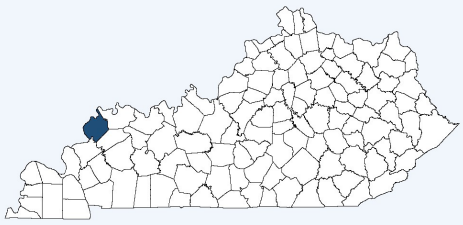
Deaconess



UNION COUNTY, KENTUCKY

COMMUNITY HEALTH NEEDS ASSESSMENT 2022-2025 (January 2022)

Executive Summary-Union 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.

Local Health Priorities Identified

- **Access to Care**
- **Mental Health**
- **Senior Care**
- **Substance Abuse/ Alcohol and Tobacco Use/Vaping**

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., U.S. Census, County Health Rankings)
- Provider/Stakeholder Survey
- Provider/Stakeholder focus groups

24 providers/stakeholders responded to the survey

2 focus groups were held with **13** participants

11 individuals participated in a prioritization session representing **5** organizations:

Deaconess Health System
Green River Distr. Health Dept.
Union County Family Dental
Union County Health Center
Union County Senior Services

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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 Union 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 Union County Hospital opened in 1946 and serves the Morganfield, KY community. The acute care hospital has a 25-bed acute care wing, as well as a 16-bed extended care facility.

Deaconess Union County Hospital offers a 24-hour emergency department, a hospital-based ambulance service, and a full range of diagnostic services including lab, imaging, and mammography, as well physical therapy, cardiopulmonary care, and surgical services.

Previous CHNA Effort

On July 1, 2020, Methodist Health in Union County 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 Union County was documented.

Findings from the CHNA pertaining to Union County were shared with the Union County Health Coalition, represented by health professionals in Union County. Methodist Hospital Union County collaborated with the Union County Health Coalition to discuss the health needs of the county and promote health and wellness activities for the members of the community.

2018-2021 Priorities and Plan

The following health areas were identified:

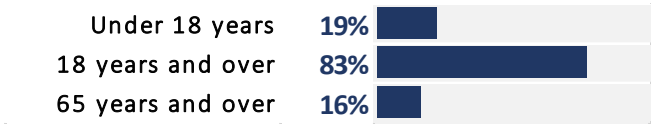
- → Reduce obesity, increase physical activity, and improve nutrition
- → Reduce smoking
- → Access to care

About the 2022 CHNA Service Area

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

13,668
residents

AGE



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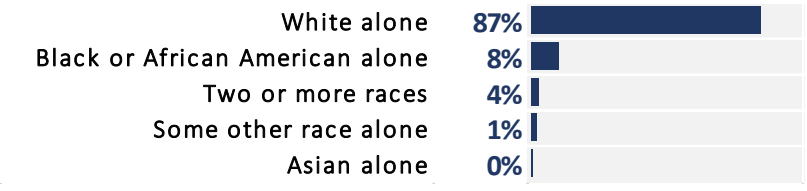
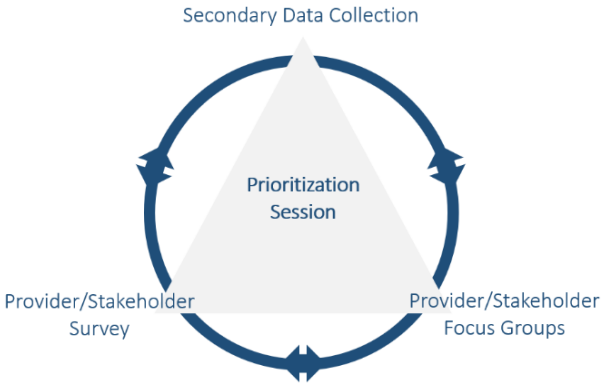


Summary of 2022 CHNA Methodology

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 Annie E. Casey Foundation: Kids Count Data Center, (e) Kentucky Incentives for Prevention, and (f) 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 13 participants across 2 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.

2. The CHNA occurred as the COVID-19 pandemic continues to significantly impact public health in Union 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 (November 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 of several community health organizations in the service area, including hospital staff, participated in an in-person meeting to review data collected for the CHNA. Specifically, eleven individuals attended the session representing five organizations. Diehl Consulting Group (DCG) facilitated the session. 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 Union 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 documented participant recommendations in a shared Word document 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. This resulted in four priorities. 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.

Access to Care	Mental Health	Senior Care	Substance Abuse/ Alcohol and Tobacco Use/Vaping

Priority issues are summarized below along with key considerations specific to the issue identified as part of the prioritization session. In addition to the considerations noted below, two cross-cutting strategies were identified as important to consider when addressing priorities. These included a continued need for collaboration among partners in addressing priorities, as well as recognizing and accounting for the continued impact of COVID-19. Selected key findings from the CHNA secondary data review, surveys, and focus groups are also provided to facilitate understanding of the issue.

Priority Issue: Access to Care. Access involves connecting residents to healthcare within the service area. Selected considerations specific to the prioritization of access included (a) increasing providers (e.g., general surgery, primary care, sleep services) (Note: Housing in the area for providers is a challenge to find), (b) addressing specific health issues or populations where access may be limited (e.g., mental health, chronic diseases (including obesity), underinsured/self-insured patients, veterans), (c) skilled care in nursing homes, (d) providing ongoing support, (e) transitioning back into everyday life, (f) use of telehealth, (g) addressing transportation barriers, and (h) dental health (access to sedation, closed dental hygiene program in Henderson- less providers- year long wait, need expansion of access, need for mission-based clinics for acute needs).

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

- **Insurance Status (under age 65):** Overall, 7% (*Margin of Error [MOE]:* 6-8%) of residents are uninsured, which represents 8% (*MOE:* 7-10%) of adults and 4% (*MOE:* 3-5%) of children (State=7% overall; 8% adults; 4% children) (2018). *(Table 1.14)*
- **Providers:** Union County is currently designated by the Health Resources & Services Administration (HRSA) as a High Need Geographic Health Professional Shortage Area (HPSA) for primary care providers. The county is also an HPSA for mental health providers along with other counties in the region including Daviess, Hancock, Henderson, McLean, Ohio, and Webster.[1] Union County lags the state in resident-to-provider ratios for primary care physicians, other primary care providers, mental health providers, and dentists (2018). These ratios may not fully account for populations served, insurance types accepted, or the magnitude of need for services. *(Table 1.14)*

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

Key Findings from Provider/Stakeholder Surveys and Focus Groups

- Challenges in accessing care/services was a barrier identified within a variety of health issues (e.g., substance/drug use or abuse, chronic diseases, aging and older adult needs, mental health). In addition, several subpopulations were identified as having unique issues accessing care (e.g., individuals who cannot afford services, children and youth, seniors).

Priority Issue: Mental Health.

Considerations specific to the prioritization of mental health included (a) accessing mental health care (relates to access to care priority), (b) services for specific populations/groups (children, veterans, schools), (c) increasing awareness and understanding of mental health (Note: Mental Health First Aid was offered as a strategy), and (d) reducing trauma.

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

- **Poor Mental Health:** 5.6 (*MOE:* 5.2-6.0) average number of poor mental health days in the last 30 days (State=5.0) (2018). *(Table 1.10).* Further, 18% (*MOE:* 17-20%) of residents reported 14 or more days of poor mental health (State=17%) (2018). *(Table 1.12)*
- **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%). Further, 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)*
- **Suicide Rate:** 33 per 100,000 (*MOE:* 21-50) suicide rate among residents (State=17). *(Table 1.7)*

Key Findings from Provider/Stakeholder Surveys and Focus Groups

- Mental health was the fifth 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, 85% perceived mental health as getting worse since 2018, and 69% reported inadequate resources are being devoted to addressing mental health.
- Selected barriers specific to mental health included accessing care/services (e.g., limited providers), the cost of care/services, stigma, and awareness, understanding, and acknowledgement of the issues.

Priority Issue: Senior Care.

Considerations specific to the prioritization of senior care included (a) transportation issues, (b) need assistance with home repairs, (c) identification of financial resources, (d) aging at home services and end of life care, (e) stigma associated with services (income based), (f) family units changing (seniors raising grandchildren), (g) virtual visits (telehealth), and (h) support groups needed.

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

- **Population:** 16% of residents in union County are 65 or older. *(Table 1.5)*

Key Findings from Provider/Stakeholder Surveys and Focus Groups

- Aging and older adult needs was the third highest ranked health issue in the county based on respondents who included the issue as a top-five priority need. Among respondents including

aging and older adult needs as a top-five priority need, 75% perceived aging and older adult needs as getting worse since 2018, and 83% reported inadequate resources are being devoted to addressing aging and older adult needs.

- Selected barriers within aging and adult needs included access to care/services, transportation, and a lack of/need for resources.

Priority Issue: Substance Abuse/Alcohol and Tobacco Use/Vaping. Considerations specific to the prioritization of substance abuse/alcohol and tobacco/vaping included (a) awareness, education, intervention (treatment options), and (b) accessing supports for substance abuse, alcohol and tobacco use, and vaping (relates to access to care priority).

- **Excessive Drinking:** 14% (*MOE:* 14-15%) of residents report binge/excessive drinking (State=17%) (2018). *(Table 1.15)*
- **Alcohol Impaired Driving Deaths:** 47% (*MOE:* 36-58%) of motor vehicle crash deaths involved alcohol in the 5-year measurement period (2015-2019) (State=25%); worsening trend compared to prior years per County Health Rankings (2021). *(Table 1.15)*
- **Adult Smoking:** 26% (*MOE:* 23-29%) of residents report smoking (currently and at least 100 cigarettes in their lifetime) (State=24%) (2018). *(Table 1.15)*
- **Teen Alcohol Use:** 19% of teens in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, Webster) reported having more than just a few sips of alcohol in the past 30 days (State=16.8%), and 9.3% reported binge drinking in the past 30 days (State=8.6%) (2018). *(Table 1.16)*
- **Teen Tobacco Use:** 9.7% of teens in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, Webster) reported smoking cigarettes in the past 30 days (State=9.7%), 6.7% reported using smokeless tobacco in the past 30 days (State=7.6%), and 27.1% reported using e-cigarettes in the past 30 days (State=23.2%).
- **Teen Marijuana Use:** 11.3% of teens in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, Webster) report using marijuana in the past 30 days (State=11.4%) (2018). *(Table 1.16)*
- **E-Cigarette Risk Perception:** 40.5% of teens in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, Webster) think that using e-cigarettes is dangerous (2018). *(Table 1.16)*

Key Findings from Provider/Stakeholder Surveys and Focus Groups

- Substance/drug use or abuse 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 substance/drug use or abuse as a top-five priority need, 100% perceived substance/drug use or abuse as getting worse since 2018, and 75% reported inadequate resources are being devoted to addressing substance/drug use or abuse.
- Selected barriers with substance/drug use or abuse included awareness, understanding, and acknowledgement of the issue, accessing care/services (e.g., limited providers), and the cost of care.

