Deaconess

UNION COUNTY, KENTUCKY

2024 COMMUNITY HEALTH NEEDS ASSESSMENT
August 2025

Executive Summary-Union 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 five identified priorities.

Local Health Priorities Identified

Access to Care	Mental Health	Older Adult Care	Substance Use	Community Collaboration & Education

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

16 providers/stakeholders responded to the survey

2 focus groups were held with **12** participants

12 individuals participated in a prioritization session representing 3 organizations:

Deaconess Health System

First Baptist Church

Green River Distr. Health Dept.

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Appendices

Introduction

Community Health Needs Assessment (CHNA) Overview

This report provides a comprehensive overview of the 2024 CHNA conducted by Deaconess Health System for Union 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 October 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 Union 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 Union County Hospital opened in 1946 and serves the Morganfield, KY community. The acute care hospital has a 25-bed acute care wing, as well as a 16-bed extended care facility.

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

Previous CHNA Effort (2021 CHNA-January 2022)

In 2021, Deaconess Health System conducted a Community Health Needs Assessment (CHNA) in Union 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 Annie E. Casey Foundation: Kids Count Data Center, (e) Kentucky Incentives for Prevention, and (f) 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 2021, the adequacy of resources devoted to addressing the issue, and any perceived barriers to addressing the issue.

Stakeholder focus groups were conducted virtually with 13 participants across 2 groups representing medical/healthcare organizations as well as organizations with unique perspectives on public service, nonprofit services, child/youth development, health equity, and business/economic development. 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 to review data from all CHNA activities and identify priorities. The following priorities were identified through the process:

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

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:

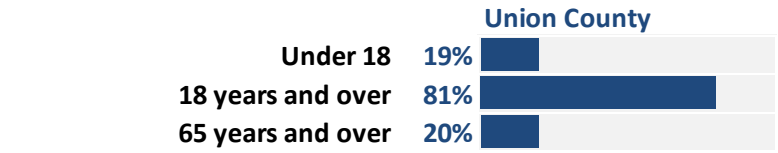
- **Deaconess Health System:** Via the website: *https://www.deaconess.com/About-Us/Community-Health-Needs-Assessment*.

About the 2024 CHNA Service Area

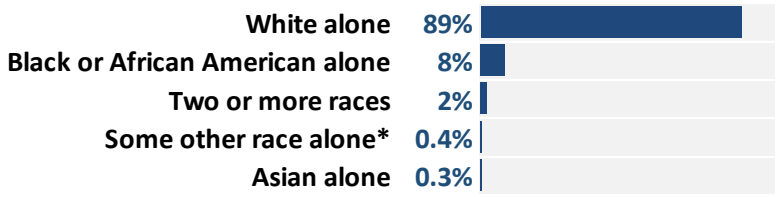
For the purposes of the CHNA, all zip codes in Union County and all people living in the county at the time the CHNA was conducted are included in the service area.

13,379
residents

AGE

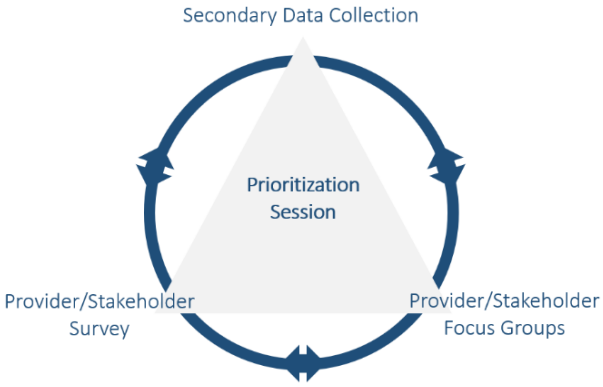


RACE



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 Annie E. Casey Foundation: Kids Count Data Center, (e) Kentucky Incentives for Prevention, and (f) Centers for Disease Control and Prevention (CDC) Wonder.

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 12 participants across 2 groups representing medical/healthcare organizations as well as organizations with unique perspectives on public service, 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. 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 (July 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.

3. 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 community organizations in the service area, including hospital staff, participated in an in-person meeting to review data collected for the CHNA. Specifically, 12 individuals attended the session representing 3 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 Union County as a whole? We encourage all participants to look beyond any agendas of their individual organizations.

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

(5) DCG documented participant recommendations in a shared Word document while facilitating discussion of health issues. 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 needs. This resulted in five priorities. These priorities provide an issue-oriented roadmap for the development of local programs, services, and initiatives that seek to improve the health of the local community.

Access to Care	Mental Health	Older Adult Care	Substance Use	Community Collaboration & Education

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: Access to Care. Access to care addresses limitations around what care is available as well as barriers to receiving care that is available. Considerations specific to the prioritization of access included: (a) Across provider types, it is notable that the ratios are improving—but still lagging the state and still not adequate to meet the need in the county. There are limited providers in the community, especially within particular specialties (e.g., psychiatrists, therapists, cardiologists, dentists). Also, there is not currently an urgent care center in the county; (b) Most providers are centrally located in Morganfield, KY. Transportation is a barrier to access for those living in other areas of the county, as well as those needing to travel outside of the county for care; (c) Insurance coverage, affordability of copays, and access to affordable prescription medication were all described as barriers to accessing care. Affordability of insulin, blood pressure medication, and thyroid medication were noted as creating access issues; and (d) Preventative services provided through the health department to patients receiving Medicare and Medicaid, as well as patients who are uninsured and underinsured patients, were described as a strength in the community. Similarly, some telehealth and home health options are available in the community, though not at the scale to meet community needs.

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

- **Insurance Status (under age 65):** Overall, 5.4% of residents are uninsured, which represents 7.3% of adults and 4.8% of children (State=5.9% overall; 8.2% adults; 4.2% children). Lower overall rates of public insurance in Union County (42.9% overall; 23.2% Medicare; 21.3% 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)*
- **Providers:** Union County is currently designated by the Health Resources & Services Administration (HRSA) as a High Need Geographic Health Professional Shortage Area (HPSA) for primary care, dental health, and mental health providers.[1] Union County lags the state in resident-to-provider ratios for primary care physicians, other primary care providers, mental health providers, and dentists. These ratios may not fully account for populations served, insurance types accepted, or the magnitude of need for services. *(Table 1.16)*

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

- **Poor or Fair Health:** 25% (*MOE:* 22-27%) 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)*
- **Mortality:** Heart disease was the leading cause of death in the county (County=358.6; State=313.2), followed by cancer (County=351; State=234.6). *(Table 1.21)*
- **Access to Health Foods:** 20% of low-income residents have limited access to healthy foods (State=6%); worsening trend compared to prior years per County Health Rankings (2025). *(Table 1.18)*

Selected Findings from Stakeholder Surveys and Focus Groups

- Nearly a third of all barriers identified involved accessing care/services (e.g., not having health/dental insurance or being underinsured, lack of reliable/affordable transportation, lack of providers or specific services to address needs). In addition, several subpopulations were identified as having unique issues accessing care (e.g., individuals with Medicaid/Medicare, older adults).

Priority Issue: Mental Health. The mental health priority involves both mental health needs and the relationship of mental health needs with other areas of the healthcare system. Considerations specific to the prioritization of mental health included: (a) Provision of mental health supports in school is limited. While some school-based mental health providers are available (as well as a partnership with Mountain Comprehensive Care), capacity is not adequate to address the increasing mental health needs of school-aged youth; (b) Due to limited access to mental health providers, mental health needs often involve EMS and emergency room care. Emergency room staff are limited in their ability to address mental health needs. While some referral options are available (e.g., Cumberland Hall, River Valley, Deaconess Cross Pointe), specific provider requirements can be a barrier to care (e.g., serving specific age groups, requiring use of telehealth, necessitating travel). In many cases, this also leads to inadequate follow-up care, which results in repeated trips to the emergency room for ongoing issues; and (c) University of Kentucky Healthcare's EmPATH (psychiatric unit) was noted as a model that could guide action planning locally.

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

- **Poor Mental Health:** 5.5 (*Margin of Error [MOE]:* 4.3-6.7) average number of poor mental health days in the last 30 days in the county (State=5.0). *(Table 1.12)* Further, 20% (*MOE: 18-23%)* of residents reporting 14 or more days of poor mental health (State=16%). *(Table 1.12)*
- **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)*
- **Suicide Rate:** 23 (*MOE:* 13-37) per 100,000 suicide rate among residents (State=18). *(Table 1.8)* Among teens specifically, 7.3% of 10th graders in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, and 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)*

Selected Findings from Stakeholder Surveys and Focus Groups

- Mental health was among the top five highest ranked health issues 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, 75% perceived mental health as getting worse since 2021, and 71% reported inadequate resources are being devoted to addressing mental health.
- Selected barriers specific to mental health related issues included lack of awareness or understanding of the health issue, lack of providers or specific services to address needs, poverty/inability to meet basic needs, not having insurance or being underinsured, and housing insecurity.

