



HENDERSON COUNTY, KENTUCKY

2024 COMMUNITY HEALTH NEEDS ASSESSMENT
August 2025

Executive Summary-Henderson County

2024 Community Health Needs Assessment (CHNA)

Overview

Deaconess Health System conducted the **2024 Community Health Needs Assessment (CHNA)** in partnership with various community stakeholders. The 2024 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, 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**

Behavioral Health	Health Access	Healthy Living	Advocacy & Awareness
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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 2024 CHNA provides insights into the health needs of the community and guides health programming and services.

Approach

The 2024 CHNA triangulated data from **three areas**:

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



45 providers/stakeholders responded to the survey

4 focus groups were held with **29** participants

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

- Deaconess Foundation
- Deaconess Health System
- Green River District Health Department
- Henderson County Diabetes Association
- Holy Name of Jesus Catholic Church

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Introduction

Community Health Needs Assessment (CHNA) Overview

This report provides a comprehensive overview of the 2024 CHNA conducted by Deaconess Health System for Henderson County. The report provides an overview of the methods used to conduct the CHNA, summaries of existing health indicator data, primary data that were 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 hospital's activities in the subsequent years.

IRS 501(r)(3) and Form 990 Schedule H Compliance

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) hospitals under the ACA are described in Code Section 501(r)(3) and include making both current and previous CHNA and implementation strategy reports widely available to the public. In accordance with this requirement, electronic versions of these reports can be accessed as follows: <https://www.deaconess.com/About-Us/Community-Health-Needs-Assessment>. Paper versions can be requested via email to chna@deaconess.com.

Hospital Board Approval

To ensure Deaconess Health System's efforts meet the needs of the community and have a lasting and meaningful impact, the 2024 CHNA was presented to the Deaconess Health System Board of Directors for approval and adoption on August 28, 2025.

Although an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the reports also demonstrates that the board is aware of the findings from the CHNA, endorses the priority health issues identified, and supports the strategies developed to respond to those needs. An overview of Deaconess Health System, including Deaconess Henderson Hospital, follows.

About Deaconess Health System

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

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

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

Previous CHNA Effort (2021 CHNA-January 2022)

In 2021, Deaconess Health System conducted a Community Health Needs Assessment (CHNA) in Henderson County. The assessment helped to identify recurring causes of poor health and focus resources to support and drive positive changes in the identified behaviors. Diehl Consulting Group was contracted to complete data reviews, conduct stakeholder surveys and focus groups, facilitate the prioritization session, and assemble the report. Methods included the following:

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

Stakeholder surveys were administered to gather insights into the health issues impacting the community. Participants were provided 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 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.

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

2021 Priorities, Plan & Evaluation of Impact

Deaconess Health System convened a meeting with partnering organizations from Healthy Henderson to review data from all CHNA activities and identify priorities. The following priorities were identified through the process:

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

From the four endorsed issues identified for prioritization, primary points of focus for the CHNA period (2022-2025) were selected and an implementation plan developed. Evaluation of the impact of actions taken to respond to the (prioritized) health needs that were addressed in the hospital facility’s prior CHNA implementation strategy are provided in Appendix F.

Written Comments on Previous CHNA and Implementation Strategies

Deaconess Health System’s previous CHNA and implementation strategies were made available to the public and open for public comment as follows:

- ▶ **Deaconess Health System:** Via the website: <https://www.deaconess.com/About-Us/Community-Health-Needs-Assessment>. Email comments to connect@deaconess.com.

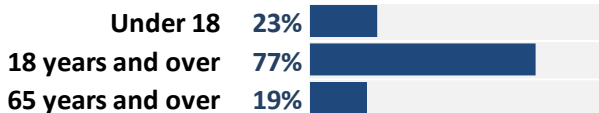
About the 2024 CHNA Service Area

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

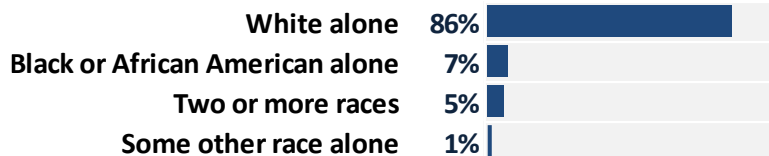


44,493
residents

AGE

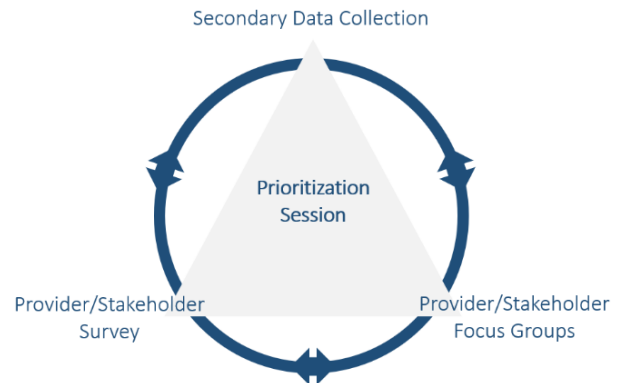


RACE



Summary of 2024 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 were 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 2025 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 Cabinet for Health and Family Services, (c) the U.S. Census American Community Survey (5-year estimates, 2019-2023), (d) the Welborn Baptist Foundation 2025 Greater Evansville Health Survey, (e) the Annie E. Casey Foundation: Kids Count Data Center, (f) Kentucky Incentives for Prevention, and (g) Centers for Disease Control and Prevention (CDC).



Provider/stakeholder surveys were administered to gather insights into the health issues impacting the community. Participants were provided a list of sixteen (16) 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 2021, 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 29 participants across 4 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 into 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 2024 CHNA were informed by the CHNA planning committee. Methods were aligned with prior CHNA efforts.
- 2 Data from the 2025 Greater Evansville Health Survey commissioned by the Welborn Baptist Foundation were used to inform priorities. Data collection for this project was completed in April 2025. While data from this survey were included in the secondary data section, the final report for this data source is expected to be released toward the end of 2025.
- 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 (June 2025). 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 2025 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 time periods represented in the data 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 future priority areas. Representatives of several community organizations in the service area, including hospital staff, participated in an in-person meeting to review data collected for the CHNA. Specifically, eight individuals attended the session representing five organizations. A list of participants is provided in Appendix C. Notes from the session, a copy of the slides used during the data presentation, and 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 2021 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. Participants were provided with preliminary report information in advance which included secondary data, stakeholder survey results, and focus group thematic analysis. DCG also provided hard copies of this information, which was used as reference during the discussion.
- (3) The following questions were introduced to the group to guide the prioritization process:
 - a. Based on the data reviewed and your own contextual knowledge, what health issues, sub-issues, or combinations of issues would you elevate as the highest priorities?
 - b. Which issues can we reasonably impact over the next three years by leveraging existing resources/partnerships or establishing new resources/partnerships?
 - c. Which issues are most relevant to Henderson County as a whole? We encourage all participants to look beyond any agendas of their individual organizations.
- (4) Participants were invited to identify health issues based on the information from the current CHNA assessment, as well as their current professional experiences.
- (5) DCG documented participant recommendations in a shared Word document while facilitating discussion of health issues. 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, DCG summarized the overall health issues identified to ensure consensus. The final document was shared with CHNA prioritization members for final review and approval.



Resulting Priorities

The primary and secondary data sources described previously were triangulated to inform prioritization of local health issues. 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.

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

Priority Issue: Behavioral Health (Highlighting the intersection between mental health and substance use/misuse).

Behavioral health includes issues specific to mental health and substance/drug/alcohol use or misuse. Considerations specific to the prioritization of behavioral health included: (a) Prevalence and co-occurring nature of mental health and substance use/misuse within the county. Co-occurrence is critical to consider from both a diagnostic and advocacy standpoint; (b) Limited mental health providers in the community, especially particular specialties (e.g., psychiatrists, therapists); (c) While tobacco use may be decreasing, nicotine products overall seem to be gaining prevalence (e.g., vaping, oral pouches)—particularly among younger adults; and (d) Mental health supports are present in Henderson County schools. It will be important for these providers to be included in action planning around this priority.

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

- **Providers:** Henderson County is currently designated by the Health Resources & Services Administration (HRSA) as a High Need Geographic Health Professional Shortage Area (HPSA) for mental health providers.¹ The ratio of residents to providers is also higher than the state. Also, this ratio may not fully account for populations served, insurance types accepted, or the magnitude of need for services. (Table 1.16)
- **Depression/Anxiety:** 21% of residents reported being told they have (or still have) a depressive disorder by a doctor, nurse, or other health professional in the past 12 months (Health Survey, 2025; Region=23%), while 28% reported being told they have (or still have) any type of anxiety (Region=30%). Reported anxiety was higher for both the county and region from 2021 to 2025. (Table 1.22)
- **Teen Mental Health:** Based on responses to the Kentucky Incentives for Protection (KIP) Survey (2021), 25.5% of teens in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, and Webster) reported having serious psychological distress (2021; State=25.2%). (Table 1.13)

¹ <https://data.hrsa.gov/tools/shortage-area/hpsa-find> (Retrieved: August 2025)

- **Suicide Rate:** 17 (MOE: 11-23) per 100,000 suicide rate among residents (State=18). *(Table 1.8)* The Green River District Health Department reported 14 suicides in 2023, which was the highest over the past 7 years. (Figure 1.9) Among teens specifically, 7.3% of 10th graders in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, Webster) reported attempting suicide in the past 12 months (State=8.1%), and 12.9% made a plan to commit suicide in the past 12 months (State=12.9%) (2021); 16.1% of teens reported having suicidal thoughts in the past 12 months (2021; State=15.9%). (Table 1.13)
- **Drug Overdose Death Rate:** The drug overdose death rate in the county is 23 (MOE: 16-33) per 100,000 residents (State=50) per County Health Rankings (2025). *(Table 1.18)*
- **Excessive Drinking:** Based on responses to the Greater Evansville Health Survey (2025), 22% of adult residents reported binge/excessive drinking (Region=26%). *(Table 1.22)*
- **Adult Smoking:** 17% (MOE: 15-19%) of residents report smoking (currently and at least 100 cigarettes in their lifetime) (State=18%). *(Table 1.18)* Based on responses to the Greater Evansville Health Survey (2025), 12% reported smoking cigarettes and 15% used electronic cigarettes, though differences in data sources and data collection timing should be considered. *(Table 1.22)*

Selected Findings from Stakeholder Surveys and Focus Groups

- Mental health was the highest ranked health issue in the county based on respondents who included the issue as a top-five priority need. Among respondents including mental health as a top-five priority need, 82% perceived mental health as getting worse since 2021, and 82% reported inadequate resources are being devoted to addressing mental health. Selected barriers across mental health issues included lack of providers or specific services to address needs, lack of awareness or understanding of the health issue, not having insurance or being underinsured, poverty/inability to afford basic needs, provider waitlist or appointment times, and lack of social connections.
- Substance/drug use or misuse was the second 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 misuse as a top-five priority need, 82% perceived substance/drug use or misuse as getting worse since 2021, and 59% reported inadequate resources are being devoted to addressing substance/drug use or misuse. Selected barriers across substance/drug use or misuse issues included lack of awareness or understanding of the health issues, lack of social connections, poverty/inability to meet needs, and lack of providers or specific services to address needs.

Priority: Health Access. Health access involves all members of the community receiving the services they need. Considerations specific to the prioritization of access included: (a) The immigrant population is growing in Henderson County, likely even beyond what the most recently available secondary data show. This increasing population highlights the need for medical services to be available through culturally responsive means (e.g., translated materials, interpretation services, cultural liaisons or navigators); (b) Particular areas in which cultural barriers can be addressed involve mental health care and prenatal care; (c) Socioeconomic status is also associated with access to care (e.g., lack of prenatal care for young mothers in the East End), as affordability and lack of awareness of available resources may be barriers to care; (d) Accessing care overall was identified as a barrier to receiving services across health issues (e.g., mental health, dental care), including limited providers in the community who accept Medicaid and challenges with transportation; and (e) Positive steps are being taken in the community around health access. For example, a mobile clinic serves lower income and immigrant populations and

an increasing number of individuals from different cultures are pursuing nursing (potentially presenting an opportunity to liaise to underserved populations). Action planning should leverage and build upon these steps.

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

- **Insurance Status (under age 65):** Overall, 4.7% of residents are uninsured, which represents 7.2% of adults and 2.2% of children (State=5.9% overall; 8.2% adults; 4.2% children). Higher overall rates of public insurance in Henderson County (49.3% overall; 21.5% Medicare; 31.0% Medicaid/Means-Tested Public Coverage) compared to the state (44.4% overall; 20.0% Medicare; 27.4% Medicaid/Means-Tested Public Coverage). (*Table 1.17*)
- **Routine Healthcare:** Based on responses to the Greater Evansville Health Survey (2025), 81% of residents reported having a routine checkup in the last year (Region=85%). (*Table 1.22*)
- **Health Conditions:** Heart disease is the leading cause of death in the county followed by cancer (2023). Based on responses to the Greater Evansville Health Survey (2025), a quarter or more of residents reported the following health conditions: some type of arthritis, high blood pressure, cholesterol, and/or obesity. (*Tables 1.21 and 1.22*)
- **Access to Mental Health Care:** 59% of residents reported that their family receives the mental health care they need. Of those identifying barriers to mental health care, 26% reported delaying or not receiving care because of cost, 21% because of health insurance not covering care, 13% due to not being able to get an appointment soon enough, and 14% due to no provider or care options (Greater Evansville Health Survey, 2025). (*Table 1.24*)
- **Access to Physical Health Care:** 79% of residents reported that their family receives the physical health care they need. Of those identifying barriers to physical health care, 24% reported delaying or not receiving care because of not getting an appointment soon enough, 18% reported health insurance not covering care, 18% reported not having health insurance, and 15% due to cost (Greater Evansville Health Survey, 2025). (*Table 1.24*)

Selected Findings from Stakeholder Surveys and Focus Groups

- Over a third of all identified barriers for all health issues were associated with health care access and quality (e.g., not having health/dental insurance or being underinsured, lack of reliable/affordable transportation, lack of providers or specific services to address needs, provider waitlist or appointment times).
- In addition, several subpopulations were identified as having unique issues accessing care (e.g., aging/older adults, racial/ethnic groups, young adults, children and youth, women who are pregnant/postpartum).

Priority Issue: Healthy Living. Healthy living involves nutrition (including healthy food access), physical activity, and preventative care. Considerations specific to the prioritization of healthy living included: (a) Prevention and reduction of obesity, diabetes, and other chronic diseases is associated with promotion of healthy eating and behaviors; (b) Healthy behaviors are driven by both access and awareness, highlighting the need for community education around an active, nutritious lifestyle; and (c) Existing organizations in Henderson County (e.g., Henderson County Diabetes Coalition) are already working to promote healthy living. Action planning should acknowledge and build upon existing efforts.

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

- **Poor or Fair Health:** 20% (MOE: 17-22%) of residents report their health as poor or fair (State=20%). On average, residents report 4.9 physically unhealthy days in the last 30 days. (Table 1.12)
- **Adult Obesity:** 40% (MOE: 32-48%) of adults in the county meet criteria for obesity (State=38%). (Table 1.18)
- **Child Nutrition:** Based on responses to the Greater Evansville Health Survey (2025), 29% of children in the region were told by a health professional to eat more fruits/vegetables. (Table 1.19)
- **Physical Inactivity:** 26% (MOE: 21-30%) of residents report being physically inactive (no leisure time physical activity in the past month) (State=25%). (Table 1.18)
- **Food Insecurity:** 17.0% of residents did not have a reliable source of food (State=15.7%). This represents 7,600 people. (Table 1.20)
- **Access to Healthy Foods:** 3% of low-income residents have limited access to healthy foods (State=6%); improving trend compared to prior years per County Health Rankings (2025). Based on responses to the Greater Evansville Health Survey (2025), 19% of residents reported not being able to purchase fruits and vegetables. (Tables 1.18 and 1.22)

Selected Findings from Stakeholder Surveys and Focus Groups

- Chronic diseases were ranked fifth among survey respondents. Among respondents including chronic diseases as a top-five priority need, 74% perceived the issue as getting worse since 2021, and 47% reported inadequate resources are being devoted to addressing the issue. Selected barriers related to chronic diseases included not having health/dental insurance or being underinsured, poverty/inability to meet basic needs, lack of awareness or understanding of the health issue, and lack of providers or specific services to address needs.
- Nutrition and obesity were ranked sixth among survey respondents. Among respondents including nutrition and obesity as a top-five priority need, 94% perceived the issue as getting worse since 2021, and 63% reported inadequate resources are being devoted to addressing the issue. Selected barriers related to nutrition and obesity included lack of awareness or understanding of the health issue, poverty/inability to meet basic needs, and difficulty in accessing affordable and nutritious foods.