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

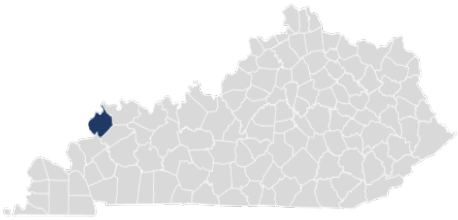
To ensure consistency with prior CHNA processes, the review focused on similar data sources used in prior assessments and included the most recently available data prior to the prioritization session (November 2021). The following indicator categories were used to organize findings:

- 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 Annie E. Casey Foundation: Kids Count Data Center, (e) Kentucky Incentives for Prevention, and (f) 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 13,668 residents of Union County, 86.9% are White, 7.6% are Black or African American, 4.3% are two or more races, 0.7% are Asian, and less than 1% are some other race. Of any race, 1.4% are of Hispanic or Latino ethnicity.

Overall Population

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

	United States	Kentucky	Union County
Total population	331,449,281	4,505,836	13,668

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

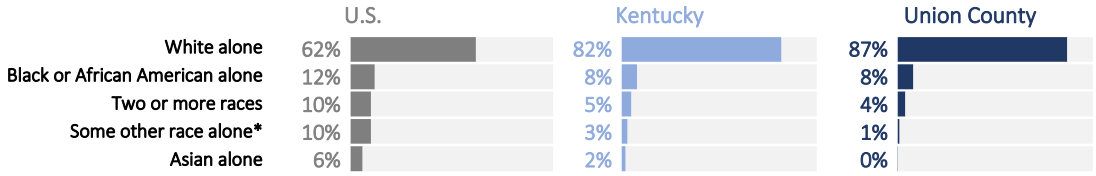
Race

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

	United States		Kentucky		Union County	
White alone	204,277,273	61.6%	3,711,254	82.4%	11,873	86.9%
Black or African American alone	41,104,200	12.4%	362,417	8.0%	1,041	7.6%
American Indian & Alaska Native alone	3,727,135	1.1%	12,801	0.3%	27	0.2%
Asian alone	19,886,049	6.0%	74,426	1.7%	32	0.2%
Native Hawaiian & Other Pacific Islander alone	689,966	0.2%	3,681	0.1%	1	0.0%
Some other race alone	27,915,715	8.4%	96,417	2.1%	102	0.7%
Two or more races	33,848,943	10.2%	244,840	5.4%	592	4.3%

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 Union 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.

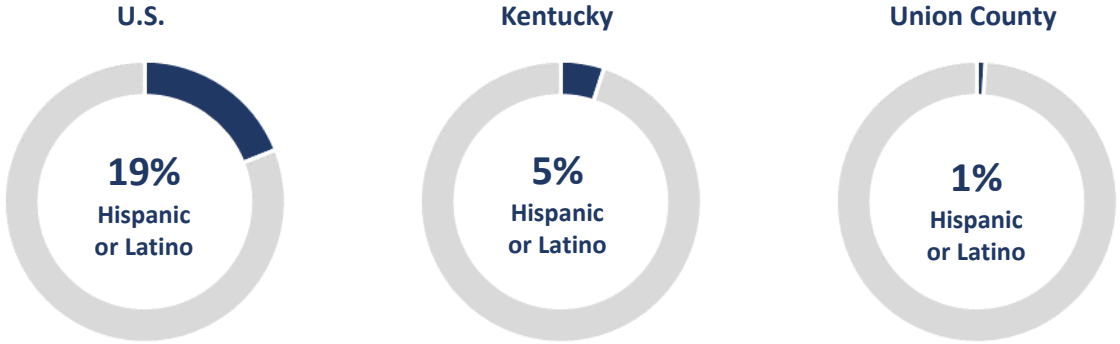
Ethnicity

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

	United States		Kentucky		Union County	
Hispanic or Latino (of any race)	62,080,281	**18.7%**	207,854	**4.6%**	188	**1.4%**
Not Hispanic or Latino	269,369,237	**81.3%**	4,297,982	**95.4%**	13,480	**98.6%**

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 Union County



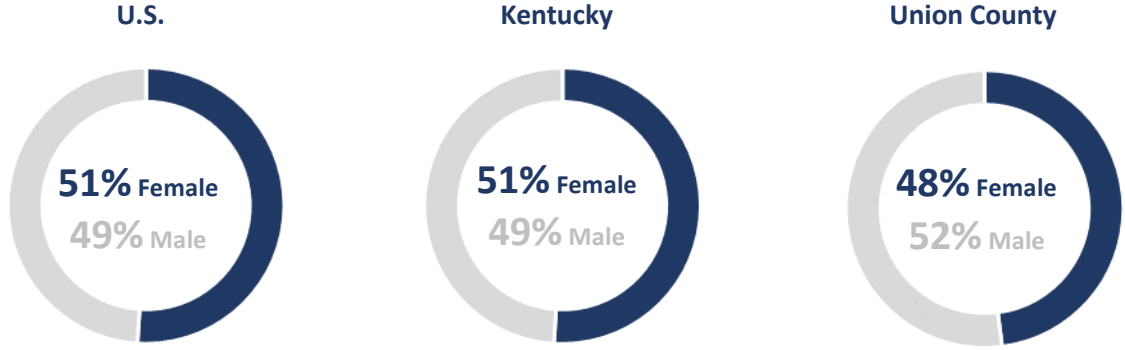
Sex

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

	United States		Kentucky		Union County	
Female	164,810,876	**50.8%**	2,258,130	**50.8%**	6,994	**47.8%**
Male	159,886,919	**49.2%**	2,190,922	**49.2%**	7,644	**52.2%**

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 Union County



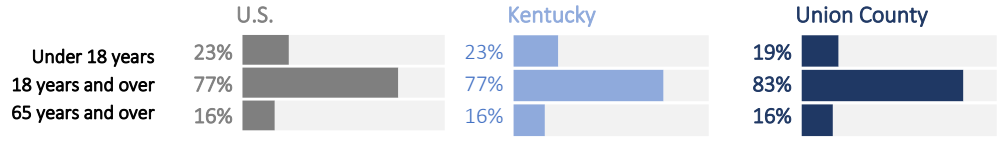
Age

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

	United States		Kentucky		Union County	
Median age (years)	38.1 years		38.9 years		38.1 years	
Under 18 years	73,429,392	22.6%	1,009,306	22.7%	2,804	19.2%
18 years and over	251,268,403	77.4%	3,439,746	77.3%	12,155	83.0%
65 years and over	50,783,796	15.6%	710,138	16.0%	2,370	16.2%

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

Figure 1.4. Age by United States, Kentucky, and Union County



Language

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

	Kentucky		Union County	
Not proficient in English	42,969	1%	47	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 Union County

Social & 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 were higher and the percentage of residents with some college were lower compared to the state. The county has similar levels of median household income, children in single-parent families, and children in poverty compared to the state. Additionally, Union County has a lower rate of violent crime, a higher percentage of homeownership, and a lower 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 Union County.

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

	Top US Performers	Kentucky	Union County	Error Margin	Trend	County-State Comparison
EDUCATIONAL ATTAINMENT						
High School Completion[a]	94%	86%	90%	*88-92%*	*NA*	Better
Some College[a]	73%	62%	47%	*39-54%*	*NA*	Worse
INCOME						
% Children in Poverty[b]	10%	21%	21%	*14-28%*	Same	Within Mar.
Income Inequality (ratio of household income at the 80th to that at the 20th percentile)[a]	3.7	5.0	4.0	*3.2-4.8*	*NA*	Better
Median Household Income[b]	$72,900	$52,300	$49,900	*$43,900-$55,900*	*NA*	Within Mar.
FAMILY/RELATIONSHIPS						
% Children in Single-Parent Households[a]	14%	26%	19%	*12-26%*	*NA*	Within Mar.
Social Association Rate (per 10,000; local social/community support)[c]	18.2	10.6	10.3		*NA*	Worse
CRIME/VIOLENCE						
Violent Crime Rate (per 100,000)[d]	*NA*	222	97		Better	Better
Homicide Rate (per 100,000)[e]	*NA*	6			*NA*	*NA*
SUICIDE/INJURY						
Suicide Rate (per 100,000)[f]	11	17	33	*21-50*	*NA*	Worse
Injury Death Rate (per 100,000)[f]	59	96	127	*102-155*	*NA*	Worse
HOUSING						
% Homeowner[a]	81%	67%	71%	*69-73%*	*NA*	Better
% Severe Housing Problems[g]	9%	14%	9%	*6-12%*	*NA*	Better

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 Union County

	Top US Performers	Kentucky	Union County
EMPLOYMENT (ACS 5-Year Estimates)			
Labor Force Participation Rate[a]	---	---	53.9%
Unemployment Rate[b]	2.6%	4.3%	4.5%

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	Union
Number of reports meeting criteria for child abuse/neglect[a]	56,251	334
Children in foster care (per 1,000)[b]	51.1	47.9

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).