Priority Issue: Older Adult Care. The priority on older adult care recognizes health issues within this population and emphasizes efforts to address barriers to needed care. Considerations specific to the prioritization of older adult care included: (a) Food insecurity is a particular challenge for older adults. Transportation and mobility restrictions negatively impact individuals living in areas with limited access to nutritious food. While options exist for having nutritious foods delivered, this can be a challenge for older adults who 1) are less comfortable using mobile apps and 2) direct their fixed income toward prescription costs; (b) Older adults may lack the mobility aids (e.g., ramps, walkers, wheelchairs) they need around their homes. Many live with older spouses or alone, lacking resources to help with prescription management, meals, and telehealth. Collectively, these challenges make it difficult for older adults to age in place without negative health implications; (c) Community volunteer events and organizations (e.g., Teen Challenge) were identified as way to connect older adults with needed services (e.g., ramps and other home needs), but there is limited capacity or awareness of specific needs; and (d) The Gathering Place in Henderson was noted as a model for providing social support among older adults. Senior centers exist in Morganfield and Sturgis, though the community need exceeds the resources available.

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

- **Population:** 19.6% of residents in Union County are 65 years and over (State=16.8%; 2019-2023 ACS 5-Year Estimates *(Table 1.5*).

Selected Findings from Stakeholder Surveys and Focus Groups

- Aging and older adult needs 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 aging and older adult needs as a top-five priority need, 63% perceived aging and older adult needs as getting worse since 2021, and 50% reported inadequate resources are being devoted to addressing aging and older adult needs.
- Selected barriers within aging and older adult needs included poverty/inability to meet basic needs, housing insecurity, not having insurance or being underinsured, and lack of reliable/affordable transportation.

Priority Issue: Substance Use. Substance use includes drugs, alcohol, tobacco, and vaping. Considerations specific to the prioritization of substance use included: (a) Substance use is perceived to be an issue across age groups. While an increasing number of youth and young adults are using, middle-aged and older adults seem to be maintaining use; (b) Specific issues involve alcohol and marijuana use and prescription drug misuse (both intentional and unintentional); (c) Efforts are also in place to address overdoses. Currently, there are five stations across the county stocked weekly with Narcan, and plans are in place to provide "leave-behind kits" containing Narcan in homes. The emergency room continues to receive many overdose patients; and (d) Efforts to provide community education and resources related to substance use prevention are currently provided at community events through the health department. These efforts were described as a starting point for additional action planning.

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

- **Excessive Drinking:** 16% (*MOE:* 12-19%) of residents report binge/excessive drinking (State=15%). *(Table 1.18)*
- **Alcohol Impaired Driving Deaths:** 33% (*MOE:* 18-49%) of motor vehicle crash deaths involved alcohol in the 5-year measurement period (2019-2022) (State=26%). *(Table 1.18)*
- **Adult Smoking:** 24% (*MOE:* 21-27%) of residents report smoking (currently and at least 100 cigarettes in their lifetime) (State=18%). *(Table 1.18)*
- **Teen Alcohol Use:** 17.7% of 10th graders in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, and Webster) reported having more than just a few sips of alcohol in the past 30 days (State=13.0%), and 9.5% reported binge drinking in the past 30 days (State=6.4%) (2021). *(Table 1.19)*
- **Teen Tobacco Use:** 3.8% of 10th graders in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, and Webster) reported smoking cigarettes in the past 30 days (State=4.5%), 4.4% reported using smokeless tobacco in the past 30 days (State=4.9%), and 20.4% reported vaping in the past 30 days (State=12.3%) (2021). *(Table 1.19)*
- **Teen Marijuana Use:** 9.6% of teens in the River Valley School Districts (Daviess, Hancock, Henderson, McLean, Ohio, Owensboro, Union, and Webster) reported using marijuana in the past 30 days (State=8.2%) (2021). *(Table 1.19)*

Selected Findings from Stakeholder Surveys and Focus Groups

- 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, 100% perceived substance/drug use or misuse as getting worse since 2021, and 89% reported inadequate resources are being devoted to addressing substance/drug use or misuse.
- Selected barriers with substance/drug use or misuse included lack of providers to meet basic needs, lack of awareness or understanding of the health issues, and poverty/inability to meet basic needs.

Priority Issue: Community Collaboraton and Education. Community collaboration and education involves efforts to increase awareness around health issues and available resources in the community. Considerations specific to the prioritization of community collaboration and education included: (a) In some cases, healthcare is impeded by a true lack of resources (e.g., limited providers). In other cases, however, services are not received because residents do not know what resources are available. This was true among providers as well, with providers reporting a lack of shared understanding of what is and could potentially be available in the community; and (b) Healthy Henderson was cited as an example to be modeled in Union County. Specifically, participants prioritized formation of a coalition to develop an inventory of available resources and provide community education about what services are available through providers, churches, government, etc.

Selected Findings from Stakeholder Surveys and Focus Groups

- 15% 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: aging and older adult needs, mental health, chronic diseases, and substance/drug use or misuse. Selected stakeholder comments from focus groups are provided below as examples.

"Lack of education in healthy living in aging populations can lead to increased difficulty in aging. "[The older adult] population tends to have those chronic conditions too… we need to [teach] them how to deal with those at home."

Focus Group Participant (Concerning Aging & Older Adults)

"We have resources but some people in the community don't know."

Focus Group Participant (Concerning Chronic Diseases)

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 Provider/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 hospitals.

Data Sources

To ensure consistency with prior CHNA processes, the review focused on similar data sources used in prior assessments and included the most recently available data prior to the prioritization session (March 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 Annie E. Casey Foundation: Kids Count Data Center, (e) Kentucky Incentives for Prevention, and (f) 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 Union 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 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 13,379 residents of Union County, 50.6% are male. Further, 88.9% are White, 8.1% are Black or African American, and 2.3% are two or more races. Of any race, 1.6% are of Hispanic or Latino ethnicity. Among all Union County residents, 1.3% speak a language other than English at home.

Overall Population

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

	United States	Kentucky	Union County
Total population	332,387,540	4,510,725	13,379

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

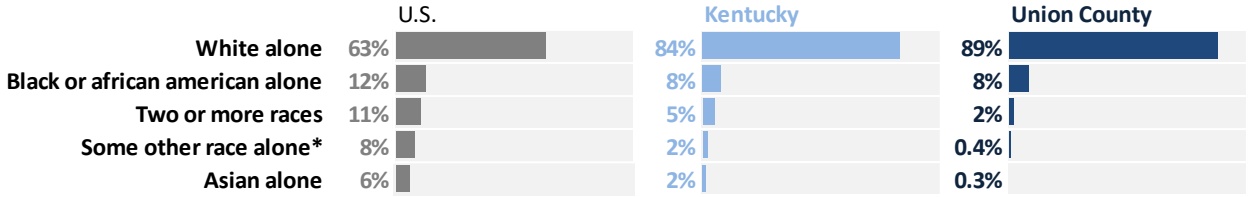
Race

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

	United States		Kentucky		Union County	
White alone	210,875,446	**63.4%**	3,774,581	**83.7%**	11,896	**88.9%**
Black or African American alone	41,070,890	**12.4%**	355,237	**7.9%**	1,084	**8.1%**
American Indian & Alaska Native alone	2,924,996	**0.9%**	7,610	**0.2%**	0	**0.0%**
Asian alone	19,352,659	**5.8%**	68,482	**1.5%**	43	**0.3%**
Native Hawaiian & Other Pacific Islander alone	629,292	**0.2%**	3,737	**0.1%**	3	**0.0%**
Some other race alone	21,940,536	**6.6%**	67,198	**1.5%**	48	**0.4%**
Two or more races	35,593,721	**10.7%**	233,880	**5.2%**	305	**2.3%**

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 Union County



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

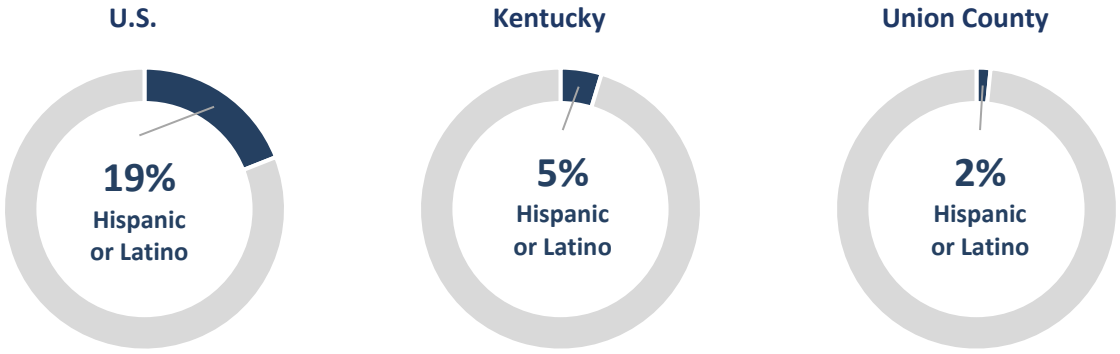
Ethnicity

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

	United States		Kentucky		Union County	
Hispanic or Latino (of any race)	63,131,589	**19.0%**	212,163	**4.7%**	220	**1.6%**
Not Hispanic or Latino	269,255,951	**81.0%**	4,298,562	**95.3%**	13,159	**98.4%**