Priority Issue: Advocacy and Awareness. Advocacy and awareness involve educational outreach and cultivating understanding of health priorities among residents, including the existence and importance of available resources. Considerations specific to the prioritization of advocacy and awareness included: (a) Community health is impacted by current and potential funding cuts to Medicaid and other programs. As more programs potentially experience funding reductions, advocacy and awareness for continued and expanded programs and services to address health needs will be needed; (b) As part of the advocacy and awareness discussion, participants also described the importance of collaborating in efforts across community partners regionally and throughout the state; and (c) Promotion of available services to educate decision-makers and community members who may not be aware of resources that are available to them.

Selected Findings from Stakeholder Surveys and Focus Groups

- 16% of all identified barriers across health issues were associated with lack of awareness or understanding of the health issue.
- Lack of awareness was identified as a top five barrier for the following health issues where at least 15 barriers were identified: mental health, suicide, substance/drug use or misuse, alcohol use or misuse, tobacco use or vaping, chronic diseases, aging or older adult needs, child neglect and abuse, and nutrition and obesity. Selected stakeholder comments from focus groups are provided below as examples.



"Lack of education especially in some populations where people just don't know how to deal with it where to go, shame, scared of what it will do to their future employability."

Focus Group Participant (Concerning Substance Use/Misuse)



"We really do need to make sure other organizations know of programming out there."

Focus Group Participant (Concerning Substance Use/Misuse)



"Getting people to come and get education is a struggle... People don't understand how important education and lifestyle changes can be to manage their disease."

Focus Group Participant (Concerning Chronic Disease)

Next Steps

The above priority health issues will be further narrowed to specific needs that will be addressed. The resulting needs and plans will be included in subsequent implementation plans. A rationale will be included for any needs not addressed within the proposed plans.

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 CHNA Stakeholder Survey; (b) guide specific analyses of data from the 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 hospital.

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 (June 2025). 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

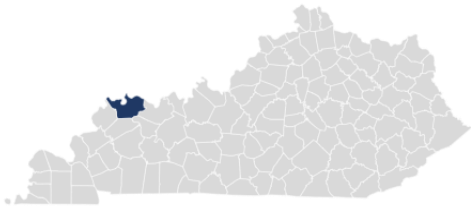
Data presented in this section were primarily sourced from (a) the 2025 version of County Health Rankings & Roadmaps, a project of the Population Health Institute of the University of Wisconsin that is supported by the Robert Wood Johnson Foundation, (b) the Kentucky Cabinet for Health and Family Services, (c) the U.S. Census American Community Survey (5-year estimates, 2019-2023), (d) the Welborn Baptist Foundation 2025 Greater Evansville Health Survey, (e) the Annie E. Casey Foundation: Kids Count Data Center, (f) Kentucky Incentives for Prevention, and (g) Centers for Disease Control and Prevention (CDC) Wonder. Specific data sources are presented under each table.

Comparisons, Trends, and Considerations

This section presents data for Henderson County 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. Where applicable, secondary data reported in the 2025 County Health Rankings report were compared to those in the 2021 County Health Rankings report to analyze trends during the previous prioritization cycle. The margin of error for the 2021 data point was compared to margin of error for the 2025 data point (if no error margin reported, data points were compared directly) to determine the trend. Trends were identified where there was no overlap between error margins.

Population Characteristics

Demographic characteristics provide important insights for the development and delivery of health-related services and programs. Of the 44,493 residents of Henderson County, 51.2% are female. Further, 85.8% are White, 6.8% are Black or African American, and 5.3% are two or more races. Of any race, 3.2% are of Hispanic or Latino ethnicity. Among all Henderson County residents, 2.8% speak a language other than English at home.



Overall Population

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

	United States	Kentucky	Henderson County
Total population	332,387,540	4,510,725	44,493

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: DPO5).

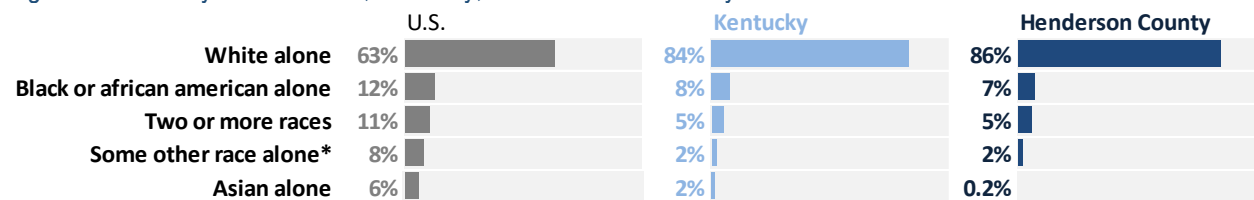
Race

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

	United States		Kentucky		Henderson County	
White alone	210,875,446	63.4%	3,774,581	83.7%	38,187	85.8%
Black or African American alone	41,070,890	12.4%	355,237	7.9%	3,032	6.8%
American Indian & Alaska Native alone	2,924,996	0.9%	7,610	0.2%	159	0.4%
Asian alone	19,352,659	5.8%	68,482	1.5%	104	0.2%
Native Hawaiian & Other Pacific Islander alone	629,292	0.2%	3,737	0.1%	83	0.2%
Some other race alone	21,940,536	6.6%	67,198	1.5%	561	1.3%
Two or more races	35,593,721	10.7%	233,880	5.2%	2,367	5.3%

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: DPO5).

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



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

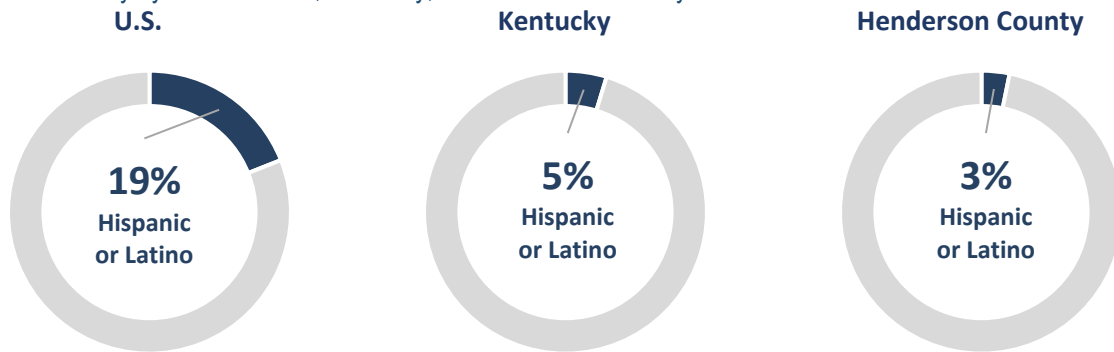
Ethnicity

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

	United States		Kentucky		Henderson County	
Hispanic or Latino (of any race)	63,131,589	19.0%	212,163	4.7%	1,436	3.2%
Not Hispanic or Latino	269,255,951	81.0%	4,298,562	95.3%	43,057	96.8%

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: DPO5).

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



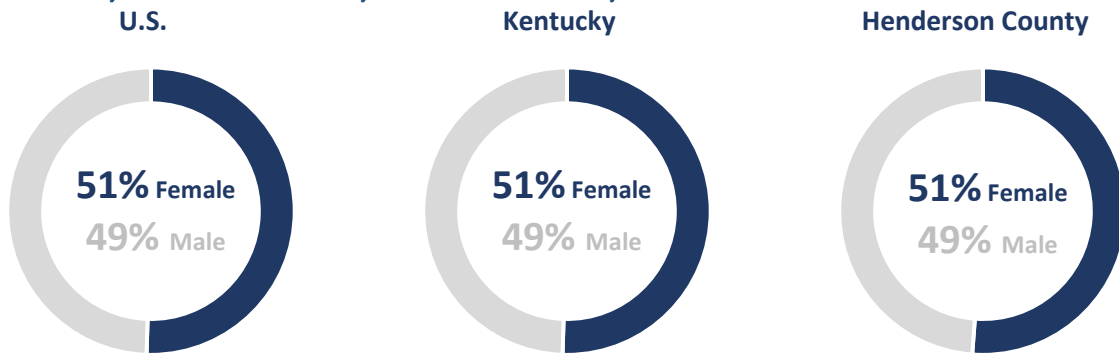
Sex

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

	United States		Kentucky		Henderson County	
Female	167,842,453	50.5%	2,276,855	50.5%	22,786	51.2%
Male	164,545,087	49.5%	2,233,870	49.5%	21,707	48.8%

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: DP05).

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



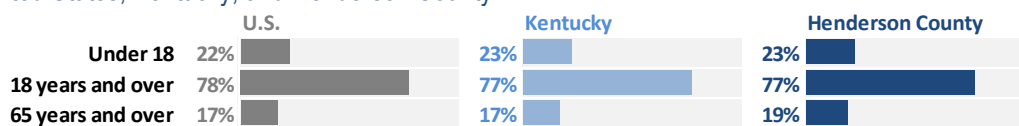
Age

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

	United States		Kentucky		Henderson County	
Median age (years)	38.7 years		39.1 years		41.0 years	
Under 18 years	73,645,238	22.2%	1,022,746	22.7%	10,127	22.8%
18 years and over	258,742,302	77.8%	3,487,979	77.3%	34,366	77.2%
65 years and over	55,970,047	16.8%	767,995	17.0%	8,359	18.8%

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: DP05).

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



Language

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

	United States		Kentucky		Henderson County	
English	244,601,776	78.0%	3,969,847	93.6%	40,854	97.3%
Spanish	42,064,953	13.4%	138,283	3.3%	875	2.1%
Other Indo-European languages	11,892,212	3.8%	66,213	1.6%	234	0.6%
Asian and Pacific Island languages	11,082,543	3.5%	41,316	1.0%	35	0.1%
Other languages	3,806,157	1.2%	27,703	0.7%	6	0.0%

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: S1601).

Figure 1.5. Language Spoken at Home by United States, Kentucky, and Henderson County

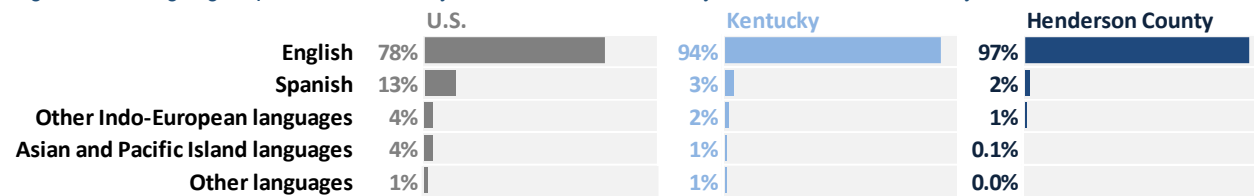
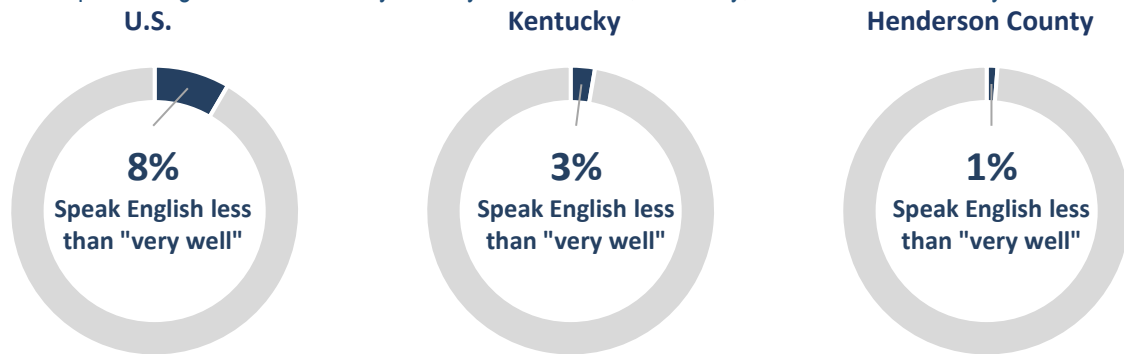


Table 1.7. English Proficiency by United States, Kentucky, and Henderson County

	United States		Kentucky		Henderson County	
Speak English less than "very well"	26,299,012	8.4%	114,342	2.7%	487	1.2%

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: S1601).

Figure 1.6. Speaks English less than "very well" by United States, Kentucky, and Henderson County



Social, Community, & Economic Characteristics

Social and economic factors are well established as important determinants of health and well-being. For purposes of the CHNA, these factors provide valuable insight into the context of health and well-being indicators and offer a foundation for considering the manner in which a hospital's programs are connected to a wider social services network. Most of the social and economic characteristics largely mirrored that of the state. Of note, the county has a lower percentage of residents attending some college and a lower homeownership percentage. The county compares better to the state for child care cost burden, injury death rate, access to parks, and social associations. When county level data was compared to the previous CHNA reporting cycle, the only notable trend was an improvement in social associations. Tables 1.8-1.11 provide a summary of social and economic factors in Henderson County.

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

	United States	Kentucky	Henderson County	Error Margin	Trend	County-State Comparison
EDUCATIONAL ATTAINMENT						
High School Completion ^a	89%	89%	89%	88-90%	<i>None</i>	Within Mar.
Some College ^a	68%	63%	53%	47-59%	<i>None</i>	Worse
INCOME						
% Children in Poverty ^b	16%	20%	17%	11-23%	<i>None</i>	Within Mar.
Income Inequality (ratio of household income at the 80 th to that at the 20 th percentile) ^a	4.9	4.9	4.7	4.2-5.3	<i>None</i>	Within Mar.
Median Household Income ^b	\$77,700	\$61,100	\$58,700	\$51,900 - \$65,600	<i>None</i>	Within Mar.
CHILD CARE						
Child Care Centers (per 1,000 under 5 years old) ^c	7	6	6	NA	<i>NA</i>	Same
Child Care Cost Burden (cost of childcare for a household with two children as a percent of median income) ^d	28%	25%	22%	NA	<i>NA</i>	Better
MORTALITY INDICATORS						
Homicide Rate (per 100,000) ^e	7	7	5	3-8	<i>None</i>	Within Mar.
Suicide Rate (per 100,000) ^f	14	18	17	11-23	<i>None</i>	Within Mar.
Injury Death Rate (per 100,000) ^f	84	110	84	72-96	<i>None</i>	Better
HOUSING						
% Homeowner ^a	65%	68%	64%	62-67%	<i>NA</i>	Worse
% Severe Housing Problems ^g	17%	13%	13%	10-16%	<i>NA</i>	Within Mar.
ADDITIONAL SOCIAL AND ECONOMIC CHARACTERISTICS						
Access to Parks ^h	51%	29%	47%	NA	<i>NA</i>	Better
Social Associations (per 10,000; local social/community support) ⁱ	9.1	10.2	13.2	NA	<i>Improve</i>	Better
% Children in Single-Parent Households ^j	25%	25%	28%	21-35%	<i>None</i>	Within Mar.

Source: ^aCounty Health Rankings, 2025 (U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates); ^bCounty Health Rankings, 2025 (Small Area Income and Poverty Estimates, 2023; U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates); ^cCounty Health Rankings, 2025 (Homeland Infrastructure Foundation-Level Data, 2010-2022); ^dCounty Health Rankings, 2025 (The Living Wage Institute, 2024; Small Area Income and Poverty Estimates, 2023); ^eCounty Health Rankings, 2025 (National Center for Health Statistics-Mortality Files, 2016-2022); ^fCounty Health Rankings, 2025 (National Center for Health Statistics-Mortality Files, 2018-2022); ^gCounty Health Rankings, 2025 (Comprehensive Housing Affordability Strategy (CHAS) data, 2017-2021); ^hCounty Health Rankings, 2025 (ArcGIS Online; US Census TIGER/Line Shapefiles, 2024 & 2020); ⁱCounty Health Rankings, 2025 (County Business Patterns, 2022); ^jU.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: B09005).

Table 1.9. Employment Characteristics by United States, Kentucky, and Henderson County

	United States	Kentucky	Henderson County
EMPLOYMENT			
Labor Force Participation Rate (ages 16+) ^a	63.5%	59.6%	59.6%
Unemployment Rate ^b	3.6%	4.2%	4.0%

Source: ^aU.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: S2301); ^b Bureau of Labor Statistics: Local Area Unemployment Statistics (LAUS), 2023 Annual Averages.

Table 1.10. Family and Community Indicators by State and County

	Kentucky	Henderson
Number of reports meeting criteria for child abuse/neglect ^a	38,822	541
Children in foster care (per 1,000) ^b	45.0	35.7

Source: ^aThe Annie E. Casey Foundation: Kids Count Data Center: Number of reports to DCBS meeting criteria for child abuse/neglect (2021). ^bKentucky Cabinet for Health and Family Services: *Department for Community Based Services* (2021-2023). Accessed via Kentucky Youth Advocates 2024 Kids Count County Data Dashboard.