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. Union County ranks higher than the state on the percentage of children born with low birthweight along with a higher percentage of poor or fair health and a higher rate of poor physical and mental health days. Additionally, teens in the River Valley School Districts (includes Union 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 Union County

	Top US Performers	Kentucky	Union County	Error Margin	Trend	County-State Comparison
Poor or Fair Health[a]	14%	22%	27%	*24-30%*	*NA*	Worse
Average Number of Poor Physical Health Days[a]	3.4 days	4.6 days	5.7 days	*5.2-6.1*	*NA*	Worse
Average Number of Poor Mental Health Days[a]	3.8 days	5.0 days	5.6 days	*5.2-6.0*	*NA*	Worse
Low Birthweight[b]	6%	9%	12%	*10-13%*	*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 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 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, Union County largely mirrors the averages for the state of Kentucky, except for higher frequency of physical distress. 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 Union County.

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

	Top US Performers	Kentucky	Union County	Error Margin	Trend	County-State Comparison
Premature Age-Adj. Mortality (per 100,000)[a]	280	470	490	*420-550*	*NA*	Within Mar.
Child Mortality (per 100,000)[b]	40	60			*NA*	*NA*
Infant Mortality (per 1,000)[c]	4	6			*NA*	*NA*
Frequent Physical Distress (14 or more days or poor physical health)[d]	10%	14%	17%	*16-19%*	*NA*	Worse
Frequent Mental Distress (14 or more days or poor mental health)[d]	12%	17%	18%	*17-20%*	*NA*	Within Mar.
Diabetes Prevalence[e]	8%	13%	14%	*9-21%*	*NA*	Within Mar.
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, Union County is higher than the state in low birthweight and teen births. Additionally, Union County has a lower percentage of early prenatal care. Table 1.13 provides an overview of these leading health indicators for Union County.

Table 1.13. Birth Outcomes Indicators by Kentucky and Union County

	Kentucky	Union County
Low Birthweight	9%	13%
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), Union 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 Union County are on par with the state and 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 Union County.

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

	Top US Performers	Kentucky	Union County	Error Margin	Trend	County-State Comparison
INSURANCE STATUS						
Uninsured[a]	6%	7%	7%	*6-8%*	Better	Within Mar.
Uninsured Adults[a]	7%	8%	8%	*7-10%*	Better	Within Mar.
Uninsured Children[a]	3%	4%	4%	*3-5%*	Better	Within Mar.
PROVIDERS						
Primary Care Physicians[b]	1,030:1	1,540:1	4,840:1		Worse	Worse
Dentists[c]	1.210:1	1,490:1	2,050:1		Better	Worse
Mental Health Providers[d]	270:1	420:1	2,050:1		*NA*	Worse
Other Primary Care Providers[d]	620:1	680:1	2,050:1		*NA*	Worse
PREVENTION						
Preventable Hospital Stays (per 100,000)	2,565	5,615	5,251		Better	Better
Mammography Screening (ages 65-74 enrolled in Medicare Part B)[e]	51%	40%	47%		Same	Better

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 Union 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 Union County

	Top US Performers	Kentucky	Union County	Error Margin	Trend	County-State Comparison
SMOKING						
Adult Smoking[a]	16%	24%	26%	*23-29%*	*NA*	Within Mar.
NUTRITION/PHYSICAL ACTIVITY						
Adult Obesity[b]	26%	35%	40%	*31-49%*	Better	Within Mar.
Food Environment Index[c]	8.7	6.9	7.2	---	*NA*	Better
Physical Inactivity[b]	19%	29%	32%	*24-41%*	Better	Within Mar.
Access to Exercise Opportunities[d]	91%	71%	62%	---	*NA*	Better
Food Insecurity[e]	9%	15%	16%	---	*NA*	Worse
Limited Access to Health Foods[f]	2%	6%	5%	---	*NA*	Better
ALCOHOL USE						
Excessive Drinking[a]	15%	17%	14%	*14-15%*	*NA*	Better
Alcohol-Impaired Driving Deaths[g]	11%	25%	47%	*36-58%*	Worse	Worse
Drug Overdose Deaths (per 100,000) [h]	11	32	---	---	*NA*	*NA*
SEXUAL BEHAVIOR						
Sexually Transmitted Infections (per 100,000) [i]	161.2	436.4	1,049.9	---	Same	Worse
Teen Births[j]	12	31	43	*36-50*	*NA*	Worse
SLEEP						
Insufficient Sleep[a]	32%	42%	44%	*42-45%*	*NA*	Within Mar

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	Union County
# of food insecure people	644,540	2,290
Food insecure rate	14.4%	15.6%

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 an indicator 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 an indicator 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 158 deaths in Union County representing a 913.5 age-adjusted rate per 100,000 residents (State=911.2). Cancer is the leading cause of death in the county followed by heart disease. Table 1.18 provides a summary of these various mortality indicators for the county and state.

Table 1.18. Mortality Indicators by Kentucky and Union County

Mortality Cause	Kentucky		Union County	
	Deaths	Age-Adjusted Death Rate per 100,00	Deaths	Age-Adjusted Death Rate per 100,00
All Causes	48,990	911.2	158	913.5
Malignant neoplasms (Cancer)	9,975	176.4	40	229.5
Malignant neoplasms of trachea, bronchus, and lung	3,069	52.8	13	NA
Major cardiovascular diseases	13,789	252.8	43	237.2
Diseases of heart	10,742	196.4	31	170.9
Ischemic heart diseases	5,454	98.6	15	NA
Other diseases of heart	4,432	82.0	15	NA
Cerebrovascular disease (stroke)	2,296	42.5	10	NA
Chronic lower respiratory diseases	3,517	62.4	17	NA

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

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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 Union 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, 24 participants provided survey feedback. Many respondents worked in the medical/healthcare field (45.8%), though education/youth development (29.2%), public service (8.3%), nonprofit (8.3%), business/economic development (4.2%), and community development (4.2%) organizations were also represented. More than half of respondents identified as management or organizational leadership (58.3%), while others represented professional/technical (25.0%) or administrative/clerical (8.2%) positions. An additional 8.3% 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 Union 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

Substance/drug use or abuse 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 substance/drug use or abuse as a top-five priority need, 100% perceived substance/drug use or abuse as getting worse since 2018, and 75% 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 Union County

Priority Ranking	Health Issue	Total Ranking Points	Perceived Worsening Trend	Perceived Inadequate Resources
1	Substance/drug use or abuse	56	100%	75.0%
2	Chronic diseases	45	76.9%	61.5%
3	Aging and older adult needs	44	75.0%	83.3%
4	Poverty	42	90.9%	63.6%
5	Mental health	32	84.6%	69.2%
6	Food access, affordability, and safety	28	90.9%	36.4%
7	Alcohol use or abuse	26	100%	90.0%
8	Child neglect and abuse	25	85.7%	85.7%
9	Obesity	22	75.0%	50.0%
10	Tobacco use or vaping	18	77.8%	77.8%
11	Dental care	11	75.0%	50.0%
12	Disability needs	2	100%	100%
13	Environmental issues	2	100%	100%
14	Reproductive health and family planning	2	0.0%	0.0%
15	Violent crime	1	100%	100%

Ranking Health Issues

Table 2.1 Ranking of Health Issues in Union County

*Substance/drug use or abuse, chronic diseases, and aging and older adult needs were included by **more than half** of survey respondents as top-five priority needs. With 56 ranking points, substance/drug use or abuse was the **#1 ranked** health issue.*

Health Issue	Percentage Identifying the Health Issue as a Top-Five Priority Need (N=24)	Total Ranking Points Assigned to the Health Issue	Priority Ranking Based on Total Ranking Points
Substance/drug use or abuse	66.7%	56	**1**
Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	54.2%	45	**2**
Aging and older adult needs	50.0%	44	**3**
Poverty	45.8%	42	**4**
Mental health	54.2%	32	**5**
Food access, affordability, and safety	45.8%	28	**6**
Alcohol use or abuse	41.7%	26	**7**
Child neglect and abuse	29.2%	25	**8**
Obesity	33.3%	22	**9**
Tobacco use or vaping	37.5%	18	**10**
Dental care	16.7%	11	**11**
Disability needs	8.3%	2	**12**
Environmental issues	4.2%	2	**13**
Reproductive health and family planning	4.2%	2	**14**
Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	4.2%	1	**15**

Perceived Trends of Health Issues (Since 2018)

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

__100%__ of survey respondents who included substance/drug use or abuse as a top-five priority need, __77%__ of those who included chronic diseases, and __75%__ of those who included aging and older adult needs 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	25.0%	50.0%	16.7%	8.3%	-	**75.0%**	12
Alcohol use or abuse	20.0%	80.0%	-	-	-	**100%**	10
Child neglect and abuse	42.9%	42.9%	14.3%	-	-	**85.7%**	7
Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	15.4%	61.5%	23.1%	-	-	**76.9%**	13
Dental care	25.0%	50.0%	25.0%	-	-	**75.0%**	4
Disability needs	100%	-	-	-	-	**100%**	2
Environmental issues	-	100%	-	-	-	**100%**	1
Food access, affordability, and safety	18.2%	72.7%	9.1%	-	-	**90.9%**	11
Mental health	61.5%	23.1%	15.4%	-	-	**84.6%**	13
Obesity	25.0%	50.0%	25.0%	-	-	**75.0%**	8
Poverty	36.4%	54.5%	9.1%	-	-	**90.9%**	11
Reproductive health and family planning	-	-	100%	-	-	-	1
Substance/drug use or abuse	68.8%	31.3%	-	-	-	**100%**	16
Tobacco use or vaping	44.4%	33.3%	22.2%	-	-	**77.8%**	9
Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	100%	-	-	-	-	**100%**	1

Perceived Adequacy of Resources to Addressing Health Issues

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

__75%__ of survey respondents who included substance/drug use or abuse as a top-five priority need, __62%__ of those who included chronic diseases, and __83%__ of those who included aging and older adult needs reported __inadequate resources are being devoted to addressing the health issues__.