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 Union County



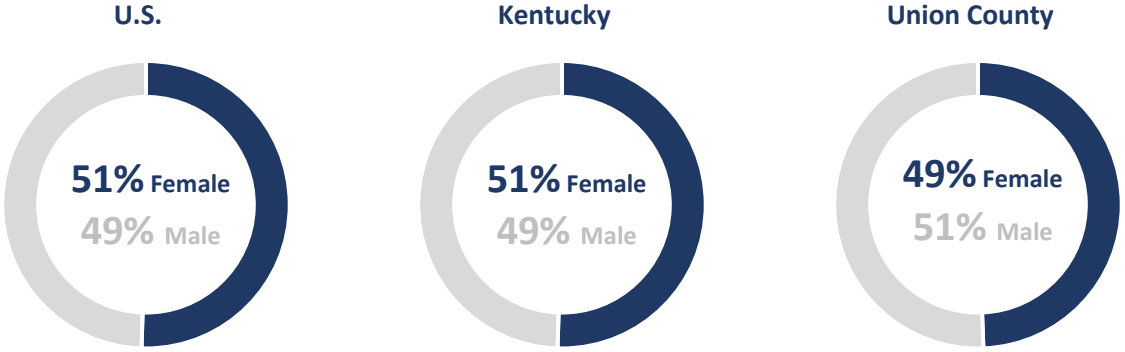
Sex

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

	United States		Kentucky		Union County	
Female	167,842,453	**50.5%**	2,276,855	**50.5%**	6,608	**49.4%**
Male	164,545,087	**49.5%**	2,233,870	**49.5%**	6,771	**50.6%**

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

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



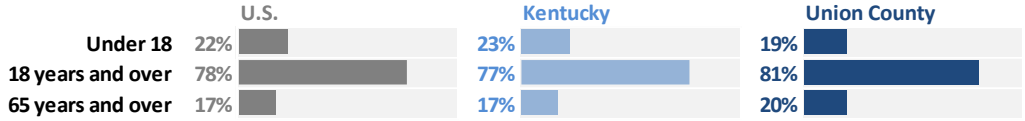
Age

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

	United States		Kentucky		Union County	
Median age (years)	38.7 years		**39.1 years**		41.3 years	
Under 18 years	73,645,238	**22.2%**	1,022,746	**22.2%**	2,595	**19.4%**
18 years and over	258,742,302	**77.8%**	3,487,979	**77.8%**	10,784	**80.6%**
65 years and over	55,970,047	**16.8%**	767,995	**16.8%**	2,623	**19.6%**

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

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



Language

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

	United States		Kentucky		Union County	
English	244,601,776	**78.0%**	3,969,847	**93.6%**	12,490	**98.7%**
Spanish	42,064,953	**13.4%**	138,283	**3.3%**	92	**0.7%**
Other Indo-European languages	11,892,212	**3.8%**	66,213	**1.6%**	6	**0.0%**
Asian and Pacific Island languages	11,082,543	**3.5%**	41,316	**1.0%**	65	**0.5%**
Other languages	3,806,157	**1.2%**	27,703	**0.7%**	5	**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 Union County

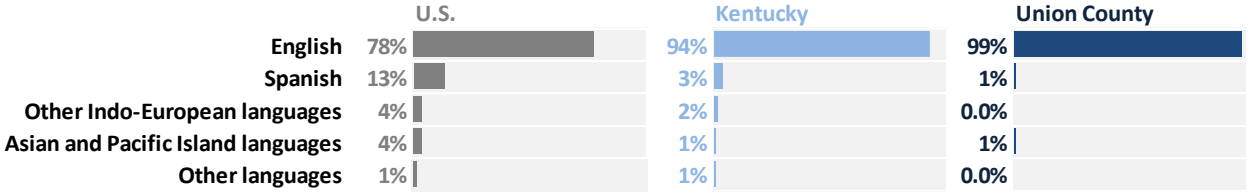
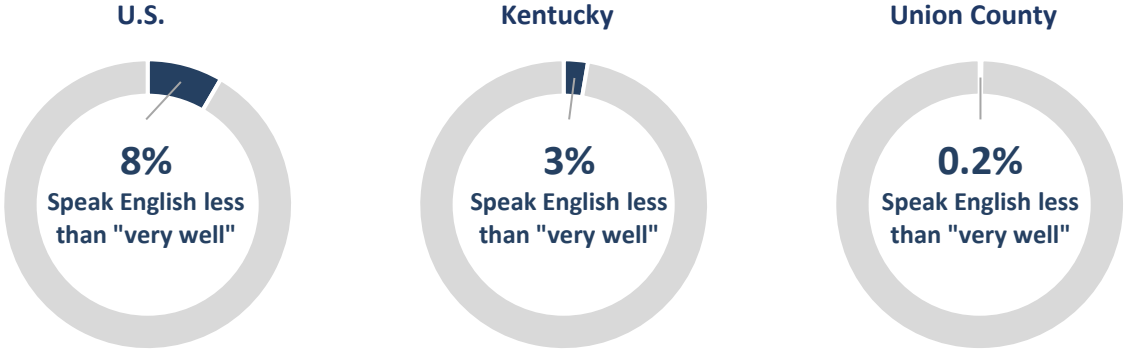


Table 1.7. English Proficiency by United States, Kentucky, and Union County

	United States		Kentucky		Union County	
Speak English less than "very well"	26,299,012	**8.4%**	114,342	**2.7%**	31	**0.2%**

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 Union County



Social & Economic Characteristics

Social and economic factors are well established as important determinants of health and well-being. For purposes of the CHNA, these factors provide valuable insight into the context of health and well-being indicators and offer a foundation for considering the manner in which a hospital's programs are connected to a wider social services network. When these characteristics are compared to the state, Union County had a higher rate of childcare centers, a higher rate of social associations, lower childcare cost burden, and a lower percentage of households had severe housing problems. Further, the county has a lower percentage of residents with some college education and access to parks. Other social and economic characteristics reported were similar to the state. Tables 1.8-1.11 provide a summary of social and economic factors in Union County.

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

	United States	Kentucky	Union County	Error Margin	Trend	County-State Comparison
EDUCATIONAL ATTAINMENT						
High School Completion[a]	89%	89%	**92%**	*90-94%*	*None*	Within Mar.
Some College[a]	68%	63%	**47%**	*38-56%*	*None*	Worse
INCOME						
% Children in Poverty[b]	16%	20%	**20%**	*12-28%*	None	Within Mar.
Income Inequality (ratio of household income at the 80th to that at the 20th percentile)[a]	4.9	4.9	**4.8**	*3.5-6.1*	*None*	Within Mar.
Median Household Income[b]	$77,700	$61,100	**$60,800**	*$52,100-$69,500*	*None*	Within Mar.
CHILD CARE						
Child Care Centers (per 1,000 under 5 years old)[c]	7	6	**9**	*NA*	*NA*	Better
Child Care Cost Burden (cost of childcare for a household with two children as a percent of median income)[d]	28%	25%	**24%**	*NA*	*NA*	Better
MORTALITY INDICATORS						
Suicide Rate (per 100,000)[e]	14	18	**23**	*13-37*	*None*	Within Mar.
Injury Death Rate (per 100,000)[e]	84	110	**110**	*87-138*	*None*	Within Mar.
HOUSING						
% Homeowner[a]	65%	68%	**72%**	*69-75%*	*None*	Within Mar.
% Severe Housing Problems[f]	17%	13%	**7%**	*4-9%*	*None*	Better
ADDITIONAL SOCIAL AND ECONOMIC CHARACTERISTICS						
Access to Parks[g]	51%	29%	**7%**	*NA*	*NA*	Worse
Social Associations (per 10,000; local social/community support)[h]	9.1	10.2	**12.3**	*NA*	*Improve*	Better
% Children in Single-Parent Households[j]	25%	25%	**21%**	*13-29%*	*None*	Within Mar.

Source: [a]County Health Rankings, 2025 (U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates); [b]County Health Rankings, 2025 (Small Area Income and Poverty Estimates, 2023; U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates); [c]County Health Rankings, 2025 (Homeland Infrastructure Foundation-Level Data, 2010-2022); [d]County Health Rankings, 2025 (The Living Wage Institute, 2024; Small Area Income and Poverty Estimates, 2023); [e]County Health Rankings, 2025 (National Center for Health Statistics-Mortality Files, 2018-2022); [f]County Health Rankings, 2025 (Comprehensive Housing Affordability Strategy (CHAS) data, 2017-2021); [g]County Health Rankings, 2025 (ArcGIS Online; US Census TIGER/Line Shapefiles, 2024 & 2020); [h]County Health Rankings, 2025 (County Business Patterns, 2022); [j]U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: B09005).

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

	United States	Kentucky	Union County
EMPLOYMENT			
Labor Force Participation Rate (ages 16+)[a]	63.5%	59.6%	52.1%
Unemployment Rate[b]	3.6%	4.2%	4.9%

Source: [a]U.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	Union
Number of reports meeting criteria for child abuse/neglect[a]	38,822	45
Children in foster care (per 1,000)[b]	45.0	40.9

Source: [a]The Annie E. Casey Foundation: Kids Count Data Center: Number of reports to DCBS meeting criteria for child abuse/neglect (2021). [b]Kentucky Cabinet for Health and Family Services, Department for Community Based Services. Child population data for rate calculation is from the U.S. Census Bureau, Population Division, processed by Kentucky Youth Advocates(3-year) (2021-2023).

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.

