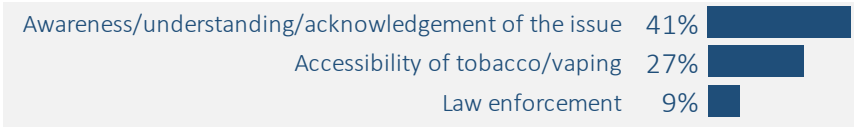
BARRIERS

Alcohol use or abuse: 22 Barriers Described



BARRIERS

Tobacco use or vaping: 22 Barriers Described



SECONDARY DATA

- ✓ **Insurance Status (under age 65):** Overall, 6% (*MOE:* 5-7%) of residents are uninsured, which represents 7% (*MOE:* 6-8%) of adults and 3% (*MOE:* 2-4%) of children (State=7% overall; 8% adults; 4% children) (2018). *(Table 1.14)*
- ✓ **Drug Overdose Death Rate:** The drug overdose rate in the county is 10 per 100,000 residents (*MOE:* 5-16) (State=32). *(Table 1.15)*
- ✓ **Excessive Drinking:** 16% (*MOE:* 15-17%) of residents report binge/excessive drinking (State=17%) (2018). Higher rates (24%) were reported on the most recent Greater Evansville Health Survey (2021). *(Tables 1.15 and 1.19)*
- ✓ **Alcohol Impaired Driving Deaths:** 11% (*MOE:* 3-22%) of motor vehicle crash deaths involved alcohol in the 5-year measurement period (2015-2019) (State=25%); improving trend compared to prior years per County Health Rankings (2021). *(Table 1.15)*
- ✓ **Adult Smoking:** 25% (*MOE:* 22-28%) of residents report smoking (currently and at least 100 cigarettes in their lifetime) (State=24%) (2018). *(Table 1.15)*

#3 Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)

#12 Infectious diseases (e.g., HIV, STDs, and hepatitis)

RANKING

- ✓ **51%** of survey respondents **included chronic diseases** as a top-five priority need in this county
- ✓ With 90 ranking points, **chronic diseases were the #3 ranked health issue** for this county
- ✓ **11%** of survey respondents **included infectious diseases** as a top-five priority need in this county
- ✓ With 15 ranking points, **infectious diseases were the #12 ranked health issue** for this county

TREND

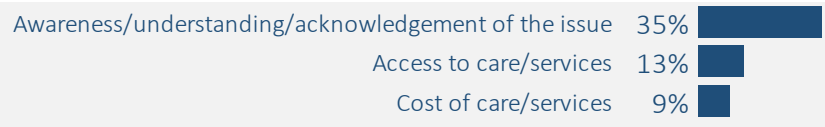
- ✓ **87%** of survey respondents (selecting this issue as a top-five priority) perceived **chronic diseases** to be **getting worse** in this county since 2018
- ✓ **80%** of survey respondents (selecting this issue as a top-five priority) perceived **infectious diseases** to be **getting worse** in this county since 2018

RESOURCES

- ✓ **44%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to chronic diseases** in this county
- ✓ **60%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to infectious diseases** in this county

BARRIERS

Chronic diseases: 54 Barriers Described

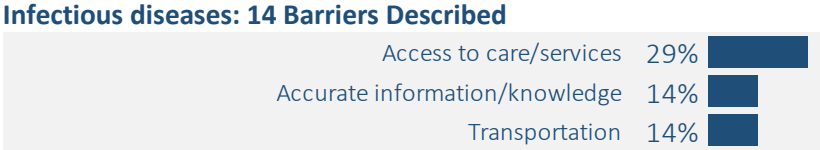


While validating the barriers described by survey respondents, **focus group participants** also addressed considerations around the need for care coordination:

It would be nice if all disease entities had care coordinators. They work in support of the primary care in education, assessment, and linkage to medication support. Being able to pull all of their care providers together.