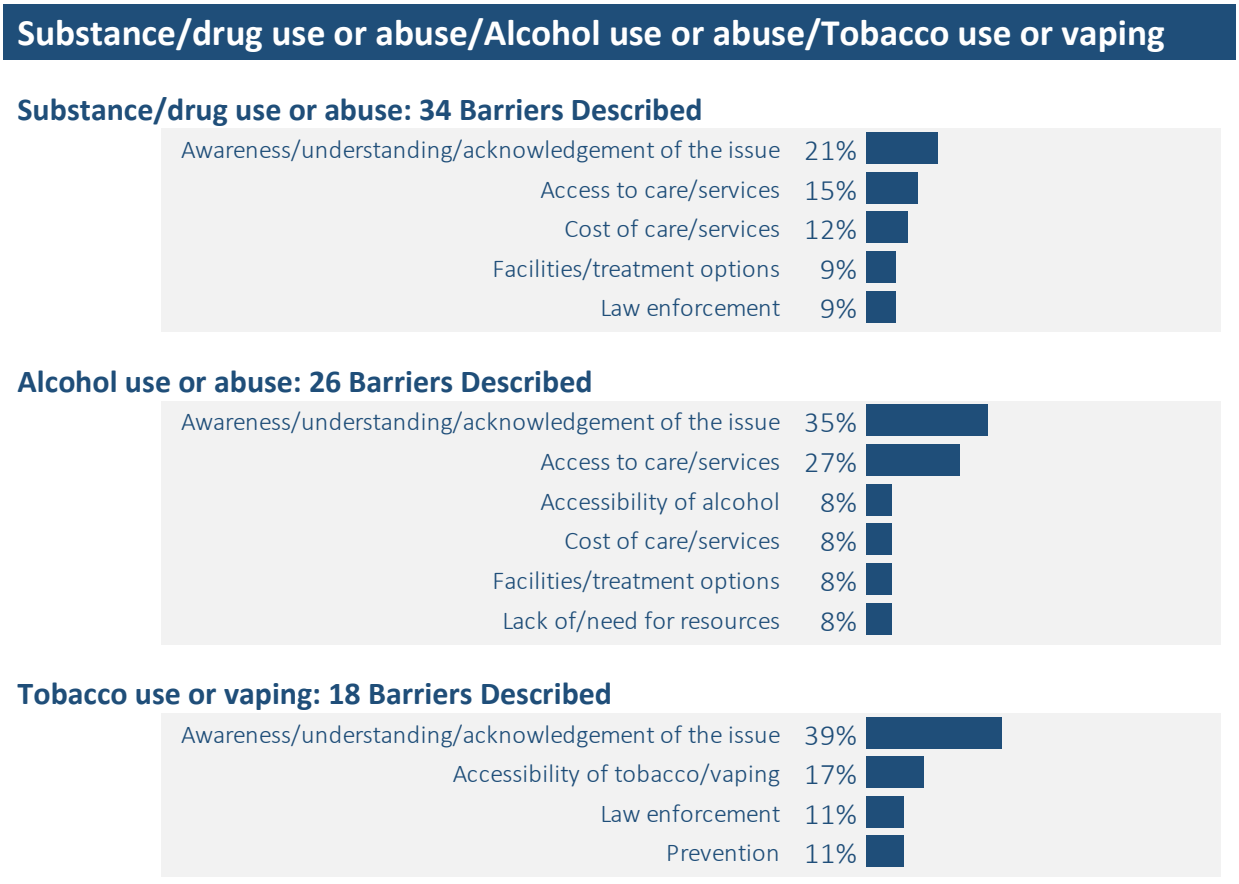
There are adequate resources devoted to addressing this health issue in this county.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Disagree or strongly disagree	N
Aging and older adult needs	16.7%	66.7%	8.3%	8.3%	-	**83.3%**	12
Alcohol use or abuse	20.0%	70.0%	10.0%	-	-	**90.0%**	10
Child neglect and abuse	28.6%	57.1%	14.3%	-	-	**85.7%**	7
Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	7.7%	53.8%	15.4%	23.1%	-	**61.5%**	13
Dental care	-	50.0%	25.0%	-	25.0%	**50.0%**	4
Disability needs	50.0%	50.0%	-	-	-	**100%**	2
Environmental issues	-	100%	-	-	-	**100%**	1
Food access, affordability, and safety	-	36.4%	36.4%	27.3%	-	**36.4%**	11
Mental health	30.8%	38.5%	23.1%	7.7%	-	**69.2%**	13
Obesity	12.5%	37.5%	37.5%	12.5%	-	**50.0%**	8
Poverty	45.5%	18.2%	36.4%	-	-	**63.6%**	11
Reproductive health and family planning	-	-	100%	-	-	-	1
Substance/drug use or abuse	50.0%	25.0%	25.0%	-	-	**75.0%**	16
Tobacco use or vaping	22.2%	55.6%	22.2%	-	-	**77.8%**	9
Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	100%	-	-	-	-	**100%**	1

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.

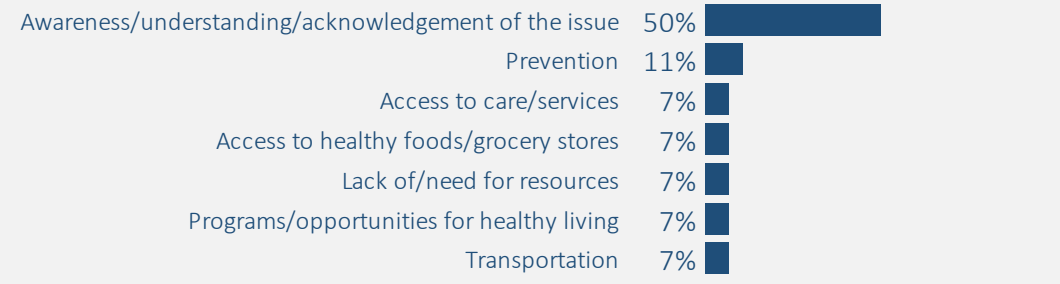
While respondent rankings, perceived trends, and inadequacy of resources allow for an overall understanding of top priorities, barriers specific to these health issues further understanding of the specific challenges faced to addressing the issue. For example, substance/drug use or abuse was identified as the highest ranked priority need. When barriers specific to substance/drug use or abuse were examined, 21% related to awareness/understanding/acknowledgement of the issue (e.g., lack of education), 15% to access to care/services (e.g., limited access to assistance), and 12% cost of care/services (e.g., lack of affordable substance use outpatient treatment programs). 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., Substance/drug use or abuse/Alcohol use or abuse/Tobacco use or vaping).

Figure 2.2 Identified Barriers to Addressing Identified Health Issue



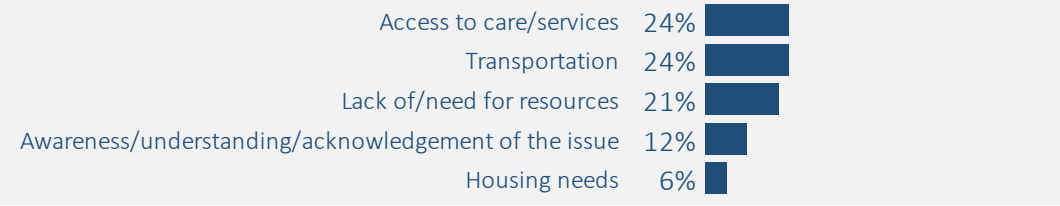
Chronic diseases

Chronic diseases: 28 Barriers Described



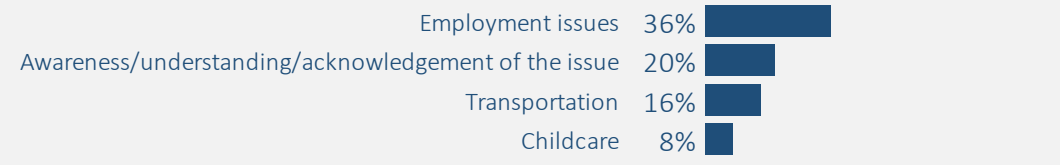
Aging and older adult needs

Aging and older adult needs: 33 Barriers Described



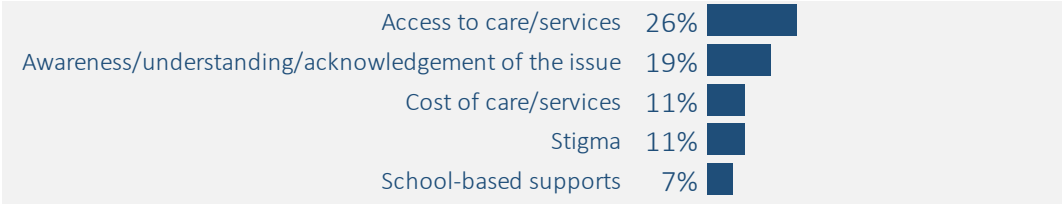
Poverty

Poverty: 25 Barriers Described



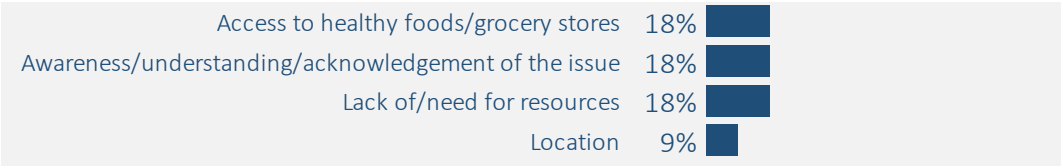
Mental health

Mental health: 27 Barriers Described

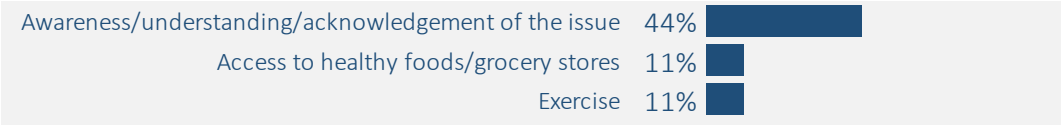


Food access, availability, and safety/Obesity

Food access, availability, and safety: 22 Barriers Described

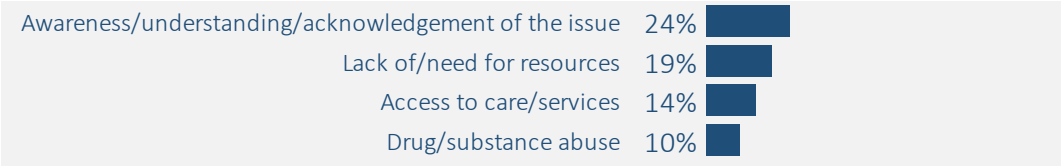


Obesity: 18 Barriers Described



Child neglect and abuse

Child neglect and abuse: 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 Union 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, **2 focus groups** were conducted for Union County on July 29, 2021. The **13 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, seniors). 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.