Union County has a low level of overall social vulnerability. The county has higher levels of vulnerability related to 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. Union County Social Vulnerability Index Theme Scores

	Statewide Geographic Comparison Score	Level of Vulnerability*
Overall SVI Score	0.1849	Low
Socioeconomic Status	0.1681	Low
Household Characteristics	0.3193	Low to Medium
Racial & Ethnic Minority Status	0.7815	High
Housing Type & Transportation	0.1849	Low

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

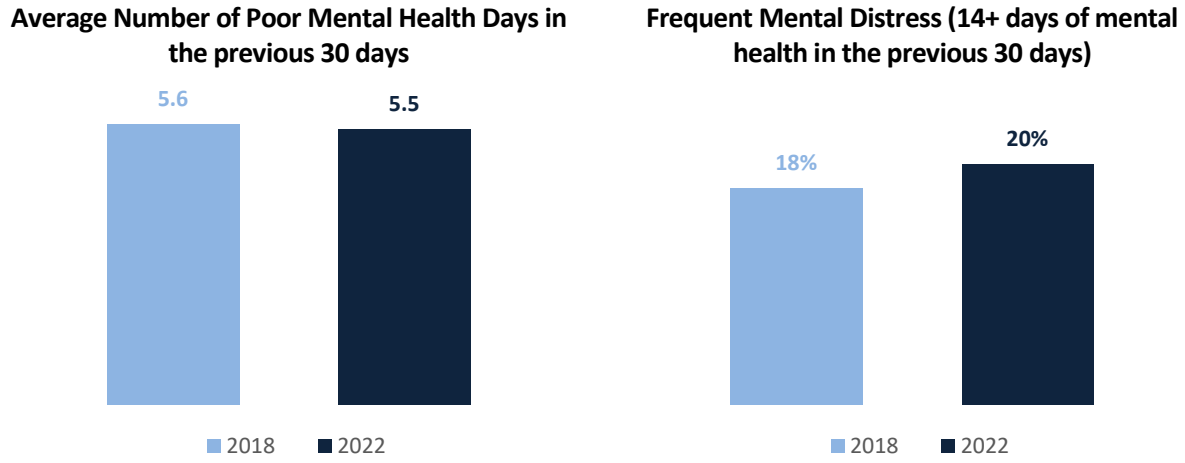
Self-reported rankings of overall health status, and the number of days in a given month individuals would rate their physical and mental health as being poor offer important insights into the factors that often influence individuals to seek care or support, and share well-documented associations with care outcomes. Union County has a higher percentage of residents with poor or fair health and a higher rate of individuals experiencing frequent mental distress. Quality of life indicators are presented in Table 1.12. Figure 1.7 show trends of mental health indicators by comparing data reported in the previous CHNA. A slight improvement is observed for the average number of poor mental health days with a slightly worsening trend for the percentage of county residents experiencing frequent mental distress. 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 Union County

	United States	Kentucky	Union County	Error Margin	Trend	County-State Comparison
Poor or Fair Health	17%	20%	25%	*22-27%*	*None*	Worse
Average Number of Poor Physical Health Days	3.9	4.5	4.9	*3.9-5.9*	*None*	Within Mar.
Frequent Physical Distress (14 or more days or poor physical health)	12%	14%	16%	*14-18%*	*None*	Within Mar.
Average Number of Poor Mental Health Days	5.1	5	5.5	*4.3-6.7*	*None*	Within Mar.
Frequent Mental Distress (14 or more days or poor mental health)	16%	16%	20%	*18-23%*	*None*	Worse

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

Figure 1.7. Mental Health Indicators for Union 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 Union County) have similar levels of serious psychological distress, self-harm, suicidal ideation, suicide plan, and suicide attempts compared to the state. Trend data were 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 (Daviess, Henderson, McLean, Owensboro, Union, Webster)	Trend*
MENTAL HEALTH ISSUES IN THE PAST 30 DAYS			
% Serious Psychological Distress	25.2%	**25.5%**	*Worse*
% Self-Harm	19.7%	**19.1%**	*Stable*
% Suicidal Ideation	15.9%	**16.1%**	*Stable*
% Suicide Plan	12.9%	**12.9%**	*Stable*
% Suicide Attempt	8.1%	**7.3%**	*Better*

Source: Reach Evaluation (2021). Kentucky Incentives for Prevention (KIP) 2021 State and Regional Data Report: 10th Graders. Accessed from: https://www.kipsurvey.com/. *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, chronic disease (e.g., diabetes), and infectious disease (e.g., HIV). On these indicators, Union County is comparable to the state with a lower prevalence of HIV. Both the state and county have health outcomes that indicate a level of health worse than national average. Specifically, the premature age-adjusted mortality rate and diabetes prevalence are higher than the United States. Table 1.14 provides an overview of these leading health indicators for Union County.

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

	United States	Kentucky	Union County	Error Margin	Trend	County-State Comparison
Premature Age-Adj. Mortality (per 100,000)[a]	410	570	**540**	*480-610*	*None*	Within Mar.
Diabetes Prevalence[b]	10%	13%	**12%**	*11-14%*	*None*	Within Mar.
HIV Prevalence (per 100,000)[c]	387	223	**133**	*NA*	*NA*	Better

Source: [a]County Health Rankings, 2025 (National Center for Health Statistics Mortality Files, 2020-2022); [b]County Health Rankings, 2025 (Behavior Risk Factor Surveillance System, BRFSS, 2022); [c]County 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, Union County has a higher rate of babies born with a low birthweight, teen births, and births to mothers who smoked during pregnancy compared to the state. Table 1.15 provides an overview of these leading health indicators for Kentucky and Union County.

Table 1.15. Birth Outcomes Indicators by Kentucky and Union County

	Kentucky	Union County
Low Birthweight[a]	8.9%	16.6%
Teen Births (Ages 15-19 per 1,000 live births)[b]	24	36
Births to Mothers who Smoked during Pregnancy[a]	12.6%	13.6%

Source: [a]Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by the Kentucky State Data Center, 2020-2022. Accessed via Kentucky Youth Advocates 2024 Kids Count County Data Dashboard. Available: https://kyyouth.org/kentucky-kids-count/#data; [b]County Health Rankings, 2024 (National Center for Health Statistics – Natality Files; Census Population Estimates Program, 2016-2022).

Clinical Characteristics

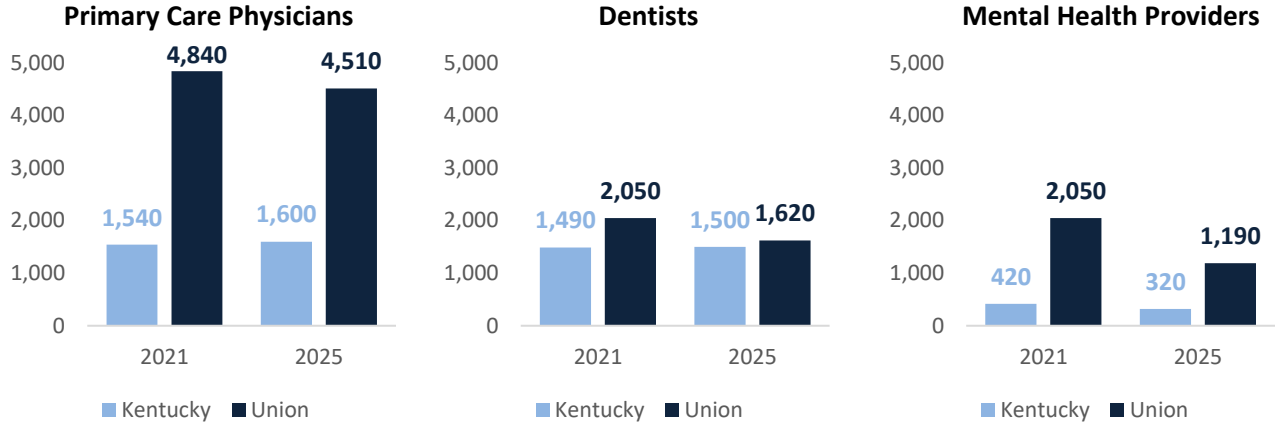
Clinical characteristics data help assess and consider issues closely aligned with the nation's objectives of improving access to care and adhering to preventative screenings and chronic disease monitoring. When overall resident-to-healthcare provider ratios are considered (without considering populations served, insurance types accepted, or magnitude of need for services), Union County has lower healthcare ratios compared to the state based on the availability of primary care, dental, mental health and other health care providers. 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 preventable hospital stays. Table 1.16 provides a summary of these clinical characteristics of Union County. Provider ratio trend data are presented in Figure 1.8.

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

	United States	Kentucky	Union County	Error Margin	Trend	County-State Comparison
PROVIDERS						
Primary Care Physicians[a]	1,330:1	1,600:1	4,510:1	*NA*	*Improve*	Worse
Dentists[b]	1,360:1	1,500:1	1,620:1	*NA*	*Improve*	Worse
Mental Health Providers^[c]	300:1	320:1	1,190:1	*NA*	*Improve*	Worse
Other Primary Care Providers[c]	710:1	520:1	1,190:1	*NA*	*Improve*	Worse
PREVENTION						
Preventable Hospital Stays (per 100,000)[d]	2,666	3,336	5,620	*NA*	*Worse*	Worse
Mammography Screening in the Past Year (ages 65-74 enrolled in Medicare Part B)[d]	44%	43%	50%	*NA*	*Improve*	Better

Source: [a]County Health Rankings, 2025 (Area Health Resource File/American Medical Association, 2021); [b]County Health Rankings, 2025 (Area Health Resource File/National Provider Identification file, 2022); [c]County Health Rankings, 2025 (CMS, National Provider Identification, 2024); [d]County 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 Union County – Trend Data



Insurance status data reported in Table 1.17 provides an overview of coverage status among Union County residents compared to the state and nation. Union County's uninsured rate is slightly lower than the state. The percentage of residents using private insurance is higher compared to the state with a slightly lower percentage using public insurance. Specifically, there is a lower percentage of Union County residents using Medicaid, but a higher percentage using Medicare compared to the state.