Social vulnerability refers to the demographic and socioeconomic factors that contribute to communities being more adversely affected by public health emergencies and other external hazards and stressors that cause disease and injury. The **social vulnerability index (SVI)** ranks counties and census tracts on sixteen social factors from the U.S. Census 5-year American Community Survey and groups them into four measurement themes: socioeconomic, household characteristics, racial and ethnic minority status, and housing and transportation. Scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). A *high level* of social vulnerability indicates that a community is *less* equipped to prepare for, respond to, and recover from public health emergencies or other natural disasters as a result of a large portion of their population experiencing characteristics associated with social vulnerability.

Henderson County has a medium to high level of overall social vulnerability. The county has higher levels of vulnerability related to household characteristics and racial & ethnic minority status. Table 1.11 reports the overall SVI score and measurement theme scores with the corresponding level of vulnerability.

Table 1.11. Henderson County Social Vulnerability Index Theme Scores

	Statewide Geographic Comparison Score	Level of Vulnerability*
Overall SVI Score	0.6218	Medium to High
Socioeconomic Status	0.2773	Low to Medium
Household Characteristics	0.8908	High
Racial & Ethnic Minority Status	0.8992	High
Housing Type & Transportation	0.5210	Medium to High

Source: Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry (ATSDR) (2022). *Social Vulnerability Index Interactive Map*.

*Note: Vulnerability levels: low (0-0.25); low to medium (0.25-0.5); medium to high (0.5-0.75); high (0.75-1).

Quality of Life Indicators

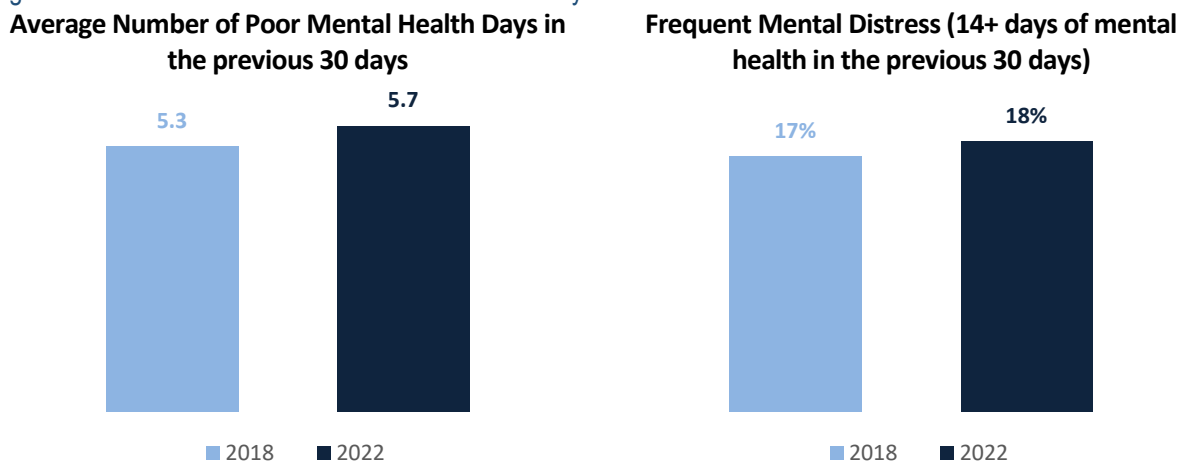
Self-reported rankings of overall health status, and the number of days in a given month individuals would rate their physical and mental health as being poor offer important insights into the factors that often influence individuals to seek care or support and share well-documented associations with care outcomes. Henderson County is comparable to the state for each indicator, and no trend was observed considering the error margin for this reporting cycle compared to the previous. Quality of life indicators are presented in Tables 1.12. Figure 1.7 show trends of mental health indicators by comparing data reported in the previous CHNA. A slightly worsening trend is observed for both indicators. These trends should be interpreted with caution as data from the previous reporting cycle falls within the margin of error for new data.

Table 1.12. Quality of Life Indicators by United States, Kentucky, and Henderson County

	United States	Kentucky	Henderson County	Error Margin	Trend	County-State Comparison
Poor or Fair Health	17%	20%	20%	17-22%	None	Same
Average Number of Poor Physical Health Days	3.9 days	4.5 days	4.9 days	3.9-5.8	None	Within Mar.
Frequent Physical Distress (14 or more days or poor physical health)	12%	14%	13%	12-15%	None	Within Mar.
Average Number of Poor Mental Health Days	5.1 days	5 days	5.7 days	4.5-6.8	None	Within Mar.
Frequent Mental Distress (14 or more days or poor mental health)	16%	16%	18%	16-20%	None	Within Mar.

Source: County Health Rankings, 2025 (Behavior Risk Factor Surveillance System, BRFSS, 2022).

Figure 1.7. Mental Health Indicators for Henderson County – Trend Data



Source: County Health Rankings, 2025 & 2021 (Behavior Risk Factor Surveillance System, BRFSS, 2022 & 2018).

Teens in the River Valley School Districts (which include Henderson County) have similar levels of serious psychological distress, self-harm, suicidal ideation, suicide plan, and suicide attempt compared the state. Trend data was analyzed comparing 2021 Kentucky Incentives for Prevention (KIP) data to 2018 KIP data. A worsening trend was observed for serous psychological distress while there was an improving trend in suicide attempts. Table 1.13 details mental health issues among tenth graders.

Table 1.13. Teen Mental Health and Suicidal Thoughts by Kentucky and River Valley School Districts (10th Graders)

	Kentucky	River Valley School Districts (Davies, Henderson, McLean, Owensboro, Union, Webster)	Trend*
MENTAL HEALTH ISSUES IN THE PAST 30 DAYS			
% Serious Psychological Distress	25.2%	25.5%	<i>Worse</i>
% Self-Harm	19.7%	19.1%	<i>Stable</i>
% Suicidal Ideation	15.9%	16.1%	<i>Stable</i>
% Suicide Plan	12.9%	12.9%	<i>Stable</i>
% Suicide Attempt	8.1%	7.3%	<i>Improve</i>

Source: Kentucky Incentives for Prevention (KIP): State and Regional Data Report—10th Graders (2021). Accessed from: <https://www.kipsurvey.com/>. *Note: Trend data is based on 2018 KIP survey data. Trend is better if the reported percentage for 2021 has decreased by more than one percentage point and stable if the change is +/- one percentage point.

Health & Birth Outcome Indicators

Common health indicators that provide insight into the general health state of a community include premature mortality, infant mortality, chronic disease (e.g., diabetes), and infectious disease (e.g., HIV). On these indicators, Henderson County largely mirrors the averages for the state of Kentucky with the exception of having a lower HIV prevalence. However, both the state and county have health outcomes that indicate a level of health worse than the top U.S. performing regions, specifically in premature age-adjusted mortality, child mortality, and diabetes prevalence. Further, when compared to data reported in the previous CHNA reporting cycle, there was an improvement in diabetes prevalence and worsening trend in premature age adjusted mortality. Table 1.14 provides an overview of these leading health indicators for Henderson County.

Table 1.14. Health Outcome Indicators by United States, Kentucky, and Henderson County

	Untied States	Kentucky	Henderson County	Error Margin	Trend	County-State Comparison
Premature Age-Adj. Mortality (per 100,000) ^a	410	570	560	520-600	<i>Worse</i>	Within Mar.
Child Mortality (per 100,000) ^b	50	60	70	50-110	<i>None</i>	Within Mar.
Infant Mortality (per 1,000) ^c	6	6	8	6-12	<i>None</i>	Within Mar.
Diabetes Prevalence ^d	10%	13%	11%	9-13%	<i>Improve</i>	Within Mar.
HIV Prevalence (per 100,000) ^e	387	223	172	NA	<i>NA</i>	Better

Source: ^aCounty Health Rankings, 2025 (National Center for Health Statistics Mortality Files, 2020-2022); ^bCounty Health Rankings, 2025 (National Center for Health Statistics Mortality Files, 2019-2022); ^cCounty Health Rankings, 2025 (National Center for Health Statistics Mortality Files, 2016-2022); ^dCounty Health Rankings, 2025 (Behavior Risk Factor Surveillance System, BRFSS, 2022); ^eCounty Health Rankings, 2025 (National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2022).

Birth outcomes are related to infant mortality and are important measures in understanding maternal and child health. On these indicators, Henderson County has a higher rate of babies born with a low birthweight and teen births compared to the state. Henderson County has a lower rate of births to mothers who smoked during pregnancy. Table 1.15 provides an overview of these leading health indicators for Kentucky and Henderson County.

Table 1.15. Birth Outcomes Indicators by Kentucky and Henderson County

	Kentucky	Henderson County
Low Birthweight ^a	8.9%	11.9%
Teen Births (Ages 15-19 per 1,000 live births) ^b	24	38
Births to Mothers who Smoked during Pregnancy ^a	12.6%	9.7%

Source: ^aKentucky Cabinet for Health and Family Services: *Vital Statistics Branch* (2020-2022). Accessed via Kentucky Youth Advocates 2024 Kids Count County Data Dashboard; ^bCounty Health Rankings, 2025 (National Center for Health Statistics – Natality Files; Census Population Estimates Program, 2017-2023).

Clinical Characteristics

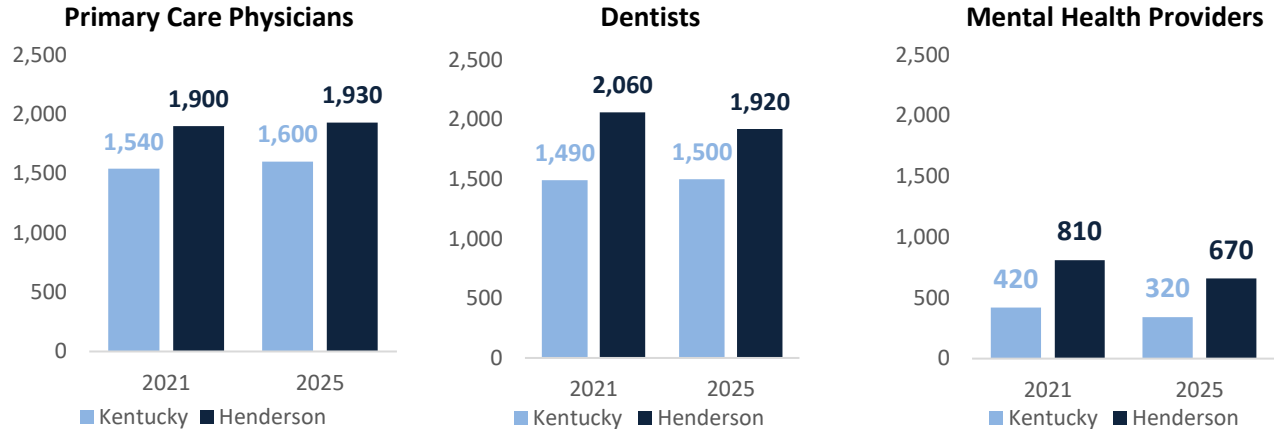
Clinical characteristics data help assess and consider issues closely aligned with the nation’s objectives of improving access to care and adhering to preventative screenings and chronic disease monitoring. When overall resident-to-healthcare provider ratios are considered (without considering populations served, insurance types accepted, or magnitude of need for services), Henderson County has lower healthcare ratios compared to the state based on the availability of primary care, dental, mental health and other health care providers. The county also has a higher rate of preventable hospital stays, but a higher rate of mammography screening compared to the state. When data points are compared to the previous CHNA reporting cycle, improvements were seen across all characteristics except primary care physician ratio. Table 1.16 provides a summary of these clinical characteristics of Henderson County. Provider ratio trend data are presented in Figure 1.8.

Table 1.16. Clinical Characteristics by United States, Kentucky, and Henderson County

	United States	Kentucky	Henderson County	Error Margin	Trend	County-State Comparison
PROVIDERS						
Primary Care Physicians ^a	1,330:1	1,600:1	1,930:1	NA	Worse	Worse
Dentists ^b	1,360:1	1,500:1	1,920:1	NA	Improve	Worse
Mental Health Providers ^c	300:1	320:1	670:1	NA	Improve	Worse
Other Primary Care Providers ^c	710:1	520:1	750:1	NA	Improve	Worse
PREVENTION						
Preventable Hospital Stays (per 100,000) ^d	2,666	3,336	3,973	NA	Improve	Worse
Mammography Screening in the Past Year (ages 65-74 enrolled in Medicare Part B) ^d	44%	43%	48%	NA	Improve	Better

Source: ^aCounty Health Rankings, 2025 (Area Health Resource File/American Medical Association, 2021); ^bCounty Health Rankings, 2025 (Area Health Resource File/National Provider Identification file, 2022); ^cCounty Health Rankings, 2025 (CMS, National Provider Identification, 2024); ^dCounty Health Rankings, 2025 (The Centers for Medicare & Medicaid Services Office of Minority Health’s Mapping Medicare Disparities (MMD) Tool, 2022). ^Note: Ratio includes active and possibly providers not currently practicing or taking on new patients.

Figure 1.8. Number of Residents per Provider by Kentucky and Henderson County – Trend Data



Insurance status data reported in Table 1.17 provides an overview of coverage status among Henderson County residents compared to the state and nation. Henderson County’s uninsured rate is lower than the state. While the percentage of residents using private insurance is slightly lower but comparable to the state, the county has a higher rate of residents using a form of public insurance. Specifically, there is a higher percentage of Henderson County residents using Medicare and Medicaid.

Table 1.17. Insurance Status and Providers by United States, Kentucky, and Henderson County*

	United States	Kentucky	Henderson County
INSURANCE STATUS^a			
Uninsured	8.6%	5.9%	4.7%
Uninsured Children (under 19)	5.4%	4.2%	2.2%
Uninsured Adults (Ages 19-64)	12.0%	8.2%	7.2%
Public/Private Provider^b			
Private Insurance ^b	67.3%	63.3%	62.3%
Public Insurance ^c	36.3%	44.4%	49.3%
Private Insurance Provider^b			
Employer Based Health Insurance	55.1%	53.0%	50.8%
Direct Purchase Health Insurance	13.6%	11.6%	12.7%
Tricare/Military Health Insurance	2.7%	2.7%	1.7%
Public Insurance Provider^c			
Medicare	18.1%	20.0%	21.5%
Medicaid/Means-Tested Public Coverage	20.7%	27.4%	31.0%
VA Health Care Coverage	2.2%	2.6%	1.8%

Source: ^aU.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: S2701); ^bU.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: S2703); ^cU.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: S2704). *Note: Percentages are based on civilian noninstitutionalized population.

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. Table 1.18 provides an overview of the leading health behaviors that not only offer insights into the social/behavioral determinants of leading health challenges in Henderson County but also provide opportunities for the ongoing development and implementation of health and social service programs. Of note, when compared to data reported in the previous CHNA cycle there was an improvement in adult smoking and access to healthy foods, while worsening trends were observed for access to exercise opportunities and sexually transmitted infections. The county was better than the state on a few characteristics including food environment index, access to healthy foods, and drug and drug overdose deaths but worse than the state in access to exercise opportunities, sexually transmitted infections, and teen births. Internal data from Deaconess reported 61 emergency medical services calls related to overdose in 2024 (personal communication with Deaconess EMS, April 2025).

Table 1.18. Behavioral Characteristics by United States, Kentucky, and Henderson County

	United States	Kentucky	Henderson County	Error Margin	Trend	County-State Comparison
SMOKING						
Adult Smoking ^a	13%	18%	17%	15-19%	Improve	Within Mar.
NUTRITION/PHYSICAL ACTIVITY						
Adult Obesity ^a	34%	38%	40%	32-48%	None	Within Mar.
Food Environment Index ^b	7.4	6.6	7.4	NA	None	Better
Physical Inactivity ^a	23%	25%	26%	21-30%	None	Within Mar.
Access to Exercise Opportunities ^c	84%	70%	64%	NA	Worse	Worse
Limited Access to Healthy Foods ^d	6%	6%	3%	NA	Improve	Better
ALCOHOL & DRUG USE						
Excessive Drinking ^a	19%	15%	16%	12-19%	None	Within Mar.
Alcohol-Impaired Driving Deaths ^e	26%	26%	22%	15-30%	None	Within Mar.
Drug Overdose Deaths (per 100,000) ^f	31	50	23	16-33	None	Better
SEXUAL BEHAVIOR						
Sexually Transmitted Infections (per 100,000) ^g	495	406.8	599.4	NA	Worse	Worse
Teen Births ^h	16	24	38	34-42	None	Worse
SLEEP						
Insufficient Sleep ^a	37%	40%	42%	35-49%	None	Within Mar.