Substance/drug use or abuse

5

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

Subpopulation Feedback

Individuals with History of Drug Use

- Using drugs to cope/self-medicate
- No agency to mentor or follow up with these individuals

Youth

- Programs and services needed

Specific drug use/prevalence

The [drug] problem is out in the community. What we see in the ED is minuscule. Sometimes we see alcohol, but typically it's a heavier drug when they get to us.

Facilities/treatment options

Limited detox services - all services are out of Union County (Webster, Owensboro, Evansville).

Access to care/services

Limited access to mental health/substance abuse treatment providers.

Accessibility of drugs/alcohol

Rural areas have a very very high concentration of substance use. Alcohol is the easiest to get.

Awareness of resources/services

How do we connect and inform the community about these programs?

Alcohol use or abuse

1

unique barrier theme described related to **alcohol use or abuse**

Facilities/treatement options

No inpatient-intensive therapy/rehab services in Union County.

Chronic diseases

2

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

Subpopulation Feedback

Children/Youth

- Increase in chronic diseases
- Difficult for youth to make healthy decisions for themselves

Individuals with Fixed Income

- Healthy foods are not affordable on a fixed income

Child needs

"We have a lot of asthmatic students. It's more prevalent and seeing more severe cases of asthma."

Social determinants of health

Poverty creates issues (access to food, safe places to exercise).

Aging and older adult needs

4

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

Subpopulation Feedback

Seniors who Need In-Home Services

- Some do not meet criteria for services and have limited resources available to them

Access to care/services

The real issue is that services are not available in Union County. We have a need for PCPs locally, and we have a need for general surgery.

Availability of assisted living facilities

People need in home care, but we have a waiting list for… med management, housekeeping. Never enough spots for people who need service.

Limited financial resources in the community

For agencies, there is only so much money to go around. All organizations compete for the same pots of money.

Transportation

Transportation is a barrier. We provide transportation within our office: four vans that run daily. There is no transportation service for out-of-town travel that is affordable. We can transport dialysis patients. It is about $75 to go to and from Evansville.

Mental health

5

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

Subpopulation Feedback

Children/Youth

- Services lacking for youth: younger children are a gap group where more services and counseling are needed.

Individuals who Cannot Afford Services

- It is important to make mental health services affordable
- Insurance does not cover enough of the costs

Specific mental health condition

"Isolation ... has complicated mental health issues in the community."

Access to care/services: Wait lists

Appointments are months out. If patients are in crisis, they have no options.

Access to care/services: Treatment options

There is nothing for families in a mental health crisis. "I have a family that went to the ER multiple times. They went to Evansville and were not admitted. There was no immediate help for crisis after hours."

Stigma

We have to make mental health more of a condition that people understand in the same context as a physical condition. Nobody is embarrassed to say that they have a virus or cancer, but the moment a mental health issue comes up, people's minds change. People have been driven into the closet....People are afraid to raise their hands because they are afraid of the impacts on their lives and relationships.

Awareness of resources/services

Lack of awareness of what is available in the community.

Child neglect and abuse

1

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

Awareness/understanding/acknowledgement of the issue

"Child abuse and neglect is not widely reported in the community, so there is a lack of awareness of how serious this is in the community."

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

Families with Lower Income

- It is cheaper to feed a family unhealthy food versus healthy food

Affordability

Food is not affordable anymore. "The prices go up but don't come back down."

Community and provider outreach

We need to find team players who are invested enough for programs to grow. Planting fruit trees in green spaces.

Poverty

1

unique barrier theme described related to **poverty**

Generational/cyclical issues

There is a difference between generational and situational poverty. Generational poverty is a bigger more difficult issue than situational poverty. Do you have the tools and the opportunities to overcome generational poverty? A lot of times, we do not.

Other identified needs

2

unique barrier themes described related to **other identified needs**

Subpopulation Feedback

Children/Youth

- Awareness is a barrier: "Need a resource booklet that we can give out to parents at a back to school night."

Awareness of resources/services

Need a health fair to get out information to the community.

Cost of care/services

Access to dental care. Many can't afford it if they don't have dental insurance.

Implementation Plan

Overview

From the four endorsed issues identified for prioritization, it was felt that Access to Care, Mental Health and Substance Abuse/Alcohol and Tobacco Use/Vaping, were areas that the hospital could impact the most over the three-year CHNA period. Senior Care can, and will, be taken into consideration when planning services, programs and educational offerings, but it will take additional planning and resources and finding the right partners to properly impact issues such as transportation, home repair assistance, home services and end-of-life care, etc.

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

Access to Care

1. Review opportunities to bring new providers and specialists to the community.

2. Increase awareness of the services that are already available at the hospital and other agencies.

Mental Health

1. Identify behavioral health partners and opportunities to bring mental health services, education (i.e. mental health first aid), and other programs to the community.

2. Increase education and awareness of mental health concerns and programs, locally and regionally, that can help.

Substance Abuse/Alcohol and Tobacco Use/Vaping

1. Work with the Green River Health District and other partners to identify and implement education and awareness programs that address substance abuse and misuse.

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

To ensure consistency with prior CHNA processes, the review focused on similar data sources used in prior assessments and included the most recently available data prior to the prioritization session (November 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) Annie E. Casey Foundation: Kids Count Data Center, (e) Kentucky Incentives for Prevention, and (f) 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 Union 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, 24 participants provided survey feedback. Many respondents worked in the medical/healthcare field (45.8%), though education/youth development (29.2%), public service (8.3%), nonprofit (8.3%), business/economic development (4.2%), and community development (4.2%) organizations were also represented. More than half of respondents identified as management or organizational leadership (58.3%), while others represented professional/technical (25.0%) or administrative/clerical (8.2%) positions. An additional 8.3% 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 Union 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 Union 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, 2 focus groups were conducted for Union County on July 29, 2021. The 13 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

Union County: Focus Group Participants
July 29, 2021

Name	Organization
1. Jeff Jones	Deaconess Health System
2. Angie Clayton	Deaconess Hospital Union County
3. Claudia Eisenmann	Deaconess Hospital Union County
4. Jessica Latham	Deaconess Hospital Union County
5. Joe Crowdus	Deaconess Hospital Union County
6. Jona Kanipe	Earle C. Clements Job Corps
7. Becky Horn	Green River District Health Department
8. Kelli Fox	Health First CHC - Morganfield
9. Melissa Polites	Union County Senior Services
10. Amy Turner	Union County Schools
11. Cathy Walls	Union County Adult Education
12. Alyssa Ybarra	Earle C. Clements Job Corps
13. Dalen Traore	Green River District Health Department

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.

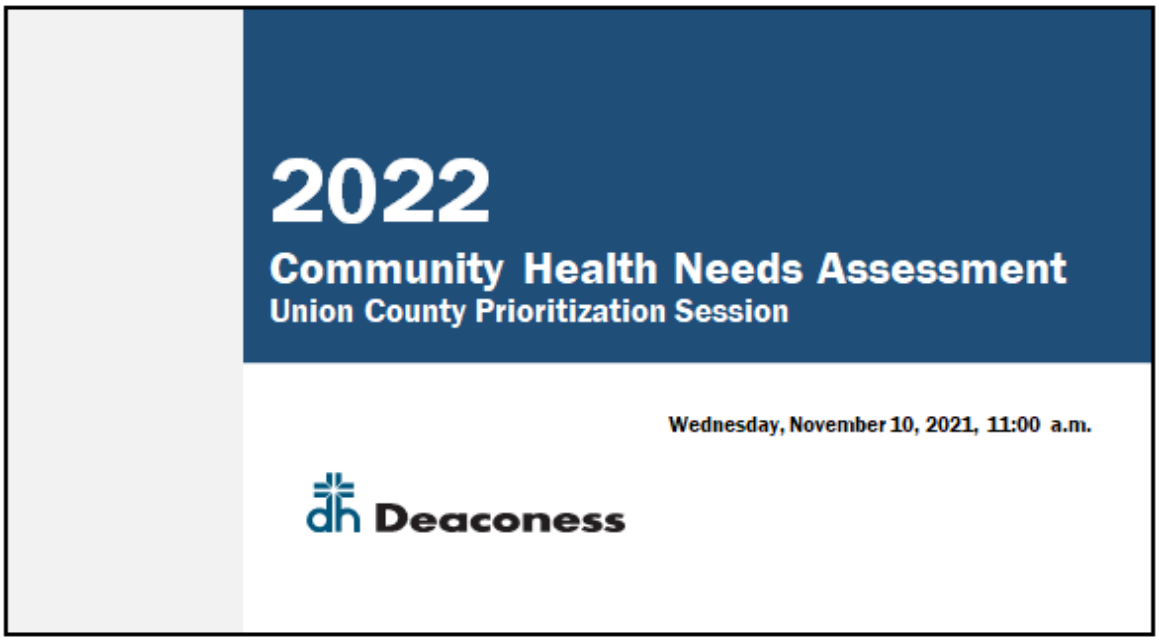
Appendix C: Prioritization Participants

Union County: Prioritization Session
November 10, 2021

Participant	Organization
1. Pam Hight	Deaconess Health System
2. Jeff Jones	Deaconess Health System
3. Sherry Brantley	Deaconess Union County Hospital
4. Shannon Clements	Deaconess Union County Hospital
5. Claudia Eisenmann	Deaconess Union County Hospital
6. Lois Morgan	Deaconess Union County Hospital
7. Rebecca Horn	Green River District Health Dept.
8. Ethan Martin	Green River District Health Dept.
9. Dr. Laura Hancock Jones	Union County Family Dental
10. Jenny Hagan	Union County Health Center
11. Melissa Polites	Union County Senior Services

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

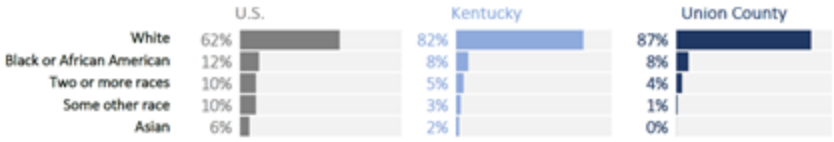
2022 Community Health Needs Assessment

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

5

Union County at a Glance

→ 13,668 total residents



→ Selected community metrics:

- **Median household income: $49,900** (2019)
- **Homeownership: 71%** (compared to 67% statewide) (2015-19)
- **Lower** rates of **violent crime** (2014-2016) and **higher** rates of **injury deaths** (2015-19) compared to the state
- **19% of children in single-parent families** (compared to 26% statewide) (2015-19)

6

Union County
Selected Health Indicators

→ **158 deaths** representing an age adjusted death rate of 906 per 100,000 residents (State=911). **Cancer** is the leading cause of death, followed by **heart disease** (2019).