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

	United States	Kentucky	Union County
INSURANCE STATUS[a]			
Uninsured	8.6%	5.9%	**5.4%**
Uninsured Children (under 19)	5.4%	4.2%	**4.8%**
Uninsured Adults (Ages 19-64)	12.0%	8.2%	**7.3%**
Public/Private Provider[b]			
Private Insurance[b]	67.3%	63.3%	**70.6%**
Public Insurance[c]	36.3%	44.4%	**42.9%**
Private Insurance Provider[b]			
Employer Based Health Insurance	55.1%	53.0%	**56.1%**
Direct Purchase Health Insurance	13.6%	11.6%	**18.9%**
Tricare/Military Health Insurance	2.7%	2.7%	**1.1%**
Public Insurance Provider[c]			
Medicare	18.1%	20.0%	**23.2%**
Medicaid/Means-Tested Public Coverage	20.7%	27.4%	**21.3%**
VA Health Care Coverage	2.2%	2.6%	**2.7%**

Source: [a]U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: S2701); [b]U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: S2703); [c]U.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 Union County but also provide opportunities for the ongoing development and implementation of health and social service programs. When data are compared to the previous CHNA reporting cycle improvements were observed for access to exercise opportunities and sexually transmitted infections and worsening trends were observed for food environment index and access to healthy foods. Union County had better rates of drug overdose deaths and sexually transmitted infections compared to the state. However, the county was worse than the state on several characteristics including adult smoking, food environment index, access to exercise opportunities, access to healthy foods, and teen births. Internal data from Deaconess reported 8 emergency medical service calls related to overdose in 2024 (personal communication with Deaconess EMS, April 2025).

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

	United States	Kentucky	Union County	Error Margin	Trend	County-State Comparison
SMOKING						
Adult Smoking[a]	15%	18%	24%	*21-27%*	*None*	Worse
NUTRITION/PHYSICAL ACTIVITY						
Adult Obesity[a]	34%	38%	39%	*31-47%*	*None*	Within Mar.
Food Environment Index[b]	7.7	6.6	5.3	*NA*	*Worse*	Worse
Physical Inactivity[a]	23%	25%	30%	*25-35%*	*None*	Within Mar.
Access to Exercise Opportunities[c]	84%	70%	69%	*NA*	*Improve*	Worse
Limited Access to Healthy Foods[d]	6%	6%	20%	*NA*	*Worse*	Worse
ALCOHOL & DRUG USE						
Excessive Drinking[a]	18%	15%	16%	*12-19%*	*None*	Within Mar.
Alcohol-Impaired Driving Deaths[e]	26%	26%	33%	*18-49%*	None	Within Mar.
Drug Overdose Deaths (per 100,000)[f]	27	50	29	*15-51*	*NA*	Better
SEXUAL BEHAVIOR						
Sexually Transmitted Infections (per 100,000)[g]	495.5	406.8	378.1	*NA*	*Improve*	Better
Teen Births[h]	17	24	36	*29-43*	*None*	Worse
SLEEP						
Insufficient Sleep[a]	33%	40%	41%	*34-49%*	*None*	Within Mar.

Source: [a]County Health Rankings, 2025 (The Behavioral Risk Factor Surveillance System (BRFSS), 2022); [b]County Health Rankings, 2025 (USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019 & 2022); [c]County Health Rankings, 2025 (ArcGIS Business Analyst, YMCA, & US Census Tiger/Line Shapefiles, 2024, 2022 & 2020);[d]County Health Rankings, 2025 (USDA Food Environment Atlas,2019); [e]County Health Rankings, 2025 (Fatality Analysis Reporting System,2018-2022); [f]County Health Rankings, 2025 (National Center for Health Statistics – Mortality Files, 2020-2022); [8]County Health Rankings, 2025 (National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2022); [h]County 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 (Daviess, Henderson, McLean, Owensboro, Union, Webster)	Trend
ALCOHOL USE IN THE PAST 30 DAYS			
% More than just a few sips	13.0%	17.7%	Better
% Binge Drinking	6.4%	9.5%	Stable
TOBACCO USE IN THE PAST 30 DAYS			
% Cigarette	4.5%	3.8%	Better
% Smokeless Tobacco	4.9%	4.4%	Better
% Vaping	12.3%	20.4%	NA^
MARIJUANA USE IN THE PAST 30 DAYS			
% Cannabis	8.2%	9.6%	NA^
% Synthetic Marijuana	0.9%	0.6%	Better
OTHER DRUGS USE IN THE PAST 30 DAYS			
% Narcotics/Prescription Drugs	1.4%	1.4%	Better
% Painkillers	1.2%	1.1%	Better
% Speed, Uppers	0.7%	0.4%	Better
% Tranquilizers	0.7%	0.5%	Stable
% Over-the-Counter Drugs	2.1%	2.1%	Stable

Source: Reach Evaluation (2021). Kentucky Incentives for Prevention (KIP) 2021 State and Regional Data Report: 10th Graders. Accessed from: https://www.kipsurvey.com/. *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.

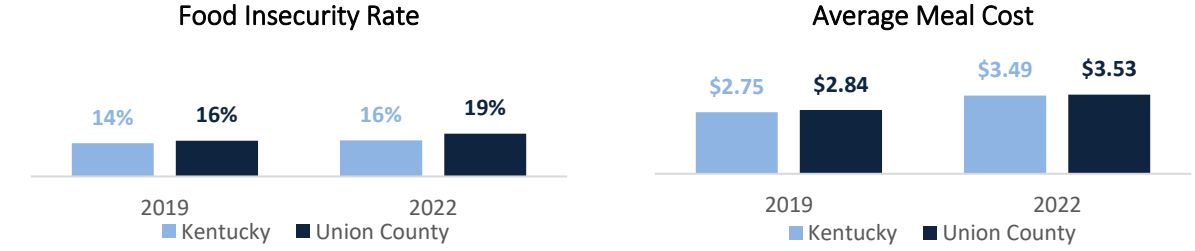
Table 1.20 reports food insecurity and average meal cost for the United States, Kentucky, and Union County. The county has a higher food insecurity rate and average meal cost compared to the state. Figure 1.9 shows these data points across time. Union County's food insecurity rate increased roughly three percentage points compared to 2019.

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

	United States	Kentucky	Union County
# of food insecure people	44,151,000	710,000	**2,530**
Food insecure rate	13.5%	15.7%	**18.7%**
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.
*Note: 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 Union 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 envelop more specific underlying causes. Rates per 100,000 are not reported for causes with fewer than 20 deaths.

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 183 deaths in Union County representing a 1,396.3 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 Union County

Mortality Cause	Kentucky		Union County	
	Deaths	Rate per 100,00	Deaths	Rate per 100,00
All Causes	53,044	1,171.9	183	1,396.3
Malignant neoplasms (Cancer)	10,617	234.6	46	351
Endocrine, nutritional, and metabolic diseases	**2,803**	**61.9**	**13**	**Unreliable**
Mental and Behavioral Disorders	**2,881**	**63.7**	**10**	**Unreliable**
Diseases of the Circulatory System	**14,174**	**313.2**	**47**	**358.6**
Diseases of the Respiratory System	**5,394**	**119.2**	**26**	**198.4**
External Causes of Morbidity and Mortality	**5,315**	**117.4**	**11**	**Unreliable**

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.

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Stakeholder Survey Results

Overview

The Community Health Needs Assessment (CHNA) steering committee identified organizations serving Union County with unique perspectives on community health. Representatives from the identified organizations were invited to complete a survey around the primary issues impacting health and social determinants of health among residents. In total, 16 participants responded to the survey. Many respondents worked in the medical/healthcare field (43.8%), though education/youth development (25.0%), public service (8.3%), nonprofit (12.5%), and business/economic development (12.5%) were represented. More than half of respondents identified as management or organizational leadership (68.8%), while others represented administrative/clerical (12.5%) positions or other positions (18.8%).

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 Union County.

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

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

Aging and older adult needs 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 aging and older adult needs as a top-five priority need, 63% perceived aging and older adult needs as getting worse since 2021, and 50% reported inadequate resources are being devoted to addressing aging and older adult needs. Figure 2.1 summarizes results for each health issue by rankings, perceived worsening trend, and perceived inadequacy of resources. Tables 2.1 through 2.3 provide additional details for each health issue.