Source: ^aCounty Health Rankings, 2025 (The Behavioral Risk Factor Surveillance System (BRFSS), 2022); ^bCounty Health Rankings, 2025 (USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019 & 2022); ^cCounty Health Rankings, 2025 (ArcGIS Business Analyst, YMCA, & US Census Tiger/Line Shapefiles, 2024, 2022 & 2020); ^dCounty Health Rankings, 2025 (USDA Food Environment Atlas, 2019); ^eCounty Health Rankings, 2025 (Fatality Analysis Reporting System, 2018-2022); ^fCounty Health Rankings, 2025 (National Center for Health Statistics – Mortality Files, 2020-2022); ^gCounty Health Rankings, 2025 (National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2022); ^hCounty Health Rankings, 2025 (National Center for Health Statistics – Natality Files, 2017-2023).

Table 1.19 details results from the 2021 KIP related to alcohol, tobacco, and drug use. Tenth grade students in the River Valley School Districts reported higher frequencies of alcohol and vaping use compared to the state while use of other substances was comparable. Further, when compared to 2018 KIP data, students in the River Valley Districts decreased or maintained their level of usage.

Table 1.19. Teen Alcohol, Tobacco, and Drug Use by Kentucky and River Valley School Districts (10th Graders)

	Kentucky	River Valley Districts (Davies, Henderson, McLean, Owensboro, Union, Webster)	Trend
ALCOHOL USE IN THE PAST 30 DAYS			
% More than just a few sips	13.0%	17.7%	<i>Better</i>
% Binge Drinking	6.4%	9.5%	<i>None</i>
TOBACCO USE IN THE PAST 30 DAYS			
% Cigarette	4.5%	3.8%	<i>Better</i>
% Smokeless Tobacco	4.9%	4.4%	<i>Better</i>
% Vaping	12.3%	20.4%	<i>NA</i> [^]
MARIJUANA USE IN THE PAST 30 DAYS			
% Cannabis	8.2%	9.6%	<i>NA</i> [^]
% Synthetic Marijuana	0.9%	0.6%	<i>Better</i>
OTHER DRUGS USE IN THE PAST 30 DAYS			
% Narcotics/Prescription Drugs	1.4%	1.4%	<i>Better</i>
% Painkillers	1.2%	1.1%	<i>Better</i>
% Speed, Uppers	0.7%	0.4%	<i>Better</i>
% Tranquilizers	0.7%	0.5%	<i>None</i>
% Over-the-Counter Drugs	2.1%	2.1%	<i>None</i>

Source: Kentucky Incentives for Prevention (KIP): State and Regional Data Report: 10th Graders (2021). Accessed from: <https://www.kipsurvey.com/>. *Note: Trend data is based on 2018 KIP survey data. Trend is better if the reported percentage for 2021 has decreased by more than one percentage point and stable if the change is +/- one percentage point. ^Data could not be compared due to a change in item wording.

Table 1.20 reports food insecurity and average meal cost for the United States, Kentucky, and Henderson County. The county has a higher food insecurity rate and average meal cost compared to the state. Figure 1.9 shows these data points across time. Henderson County has continued to have a higher food insecurity rate, but in 2019 had a lower average meal cost compared to the state.

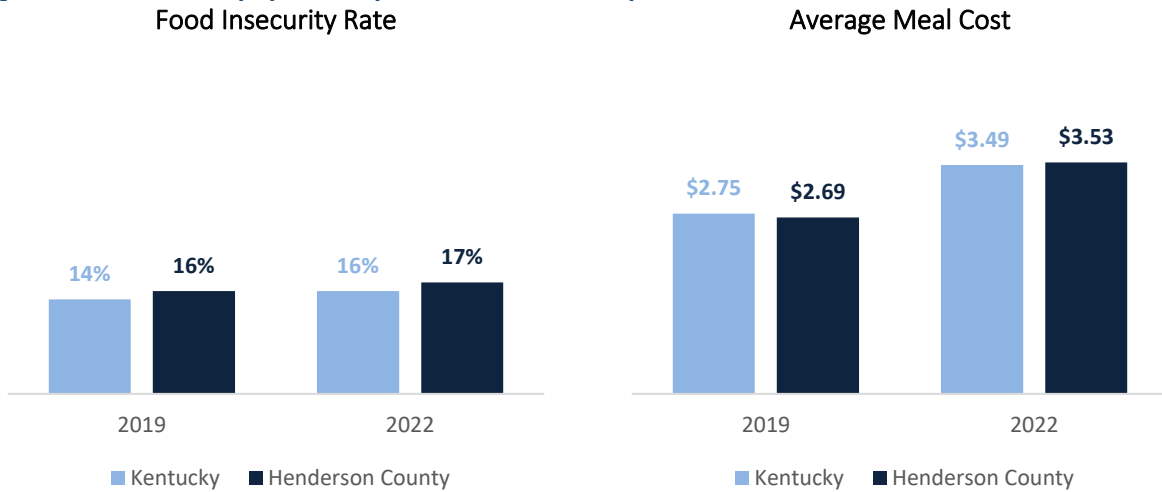
Table 1.20. Food Insecurity by State and County as Reported by Feeding America

	United States	Kentucky	Henderson County
# of food insecure people	44,151,000	710,000	7,600
Food insecure rate	13.5%	15.7%	17.0%
Average meal cost	\$3.99	\$3.49	\$3.53

Source: Feeding America: Map the Meal Gap, 2022. Available: <https://map.feedingamerica.org/county/2022/overall>.

*The average weekly dollar amount food secure individuals report spending on food divided by twenty-one (assumes three meals a day per seven days). Adjusted to reflect local food prices and relevant taxes.

Figure 1.9. Food Insecurity by Kentucky and Henderson County—Trend Data



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. The causes listed in the table below are grouped by broader underlying cause categories. Only underlying causes with greater than 20 deaths are reported to protect anonymity and provide a reliable rate per 100,000.

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 546 deaths in Henderson County representing a 1,237.6 rate per 100,000 residents (State=1,171.9). Heart disease is the leading cause of death in the county followed by cancer. Table 1.21 provides a summary of these various mortality indicators for the county and state.

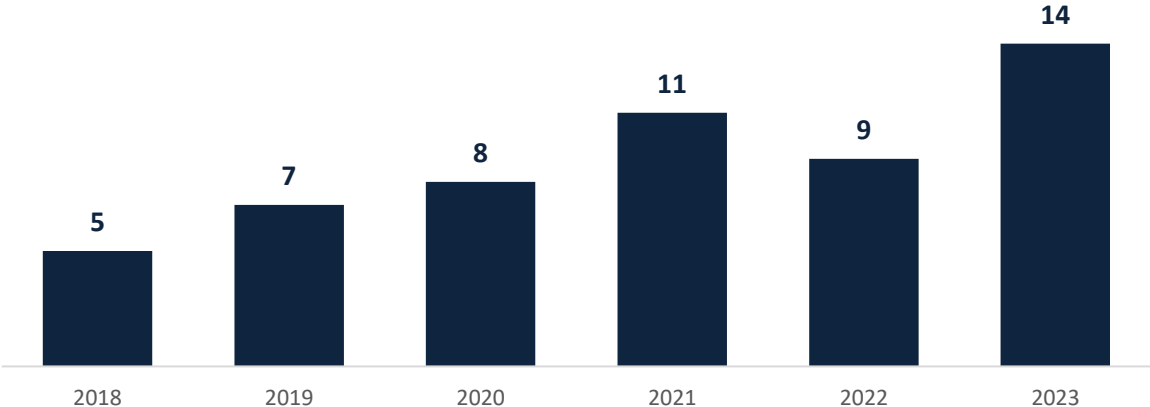
Table 1.21. Mortality Indicators by Kentucky and Henderson County

Mortality Cause	Kentucky		Henderson County	
	Deaths	Rate per 100,000	Deaths	Rate per 100,000
All Causes	53,044	1,171.9	546	1,237.6
Malignant Neoplasms	10,617	234.6	100	226.7
Malignant Neoplasms of digestive organs (pancreas, colon, stomach, etc.)	2,732	60.4	27	61.2
Malignant Neoplasms of respiratory and intrathoracic organs	3,078	68	26	58.9
Endocrine, nutritional, and metabolic diseases	2,803	61.9	28	63.5
Mental and Behavioral Disorders	2,881	63.7	43	97.5
Organic, including symptomatic, mental disorders	2,540	56.1	37	83.9
Diseases of the Nervous System	3,631	80.2	28	63.5
Diseases of the Circulatory System	14,174	313.2	152	344.5
Ischemic Heart Disease	5,339	118	80	181.3
Other forms of heart disease (Cardiomyopathy, Heart Failure, Cardiac Arrest, etc.)	3,922	86.7	31	70.3
Cerebrovascular Diseases	2,249	49.7	21	47.6
Diseases of the Respiratory System	5,394	119.2	70	158.7
Chronic Lower Respiratory Diseases	3,376	74.6	41	92.9
Diseases of the Digestive System	2,338	51.7	27	61.2
External Causes of Morbidity and Mortality	5,315	117.4	50	113.3
Other external causes of accidental injury	3,094	68.4	24	54.4

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10-expanded.html>.

Figures 1.10 displays the total number of suicides over time in Henderson County. The number of suicides in 2023 was nearly triple the number of suicides in 2018.

Figure 1.10. Suicides and Overdose Deaths in Henderson County-Trend Data
Suicides



Source: Green River District Health Department (2024). *Community Health Assessment: Health Improvement Plan Update 2024*.

Other Community Health Indicators

Approximately every five years, the Welborn Baptist Foundation conducts a survey of resident health perceptions and behaviors within their service area. The 2025 survey was conducted in the Greater Evansville region, including Gibson, Posey, Vanderburgh, Warrick, and Henderson counties. Survey results offer important insights into various health indicators within the county and region.

Table 1.22. Selected Health Indicators from the 2025 Greater Evansville Health Survey

	2021 Region (Gibson, Posey, Vanderburgh, Warrick, Henderson) Margin of Error=+/-2%	2021 Henderson County Margin of Error=+/- 4%	2025 Region (Gibson, Posey, Vanderburgh, Warrick, Henderson) Margin of Error=+/-2%	2025 Henderson County Margin of Error=+/-5%	2021 to 2025 Region	2021 to 2025 Henderson County
ADULT PHYSICAL HEALTH						
% of adults with a routine checkup in the last year	80%	81%	85%	81%	<i>Better</i>	<i>Within</i>
% with some type of arthritis	25%	30%	25%	31%	<i>Within</i>	<i>Within</i>
% with high blood pressure	32%	41%	32%	39%	<i>Within</i>	<i>Within</i>
% with high blood cholesterol	23%	24%	26%	25%	<i>Within</i>	<i>Within</i>
% with diabetes	10%	17%	10%	14%	<i>Within</i>	<i>Within</i>
% with heart disease	5%	9%	6%	8%	<i>Within</i>	<i>Within</i>
% with asthma	8%	8%	10%	8%	<i>Within</i>	<i>Within</i>
% with COPD	6%	9%	5%	6%	<i>Within</i>	<i>Within</i>
% obese	35%	39%	33%	36%	<i>Within</i>	<i>Within</i>
ALCOHOL USE						
% binge drinking/drinking in excess	29%	24%	26%	22%	<i>Within</i>	<i>Within</i>
NUTRITION/FOOD ACCESS						
Number of times consumed fruit	5	4	5	4	<i>NA</i>	<i>Within</i>
Number of times consumed vegetables	10	8	9	8	<i>NA</i>	<i>Within</i>
% unable to purchase fresh fruits and vegetables	23%	28%	21%	19%	<i>Within</i>	<i>Within</i>
SMOKING						
% reporting currently smoking cigarettes	12%	17%	9%	12%	<i>Within</i>	<i>Within</i>
% reporting currently using electronic cigarettes (e.g., vaping)	---	---	9%	15%	<i>NA</i>	<i>NA</i>
ADULT MENTAL HEALTH						
% with depressive disorder in the past 12 months	20%	27%	23%	21%	<i>Within</i>	<i>Within</i>
% with an anxiety disorder in the past 12 months	22%	25%	30%	28%	<i>Worse</i>	<i>Within</i>
HOUSING, NEIGHBORHOODS, & HEALTH						
% of residents reporting sidewalks or walking paths nearby	53%	50%	57%	54%	<i>Within</i>	<i>Within</i>
% reporting litter near their home	25%	29%	21%	23%	<i>Within</i>	<i>Within</i>
% reporting blight near their home	24%	28%	15%	18%	<i>Better</i>	<i>Better</i>
% reporting vandalism near their home	11%	12%	6%	7%	<i>Better</i>	<i>Within</i>

*Note: Better/worse reflects percentages outside of the Margin of Error range, while within denotes percentages falling within the Margin of Error range. Source: Welborn Baptist Foundation Greater Evansville Health Survey, 2025. *Preliminary Results.*

Table 1.23. Selected Health Indicators from the 2025 Greater Evansville Health Survey-Child Items

CHILDREN'S HEALTH	2021 Region (Gibson, Posey, Vanderburgh, Warrick, Henderson) Margin of Error=+/-4%	2025 Region (Gibson, Posey, Vanderburgh, Warrick, Henderson) Margin of Error=+/-5%	2021 to 2025 Region
% of children told to by a health professional to eat more fruits/vegetables	22%	29%	Within
% of children told to by a health professional to get more physical activity	11%	17%	Within
% of children told to by a health professional to get more sleep	9%	8%	Within
% of children told to by a health professional to reduce stress	7%	6%	Within
% reporting child has asthma	11%	12%	Within
CHILD MENTAL HEALTH			
% reporting a diagnosis of ADD/ADHD	18%	20%	Within
% reporting a diagnosis of anxiety	15%	20%	Within
% reporting a diagnosis of depression	7%	7%	Within
% reporting a diagnosis of behavior/conduct disorder	6%	6%	Within
% reporting a diagnosis of autism	3%	5%	Within
CHILD WEIGHT			
% of adults reporting that a doctor has told them their child is overweight	19%	9%	Within

*Note: Better/worse reflects percentages outside of the Margin of Error range, while within denotes percentages falling within the Margin of Error range. Note: Child health data are only reported for the region. Source: Welborn Baptist Foundation Greater Evansville Health Survey, 2025. Preliminary Results.

Table 1.24. Selected Health Indicators from the 2025 Greater Evansville Health Survey

	2025 Region (Gibson, Posey, Vanderburgh, Warrick, Henderson) Margin of Error=+/-2%	2025 Henderson County Margin of Error=+/-5%	2025 Henderson County to 2025 Region
ACCESS TO PHYSICAL HEALTH CARE			
% reporting family receives physical health care they need	85%	79%	Within
% delaying or not receiving care due to cost	21%	15%	Within
% delaying or not receiving care due no health insurance	13%	18%	Within
% delaying or not receiving care due to health insurance not covering	20%	18%	Within
% delaying or not receiving care due to work hours	10%	10%	Within
% delaying or not receiving care due to inability to get appointment soon enough	24%	24%	Within
% delaying or not receiving care due to no provider or care options	9%	7%	Within
% delaying or not receiving care due to transportation	6%	11%	Within
ACCESS TO MENTAL HEALTH CARE			
% reporting family receives mental health care they need	67%	59%	Worse
% delaying or not receiving care due to cost	25%	26%	Within
% delaying or not receiving care due no health insurance	12%	8%	Within
% delaying or not receiving care due to health insurance not covering	22%	21%	Within
% delaying or not receiving care due to work hours	13%	20%	Within
% delaying or not receiving care due to inability to get appointment soon enough	16%	13%	Within
% delaying or not receiving care due to no provider or care options	13%	14%	Within
% delaying or not receiving care due to transportation	6%	12%	Within

*Note: Better/worse reflects percentages outside of the Margin of Error range, while within denotes percentages falling within the Margin of Error range. Note: Items related to access were added to the 2025 survey. Source: Welborn Baptist Foundation Greater Evansville Health Survey, 2025. Preliminary Results.