→ **27% of residents report poor or fair health** (state=22%), averaging **5.7 poor physical health days** in the past month which is **higher** than the state average (state=4.6) (2018).

7

Union County
Healthcare Access

→ **Approximately 7%** 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.*

8

Union County
Selected Healthy Living Indicators

→ **16%** of residents suffer from **food insecurity** (2019). This reflects 2,290 people in the county.

→ **40% of adults** meet criteria for **obesity** (comparable to the state); better trend per County Health Rankings (2021 [2017]).

→ **32%** of adult residents report being **physically inactive** (compared to 29% statewide) (2021 [2017]).

9

Union County
Selected Mental and Behavioral Health Indicators

→ Residents report **5.6 poor mental health days** in the past month (worse than the state [State=5.0]) (2018).

→ The **suicide rate** is **33 per 100,000 residents** (worse than 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

Union County
Selected Social Indicators

→ **334 reports met criteria for child neglect and abuse** (2018). The rate of **children in foster care was 47.9 per 1,000** (2019).

→ Across the River Valley area:

- **9.3%** of 10th grade students across multiple school districts 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

Union County
Identified Issues Associated with Access

→ **County spans 363 square miles**

→ **Access to services and transportation** were mentioned as barriers

Access to care/services: Treatment options

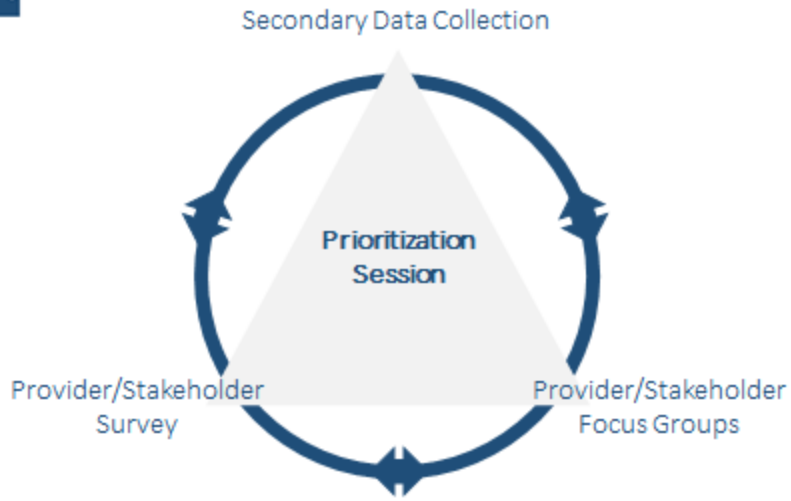
There is nothing for families in a mental health crisis. "I have a family that went to the ER multiple times. They went to Evansville and were not admitted. There was no immediate help for crisis after hours."

Transportation

Transportation is a barrier. We provide transportation within our office: four vans that run daily. There is no transportation service for out-of-town travel that is affordable. We can transport dialysis patients. It is about $75 to go to and from Evansville.

12

Triangulating Data to Inform Priorities



13

Provider/Stakeholder Survey

In the summer of 2021, members of the CHNA steering committee identified organizations serving Union 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.

→ **24 total respondents** primarily representing medical/healthcare (46%)

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 Union 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	Substance/drug use or abuse	56	100%	75.0%
2	Chronic diseases	45	76.9%	61.5%
3	Aging and older adult needs	44	75.0%	83.3%
4	Poverty	42	90.9%	63.6%
5	Mental health	32	84.6%	69.2%
6	Food access, affordability, and safety	28	90.9%	36.4%
7	Alcohol use or abuse	26	100%	90.0%
8	Child neglect and abuse	25	85.7%	85.7%
9	Obesity	22	75.0%	50.0%
10	Tobacco use or vaping	18	77.8%	77.8%
11	Dental care	11	75.0%	50.0%
12	Disability needs	2	100%	100%
13	Environmental issues	2	100%	100%
14	Reproductive health and family planning	2	0.0%	0.0%
15	Violent crime	1	100%	100%

15

Provider/Stakeholder Focus Groups

In the summer of 2021, members of the CHNA steering committee identified organizations serving Union 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
- **14 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

Substance/drug use or abuse

5

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

Subpopulation Feedback

Individuals with History of Drug Use

- Using drugs to cope/self-medicate
- No agency to mentor or follow up with these individuals

Youth

- Programs and services needed

Specific drug use/prevalence

The [drug] problem is out in the community. What we see in the ED is minuscule. Sometimes we see alcohol, but typically it's a heavier drug when they get to us.

Facilities/treatment options

Limited detox services - all services are out of Union County (Webster, Owensboro, Evansville).

Access to care/services

Limited access to mental health/substance abuse treatment providers.

Accessibility of drugs/alcohol

Rural areas have a very very high concentration of substance use. Alcohol is the easiest to get.

Awareness of resources/services

How do we connect and inform the community about these programs?

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Health Summaries

Example Results

#1 Substance/drug use or abuse
#7 Alcohol use or abuse
#10 Tobacco use or vaping

RANKING

- ✓ 67% of survey respondents included substance/drug use or abuse as a top-five priority need in this county
- ✓ With 56 ranking points, substance/drug use or abuse was the #1 ranked health issue for this county
- ✓ 42% of survey respondents included alcohol use or abuse as a top-five priority need in this county
- ✓ With 26 ranking points, alcohol use or abuse was the #7 ranked health issue for this county
- ✓ 16% of survey respondents included tobacco use or vaping as a top-five priority need in this county
- ✓ With 10 ranking points, tobacco use or vaping was the #10 ranked health issue for this county

TREND

- ✓ 100% 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
- ✓ 100% 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
- ✓ 78% 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

- ✓ 75% of survey respondents (selecting this issue as a top-five priority) reported inadequate resources devoted to substance/drug use or abuse in this county
- ✓ 90% of survey respondents (selecting this issue as a top-five priority) reported inadequate resources devoted to alcohol use or abuse in this county
- ✓ 78% 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: 34 Barriers Described

Awareness/understanding/acknowledgement of the issue 21%
Access to care/services 15%
Cost of care/services 12%
Facilities/treatment options 8%
Law enforcement 8%

Some patients don't make it to the ED because they have issues too severe for the hospital's capacity. If something happens and the EMT feels that they don't have the subspecialty capacity, they will take them to Henderson/Evansville.

-Focus Group Participant

BARRIERS

Alcohol use or abuse: 26 Barriers Described

Awareness/understanding/acknowledgement of the issue 31%
Access to care/services 27%
Accessibility of alcohol 8%
Cost of care/services 8%
Facilities/treatment options 8%
Lack of/need for resources 8%

BARRIERS

Tobacco use or vaping: 18 Barriers Described

Awareness/understanding/acknowledgement of the issue 33%
Accessibility of tobacco/vaping 17%
Law enforcement 11%
Prevention 11%

SECONDARY DATA

- ✓ **Insurance Status (under age 65):** Overall, 7% (MOE: 6-8%) of residents are uninsured, which represents 8% (MOE: 7-10%) of adults and 4% (MOE: 3-5%) of children (State=7% overall, 8% adults, 4% children) (2018). *(Table 1.14)*
- ✓ **Teen Marijuana Use:** 11.3% of teens in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, Webster) report using marijuana in the past 30 days (State=11.4%) (2018). *(Table 1.16)*
- ✓ **Teen Heroin Risk Perception:** 80.9% of teens in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, Webster) think doing heroin is harmful (2018). *(Table 1.16)*
- ✓ **Excessive Drinking:** 14% (MOE: 14-15%) of residents report binge/excessive drinking (State=17%) (2018). *(Table 1.15)*
- ✓ **Alcohol Impaired Driving Deaths:** 47% (MOE: 36-58%) of motor vehicle crash deaths involved alcohol in the 5-year measurement period (2015-2019) (State=25%); worsening trend compared to prior years per County Health Rankings (2021). *(Table 1.15)*
- ✓ **Teen Alcohol Use:** 19% of teens in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, Webster) reported having more than just a few sips of alcohol in the past 30 days (State=16.8%). 9.3% reported binge drinking in the past 30 days (State=8.6%) (2018). *(Table 1.16)*
- ✓ **Adult Smoking:** 26% (MOE: 23-29%) of residents report smoking (currently and at least 100 cigarettes in their lifetime) (State=24%) (2018). *(Table 1.15)*
- ✓ **Teen Tobacco Use:** 9.7% of teens in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, Webster) reported smoking cigarettes in the past 30 days (State=9.7%), 6.7% reported using smokeless tobacco in the past 30 days (State=7.6%), and 27.1% reported using e-cigarettes (State=23.2%).
- ✓ **E-Cigarette Risk Perception:** 40.5% of teens in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, Webster) think that using e-cigarettes is dangerous (2018). *(Table 1.16)*

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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.