BARRIERS

Infectious diseases: 14 Barriers Described



SECONDARY DATA

- ✓ **Mortality:** There were 533 deaths in Henderson County, representing a 906.3 age-adjusted rate per 100,000 residents (State=911.2). Heart disease was the leading cause of death in the county (County=186.3; State=196.4) followed by cancer (County=173.5; State=176.4 (2019). *(Table 1.18)*
- ✓ **Poor or Fair Health:** 23% (*MOE:* 20-26%) of residents report their health as poor or fair (State=22%). On average, residents report 5.2 (*MOE:* 4.7-5.7) physically unhealthy days in the last 30 days (2018). *(Table 1.10)*
- ✓ **Primary Care Physicians:** 1,900:1 ratio of residents to primary care physicians (State=1,540:1) (2018). *(Table 1.14)*
- ✓ **Other Primary Care Providers:** 900:1 ratio of residents to other primary care providers (State=680:1) (2018). *(Table 1.14)*
- ✓ **Insurance Status (under age 65):** Overall, 6% (*MOE:* 5-7%) of residents are uninsured, which represents 7% (*MOE:* 6-8%) of adults and 3% (*MOE:* 2-4%) of children (State=7% overall; 8% adults; 4% children) (2018). *(Table 1.14)*
- ✓ **Preventable Hospital Stays:** There were 6,115 preventable hospital stays for ambulatory-care sensitive conditions per 100,000 (State= 5,615) (2018). *(Table 1.14)*
- ✓ **Mammography Screening:** 40% of women (ages 65-74) enrolled in Medicare Part B received a mammogram in the past year (State=40%) (2018). *(Table 1.14)*
- ✓ **Routine Checkup:** Based on responses to the most recent Greater Evansville Health Survey (2021), 81% of residents reported having a routine checkup in the last year (Region=80%). *(Table 1.19)*
- ✓ **Reported Health Issues:** Based on responses to the most recent Greater Evansville Health Survey (2021), over a quarter of residents reported the following health conditions: some type of arthritis, high blood pressure, and/or obesity. *(Table 1.19)*
- ✓ **Child Health:** Based on responses to the most recent Greater Evansville Health Survey (2021), 11% of parents reported that their child has asthma. While not directly comparable, this percent exceeds national rates (8%). *(Table 1.19)*
- ✓ **Sexually Transmitted Infections:** The rate of sexually transmitted infections (e.g., Chlamydia) is 398 to per 100,000 (State=436) (2018). *(Table 1.15)*

#4 Poverty
#14(T) Homelessness

RANKING

- ✓ **43%** of survey respondents **included poverty** as a top-five priority need in this county
- ✓ With 64 ranking points, **poverty was the #4 ranked health issue** for this county
- ✓ **11%** of survey respondents **included homelessness** as a top-five priority need in this county
- ✓ With 10 ranking points, **homelessness was the #14(T) ranked health issue** for this county

TREND

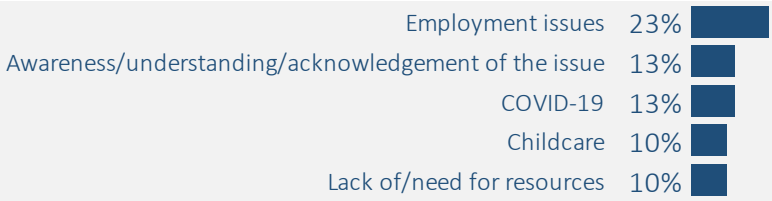
- ✓ **85%** of survey respondents (selecting this issue as a top-five priority) perceived **poverty** to be **getting worse** in this county since 2018
- ✓ **100%** of survey respondents (selecting this issue as a top-five priority) perceived **homelessness** to be **getting worse** in this county since 2018

RESOURCES

- ✓ **80%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to poverty** in this county
- ✓ **80%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to homelessness** in this county

BARRIERS

Poverty: 40 Barriers Described



Resources are available to those in poverty, but communication of what's available is needed. Upper-middle income don't need same resources to get help.

-Focus Group Participant

BARRIERS

Homelessness: 14 Barriers Described

SECONDARY DATA

- ✓ **Income:** Median household income is $53,200 (*MOE:* 46,900-59,500) (State=$52,300). *(Table 1.7)*
- ✓ **Child Poverty:** 22% (*MOE:* 15-29%) of children are in poverty (State=21%); worsening trend compared to prior years per County Health Rankings (2021). *(Table 1.7)*
- ✓ **Income Inequality:** 4.7 (*MOE:* 4.1-5.3) ratio of household income at the 80th compared to 20th percentile (State=5.0) (2015-2019). *(Table 1.7)*
- ✓ **Educational Attainment:** 87% (*MOE:* 85-89%) of residents have completed high school (State=86%) and 58% (*MOE:* 53-63%) some college (State=62%) (2015-2019). *(Table 1.7)*
- ✓ **Employment:** Labor force participation rate is 58.3%, and the unemployment rate is 3.8% (State=4.3%; 2019). *(Table 1.8)*
- ✓ **Homeownership:** 61% (*MOE:* 59-64%) of owner-occupied housing units (State=67%) (2015-2019). *(Table 1.7)*

#5 Aging and older adult needs

RANKING

- ✓ **36%** of survey respondents **included aging and older adult needs** as a top-five priority need in this county
- ✓ With 47 ranking points, **aging and older adult needs were the #5 ranked health issue** for this county