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Stakeholder Survey Results

Overview

The Community Health Needs Assessment (CHNA) steering committee identified organizations serving Henderson County with unique perspectives on community health. Representatives from the identified organizations were invited to complete a survey around the primary issues impacting health and social determinants of health among residents. In total, 45 participants provided survey feedback. Many respondents worked in the medical/healthcare field (37.8%), though nonprofit (26.7%), public service (20.0%), education/youth development (6.7%), and other (8.9%) organizations were also represented. Many respondents identified as management or organizational leadership (44.4%), while others represented professional/technical (17.8%) or administrative/clerical (4.4%) positions. Physicians or advanced providers comprised 4.4% of the responding sample, 6.7% identified as nurses or nursing support, and 22.2% listed their position as other (e.g., therapist, program assistant). The survey itself included **three sequential steps**:

- 1** Survey respondents were presented with a list of sixteen (16) health issues, as well as an opportunity to write in other issues not included on the list. Participants were then instructed to **select the five (5) issues they consider to be highest priority needs** in Henderson County.
- 2** Respondents then **ranked the five (5) issues they selected** during the first step on a scale of 1 (highest priority) to 5 (fifth highest priority). Ultimately, ranking scores were reversed such that higher total ranking scores indicated higher priority.
- 3** Finally, for each of the five (5) selected issues, respondents were invited to provide feedback on three areas:
 - The **perceived trend** of the issue since 2021 (*Survey item: Since 2021, this health issue has: Gotten a lot worse, Gotten a little worse, Stayed about the same, Improved a little, Improved a lot*);
 - An optional narrative response specific to any progress made since 2021 in addressing the health issue;
 - 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
 - Perceived **barriers** in addressing the health issue based on a list of 18 social determinants of health conditions (SDOH) (*Survey item: **Social determinants of health (SDOH) are conditions where people are born, live, learn, work, play, worship, and age that impact their health, well-being, and quality of life. Please select up to three (3) conditions you consider to be the greatest barriers in addressing this health issue in this county. If you do not see a specific barrier below, please insert it under other.***

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

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

Mental health was the highest ranked health issue in the county based on respondents who included the issue as a top-five priority need. Among respondents including mental health as a top-five priority need, 82% perceived mental health as getting worse since 2021, and 82% reported inadequate resources are being devoted to addressing mental health. Figure 2.1 summarizes results for each health issue by rankings, perceived worsening trend, and perceived inadequacy of resources. Tables 2.1 through 2.3 provide additional details for each health issue.

Figure 2.1 Combined Survey Data for Health Issues in Henderson County

Priority Ranking	Health Issue	Total Ranking Points	Perceived Worsening Trend	Perceived Inadequate Resources
1	Mental health	149	82%	82%
2	Substance/drug use or misuse	96	82%	59%
3	Aging and older adult needs	69	78%	50%
4	Dental care	66	73%	60%
5	Chronic diseases	62	74%	47%
6	Nutrition and obesity	51	94%	63%
7(T)	Alcohol use or misuse	26	67%	67%
7(T)	Disability needs	26	40%	75%
9(T)	Child neglect and abuse	21	50%	83%
9(T)	Infectious diseases	21	75%	75%
11	Tobacco use or vaping	20	71%	71%
12	Suicide	14	100%	80%
13(T)	Reproductive health and family planning	8	50%	50%
13(T)	Violent crime	8	67%	67%
15	Injuries and accidents	6	33%	67%

Ranking Health Issues

Table 2.1 Ranking of Health Issues in Henderson County

*Mental health and substance/drug use or misuse were included by **more than half** of survey respondents as top-five priority needs. With 149 ranking points, mental health was the **#1 ranked** health issue.*

Health Issue	Percentage Identifying the Health Issue as a Top-Five Priority Need (N=51)	Total Ranking Points Assigned to the Health Issue	Priority Ranking Based on Total Ranking Points
Mental health	88.9%	149	1
Substance/drug use or misuse	71.1%	96	2
Aging and older adult needs	48.9%	69	3
Dental care	44.4%	66	4
Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	57.8%	62	5
Nutrition and obesity	44.4%	51	6
Alcohol use or misuse	13.3%	26	7(T)
Disability needs	15.6%	26	7(T)
Child neglect and abuse	22.2%	21	9(T)
Infectious diseases like HIV, STDs, and hepatitis	15.6%	21	9(T)
Tobacco use or vaping	20.0%	20	11
Suicide	11.1%	14	12
Reproductive health and family planning	4.4%	8	13(T)
Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	8.9%	8	13(T)
Injuries and accidents	8.9%	6	15
Infant mortality	---	---	16

Perceived Trends of Health Issues (Since 2021)

Table 2.2 Perceived Trends of Health Issues (Since 2021) in Henderson County

82% of survey respondents who included mental health as a top-five priority need and **82%** of those who included substance/drug use or misuse perceived the health issues as **getting worse** in this county since 2021.

Health Issue	Ranking (Table 2.1)	A lot worse	A little worse	About the same	A little better	A lot better	A little or a lot worse	N
Mental health	1	36%	46%	18%	-	-	82%	28
Substance/drug use or misuse	2	45%	36%	14%	5%	-	82%	22
Aging and older adult needs	3	33%	44%	17%	6%	-	78%	18
Dental care	4	33%	40%	20%	7%	-	73%	15
Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	5	16%	58%	21%	5%	-	74%	19
Nutrition and obesity	6	44%	50%	6%	-	-	94%	16
Alcohol use or misuse	7(T)	17%	50%	33%	-	-	67%	6
Disability needs	7(T)	20%	20%	40%	20%	-	40%	5
Child neglect and abuse	9(T)	50%	-	50%	-	-	50%	6
Infectious diseases like HIV, STDs, and hepatitis	9(T)	50%	25%	-	25%	-	75%	4
Tobacco use or vaping	11	43%	29%	14%	14%	-	71%	7
Suicide	12	20%	80%	-	-	-	100%	5
Reproductive health and family planning	13(T)	-	50%	50%	-	-	50%	2
Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	13(T)	-	67%	33%	-	-	67%	3
Injuries and accidents	15	-	33%	67%	-	-	33%	3
Infant mortality	16	-	-	-	-	-	-	0

Perceived Progress Related to Health Issues (Since 2021)

Participants selecting a specific health issue as a priority were also asked to identify what (if any) progress had been made toward health issues since 2021. Listed below are the main areas of progress identified by participants. Only health issues where three or more comments were provided are included. Survey quotes are included for additional context.

Mental Health: 9 comments (3 main ideas)

- **Increased efforts and resources in the community to address the issue** (e.g., *New community resources with The Port, for teens to young adults, Chloe's place, for domestic abuse help, Infinity, for survivors of loved ones' suicide.*)
- **Improved access to providers and care/services** (e.g., *I've definitely noticed more therapists and mental health professional availability in the community.*)
- **General positive comment about progress** (e.g., *988 availability and awareness.*)

Substance Use or Misuse: 7 comments (3 main ideas)

- **Increased efforts and resources in the community to address the issue** (e.g., *Several facilities offer inpatient and outpatient treatment for those dealing with substance abuse, support groups available (AA and NA), and education being provided as early as grade school.*)
- **Improved access to providers and care/services** (e.g., *I've seen more access to community programs for men and women.*)
- **General positive comment about progress** (e.g., *Naloxone availability and educational events.*)

Dental Care: 5 comments (2 main ideas)

- **Availability of a mobile care clinic in the community** (e.g., *There is a mobile clinic operating in county now.*)
- **Increased efforts and resources in the community to address the issue** (e.g., *I recently saw a flyer for a dental clinic in Henderson. This is the first I have seen in years, so maybe we as a community are trying to improve.*)

Chronic Diseases: 4 comments (4 main ideas)

- **Improved access to providers and care/services** (e.g., *Have created more options for community to get health care access....Kiosk at the library...free for all. Created 211 phone line to provide info about community service.*)
- **Improved recognition, awareness, and understanding of the issue** (e.g., *More awareness of the need has been identified.*)
- **Increased efforts and resources in the community to address the issue** (e.g., *Thankful many of the organizations will come together to provide blood pressure checks at no charge to the residents while offering education.*)
- **Increased participation in programs addressing the issue** (e.g., *From my view, we are seeing more active people of all ages participating in programs promoting a healthy lifestyle. It took some time to recover from the Covid years.*)

Aging and Older Adult Needs: 6 comments (3 main ideas)

- **New and existing housing and service options** (e.g., *We do have an additional assisted living housing unit with memory care option which has given more options for families caring for family members with these issues. Also, our Parkinson Community including the YMCA and First United Methodist Church are providing more services to help Parkinson's patients to improve or at least stop the progression of their disease.*)
- **Improved recognition, awareness, and understanding of the issue** (e.g., *Just the awareness the community has taken, recently there have been many outreach and resource programs developed.*)
- **General positive comment about progress** (e.g., *Progress has been made but more is needed in the home health agency profession.*)

Alcohol Use or Misuse: 3 comments (2 main ideas)

- **Increased efforts and resources in the community to address the issue** (e.g., *Outreach and awareness programs being created & utilized.*)
- **General positive comment about progress** (e.g., *Education.*)

Fewer than 3 comments provided:

- Suicide
- Nutrition and Obesity
- Tobacco Use or Vaping
- Child Neglect and Abuse
- Infant Mortality
- Disability Needs
- Infectious Diseases
- Violent Crime
- Reproductive Health and Family Planning
- Injuries and Accidents

Perceived Adequacy of Resources to Addressing Health Issues

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

82% of survey respondents who included mental health as a top-five priority need and **59%** of those who included substance/drug use or misuse reported **inadequate resources are being devoted to addressing the health issues.**

There are adequate resources devoted to addressing this health issue in this county.	Ranking (Table 2.1)	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Disagree or strongly disagree	N
Mental health	1	32%	50%	18%	-	-	82%	28
Substance/drug use or misuse	2	36%	23%	32%	9%	-	59%	22
Aging and older adult needs	3	6%	44%	44%	6%	-	50%	18
Dental care	4	33%	27%	33%	-	7%	60%	15
Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	5	11%	37%	32%	21%	-	47%	19
Nutrition and obesity	6	31%	31%	31%	6%	-	63%	16
Alcohol use or misuse	7(T)	-	67%	33%	-	-	67%	6
Disability needs	7(T)	-	75%	25%	-	-	75%	4
Child neglect and abuse	9(T)	-	83%	17%	-	-	83%	6
Infectious diseases like HIV, STDs, and hepatitis	9(T)	25%	50%	-	25%	-	75%	4
Tobacco use or vaping	11	43%	29%	14%	14%	-	71%	7
Suicide	12	40%	40%	20%	-	-	80%	5
Reproductive health and family planning	13(T)	50%	-	50%	-	-	50%	2
Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	13(T)	-	67%	-	33%	-	67%	3
Injuries and accidents	15	-	67%	-	33%	-	67%	3
Infant mortality	16	-	-	-	-	-	-	0



Identified Barriers

For each of the five (5) selected issues, respondents were presented with a list of social determinants of health and invited to select up to three that acted as the greatest **barriers** to addressing the issue in the county. Respondents also had the option to write in up to three barriers. As shown in Figure 2.2 and Table 2.4, the top barriers across all health issues were poverty/inability to meet basic needs (e.g., food, housing, medical care/medication, heating) and lack of awareness or understanding of the health issue.

Figure 2.2 Identified Barriers to Addressing Identified Health Issue

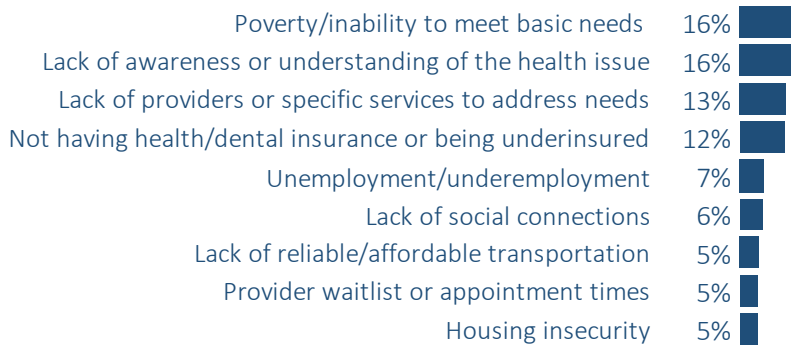


Table 2.4. Social Determinants of Health: Barrier Categories (N=459)

Economic Stability		N=459
ES1	Unemployment/underemployment	7%
ES2	Poverty/inability to meet basic needs (e.g., food, housing, medical care/medication, heating)	16%
Education		
E1	Lack of access to quality early childhood education	1%
E2	Not completing high school or GED	2%
E3	Lack of education/job training after high school (e.g., college, apprenticeships)	3%
Healthcare Access & Quality		
H1	Not having health/dental insurance or being underinsured	12%
H2	Lack of reliable/affordable transportation	5%
H3	Lack of providers or specific services to address needs	13%
H4	Provider waitlist or appointment times	5%
Neighborhood & Built Environment		
N1	Difficulty in accessing affordable, nutritious foods	3%
N2	Environmental conditions (e.g., pollution, water quality)	---
N3	Housing insecurity (e.g., affordability, availability, safety)	5%
Social & Community Context		
S1	Lack of social connections (e.g., family, friends, neighbors, co-workers)	6%
S2	Lack of childcare	2%
S3	Lack of awareness or understanding of the health issue	16%
S4	Discrimination (age, disability, gender, identity, race)	1%
S5	Lack of linguistic and/or culturally competent services	1%
Other Categories (Based on responses provided by participants)		
O5	General	1%

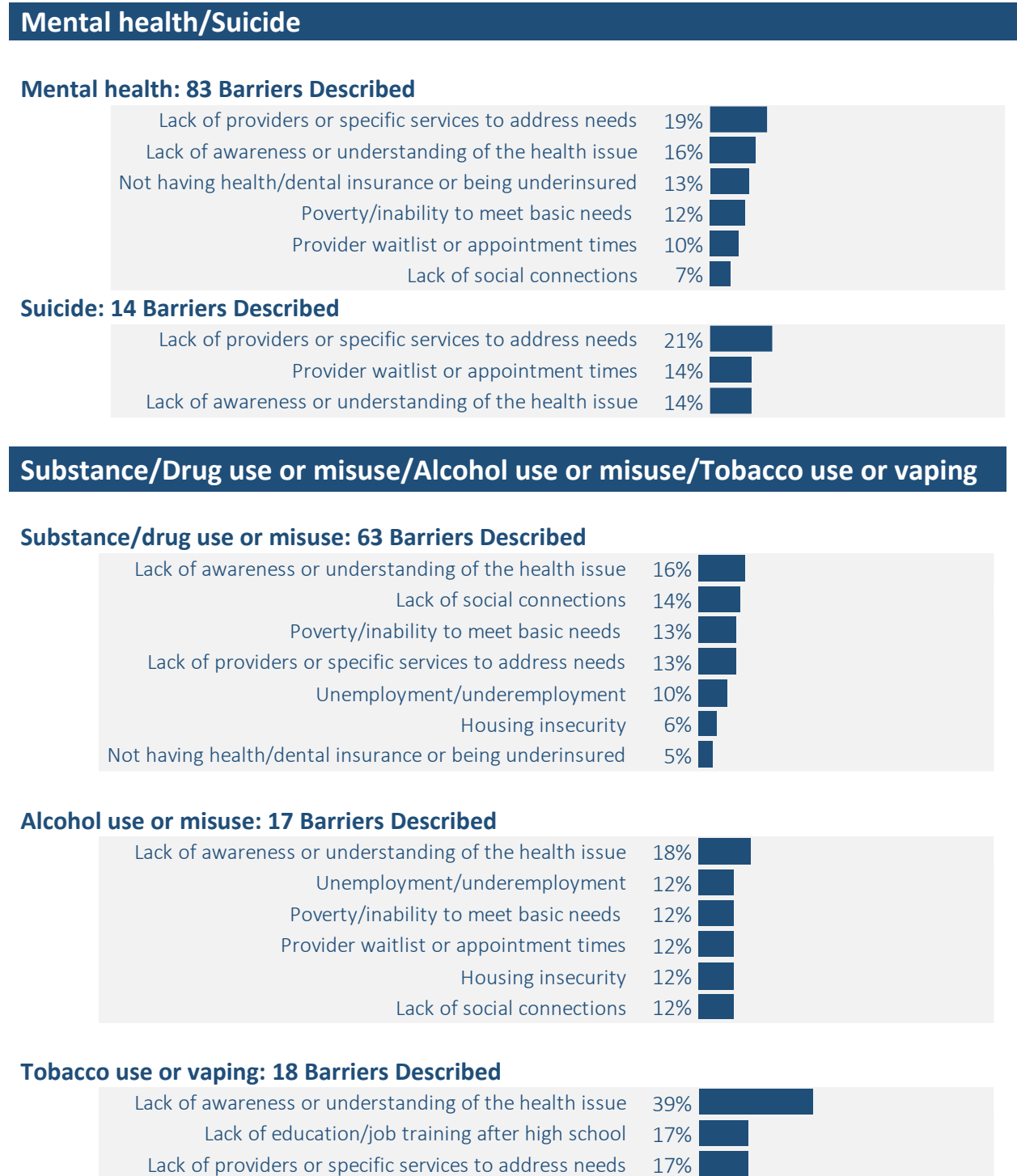
Barriers were also organized in a manner to identify the most common barriers related to each health issue. For example, mental health was identified as the highest ranked priority need. When barriers specific to mental health were examined, 48% of responses were related to healthcare access and quality specific to *a lack of providers or specific services to address needs* (19%), not having insurance or being underinsured (13%), *provider waitlist and appointment times* (10%), and lack of reliable/affordable transportation (6%). Table 2.5 displays the frequency of all barrier categories for all health issues.