→ "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 impact public health in Union 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 November 4, 2021, pertinent COVID-19 metrics for Union County:

- Current Rate: 8.9 Per 100,000 Residents
- 2,499 Positive Cases
- 33 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 (including any existing priority areas), 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 Union County as a whole? We encourage all participants to look beyond any agendas of their individual organizations.

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Thank You!

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

Dan Diehl: Diehl Consulting Group
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Doug Berry: Diehl Consulting Group
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Jeff Jones: Deaconess Health System
jeffrey.jones@deaconess.com

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

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Prioritization Results and Discussion

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Thank You!

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

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2022 Community Health Needs Assessment (CHNA)
Union County Prioritization Session
Wednesday, November 10, 2021

An in-person meeting was held to guide the prioritization of health issues for Union 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:

Access to care

- Increase providers- General surgery, Primary Care, Sleep services
  - Note: Housing in the area for providers is a challenge to find
- Mental health
- Underinsured/self-insured patients
- Ongoing support
- Transitioning back into everyday life
- Veterans
- Skilled care in homes
- Telehealth
- Transportation
- Dental health
  - Access to sedation
  - Closed dental hygiene program in Henderson- less providers- year long wait
  - Need expansion of access
  - Need for mission-based clinics for acute needs
  - Amount of sleep
- Chronic diseases (obesity)

Behavioral/Mental Health

- Children
- Veterans
- Schools
- Awareness and Understanding (Mental health first aid)
- Reduce trauma

Senior care

- → Transportation
- → Need assistance with home repairs
- → Financial resources
- → Aging at home
- → End of life care
- → Stigma (income based)
- → Family units changing (raising grandchildren)
- → Virtual visits (telehealth)
    - Support groups needed

Substance Abuse/Alcohol and tobacco use/Vaping

- → Awareness, education, intervention (treatment options)
- → Access

Cross cutting strategies to address priorities:

- → Continued need for collaboration to address priorities
- → Recognizing/accounting for the impact of COVID-19 on addressing priority issues

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 Substance/Drug Use or Abuse
#7 Alcohol Use or Abuse
#10 Tobacco Use or Vaping

RANKING

- ✓ **67%** of survey respondents **included substance/drug use or abuse** as a top-five priority need in this county
- ✓ With 56 ranking points, **substance/drug use or abuse was the #1 ranked health issue** for this county
- ✓ **42%** of survey respondents **included alcohol use or abuse** as a top-five priority need in this county
- ✓ With 26 ranking points, **alcohol use or abuse was the #7 ranked health issue** for this county
- ✓ **38%** of survey respondents **included tobacco use or vaping** as a top-five priority need in this county
- ✓ With 10 ranking points, **tobacco use or vaping was the #10 ranked health issue** for this county

TREND

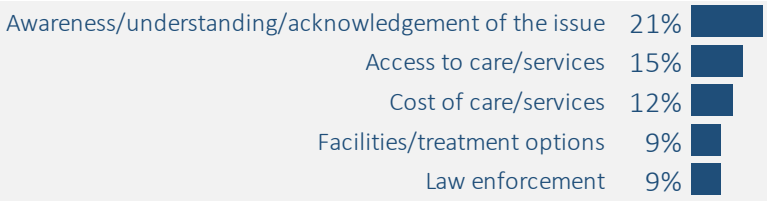
- ✓ **100%** of survey respondents (selecting this issue as a top-five priority) perceived **substance/drug use or abuse** to be **getting worse** in this county since 2018
- ✓ **100%** of survey respondents (selecting this issue as a top-five priority) perceived **alcohol use or abuse** to be **getting worse** in this county since 2018
- ✓ **78%** 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

- ✓ **75%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to substance/drug use or abuse** in this county
- ✓ **90%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to alcohol use or abuse** in this county
- ✓ **78%** 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: 34 Barriers Described

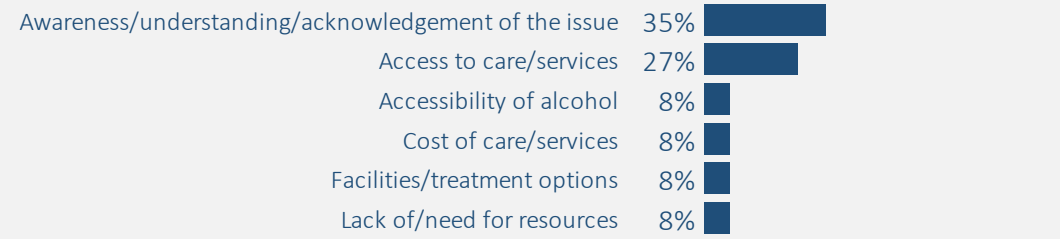


Some patients don't make it to the ED because they have issues too severe for the hospital's capacity. If something happens and the EMT feels that they don't have the subspecialty capacity, they will take them to Henderson/Evansville.

-Focus Group Participant

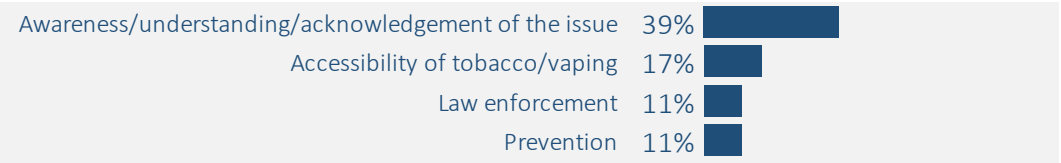
BARRIERS

Alcohol use or abuse: 26 Barriers Described



BARRIERS

Tobacco use or vaping: 18 Barriers Described



SECONDARY DATA

- ✓ **Insurance Status (under age 65):** Overall, 7% (*Margin of Error [MOE]:* 6-8%) of residents are uninsured, which represents 8% (*MOE:* 7-10%) of adults and 4% (*MOE:* 3-5%) of children (State=7% overall; 8% adults; 4% children) (2018). *(Table 1.14)*
- ✓ **Teen Marijuana Use:** 11.3% of teens in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, Webster) report using marijuana in the past 30 days (State=11.4%) (2018). *(Table 1.16)*
- ✓ **Teen Heroin Risk Perception:** 80.9% of teens in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, Webster) think using heroin is harmful (2018). *(Table 1.16)*
- ✓ **Excessive Drinking:** 14% (*MOE:* 14-15%) of residents report binge/excessive drinking (State=17%) (2018). *(Table 1.15)*
- ✓ **Alcohol Impaired Driving Deaths:** 47% (*MOE:* 36-58%) of motor vehicle crash deaths involved alcohol in the 5-year measurement period (2015-2019) (State=25%); worsening trend compared to prior years per County Health Rankings (2021). *(Table 1.15)*
- ✓ **Teen Alcohol Use:** 19% of teens in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, Webster) reported having more than just a few sips of alcohol in the past 30 days (State=16.8%). 9.3% reported binge drinking in the past 30 days (State=8.6%) (2018). *(Table 1.16)*
- ✓ **Adult Smoking:** 26% (*MOE:* 23-29%) of residents report smoking (currently and at least 100 cigarettes in their lifetime) (State=24%) (2018). *(Table 1.15)*
- ✓ **Teen Tobacco Use:** 9.7% of teens in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, Webster) reported smoking cigarettes in the past 30 days (State=9.7%), 6.7% reported using smokeless tobacco in the past 30 days (State=7.6%), and 27.1% reported using e-cigarettes in the past 30 days (State=23.2%). *(Table 1.16)*
- ✓ **E-Cigarette Risk Perception:** 40.5% of teens in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, Webster) think that using e-cigarettes is dangerous (2018). *(Table 1.16)*

#2 Chronic Diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)

RANKING

- ✓ **54%** of survey respondents **included chronic diseases** as a top-five priority need in this county
- ✓ With 45 ranking points, **chronic diseases were the #2 ranked health issue** for this county

TREND

- ✓ **77%** of survey respondents (selecting this issue as a top-five priority) perceived **chronic diseases** to be **getting worse** in this county since 2018

RESOURCES

- ✓ **62%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to chronic diseases** in this county

BARRIERS

Chronic diseases: 28 Barriers Described

Focus group participants discussed social determinants of health such as poverty, health issues attributable to coal mining, and adverse childhood experiences.

SECONDARY DATA

- ✓ **Mortality:** There were 158 deaths in Union County representing a 913.5 age-adjusted rate per 100,000 residents (State=911.2). Cancer was the leading cause of death in the county (County=229.5; State=176.4) followed by heart disease (County=170.9; State=196.4) (2019). *(Table 1.18)*
- ✓ **Poor or Fair Health:** 27% (*MOE:* 24-30%) of residents report their health as poor or fair (State=22%). On average, residents report 5.7 (*MOE:* 5.2-6.1) physically unhealthy days in the last 30 days (2018). *(Table 1.10)*
- ✓ **Primary Care Physicians:** 4,840:1 ratio of residents to primary care physicians (State=1,540:1) (2018). *(Table 1.14)*
- ✓ **Other Primary Care Providers:** 2,050:1 ratio of residents to other primary care providers (State=680:1) (2018). *(Table 1.14)*
- ✓ **Insurance Status (under age 65):** Overall, 7% (*MOE:* 6-8%) of residents are uninsured, which represents 8% (*MOE:* 7-10%) of adults and 4% (*MOE:* 3-5%) of children (State=7% overall; 8% adults; 4% children) (2018). *(Table 1.14)*
- ✓ **Preventable Hospital Stays:** There were 5,251 preventable hospital stays for ambulatory-care sensitive conditions per 100,000 (State= 5,615) (2018). *(Table 1.14)*
- ✓ **Mammography Screening:** 47% of women (ages 65-74) enrolled in Medicare Part B received a mammogram in the past year (State=40%) (2018). *(Table 1.14)*
- ✓ **Sexually Transmitted Infections:** The rate of sexually transmitted infections (e.g., Chlamydia) is 1,049.9 to per 100,000 (State=436) (2018). *(Table 1.15)*

#3 Aging and Older Adult Needs

RANKING

- ✓ **50%** of survey respondents **included aging and older adult needs** as a top-five priority need in this county
- ✓ With 44 ranking points, **aging and older adult needs were the #3 ranked health issue** for this county

TREND

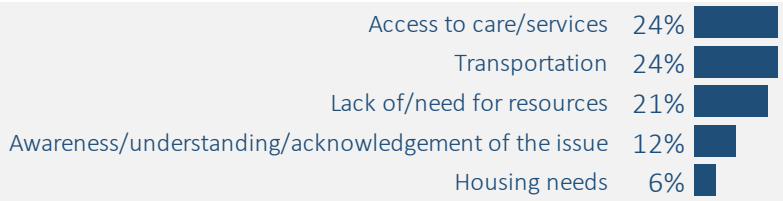
- ✓ **75%** of survey respondents (selecting this issue as a top-five priority) perceived **aging and older adult needs** to be **getting worse** in this county since 2018

RESOURCES

- ✓ **83%** 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: 33 Barriers Described



Transportation is a barrier. We provide transportation within our office: four vans that run daily. There is no transportation service for out-of-town travel that is affordable. We can transport dialysis patients. It is about $75 to go to and from Evansville.