TREND

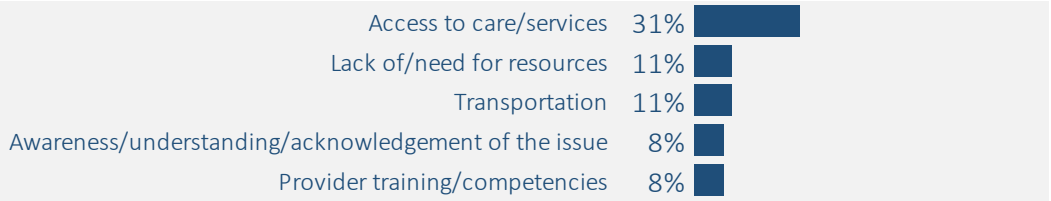
- ✓ **77%** of survey respondents (selecting this issue as a top-five priority) perceived **aging and older adult needs** to be **getting worse** in this county since 2018

RESOURCES

- ✓ **59%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to aging and older adult needs** in this county

BARRIERS

Aging and older adult needs: 36 Barriers Described



They have the medication, but they don't have the knowledge or a family support to take the medicine or understand the medical instructions to care. Some seniors don't have the physical strength in their hand to open the medication. Now they are home alone with no one to check on them.

-Focus Group Participant

#6 Child neglect and abuse

RANKING

- ✓ **32%** of survey respondents **included child neglect and abuse** as a top-five priority need in this county
- ✓ With 44 ranking points, **child neglect and abuse were the #6 ranked health issue** for this county

TREND

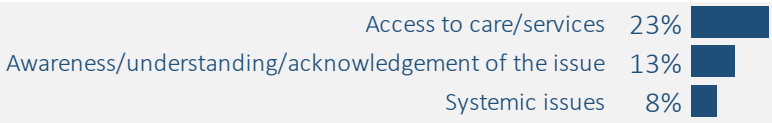
- ✓ **87%** of survey respondents (selecting this issue as a top-five priority) perceived **child neglect and abuse** to be **getting worse** in this county since 2018

RESOURCES

- ✓ **73%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to child neglect and abuse** in this county

BARRIERS

Child neglect and abuse: 40 Barriers Described



While validating the barriers described by survey respondents, **focus group participants** added the impact of the COVID-19 pandemic:

During COVID, when kids were out of school, we saw more kids (ages 2,3,4) who were not monitored - walking around. We would call but couldn't get through to social services.

SECONDARY DATA

- ✓ **Child Abuse and Neglect:** 511 reports to DCBS met the criteria for child abuse/neglect (State=56,251) (2018). *(Table 1.9)*
- ✓ **Foster Care:** 27.7 children per 1,000 experienced foster care at some point (State=51.1) (2017-2019). *(Table 1.9)*
- ✓ **Children in Single-Parent Households:** 31% (*MOE:* 26-36%) of children live in single-parent households (State=26%). *(Table 1.7)*

#7(T) Obesity
#9 Food access, availability, and safety

RANKING

- ✓ **26%** of survey respondents **included obesity** as a top-five priority need in this county
- ✓ With 36 ranking points, **obesity was the #7(T) ranked health issue** for this county
- ✓ **28%** of survey respondents **included food access, availability, and safety** as a top-five priority need in this county
- ✓ With 34 ranking points, **food access, availability, and safety were the #9 ranked health issue** for this county

TREND

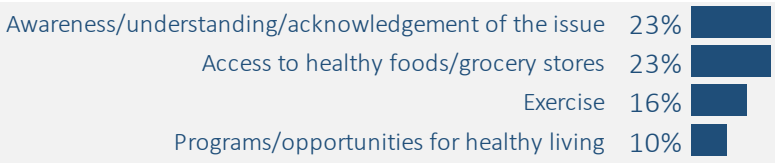
- ✓ **82%** of survey respondents (selecting this issue as a top-five priority) perceived **obesity** to be **getting worse** in this county since 2018
- ✓ **85%** of survey respondents (selecting this issue as a top-five priority) perceived **food access, availability, and safety** to be **getting worse** in this county since 2018

RESOURCES

- ✓ **73%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to obesity** in this county
- ✓ **67%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to food access, availability, and safety** in this county

BARRIERS

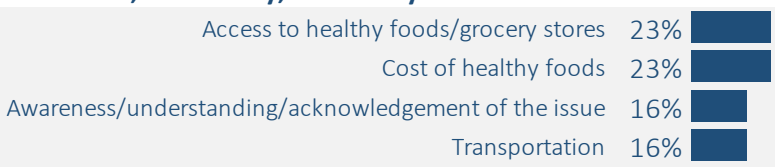
Obesity: 21 Barriers Described



Focus group participants reinforced each of the barriers described by survey respondents, also commenting on the importance of healthy living and nutritional guidance for youth and adults.