Table 2.5. Identified Barriers to Addressing Identified Health Issue (N=459)

Health Issues	Economic Stability		Education			Healthcare Access & Quality				Neighborhood & Environment			Social & Community Context					Other	Total
	ES1	ES2	E1	E2	E3	H1	H2	H3	H4	N1	N2	N3	S1	S2	S3	S4	S5	O1	
Mental health	5%	12%	---	1%	4%	13%	6%	19%	10%	0%	---	2%	7%	2%	16%	---	2%	---	83
Substance/drug use or misuse	10%	13%	---	3%	3%	5%	3%	13%	3%	2%	2%	6%	14%	2%	16%	2%	2%	3%	63
Chronic diseases	4%	20%	---	2%	4%	24%	4%	13%	4%	5%	---	4%	---	---	16%	2%	---	---	55
Aging and older adult needs	4%	27%	2%	---	6%	13%	13%	2%	2%	2%	---	4%	4%	6%	13%	2%	---	---	52
Dental care	7%	16%	---	---	---	23%	9%	19%	7%	---	2%	5%	---	2%	5%	---	5%	---	43
Nutrition and obesity	5%	23%	---	0%	2%	7%	2%	5%	2%	19%	---	7%	2%	---	26%	---	---	---	43
Tobacco use or vaping	11%	---	---	6%	17%	---	---	17%	---	---	---	---	11%	---	39%	---	---	---	18
Alcohol use or misuse	12%	12%	6%	---	6%	---	---	6%	12%	6%	---	12%	12%	---	18%	---	---	---	17
Child neglect & abuse	---	24%	---	---	---	---	---	6%	---	---	---	18%	18%	24%	12%	---	---	---	17
Disability needs	7%	7%	7%	---	7%	7%	13%	27%	7%	---	---	---	7%	---	7%	7%	---	---	15
Suicide	7%	7%	---	7%	---	7%	---	21%	14%	---	---	7%	7%	---	14%	---	---	7%	14
Infectious diseases	9%	27%	---	---	---	27%	---	---	---	---	---	---	9%	---	27%	---	---	---	11
Violent crime	13%	25%	---	13%	---	13%	---	---	---	---	---	---	13%	---	25%	---	---	---	8
Injuries and accidents	17%	17%	---	17%	---	17%	---	17%	---	---	---	---	---	---	17%	---	---	---	6
Reprod. health & family planning	17%	---	---	0%	---	33%	---	17%	---	17%	---	---	---	---	17%	---	---	---	6
Infant mortality	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

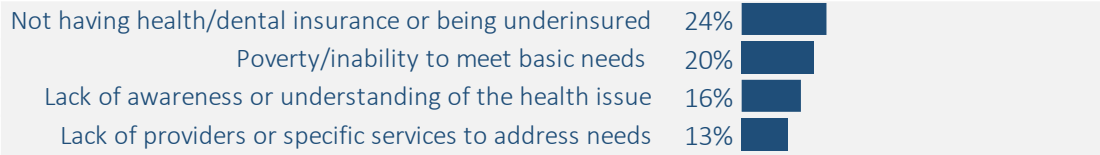
Figure 2.3 displays the frequency of each barrier category for all health issues. Results are organized by related health issues (e.g., mental health and suicide) to guide interpretation.

Figure 2.3. Identified Barriers to Addressing Identified Health Issue

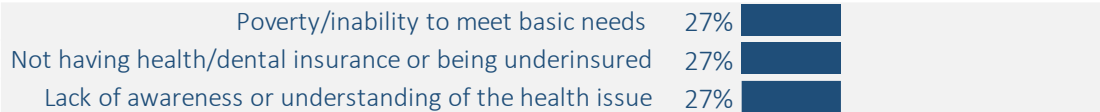


Chronic diseases/Infectious diseases

Chronic diseases: 55 Barriers Described

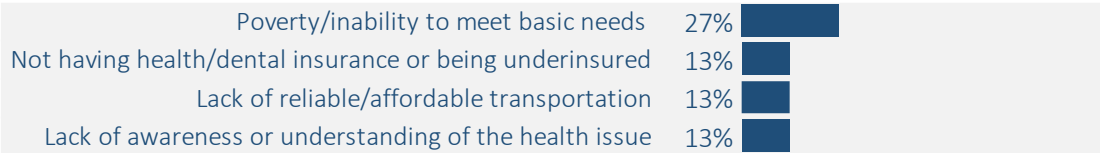


Infectious diseases: 11 Barriers Described



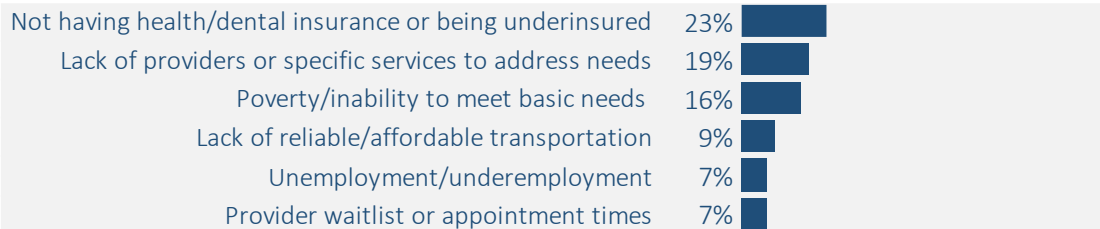
Aging and older adult needs

Aging and older adult needs: 52 Barriers Described



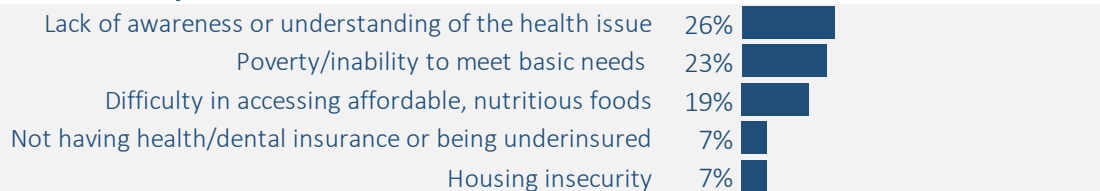
Dental care

Dental care: 43 Barriers Described



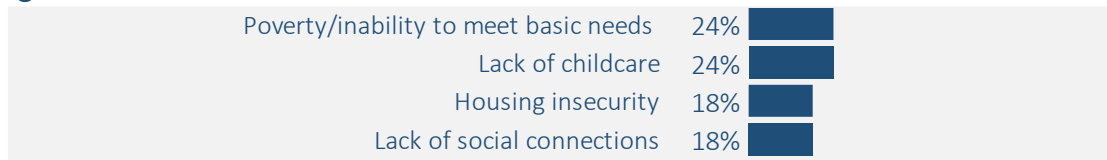
Nutrition and obesity

Nutrition and obesity: 43 Barriers Described



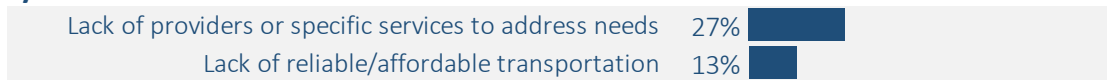
Child neglect and abuse

Child neglect and abuse: 17 Barriers Described



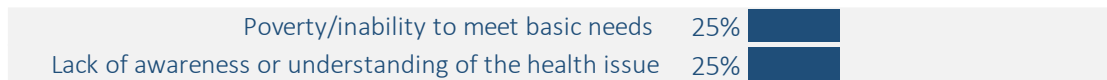
Disability needs

Disability needs: 15 Barriers Described



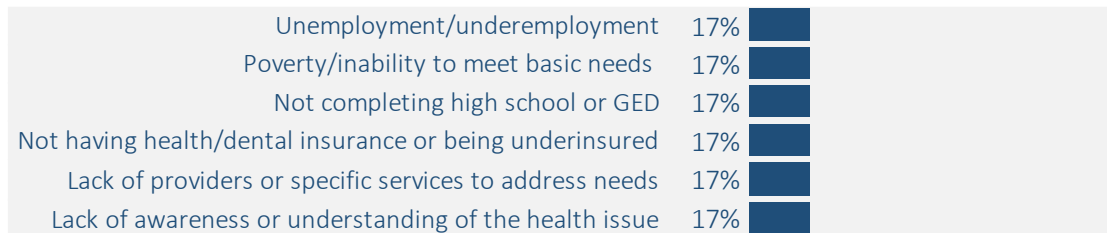
Violent crime

Violent crime: 8 Barriers Described



Injuries and accidents

Injuries and accidents: 6 Barriers Described



Reproductive health and family planning/Infant mortality

Reproductive health and family planning: 6 Barriers Described



Stakeholder Focus Group Highlights

Overview

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

In total, **4 focus groups** were conducted for Henderson County on March 6, 2025. The **29 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 two or more similar ideas. In some cases, participants indicated if an issue represented a specific subpopulation (e.g., youth, individuals with disabilities, race/ethnicity). Feedback related to subpopulations is presented, even if a single participant provided insight related to the subpopulation in question.

Considerations

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

Mental health

8

unique barrier themes described related to mental health

Subpopulation Feedback

Children/Youth

- Lack of providers
- Increased prevalence of needs

Latino Population

- Lack of providers who speak Spanish

Individuals with HIV

- Long wait times

Women who are Pregnant/Postpartum

- Low availability of care

Older Adults

- Lack of resources for care at home



Access to care/services: Providers

"We are struggling in this community to have the availability of counselors, therapists, psychiatrists/psychologists."



Access to care/services: Wait times

"The waiting period to see somebody could be up to a year."



Co-occurring issues

A lot of crossovers between maternal health, female health, and mental health. At times there is a bit of gap in availability of care for women experiencing pre/post-partum hormone challenges.



Language barriers

Within the Latino community, we still have difficulties with services provided in Spanish. Only resource has been Catholic Charities in Owensboro.



Increasing prevalence of the issue

A lot of younger children, younger cases now.



Insurance

They may not have insurance.



Prevalence of the issue

Generally, it seems like mental health is also a top concern for teens themselves. "From the feedback we did get from [teens], they said mental health was their top concern too."



Travel out of the community

I think it is also rough for emergency services needed for mental health for Henderson. Evaluations have to go to Evansville or Owensboro.

Substance/Drug Use or Misuse

5

unique barrier themes described related to substance/drug use or misuse

Subpopulation Feedback

Children/Youth

- Access to substances
- Popularity of nicotine pouches

Latino Population

- Use/misuse of alcohol

Older Adults

- Use/misuse is a barrier to housing placement



Accessibility of substances

Our kids love THC. Marijuana is not the same as it was then, students now use pens and if parents allow vaping, they are doing [THC] without parents knowing.



Prevalence of the issue

Nicotine pouches are on the rise with youth in schools. "Youth are putting these pouches in their mouth and teachers can't really know, can't really see."



Awareness/knowledge/understanding of the issue

Lack of education especially in some populations where people just don't know how to deal with it, where to go, shame, scared of what it will do to their future employability.



Awareness/use of available resources

We really do need to make sure other organizations know of programming out there.



Stigma related to the issue

People hide and don't want to seek help because it brings it to light.

Chronic Diseases

4

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

Subpopulation Feedback

Children/Youth

- Social media and technology related to attention issues
- Need for more/better quality sleep

Young Adults

- College students using medications to help with focus, need more accommodations

Individuals experiencing Homelessness

- Lifestyle leading to chronic illnesses



Cost of care/services

"We have a lot more issues with people not affording their medications."



Awareness/knowledge/understanding of the issue

"Getting people to come and get education is a struggle... People don't understand how important education and lifestyle changes can be to manage their disease."



Improper use of the emergency department/room

People who do not have insurance use emergency departments as primary care providers. A more appropriate place would be urgent care but most people go to the emergency room.



Social media/technology

Social media, phones, etc. has a lot to do with attention issues of a lot of our students.

Aging and Older Adult Needs

2

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

Subpopulation Feedback

Latino Population

- Disconnected from health services due to language barriers, lack of insurance

Individuals with HIV

- Need for transportation to appointments



Income and costs

There are a lot of folks past retirement who can't afford to live independently for the rest of their life and aren't sure where to go and receive assistance.



Insurance

Medication and insurance is a big issue. Certain insurances make drug costs so expensive unfortunately.

Dental Care

2

unique barrier themes described related to **dental care**

Subpopulation Feedback

Individuals with Medicaid

- Difficult to find immediate care



Insurance

Not many dentists in Henderson or the area that take Medicaid. Families have to travel to Bowling Green, Paducah, or Elizabethtown to find a doctor to take Medicaid.



Transportation

Patients don't want to wait on a bus. [Service provider has] a no-show rate that is pretty staggard. Driven by a lack of transportation for some. Very limited Ubers and taxi drivers in Henderson.

Nutrition and Obesity

4

unique barrier themes described related to **nutrition and obesity**

Subpopulation Feedback

Individuals with SNAP/EBT Benefits

- Unsure where to get healthy food using their benefits

Older Adults

- Activities centered around food
- Lack of knowledge about healthy habits



Access to healthy foods

Just the access to healthy food. [It's unclear if people can shop at] the farmers markets using those type of benefits. I don't know what the options are for them.



Education

Just a lack of literacy and education on what is healthy. I think our patients struggle with that...so just the education on healthy habits and healthy eating and those things that are definitely better.



Cost of healthy foods

Cost is an issue. The least healthy foods are the cheapest.



Generational cycles

It's difficult trying to get in those habits. It's a generational type thing.

Other Identified Needs

1

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

Subpopulation Feedback

Latino Population

- Some are living in older homes in need of expensive repairs



Safe and affordable housing

Families move to avoid eviction, getting a little harder for families to find places. Shelters are full. It is not a number one need, our community is good about coming and helping the family, but as a whole, it does need to be looked at.



Appendices

Appendix A: 2024 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 CHNA Stakeholder Survey; (b) guide specific analyses of data from the CHNA Stakeholder Survey and focus groups; (c) provide data summaries and other insights to stakeholders and hospital staff during CHNA-related meetings and discussions; and (d) serve as a foundation for the review of ongoing efforts and key decisions about the services offered by the hospitals.

Data Sources

The review focused on similar data sources used in prior assessments and included the most recently available data prior to the prioritization session (June 2025). 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 2025 version of County Health Rankings & Roadmaps, a project of the Population Health Institute of the University of Wisconsin that is supported by the Robert Wood Johnson Foundation, (b) Kentucky State Data Center, (c) U.S. Census, (d) the Welborn Baptist Foundation 2025 Greater Evansville Health Survey, (e) Annie E. Casey Foundation: Kids Count Data Center, (f) Kentucky Incentives for Prevention, and (g) Centers for Disease Control and Prevention (CDC) Wonder. Specific data sources are presented under each table in the secondary data section.

Stakeholder Surveys

In the fall of 2024, the Community Health Needs Assessment (CHNA) steering committee identified organizations serving Henderson County with unique perspectives on community health. Representatives from the identified organizations were invited to complete a survey around the primary issues impacting health and social determinants of health among residents. The survey was administered electronically by Diehl Consulting Group.

In total, 45 participants provided survey feedback. Many respondents worked in the medical/healthcare field (37.8%), though nonprofit (26.7%), public service (20.0%), education/youth development (6.7%), and other (8.9%) organizations were also represented. Many respondents identified as management or organizational leadership (44.4%), while others represented professional/technical (17.8%) or administrative/clerical (4.4%) positions. Physicians or advanced providers comprised 4.4% of the responding sample, 6.7% identified as nurses or nursing support, and 22.2% listed their position as other (e.g., therapist, program assistant).

The survey itself included three sequential steps:

- (1)** Survey respondents were presented with a list of sixteen (16) health issues and social determinants of health, as well as an opportunity to write in other issues not included on the list. Participants were then instructed to select the five (5) issues they consider to be highest priority needs in Henderson County.
- (2)** Respondents then ranked the five (5) issues they selected during the first step on a scale of 1 (highest priority) to 5 (fifth highest priority). Ultimately, ranking scores were reversed such that higher total ranking scores indicated higher priority.
- (3)** Finally, for each of the five (5) selected issues, respondents were invited to provide feedback on three areas:
 - The **perceived trend** of the issue since 2021 (*Survey item: Since 2021, this health issue has: Gotten a lot worse, Gotten a little worse, Stayed about the same, Improved a little, Improved a lot*);
 - An optional narrative response specific to any progress made since 2021 in addressing the health issue;
 - 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
 - Perceived **barriers** in addressing the health issue based on a list of 18 social determinants of health conditions (SDOH) (*Survey item: **Social determinants of health (SDOH)** are conditions where people are born, live, learn, work, play, worship, and age that impact their health, well-being, and quality of life. Please select **up to three (3)** conditions you consider to be the greatest barriers in addressing this health issue in this county. If you do not see a specific barrier below, please insert it under other.*

2024 Community Health Needs Assessment (CHNA) Stakeholder Survey

Note: Survey was administered electronically

Thank you for participating in the Community Health Needs Assessment (CHNA). Your organization has been identified by the CHNA Planning Team 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. Sixteen health issues are listed below. Please select the five (5) issues you consider to be the highest priorities (ranked first through fifth) in this county. You will be asked additional questions specific to each health issue you select. If you do not see a specific health issue below, please insert it under other.