Figure 2.1 Combined Survey Data for Health Issues in Union County

Priority Ranking	Health Issue	Total Ranking Points	Perceived Worsening Trend	Perceived Inadequate Resources
1	Aging and older adult needs	31	63%	50%
2	Substance/drug use or misuse	25	100%	89%
3(T)	Chronic diseases	23	86%	71%
3(T)	Mental health	23	75%	71%
3(T)	Nutrition and obesity	23	80%	80%
6	Dental care	16	75%	75%
7	Tobacco use or vaping	13	100%	100%
8	Suicide	12	33%	67%
9	Child neglect and abuse	7	75%	50%

Ranking Health Issues

Table 2.1 Ranking of Health Issues in Union County

*Aging and older adult needs, substance/drug use or misuse, chronic diseases, and mental health were included by **more than half** of survey respondents as top-five priority needs. With 31 ranking points, aging and older adult needs was the **#1 ranked** health issue.*

Health Issue	Percentage Identifying the Health Issue as a Top-Five Priority Need (N=15)	Total Ranking Points Assigned to the Health Issue	Priority Ranking Based on Total Ranking Points
Aging and older adult needs	60.0%	31	**1**
Substance/drug use or misuse	80.0%	25	**2**
Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	60.0%	23	**3(T)**
Mental health	60.0%	23	**3(T)**
Nutrition and obesity	46.7%	23	**3(T)**
Dental care	26.7%	16	**6**
Tobacco use or vaping	26.7%	13	**7**
Suicide	33.3%	12	**8**
Child neglect and abuse	33.3%	7	**9**
Alcohol use or misuse	13.3%	5	**10**
Injuries and accidents	6.7%	4	**11**
Disability needs	6.7%	3	**12**
Infant mortality	0.0%	0	**-**
Infectious diseases like HIV, STDs, and hepatitis	0.0%	0	**-**
Reproductive health and family planning	0.0%	0	**-**
Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	0.0%	0	**-**

Perceived Trends of Health Issues (Since 2021)

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

__100%__ of those who included substance/drug use or misuse as a top-five priority need and __86%__ of survey respondents who included chronic diseases 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
Aging and older adult needs	1	-	63%	38%	-	-	63%	8
Substance/drug use or misuse	2	44%	56%	-	-	-	100%	9
Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	3(T)	14%	71%	14%	-	-	86%	7
Mental health	3(T)	38%	38%	13%	13%	-	75%	8
Nutrition and obesity	3(T)	40%	40%	20%	-	-	80%	5
Dental care	6	75%	-	25%	-	-	75%	4
Tobacco use or vaping	7	100%	-	-	-	-	100%	2
Suicide	8	33%	-	67%	-	-	33%	3
Child neglect and abuse	9	25%	50%	25%	-	-	75%	4
Alcohol use or misuse	10	-	-	100%	-	-	-	1
Injuries and accidents	11	-	-	100%	-	-	-	1
Disability needs	12	-	-	-	100%	-	-	1
Infant mortality	-	-	-	-	-	-	-	0
Infectious diseases like HIV, STDs, and hepatitis	-	-	-	-	-	-	-	0
Reproductive health and family planning	-	-	-	-	-	-	-	0
Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	-	-	-	-	-	-	-	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 two or more comments were provided are included. Survey quotes are included for additional context.

Mental Health: 2 comments (1 main idea)

- **Improved access to providers and care/services** *(e.g., More therapy providers in place.)*

Aging and Older Adult Needs: 2 comments (2 main ideas)

- **Improved recognition, awareness, and understanding of the issue** *(e.g., The social determinants of health screening has helped identify these needs.)*
- **Increased efforts and resources in the community to address the issue** *(e.g., Adding more services local to provide better access to patients.)*

Chronic Diseases: 2 comments (1 main idea)

- **Increased efforts and resources in the community to address the issue** *(e.g., Additional community outreach programs, additional services from providers/hospital.)*

Fewer than 2 comments provided:

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

Perceived Adequacy of Resources to Addressing Health Issues

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

***89%** of survey respondents who included substance drug use or misuse as a top-five priority need and **80%** of those who included nutrition or obesity 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**
Aging and older adult needs	**1**	-	50%	25%	25%	-	**50%**	8
Substance/drug use or misuse	**2**	33%	56%	11%	-	-	**89%**	9
Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	**3(T)**	14%	57%	-	29%	-	**71%**	7
Mental health	**3(T)**	14%	57%	14%	14%	-	**71%**	7
Nutrition and obesity	**3(T)**	-	80%	20%	-	-	**80%**	5
Dental care	**6**	25%	50%	25%	-	-	**75%**	4
Tobacco use or vaping	**7**	50%	50%	-	-	-	**100%**	2
Suicide	**8**	33%	33%	-	33%	-	**67%**	3
Child neglect and abuse	**9**	-	50%	50%	-	-	**50%**	4
Alcohol use or misuse	**10**	-	-	100%	-	-	**-**	1
Injuries and accidents	**11**	-	-	100%	-	-	**-**	1
Disability needs	**12**	-	-	-	100%	-	**-**	1
Infant mortality	**-**	-	-	-	-	-	**-**	0
Infectious diseases like HIV, STDs, and hepatitis	-	-	-	-	-	-	**-**	0
Reproductive health and family planning	-	-	-	-	-	-	**-**	0
Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	**-**	-	-	-	-	-	**-**	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 was 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

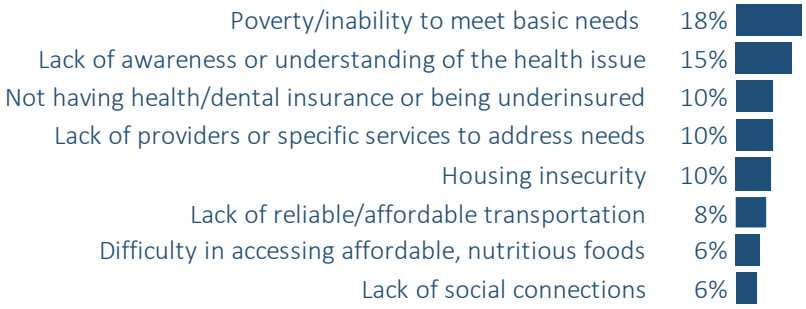


Table 2.4. Social Determinants of Health: Barrier Categories (N=155)

Economic Stability		**N=155**
ES1	Unemployment/underemployment	**5%**
ES2	Poverty/inability to meet basic needs (e.g., food, housing, medical care/medication, heating)	**18%**
Education		
E1	Lack of access to quality early childhood education	**---**
E2	Not completing high school or GED	**3%**
E3	Lack of education/job training after high school (e.g., college, apprenticeships)	**1%**
Healthcare Access & Quality		
H1	Not having health/dental insurance or being underinsured	**10%**
H2	Lack of reliable/affordable transportation	**8%**
H3	Lack of providers or specific services to address needs	**10%**
H4	Provider waitlist or appointment times	**3%**
Neighborhood & Built Environment		
N1	Difficulty in accessing affordable, nutritious foods	**6%**
N2	Environmental conditions (e.g., pollution, water quality)	**2%**
N3	Housing insecurity (e.g., affordability, availability, safety)	**10%**
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	**15%**
S4	Discrimination (age, disability, gender, identity, race)	**1%**
S5	Lack of linguistic and/or culturally competent services	**---**

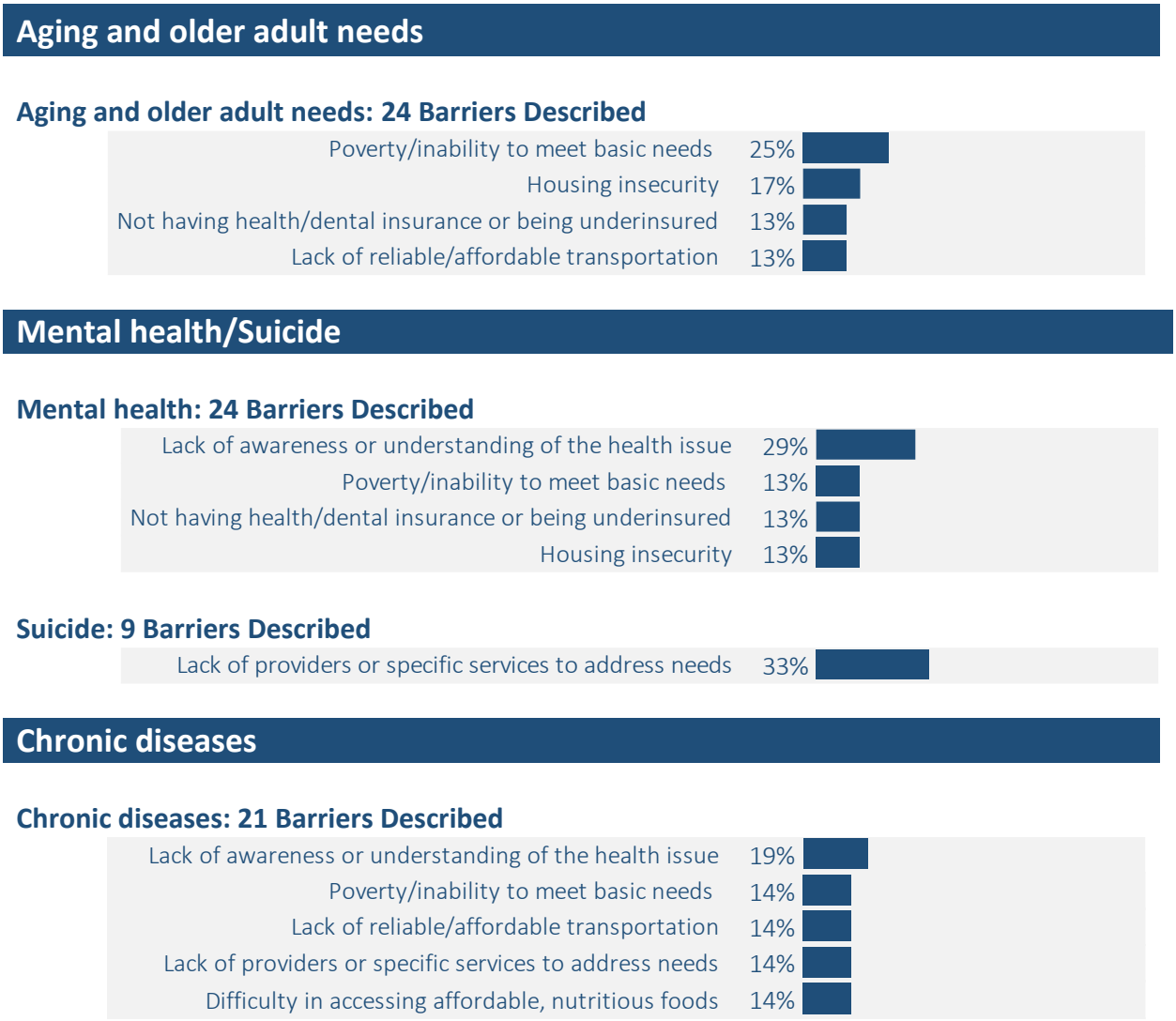
Barriers were also organized in a manner to identify the most common barriers related to each health issue. For example, aging and older adult needs was identified as the highest ranked priority need. When barriers specific to aging and older adult needs were examined, 38% of responses were related to healthcare access and quality specific to *Not having health/dental insurance or being underinsured* (13%), *lack of reliable/affordable transportation* (13%), *lack of providers or specific services to address needs* (8%), or *provider waitlist and appointment times* (4%). Within this health issue, poverty/inability to meet basic needs (25%) and housing insecurity (17%) represented the highest barriers. 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=155)