-Focus Group Participant

#4 Poverty

RANKING

- ✓ **46%** of survey respondents **included poverty** as a top-five priority need in this county
- ✓ With 42 ranking points, **poverty was the #4 ranked health issue** for this county

TREND

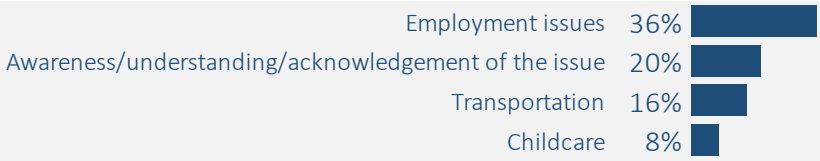
- ✓ **91%** of survey respondents (selecting this issue as a top-five priority) perceived **poverty** to be **getting worse** in this county since 2018

RESOURCES

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

BARRIERS

Poverty: 25 Barriers Described



A lot of people who didn't struggle as younger adults have begun to struggle with money as they age. Poverty is very prevalent with senior population.

-Focus Group Participant

SECONDARY DATA

- ✓ **Income:** Median household income is $49,900 (*MOE:* 43,900-55,900) (State=$52,300). *(Table 1.7)*
- ✓ **Child Poverty:** 21% (*MOE:* 14-28%) of children are in poverty (State=21%; worsening trend compared to prior years per County Health Rankings (2021). *(Table 1.7)*
- ✓ **Income Inequality:** 4.0 (*MOE:* 3.2-4.8) ratio of household income at the 80th compared to 20th percentile (State=5.0) (2015-2019). *(Table 1.7)*
- ✓ **Educational Attainment:** 90% (*MOE:* 88-92%) of residents have completed high school (State=86%) and 47% (*MOE:* 39-54%) completed some college (State=62%) (2015-2019). *(Table 1.7)*
- ✓ **Employment:** Labor force participation rate is 53.9%, and the unemployment rate is 4.5% (State=4.3%; 2019). *(Table 1.8)*
- ✓ **Homeownership:** 71% (*MOE:* 69-73%) of owner-occupied housing units (State=67%) (2015-2019). *(Table 1.7)*

#5 Mental Health

RANKING

- ✓ **54%** of survey respondents **included mental health** as a top-five priority need in this county
- ✓ With 32 ranking points, **mental health was the #5 ranked health issue** for this county

TREND

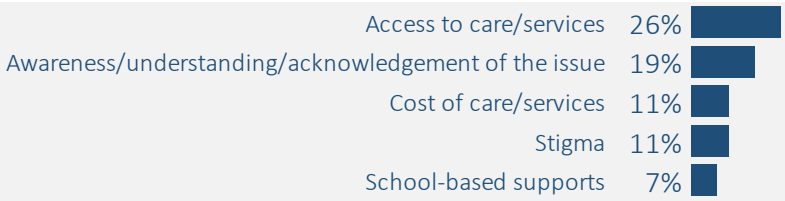
- ✓ **85%** of survey respondents (selecting this issue as a top-five priority) perceived **mental health** to be **getting worse** in this county since 2018

RESOURCES

- ✓ **69%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to mental health** in this county

BARRIERS

Mental Health: 27 Barriers Described



Focus group participants noted the need for more specific resources locally:

I have a family that went to the ER multiple times. They went to Evansville and were not admitted. There was no immediate help for crisis after hours.

SECONDARY DATA

- ✓ **Poor Mental Health:** 5.6 (*MOE:* 5.2-6.0) average number of poor mental health days in the last 30 days (State=5.0) (2018). *(Table 1.10)*
- ✓ **Frequent Mental Distress:** 18% (*MOE:* 17-20%) residents reporting 14 or more days of poor mental health (State=17%) (2018). *(Table 1.12)*
- ✓ **Mental Health Providers:** 2,050:1 ratio of residents to providers (State=420:1) (2020). *(Table 1.14)*
- ✓ **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, 7% (*MOE:* 6-8%) of residents are uninsured, which represents 8% (*MOE:* 7-10%) of adults and 4% (*MOE:* 3-5%) of children (State=7% overall; 8% adults; 4% children) (2018). *(Table 1.14)*
- ✓ **Suicide Rate:** 33 per 100,000 (*MOE:* 21-50) 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)*

#6 Food Access, Availability, and Safety
#9 Obesity

RANKING

- ✓ **46%** of survey respondents **included food access, availability, and safety** as a top-five priority need in this county
- ✓ With 28 ranking points, **food access, availability, and safety were the #6 ranked health issue** for this county
- ✓ **33%** of survey respondents **included obesity** as a top-five priority need in this county
- ✓ With 22 ranking points, **obesity was the #9 ranked health issue** for this county

TREND

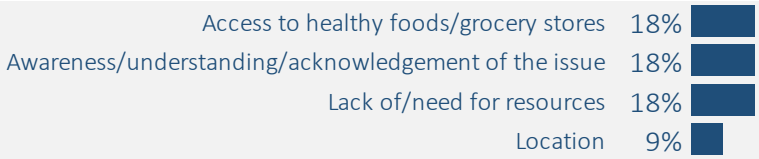
- ✓ **91%** of survey respondents (selecting this issue as a top-five priority) perceived **food access, availability, and safety** to be **getting worse** in this county since 2018
- ✓ **75%** of survey respondents (selecting this issue as a top-five priority) perceived **obesity** to be **getting worse** in this county since 2018

RESOURCES

- ✓ **36%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to food access, availability, and safety** in this county
- ✓ **50%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to obesity** in this county

BARRIERS

Food access, availability, and safety: 22 Barriers Described

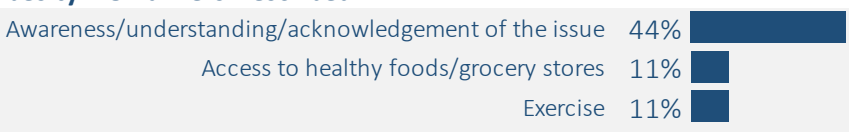


In the area, we recently started a hunger relief coalition. We are trying to think broadly. We need a big cold food storage. We have options to get food donated, but there is not cold food storage.

-Focus Group Participant

BARRIERS

Obesity: 18 Barriers Described



School must be involved because childhood obesity is off the chart.

-Focus Group Participant

SECONDARY DATA

- ✓ **Food Insecurity:** 15.6% of residents did not have a reliable source of food (State=14.4%). This represents 2,290 people (2019). *(Table 1.17)*
- ✓ **Adult Obesity:** 40% (*MOE:* 31-49%) 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)*
- ✓ **Physical Inactivity:** 32% (*MOE:* 24-41%) of residents report being physically inactive (no leisure time physical activity in the past month) (State=29%) (2017). *(Table 1.15)*
- ✓ **Access to Exercise Opportunities:** 62% of residents reported having access to exercise opportunities (State=71%) (2010 & 2019). *(Table 1.15)*

#8 Child Neglect and Abuse

RANKING

- ✓ **29%** of survey respondents **included child neglect and abuse** as a top-five priority need in this county
- ✓ With 25 ranking points, **child neglect and abuse were the #8 ranked health issue** for this county

TREND

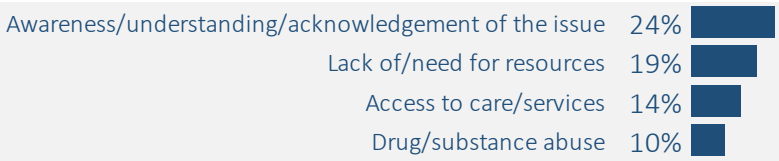
- ✓ **86%** of survey respondents (selecting this issue as a top-five priority) perceived **child neglect and abuse** to be **getting worse** in this county since 2018

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: 21 Barriers Described



Child abuse and neglect is not widely reported in the community, so there is a lack of awareness of how serious this is in the community.

-Focus Group Participant

SECONDARY DATA

- ✓ **Child Abuse and Neglect:** 334 reports to DCBS met the criteria for child abuse/neglect (State=56,251) (2018). *(Table 1.9)*
- ✓ **Foster Care:** 47.9 children per 1,000 experienced foster care at some point (State=51.1) (2017-2019). *(Table 1.9)*
- ✓ **Children in Single-Parent Households:** 19% (*MOE:* 12-26%) of children live in single-parent households (State=26%). *(Table 1.7)*

#11 Dental Care
(sample size prevents presentation of survey data)

SECONDARY DATA

- ✓ **Dentists:** 2,050:1 ratio of residents to providers (State=1,490:1) (2019). *(Table 1.14)*
- ✓ **Insurance Status (under age 65):** Overall, 7% (*MOE:* 6-8%) of residents are uninsured, which represents 8% (*MOE:* 7-10%) of adults and 4% (*MOE:* 3-5%) of children (State=7% overall; 8% adults; 4% children) (2018). *(Table 1.14)*

#13 Environmental Issues
(sample size prevents presentation of survey data)

SECONDARY DATA

- ✓ **Severe Housing Problems:** 9% (*MOE:* 6-12%) 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)*

#15 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 97 per 100,000 residents (2014 & 2016). *(Table 1.7)*