**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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Alcohol use or misuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Child neglect and abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Disability needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Infant mortality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Infectious diseases like HIV, STDs, hepatitis, and TB)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Injuries and accidents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Nutrition and obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Reproductive health and family planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Substance/drug use or misuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Tobacco use or vaping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Other (please be specific): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[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 2021**, this health issue has:
 - Gotten a lot worse
 - Gotten a little worse
 - Stayed about the same
 - Improved a little
 - Improved a lot

2. **What, if any, progress** has the community made **since 2021** in addressing this health issue?

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

 4. **Social determinants of health** (SDOH) are conditions where people are born, live, learn, work, play, worship, and age that impact their health, well-being, and quality of life. Please select **up to three (3)** conditions you consider to be the greatest barriers in addressing this health issue in this county. If you do not see a specific barrier below, please insert it under other.

Economic Stability	
• Unemployment/underemployment	0
• Poverty/inability to afford to meet basic needs (food, housing, medical care/medication, heating)	0
Education	
• Access to quality early childhood education	0
• Not completing high school or GED	0
• Lack of education/job training after high school (e.g., college, apprenticeships)	0

Healthcare Access & Quality	
• Not having health/dental insurance or being underinsured	0
• Lack of reliable/affordable transportation	0
• Lack of providers or specific services to address needs	0
• Provider waitlist or appointment times	0
Neighborhood and Built Environment	
• Difficulty in accessing affordable, nutritious foods	0
• Environmental conditions (e.g., pollution, water quality)	0
• Housing insecurity (e.g., affordability, availability, safety)	0
Social & Community Context	
• Lack of social connections (e.g., family, friends, neighbors, co-workers)	0
• Lack of childcare	0
• Lack of awareness or understanding of the health issue	0
• Discrimination (age, disability, gender, identity, race)	0
• Lack of linguistic and/or culturally competent services	0
Other	
Other (please be specific):	0
Other (please be specific):	0
Other (please be specific):	0

5. **OPTIONAL:** If you would like to clarify any of the above responses specific to this health issue, please provide it below.

Thank you!

Focus Groups

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

Specific questions included:

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

In total, 4 focus groups were conducted in Henderson County on March 6, 2025. The 29 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 two or more similar ideas. In some cases, participants indicated if an issue represented a specific subpopulation (e.g., youth, individuals with disabilities, race/ethnicity). Feedback related to any subpopulations was presented in the highlight summary even if a single participant provided insight related to the subpopulation in question.

Appendix B: Focus Group Participants

Henderson County: Focus Group Participants March 6, 2025

	Name	Organization
1.	Laura Watkins	Baptist Health Deaconess
2.	Angela Smith	Deaconess Health System
3.	Brandon Chappell	Deaconess Health System
4.	Kintina Chapman	Deaconess Health System
5.	Linda White	Deaconess Health System
6.	Mackenzie Bailey	Deaconess Health System
7.	Melissa Clements	Deaconess Health System
8.	Pam Hight	Deaconess Health System
9.	Karen Hill	Diabetes Coalition
10.	Abraham Brown	Holy Name of Jesus Catholic Church
11.	Matt Reynolds	Habitat for Humanity
12.	Clay Gillham	Henderson Chamber of Commerce
13.	Sarah Crick	Henderson Community College
14.	Yvonne Hall	Henderson County Schools
15.	Bobbie Jarrett	Henderson Housing Authority
16.	Lori Henry	Henderson Nursing and Rehab
17.	Alisha Brantley	Henderson Schools
18.	Shawna Evans	Henderson Schools
19.	Charles Johnson	Human Rights Commission
20.	Leslie Newman	Kentucky Courts
21.	Sarah Phillips	Matthew 25
22.	Courtney Woolfork	Matthew 25
23.	Candace Owens	Redbanks Senior Apartments
24.	Shari Newton	Redbanks Senior Apartments
25.	Michelle Nobles	RiverValley Behavioral Health
26.	Kayley Hayden	RiverValley Behavioral Health
27.	Rachel Heath	RiverValley Behavioral Health
28.	Mari-Grace Alexander	RiverValley Behavioral Health
29.	Melanie Ashworth	RiverValley Behavioral Health/Green River Regional Interagency Council

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


Appendix C: Prioritization Participants

Henderson County: Prioritization Session June 24, 2025

	Name	Organization
1.	Melissa Clements	Deaconess Foundation
2.	Jeffrey Walker	Deaconess Health System
3.	Linda White	Deaconess Health System
4.	Mackenzie Bailey	Deaconess Health System
5.	Pam Hight	Deaconess Health System
6.	Gary Hall	Green River District Health Department
7.	Karen Hill	Henderson County Diabetes Coalition
8.	Abraham Brown	Holy Name of Jesus Catholic Church

Appendix D: Prioritization Information


Presentation slides, prioritization notes, and secondary data used to support the prioritization process follow.



2024


Community Health Needs Assessment Henderson County Prioritization Session

Tuesday, June 24, 2025



1

1



Welcome!

Introductions among prioritization session participants
Please share your name, organization, and position

2

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

3



Recent Community Health Assessment

→ The following themes emerged from the 2021 (2022) assessment:

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

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2024 Community Health Needs Assessment

- 1 High-level review of community (secondary) data
- 2 Primary data collection methods and triangulation
- 3 Considerations and limitations
- 4 Prioritizing health issues



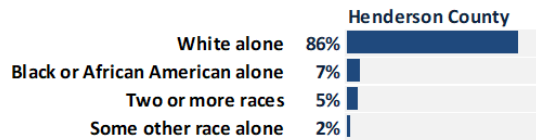
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Henderson County at a Glance

→ 44,493 total residents



→ Selected community metrics:

- Median household income: \$58,700 (2023)
- Homeownership: 64% (compared to 68% statewide) (2019-2023)
- Lower rates of injury deaths (2019-23) compared to the state
- 28% of children in single-parent families (compared to 25% statewide) (2019-23)

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6



Henderson County Selected Health Indicators



→ 20% of residents report **poor or fair health** (state=20%), averaging **4.9 poor physical health days** in the past month which is **higher** than the state average (state=4.5) (2022).



→ 546 deaths representing a death rate of 1,238 per 100,000 residents (State=1,172). **Heart disease** is the leading cause of death, followed by **cancer** (2023).

→ **Infant mortality** rate of 8 per 1,000 infants is similar to state rates (State=6; 2019-2022); **higher** rate of **low birthweight** (11.9%; State=8.9%).

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Henderson County Healthcare Access

→ Approximately **4.7%** of residents are **uninsured** (state=5.9%) (2019-2023).



→ Resident to healthcare provider ratios lag statewide ratios for primary care physicians (2021), mental health providers (2024), dentists (2022), and other primary care providers (2024).

**These ratios may not fully account for populations served, insurance types accepted, or magnitude of need for services.*

→ **81%** of respondents to the Greater Evansville Health Survey (2025) had a **routine checkup** in the last year (85% in the region).

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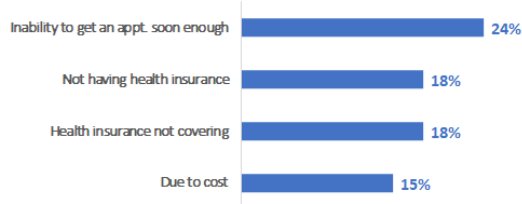
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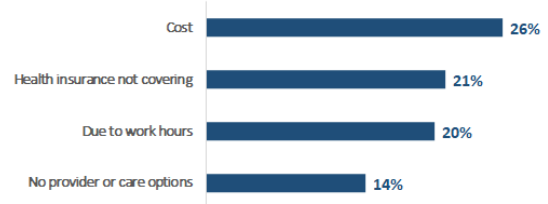
Henderson County Healthcare Access

→ 79% of respondents to the Greater Evansville Health Survey (2025) reported receiving the **physical health care** their family needs (compared to 85% in the region), and 59% reported receiving the **mental health care** needed (compared to 67% in the region).

% delaying or not receiving physical health care because of...



% delaying or not receiving mental health care because of...



9

9



Henderson County Selected Healthy Living Indicators



- 17% of residents suffer from **food insecurity** (2022). This reflects 7,600 people in the county.
- 19% reported being **unable to purchase fruits and vegetables** (Greater Evansville Health Survey, 2025).



- 40% of adults meet criteria for **obesity** (comparable to the state) (2022).
- 26% of adult residents report being **physically inactive** (compared to 25% statewide) (2022).



- 9% of adults (in the region) reported that a health professional/doctor has told them their child is overweight, 29% that their child needs to eat more fruits and vegetables, and 17% that their child needs to get more physical activity (Greater Evansville Health Survey, 2025).

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Henderson County Selected Mental and Behavioral Health Indicators

→ Residents report **5.7 poor mental health days** in the past month (comparable to the state [State=5.0]) (2022).



→ Based on the Greater Evansville Health Survey (2025):

- **21%** of residents reported being told by a doctor, nurse, or other health professional in the past 12 months that they have (or still have) a **depressive disorder** and **28%** any type of **anxiety**.

→ The **suicide rate** is **17 per 100,000 residents** (comparable to the state [State=18]) (2018-2022). In 2023, the number of suicides was **nearly triple** (n=14) the number of suicides in 2018 (n=5).

→ **25.5%** of 10th grade students across multiple school districts in the River Valley area report **serious psychological distress** (State=25.2%; KIP, 2021).

11

11



Henderson County Selected Social Indicators



→ 541 reports met criteria for **child neglect and abuse** (2021). The rate of **children in foster care** was **35.7 per 1,000** (2021-2023).



→ **22%** of adults report **binge drinking/drinking in excess** (Region=26%; 2025 Greater Evansville Survey), and the **drug overdose** rate is 23 per 100,000 residents (2020-22).

→ **9.5%** of 10th grade students across multiple school districts in the River Valley area report **binge drinking/drinking in excess** (State=6.4%), and **20.4%** report vaping in the past 30 days (State=12.3%).

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Henderson County Identified Issues Associated with Access



- County spans 466 square miles
- Limited resources in the rural areas of the county was mentioned as a barrier to accessing healthcare services and healthy foods
- Transportation was mentioned as a barrier to accessing services

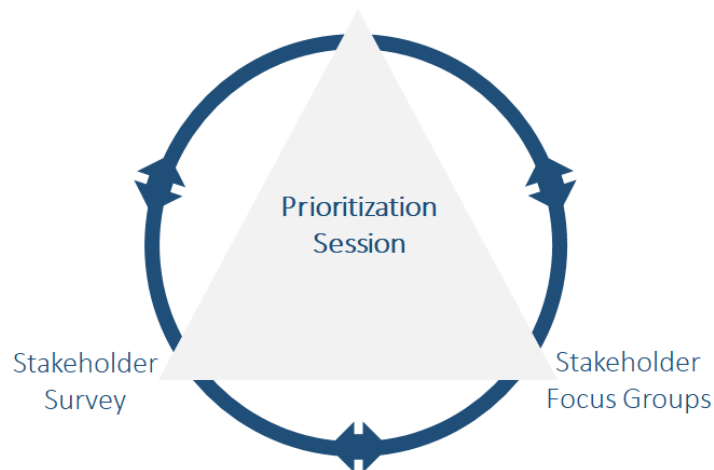
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Triangulating Data to Inform Priorities

Secondary Data Collection



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Stakeholder Survey

In the winter of 2025, organizations serving Henderson County with unique perspectives on community health were identified. Representatives from the identified organizations were invited to complete a survey around the primary issues impacting health and social determinants of health among residents.

→ **45 total respondents** primarily representing medical/healthcare (38%)
 Others represented nonprofits, education/youth development, or public service

- 1 From a list of sixteen (16) health issues and social determinants of health, participants **selected the five (5) issues they consider to be highest priority needs** in Henderson County.
- 2 Respondents **ranked the five (5) issues they selected** during the first step on a scale of 1 (highest priority) to 5 (fifth highest priority).
- 3 For each of the five (5) selected issues, respondents provided feedback on a) the **perceived trend** of the issue since 2021, 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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Stakeholder Survey

Selected Results

Priority Ranking	Health Issue	Total Ranking Points	Perceived Worsening Trend	Perceived Inadequate Resources
1	Mental health	149	82%	82%
2	Substance/drug use or misuse	96	82%	59%
3	Aging and older adult needs	69	78%	50%
4	Dental care	66	73%	60%
5	Chronic diseases	62	74%	47%
6	Nutrition and obesity	51	94%	63%
7(T)	Alcohol use or misuse	26	67%	67%
7(T)	Disability needs	26	40%	75%
9(T)	Child neglect and abuse	21	50%	83%
9(T)	Infectious diseases	21	75%	75%
11	Tobacco use or vaping	20	71%	71%
12	Suicide	14	100%	80%
13(T)	Reproductive health and family planning	8	50%	50%
13(T)	Violent crime	8	67%	67%
15	Injuries and accidents	6	33%	67%

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Stakeholder Focus Groups

In the winter of 2025, organizations serving Henderson County with unique perspectives on community health were identified. 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 March 6, 2025
- 29 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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Stakeholder Focus Groups Example Results

Substance/Drug Use or Misuse

5 unique barrier themes described related to substance/drug use or misuse

Subpopulation Feedback

- Children/Youth**
 - Access to substances
 - Popularity of nicotine pouches
- Latino Population**
 - Use/misuse of alcohol
- Older Adults**
 - Use/misuse is a barrier to housing placement

Accessibility of substances
Our kids love THC. Marijuana is not the same as it was then, students now use pens and if parents allow vaping, they are doing [THC] without parents knowing.

Prevalence of the issue
Nicotine pouches are on the rise with youth in schools. "Youth are putting these pouches in their mouth and teachers can't really know, can't really see."

Awareness/knowledge/understanding of the issue
Lack of education especially in some populations where people just don't know how to deal with it where to go, shame, scared of what it will do to their future employability.

Awareness/use of available resources
We really do need to make sure other organizations know of programming out there.

Stigma related to the issue
People hide and don't want to seek help because it brings it to light.

Mental health

8 unique barrier themes described related to mental health

Subpopulation Feedback

- Children/Youth**
 - Lack of providers
 - Increased prevalence of needs
- Latino Population**
 - Lack of providers who speak Spanish
- Individuals with HIV**
 - Long wait times
- Women who are Pregnant/Postpartum**
 - Low availability of care
- Older Adults**
 - Lack of resources for care at home

Access to care/services: Providers
"We are struggling in this community to have the availability of counselors, therapists, psychiatrists/psychologists."

Access to care/services: Wait times
"The waiting period to see somebody could be up to a year."

Co-occurring issues
A lot of crossovers between maternal health, female help, and mental health. At times there is a bit of gap in availability of care for women experiencing pre/post partum hormone challenges.

Language barriers
Within the Latino community, we still have difficulties with services provided in Spanish. Only resource has been Catholic Charities in Owensboro.

Increasing prevalence of the issue
A lot of younger children, younger cases now.

Insurance
They may not have insurance.

Prevalence of the issue
Generally, it seems like mental health is also a top concern for teens themselves. "From the feedback we did get from [teens], they said mental health was their top concern too."

Travel out of the community
I think it is also rough for emergency services needed for mental health for Henderson. Evaluations have to go to Evansville or Owensboro.

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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 2025 County Health Rankings reflect years-old data for some indicators.
- Individual health issues are interrelated in many cases.
While data were collected for each health issue, 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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Prioritization Process (Guiding Questions)



- ① 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**?
- ② Which issues can we **reasonably impact** over the next three years by leveraging existing resources/partnerships or establishing new resources/partnerships?
- ③ Which issues are **most relevant** to Henderson County as a whole? We encourage all participants to look beyond any agendas of their individual organizations.

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Thank You!

→ Questions about the 2024 Community Health Needs Assessment? Please contact:

Dan Diehl: Diehl Consulting Group
dan@diehlgrp.com

Doug Berry: Diehl Consulting Group
doug@diehlgrp.com

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

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2025 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

Henderson County Prioritization Session Documentation

June 24, 2025, 10:00-11:30

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

- **Secondary Data Summary:** Included various secondary data sources (e.g., Census, County Health Rankings) used to better understand current trends and the magnitude of needs.
- **Focus Group Highlights:** Included themes identified from focus group participants, as well as area of focus specific to subpopulations (e.g., youth, young adults, mothers/infants).
- **Stakeholder Survey Results:** Included detailed results from the stakeholder survey depicting priority rankings, perceived trends, and perceived adequacy of resources, as well as identified barriers across and within health needs.