Health Issues	Economic Stability		Education			Healthcare Access & Quality				Neighborhood & Environment			Social & Community Context					Total
	ES1	ES2	E1	E2	E3	H1	H2	H3	H4	N1	N2	N3	S1	S2	S3	S4	S5	
Aging and older adult needs	4%	25%	---	4%	---	13%	13%	8%	4%	---	---	17%	4%	---	8%	---	---	**24**
Mental health	8%	13%	---	---	---	13%	4%	8%	4%	---	---	13%	8%	---	29%	---	---	**24**
Chronic diseases	---	14%	---	---	---	10%	14%	14%	5%	14%	---	5%	5%	---	19%	---	---	**21**
Substance/drug use or misuse	---	15%	---	5%	5%	5%	10%	15%	5%	5%	5%	10%	5%	---	15%	---	---	**20**
Nutrition and obesity	7%	27%	---	---	---	---	7%	---	---	27%	7%	7%	---	---	20%	---	---	**15**
Child neglect & abuse	17%	17%	---	---	---	---	8%	---	---	8%	---	33%	---	17%	---	---	---	**12**
Dental care	---	20%	---	---	---	30%	10%	20%	10%	10%	---	---	---	---	---	---	---	**10**
Suicide	---	22%	---	---	---	11%	---	33%	---	---	---	---	22%	---	11%	---	---	**9**
Tobacco use or vaping	---	---	---	---	---	---	---	---	---	---	20%	---	20%	---	40%	20%	---	**5**
Alcohol use or misuse	---	---	---	33%	---	33%	---	---	---	---	---	---	---	---	33%	---	---	**3**
Disability needs	---	33%	---	---	---	---	---	---	---	---	---	---	33%	33%	---	---	---	**3**
Injuries and accidents	---	---	---	33%	---	33%	---	---	---	---	---	---	---	---	33%	---	---	**3**
Infant mortality	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Infectious diseases	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Reprod. health & family planning	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Violent crime	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

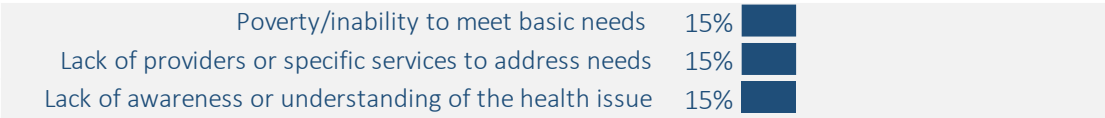
Figure 2.3 displays the frequency of each barrier category for all health issues. Results are organized by related health issues (e.g., mental health and suicide) to guide interpretation.

Figure 2.3. Identified Barriers to Addressing Identified Health Issue

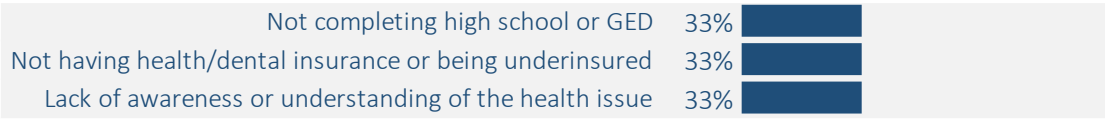


Substance/drug use or misuse/Alcohol use or misuse/Tobacco use or vaping

Substance/drug use or misuse: 20 Barriers Described



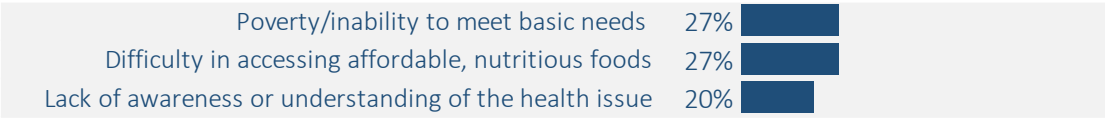
Alcohol use or misuse: 3 Barriers Described



Tobacco use or vaping: 5 Barriers Described

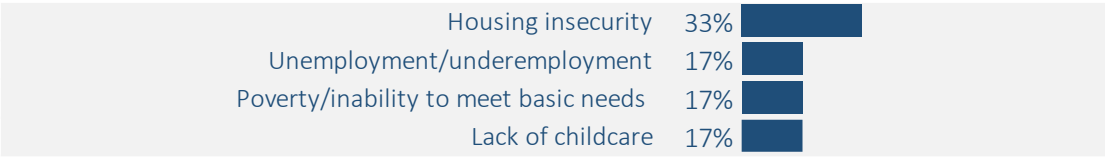
Nutrition and obesity

Nutrition and obesity: 15 Barriers Described



Child neglect and abuse

Child neglect and abuse: 12 Barriers Described

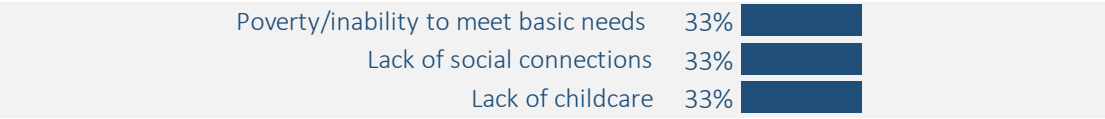


Dental care

Dental care: 10 Barriers Described

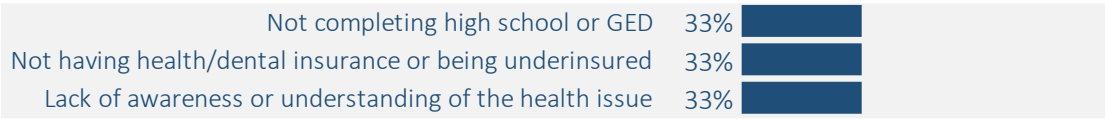
Disability needs

Disability needs: 3 Barriers Described



Injuries and accidents

Injuries and accidents: 3 Barriers Described



Stakeholder Focus Group Highlights

Overview

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

In total, **2 focus groups** were conducted for Union County on March 18, 2025. The **12 total participants** represented medical/healthcare organizations as well as organizations with unique perspectives on public service, 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, seniors). Feedback related to subpopulations is presented, even if a single participant provided insight related to the subpopulation in question.

Considerations

Highlighted feedback from focus groups is presented on the following pages. For each health issue presented, the total number of unique barrier themes are provided, along with a 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.

Aging and Older Adult Needs

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

Subpopulation Feedback

No feedback specific to subpopulations provided

Transportation

Lack of transportation and missing appointments. Condition gets so bad they are calling 911 for transportation.

Access to care/services

Aging in place is difficult in Union county due to lack of providers, transportation needs, at-home care availability.

Co-occurring issues

Lack of education in healthy living in aging populations can lead to increased difficulty in aging. "That population tends to have those chronic conditions too… we need to [teach] them how to deal with those at home."

Safe housing

Homes are not in good condition.

Substance/Drug Use or Misuse

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

Subpopulation Feedback

Young Adults
- Seeing more overdoses among younger adults

Increased prevalence of the issue

Specific drugs have higher prevalence in Union County. "In the ER we noticed a large amount of methamphetamine, and quite a bit of fentanyl here as well."

Facilities/treatment options

Real lack of treatment options, transport out of area for treatment [but there is a] lack of follow up after. They get a little help and no access to continue follow up services to stay clean. They go right back into the same environment. Get treatment then we see them again a few weeks later.

Access to care/services

Lack of access to care for those types of things other than ER. We're picking them up and taking them to the ER. Not a lot of treatment facilities for these issues in Union County.

Chronic Diseases

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

Subpopulation Feedback

Older adults
- Difficulty using technology can be a barrier to getting to appointments, getting medication

Cost of care/services

People's economic situation has a lot of bearing on how well they can treat chronic illnesses, and the area has higher levels of poverty. "They have trouble getting to the hospital… They many have trouble affording their medication…insecure housing."

Access to care/services

Lack of primary care providers leads to longer wait times between appointments, worsening chronic conditions. "So, sometimes the wait times can be extra long."

Awareness/use of available resources

We have resources but some people in the community don't know.

Mental Health

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

Subpopulation Feedback

Children/Youth
- Increase in prevalence with this age group
- Seeing more behavioral issues

Older Adults
- Higher incidences of anxiety and depression

Increased prevalence of the issue

We see a broad spectrum but an increase in younger population, pediatric age. Eighteen and younger has increased in the last 3-4 years.