BARRIERS

Food access, availability, and safety: 31 Barriers Described



Groceries are on very fringes of area. If you're in the center it's hard to walk and get groceries back home. If you can't walk to one or other, no availability. Food desert.

-Focus Group Participant

SECONDARY DATA

- ✓ **Adult Obesity:** 37% (*MOE:* 32-43%) of adults in the county meet criteria for obesity (State=35%); worsening trend compared to prior years per County Health Rankings (2021) (2017). *(Table 1.15)*
- ✓ **Child Overweight/Obesity:** Based on responses to the most recent Greater Evansville Health Survey (2021), 28% of children in the region had a BMI falling in the overweight or obese category. Further, 19% of adults reported that a doctor has told them their child is overweight. *(Table 1.19)*
- ✓ **Physical Inactivity:** 31% (*MOE:* 27-37%) of residents report being physically inactive (no leisure time physical activity in the past month) (State=29%) (2017). *(Table 1.15)*
- ✓ **Recommended Activity:** Based on responses to the most recent Greater Evansville Health Survey (2021), 48% reported getting recommended levels of physical activity. *(Table 1.19)*
- ✓ **Access to Exercise Opportunities:** 75% of residents reported having access to exercise opportunities (State=71%) (2010 & 2019). *(Table 1.15)*
- ✓ **Child Health:** Based on responses to the most recent Greater Evansville Health Survey (2021), 22% of children were told by a health professional to eat more fruits/vegetables, and 11% were told to get more physical activity. *(Table 1.19)*
- ✓ **Food Insecurity:** 15.7% of residents did not have a reliable source of food (State=14.4%). This represents 7,170 people (2019). *(Table 1.17)*
- ✓ **Access:** 4% of low-income residents have limited access to healthy foods (State=7%) (2019). Based on responses to the most recent Greater Evansville Health Survey (2021), 28% of residents reported not being able to purchase fruits and vegetables. *(Tables 1.15 and 1.19)*
- ✓ **Vegetable/Fruit Consumption:** Residents reported eating fruits 4 times and vegetables 8 times in a week. *(Table 1.19)*

#14(T) Environmental issues

(sample size prevents presentation of survey data)

SECONDARY DATA

- ✓ **Severe Housing Problems:** 12% (*MOE:* 10-14%) of households report at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities (State=14%) (2013-2017). *(Table 1.7)*
- ✓ **Neighborhood Conditions:** Based on responses to the most recent Greater Evansville Health Survey (2021), 50% reported having sidewalks or walking paths nearby, 29% reported litter, 28% reported blight, and 12% reported vandalism near their home. *(Table 1.19)*

#16 Violent crime

(e.g., sexual assault, domestic violence, gun violence, or rape)
(sample size prevents presentation of survey data)

SECONDARY DATA

- ✓ **Violent Crime:** The violent crime rate within the county is 177 per 100,000 residents (2014 & 2016). *(Table 1.7)*
- ✓ **Homicide:** The homicide rate within the county is 3 per 100,000 residents (2015-2019). *(Table 1.7)*

#17 Reproductive health and family planning

(sample size prevents presentation of survey data)

SECONDARY DATA

- ✓ **Infant Mortality:** The infant mortality rate is 8 (*MOE:* 6-12) deaths among children less than one year of age per 1,000 live births (State=6) (2013-2019). *(Table 1.12)*
- ✓ **Low Birthweight:** 12% of live births were to children with low birthweight (State=9%) (2015-2019). *(Table 1.13)*
- ✓ **Teen Births (Ages 15-19):** 35 births per 1,000 live births in Henderson County were born to teens (State=28) (2015-2019). *(Table 1.13)*
- ✓ **Early (First Trimester) Prenatal Care:** 54% of mothers received prenatal care during the first trimester (State=66%) (2015-2019). *(Table 1.13)*

#18 Dental care

(sample size prevents presentation of survey data)

SECONDARY DATA

- ✓ **Dentists:** 2,060:1 ratio of residents to providers (State=1,490:1) (2019). *(Table 1.14)*
- ✓ **Insurance Status (under age 65):** Overall, 6% (*MOE:* 5-7%) of residents are uninsured, which represents 7% (*MOE*: 6-8%) of adults and 3% (*MOE:* 2-4%) of children (State=7% overall; 8% adults; 4% children) (2018). *(Table 1.14)*