2025 Priorities

Included below are the **four priorities** that emerged from the 2025 prioritization session for Henderson County. Listed below each priority are selected considerations offered by prioritization participants during the facilitated discussion.

BEHAVIORAL HEALTH (Highlighting the intersection between mental health and substance use/misuse)

Behavioral health includes issues specific to mental health and substance/drug/alcohol use or misuse. Considerations specific to the prioritization of behavioral health included:

- Prevalence and co-occurring nature of mental health and substance use/misuse within the county. Co-occurrence is critical to consider from both a diagnostic and advocacy standpoint.
- Limited mental health providers in the community, especially particular specialties (e.g., psychiatrists, therapists).
- While tobacco use may be decreasing, nicotine products overall seem to be gaining prevalence (e.g., vaping, oral pouches)—particularly among younger adults.
- Mental health supports are present in Henderson County schools. It will be important for these providers to be included in action planning around this priority.

HEALTH ACCESS

Health access involves all members of the community receiving the services they need.

Considerations specific to the prioritization of access included:

- The immigrant population is growing in Henderson County, likely even beyond what the most recently available secondary data show. This increasing population highlights the need for medical services to be available through culturally responsive means (e.g., translated materials, interpretation services, cultural liaisons or navigators).
- Particular areas in which cultural barriers can be addressed involve mental health care and prenatal care.
- Socioeconomic status is also associated with access to care (e.g., lack of prenatal care for young mothers in the East End), as affordability and lack of awareness of available resources may be barriers to care.
- Accessing care overall was identified as a barrier to receiving services across health issues (e.g., mental health, dental care), including limited providers in the community who accept Medicaid and challenges with transportation.
- Positive steps are being taken in the community around health access. For example, a mobile clinic serves lower income and immigrant populations and an increasing number of individuals from different cultures are pursuing nursing (potentially presenting an opportunity to liaise to underserved populations). Action planning should leverage and build upon these steps.

HEALTHY LIVING

Healthy living involves nutrition (including healthy food access), physical activity, and preventative care. Considerations specific to the prioritization of healthy living included:

- Prevention and reduction of obesity, diabetes, and other chronic diseases is associated with promotion of healthy eating and behaviors.
- Healthy behaviors are driven by both access and awareness, highlighting the need for community education around an active, nutritious lifestyle.
- Existing organizations in Henderson County (e.g., Henderson County Diabetes Coalition) are already working to promote healthy living. Action planning should acknowledge and build upon existing efforts.

ADVOCACY AND AWARENESS

Advocacy and awareness involve educational outreach and cultivating understanding of health priorities among residents, including the existence and importance of available resources.

Considerations specific to the prioritization of advocacy and awareness included:

- Community health is impacted by current and potential funding cuts to Medicaid and other programs. As more programs potentially experience funding reductions, advocacy and awareness for continued and expanded programs and services to address health needs will be needed.
- As part of the advocacy and awareness discussion, participants also described the importance of collaborating in efforts across community partners regionally and throughout the state.
- Promotion of available services to educate decision-makers and community members who may not be aware of resources that are available to them.

Secondary Data Synthesis

This section synthesizes selected data from the secondary data section by common health issues. Source tables from the secondary data section are referenced for relevant information.

#1 Mental Health

#12 Suicide



SECONDARY
DATA

- ✓ **Poor Mental Health:** 5.7 (*Margin of Error [MOE]: 4.5-6.8*) average number of poor mental health days in the last 30 days (State=5.0). (*Table 1.12*)
- ✓ **Frequent Mental Distress:** 18% (*MOE: 16-20%*) of residents reporting 14 or more days of poor mental health (State=16%). (*Table 1.12*)
- ✓ **Mental Health Providers:** 670:1 ratio of residents to providers (State=320:1); improving trend compared to prior years per County Health Rankings (2025). Ratio includes both active providers and possibly providers not currently practicing or taking on new patients. (*Table 1.16*)
- ✓ **Reported Depression and Anxiety:** 21% of residents reported being told they have (or still have) a depressive disorder by a doctor, nurse, or other health professional in the past 12 months, while 28% reported being told they have (or still have) any type of anxiety (Greater Evansville Health Survey, 2025). (*Table 1.22*)
- ✓ **Insurance Status (under age 65):** Overall, 4.7% of residents are uninsured, which represents 7.2% of adults and 2.2% of children (State=5.9% overall; 8.2% adults; 4.2% children). Higher overall rates of public insurance in Henderson County (49.3% overall; 21.5% Medicare; 31.0% Medicaid/Means-Tested Public Coverage) compared to the state (44.4% overall; 20.0% Medicare; 27.4% Medicaid/Means-Tested Public Coverage). (*Table 1.17*)
- ✓ **Child Mental Health:** 8% of children were told by a health professional to get more sleep, and 6% were told to reduce stress. Additionally, 20% reported receiving a diagnosis of ADD/ADHD, and 20% reported receiving a diagnosis of anxiety (Greater Evansville Health Survey, 2025). (*Table 1.23*)
- ✓ **Suicide Rate:** 17 (*MOE: 11-23*) per 100,000 suicide rate among residents (State=18). (*Table 1.8*)
- ✓ **Access to Mental Health Care:** 59% of residents reported that their family receives the mental health care they need. Of those identifying barriers to mental health care, 26% reported delaying or not receiving care because of cost, 21% health insurance not covering care, 13% not being able to get an appointment soon enough, and 14% due to no provider or care options (Greater Evansville Health Survey, 2025). (*Table 1.24*)

#2 Substance/Drug Use or Misuse

#11 Tobacco Use or Vaping

#7(T) Alcohol Use or Misuse



SECONDARY
DATA

- ✓ **Drug Overdose Death Rate:** The drug overdose death rate in the county is 23 (MOE: 16-33) per 100,000 residents (State=50) per County Health Rankings (2025). (Table 1.18)
- ✓ **Insurance Status (under age 65):** Overall, 4.7% of residents are uninsured, which represents 7.2% of adults and 2.2% of children (State=5.9% overall; 8.2% adults; 4.2% children). Higher overall rates of public insurance in Henderson County (49.3% overall; 21.5% Medicare; 31.0% Medicaid/Means-Tested Public Coverage) compared to the state (44.4% overall; 20.0% Medicare; 27.4% Medicaid/Means-Tested Public Coverage). (Table 1.17)
- ✓ **Excessive Drinking:** 16% (MOE: 12-19%) of residents report binge/excessive drinking (State=15%). Based on responses to the Greater Evansville Health Survey (2025), 22% reported binge/excessive drinking, though differences in data sources and data collection timing should be considered. (Tables 1.18 and 1.22)
- ✓ **Alcohol Impaired Driving Deaths:** 22% (MOE: 15-30%) of motor vehicle crash deaths involved alcohol in the 5-year measurement period (2018-2022) (State=26%). (Table 1.18)
- ✓ **Adult Smoking:** 17% (MOE: 15-19%) of residents report smoking (currently and at least 100 cigarettes in their lifetime) (State=18%). (Table 1.18) Based on responses to the Greater Evansville Health Survey (2025), 12% reported smoking cigarettes and 15% electronic cigarettes, though differences in data sources and data collection timing should be considered. (Table 1.22)

#3 Aging and Older Adult Needs



SECONDARY
DATA

- ✓ **Age:** 18.8% of residents in Henderson County are 65 years and over (State=17.0%; 2019-2023 ACS 5-Year Estimates (Table 1.5)

#4 Dental Care



- ✓ **Dentists:** 1,920:1 ratio of residents to providers (State=1,500:1); improving trend compared to prior years per County Health Rankings (2025). (*Table 1.16*)
- ✓ **Insurance Status (under age 65):** Overall, 4.7% of residents are uninsured, which represents 7.2% of adults and 2.2% of children (State=5.9% overall; 8.2% adults; 4.2% children). Higher overall rates of public insurance in Henderson County (49.3% overall; 21.5% Medicare; 31.0% Medicaid/Means-Tested Public Coverage) compared to the state (44.4% overall; 20.0% Medicare; 27.4% Medicaid/Means-Tested Public Coverage). (*Table 1.17*)

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

#9(T) Infectious Diseases (e.g., HIV, STDs, and hepatitis)



- ✓ **Mortality:** There were 546 deaths in Henderson County representing a 1,237.6 age adjusted rate per 100,000 residents (State=1,171.9). Heart disease was the leading cause of death in the county (County=181.3; State=118), followed by cancer (County=226.7; State=234.6). (*Table 1.21*)
- ✓ **Poor or Fair Health:** 20% (MOE: 17-22%) of residents report their health as poor or fair (State=20%). On average, residents report 4.9 physically unhealthy days in the last 30 days. (*Table 1.12*)
- ✓ **Primary Care Physicians:** 1,930:1 ratio of residents to primary care physicians (State=1,600:1); worsening trend compared to prior years per County Health Rankings (2025). (*Table 1.16*)
- ✓ **Other Primary Care Providers:** 750:1 ratio of residents to other primary care providers (State=520:1) improving trend compared to prior years per County Health Rankings (2025). (*Table 1.16*)
- ✓ **Insurance Status (under age 65):** Overall, 4.7% of residents are uninsured, which represents 7.2% of adults and 2.2% of children (State=5.9% overall; 8.2% adults; 4.2% children). Higher overall rates of public insurance in Henderson County (49.3% overall; 21.5% Medicare; 31.0% Medicaid/Means-Tested Public Coverage) compared to the state (44.4% overall; 20.0% Medicare; 27.4% Medicaid/Means-Tested Public Coverage). (*Table 1.17*)
- ✓ **Preventable Hospital Stays:** There were 3,973 preventable hospital stays for ambulatory-care sensitive conditions per 100,000 (State=3,336); improving trend compared to prior years per County Health Rankings (2025). (*Table 1.16*)
- ✓ **Mammography Screening:** 48% of women (ages 65-74) enrolled in Medicare Part B received a mammogram in the past year (State=43%); improving trend compared to prior years per County Health Rankings (2025). (*Table 1.16*)
- ✓ **Routine Checkup:** Based on responses to the Greater Evansville Health Survey (2025), 81% of residents reported having a routine checkup in the last year (Region=85%). (*Table 1.22*)

- ✓ **Reported Health Issues:** Based on responses to the Greater Evansville Health Survey (2025), 25% or more residents reported the following health conditions: arthritis, high blood cholesterol, high blood pressure, and/or obesity. *(Table 1.22)*
- ✓ **Child Health:** Based on responses to the Greater Evansville Health Survey (2025), 12% of parents reported that their child has asthma. *(Table 1.23)*
- ✓ **Sexually Transmitted Infections:** The rate of sexually transmitted infections (e.g., Chlamydia) is 599.4 per 100,000 (State=406.8); worsening trend compared to prior years per County Health Rankings (2025). *(Table 1.18)*
- ✓ **Access to Physical Health Care:** 79% of residents reported that their family receives the physical health care they need. Of those identifying barriers to physical health care, 15% reported delaying or not receiving care because of cost, 18% health insurance not covering care, 24% not being able to get an appointment soon enough, and 11% due to transportation (Greater Evansville Health Survey, 2025). *(Table 1.24)*

#6 Nutrition and Obesity



- ✓ **Adult Obesity:** 40% (MOE: 32-48%) of adults in the county meet criteria for obesity (State=38%). *(Table 1.18)*
- ✓ **Child Overweight:** Based on responses to the most recent Greater Evansville Health Survey (2025), 9% of adults reported that a doctor has told them their child is overweight. *(Table 1.23)*
- ✓ **Physical Inactivity:** 26% (MOE: 21-30%) of residents report being physically inactive (no leisure time physical activity in the past month) (State=25%). *(Table 1.18)*
- ✓ **Access to Exercise Opportunities:** 64% of residents reported having access to exercise opportunities (State=70%); worsening trend compared to prior years per County Health Rankings (2025). *(Table 1.18)*
- ✓ **Child Health:** Based on responses to the Greater Evansville Health Survey (2025), 29% of children were told by a health professional to eat more fruits/vegetables, and 17% were told to get more physical activity. *(Table 1.23)*
- ✓ **Food Insecurity:** 17.0% of residents did not have a reliable source of food (State=15.7%). This represents 7,600 people. *(Table 1.20)*
- ✓ **Access to Healthy Foods:** 3% of low-income residents have limited access to healthy foods (State=6%); improving trend compared to prior years per County Health Rankings (2025). Based on responses to the Greater Evansville Health Survey (2025), 19% of residents reported not being able to purchase fruits and vegetables. *(Tables 1.18 and 1.22)*
- ✓ **Vegetable/Fruit Consumption:** Residents reported eating fruits 4 times and vegetables 8 times in a week. *(Table 1.22)*

#9(T) Child Neglect and Abuse



- ✓ **Reports of Child Abuse/Neglect:** In Henderson County, there were 541 reports of child abuse or neglect (2021). *(Table 1.10)*
- ✓ **Foster Care:** The rate of children in foster care for the county was 35.7 per 1,000 children (State=45.0). *(Table 1.10)*
- ✓ **Children in Single-Parent Households:** 28% (MOE: 21-35%) of children live in single-parent households (State=25%). *(Table 1.8)*

#16 Infant Mortality

#13(T) Reproductive Health and Family Planning



- ✓ **Infant Mortality:** The infant mortality rate for the county is 8 deaths among children less than one year of age per 1,000 live births (State=6). *(Table 1.14)*
- ✓ **Low Birthweight:** 11.9% of live births were to children with low birthweight (State=8.9%). *(Table 1.15)*
- ✓ **Teen Births (Ages 15-19):** The teen birth rate in Henderson County was 38 per 1,000 (State=24). *(Table 1.15)*
- ✓ **Smoking during Pregnancy:** 9.7% of mothers smoked during their pregnancy (State=12.6%). *(Table 1.15)*

#13(T) Violent Crime (e.g., sexual assault, domestic violence, gun violence, or rape)

#15 Injuries and Accidents



- ✓ **Violent Crime/Homicide:** Homicide rate is 5 (MOE: 3-8) per 100,000 residents (State=7); lower than the state rate. *(Table 1.8)*
- ✓ **Accidents (Unintentional injuries):** 113.3 per 100,000 age-adjusted deaths in the county are a result of accidents (State=117.4). *(Table 1.21)*

Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Deaconess Health Systems has cataloged resources available in Henderson County that address the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other nonprofit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem.

The resources listed are not intended to be exhaustive.

Organization Name	Phone	Website
Hospitals		
<ul style="list-style-type: none"> Deaconess Henderson Hospital 	(270) 827-7700	https://deaconess.com/Deaconess-Henderson-Hospital
Information and Referral		
<ul style="list-style-type: none"> Kentucky 211 	211 or text zip code to 898211	https://kentucky211.org/
<ul style="list-style-type: none"> Henderson County Health Center 	(270) 826-3951	https://healthdepartment.org/location/henderson-county-health-center/
Federally Qualified Health Centers (FQHCs)		
<ul style="list-style-type: none"> Health First CHC – Cabell Platt 	(270) 826-4800	https://www.healthfirstchc.net/locations/cabell-platt/

Appendix F: Evaluation of Impact from Previous CHNA Implementation Strategy (Deaconess Henderson Hospital)

Deaconess Henderson Hospital

The significant needs in the 2022 CHNA are similar to those adopted in previous plans – mental health; obesity/diabetes/physical activity; and substance abuse of alcohol/tobacco/other drugs. However, the CHNA also included the consideration of health equity and access to each need.

- Deaconess Henderson hospital has resumed in-person monthly meetings of the Healthy Henderson coalition, which also has included the recreation of committees to help address the identified needs.
- In fiscal years 2022, 2023, and 2024, Deaconess Henderson Hospital has worked to provide community outreach and education through community events and events held at the Hospital. A few of these events are Tri-Fest and Babypalooza (for pregnant mothers and partners). Both events included provider involvement and education for attendees on health-related topics and services.
- Several Deaconess providers participated in cancer screenings in 2022, 2023 and 2024. This included lung cancer screenings, skin cancer screenings, colon cancer and breast cancer screening and awareness events.
- To address access to care, Deaconess Henderson Hospital is working with local non-profits Chemo Buddies, Deaconess Foundation, and American Cancer Society to provide rides for cancer patients to make sure they are continuing their care.
- In addition, Deaconess has worked with Henderson Schools on mental health first aid training courses and a community suicide awareness campaign.
- To address obesity/diabetes, diabetes/a1c screening events have continued and are funded by Deaconess Henderson Hospital. The community diabetes support group continues to meet with support from Deaconess Henderson Hospital.
- To address some of the substance abuse in the community, smoking cessation programs continue to grow and are supported at Deaconess Henderson Hospital.