Social media/technology

With cell phone use, they're connected all the time. Bullying on social media, and that has led to some of the issues with communication and getting along.

Travel out of the community

Have to leave the county to get follow up care with a counselor.

Nutrition and Obesity

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

Subpopulation Feedback

Older Adults
- Have difficulty accessing food pantries due to transportation

Families with Lower Income
- It is cheaper to feed a family unhealthy food versus healthy food

Access to healthy foods

Union has rural areas that are food deserts. No groceries and maybe just a convenient store.

Cost of healthy foods

For a family that is having financial issues it's easier to go to McDonalds to get a $1 cheeseburger for the kids than going to the store to get fruit and vegetables.

Misuse of resources

Elderly patients can't get there. Misuse of services and the ones who do need it, it runs out or they can't get there at all.

Dental Care

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

Subpopulation Feedback

Individuals with Medicaid and/or Medicare
- Limited number of providers, long wait times for appointments

Insurance

People on Medicaid/Medicare have limited resources to get dental care. "There's only one dentist that accepts that type of insurance."

Access to care/services

Can't get in for six months locally and may no longer need services then. For emergencies in children and adults it's hard to get in locally.

Tobacco Use and Vaping

1 unique barrier theme described related to **tobacco use and vaping**

Subpopulation Feedback

Children/Youth
- Vaping is accessible and on the rise

Prevalence of the issue

Vaping is becoming more prevalent. Tobacco use is on the decline but vaping on the rise.

Other Identified Needs

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

Subpopulation Feedback

No feedback specific to subpopulations provided

Awareness/use of available resources

What services are out there and how to get people referred. That's a huge gap that's been evident.

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) as a foundation for the review of ongoing efforts and key decisions about the services offered by the hospitals.

Data Sources

To ensure consistency with prior CHNA processes, the review focused on similar data sources used in prior assessments and included the most recently available data prior to the prioritization session (July 30, 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) Annie E. Casey Foundation: Kids Count Data Center, (e) Kentucky Incentives for Prevention, and (f) Centers for Disease Control (CDC) Wonder. Specific data sources are presented under each table in the secondary data section.

Stakeholder Surveys

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

In total, 16 participants responded to the survey. Many respondents worked in the medical/healthcare field (43.8%), though education/youth development (25.0%), public service (8.3%), nonprofit (12.5%), and business/economic development (12.5%) were represented. More than half of respondents identified as management or organizational leadership (68.8%), while others represented administrative/clerical (12.5%) positions or other positions (18.8%).

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 Union County.

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

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

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

[Selected Health Issue]

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

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

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

Specific questions included:

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

In total, 2 focus groups were conducted for Union County on March 18, 2025. The 12 total participants represented medical/healthcare organizations as well as organizations with unique perspectives on public service, 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

Union County: Focus Group Participants
March 18, 2025

Name	Organization
1. Amber Cross	Deaconess Health System
2. Amber Powell	Deaconess Health System
3. Amy Delano	Deaconess Health System
4. Angela Smith	Deaconess Health System
5. Audrey O'Nan	Deaconess Health System
6. Pam Hight	Deaconess Health System
7. Shelly Alvey	Deaconess Health System
8. Emily Girten	John Paul II Elementary School
9. Marla McElroy	Morganfield First Baptist Church
10. Doug Rodgers	Skilled Nursing Facilities
11. Becca Logan	Union County Health Department
12. Adam O'Nan	Union County Judge Executive

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

Appendix C: Prioritization Participants

Union County: Prioritization Session
July 30, 2025

Name	Organization
1. Amber Cross	Deaconess Health System
2. Amber Powell	Deaconess Health System
3. Amy Delano	Deaconess Health System
4. Audrey O'Nan	Deaconess Health System
5. James Ivy	Deaconess Health System
6. Jeff Walker	Deaconess Health System
7. Melissa Clements	Deaconess Health System
8. Pam Hight	Deaconess Health System
9. Shelly Alvey	Deaconess Health System
10. Marla McElroy	First Baptist Church
11. Ethan Martin	Green River District Health Department
12. Rebecca Logan	Green River District Health Department

Appendix D: Prioritization Information

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

2024

Community Health Needs Assessment

Union County Prioritization Session

Wednesday, July 30, 2025

Deaconess

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:

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

4

4

2024 Community Health Needs Assessment

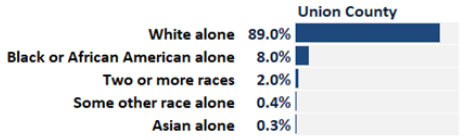
1. High-level review of community (secondary) data
2. Primary data collection methods and triangulation
3. Considerations and limitations
4. Prioritizing health issues

5

5

Union County at a Glance

→ 13,379 total residents



→ Selected community metrics:

- **19.6% of residents are 65 years and over** (State=16.8%; 2019-2023)
- **Median household income: $60,800** (compared to 61,100 statewide) (2023)
- **Lower rates of attending some college: 47%** (compared to 63% statewide) (2019-2023)
- **Homeownership: 72%** (compared to 68% statewide) (2019-2023)
- **21% of children in single-parent families** (compared to 25% statewide) (2019-23)

6

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Union County
Selected Health Indicators

→ **25% of residents report poor or fair health,** which is **higher** than the state average (state=20%). Average of **4.9 poor physical health days** in the past month (state=4.5) (2022).

→ **183 deaths** representing a death rate of 1,396 per 100,000 residents (State=1,172). **Heart disease** is the leading cause of death, followed by **cancer** (2023).

→ **Higher rates** of babies born with a **low birthweight** (Union=16.6%, State=8.9%; 2020-2022), **teen births** (Union=36, State=24; 2016-2022), and births to mothers who **smoked during pregnancy** (Union=13.6%, State=12.6%; 2020-2022) compared to the state.

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Union County
Healthcare Access

→ **Approximately 5.4%** 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). However, trends indicate improvement.

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

→ **Higher rates of preventable hospital stays** compared to the state (Union=5,620 per 100,000, State=3,336) (2022).

8

8

Union County

Selected Healthy Living Indicators

→ **19%** of residents suffer from **food insecurity** (2022). This reflects 2,530 people in the county.

→ **39% of adults** meet criteria for **obesity** (comparable to the state) (2022).

→ **30%** of adult residents report being **physically inactive** (compared to 25% statewide) (2022).

→ **24%** of adult residents report **smoking** (higher compared to 18% statewide) (2022).

9

9

Union County

Selected Mental and Behavioral Health Indicators

→ Residents report **5.5 poor mental health days** in the past month (comparable to the state [State=5.0]) (2022).

→ Higher rates of **frequent mental distress** (20%) compared to the state (16%) (2022).

→ The **suicide rate** is **23 per 100,000 residents** (comparable to the state [State=18]) (2018-2022).

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

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Union County
Selected Social Indicators

→ 45 reports met criteria for **child neglect and abuse** (2021). The rate of **children in foster care was 40.9 per 1,000** (2021-2023).

→ **16%** of adults report **excessive drinking** (State=15%, 2022), and the **drug overdose** rate is **29 per 100,000** residents (2020-22 [State=50]).

→ **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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Union County
Identified Issues Associated with Access

→ County spans 363 square miles

→ Access to services and transportation were mentioned as barriers

Travel out of the community
Have to leave the county to get follow up care with a counselor.

Access to care/services
Lack of primary care providers leads to longer wait times between appointments, worsening chronic conditions. "So, sometimes the wait times can be extra long."

Access to care/services
Aging in place is difficult in Union county due to lack of providers, transportation needs, at-home care availability.

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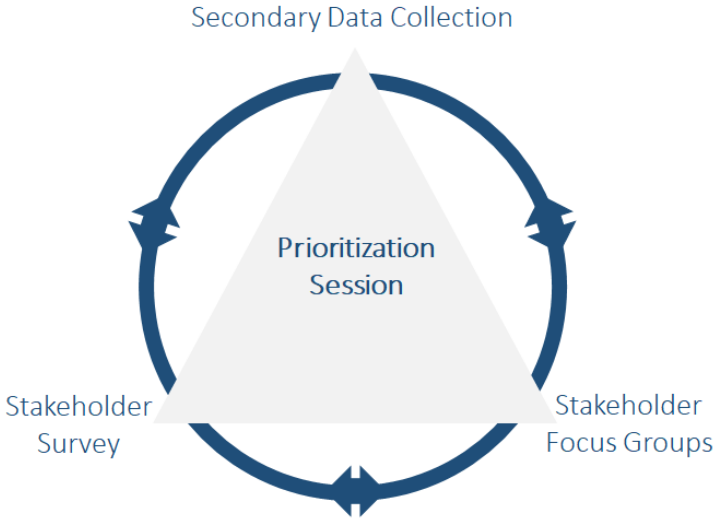
Triangulating Data to Inform Priorities



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Stakeholder Survey

In the winter of 2025, organizations serving Union 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.

→ **16 total respondents** primarily representing medical/healthcare (43.8%)
Others represented nonprofits, education/youth development, business, 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 Union County.
2. Respondents **ranked the five (5) issues they selected** during the first step on a scale of 1 (highest priority) to 5 (fifth highest priority).
3. For each of the five (5) selected issues, respondents provided feedback on a) the **perceived trend** of the issue since 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	Aging and older adult needs	31	63%	50%
2	Substance/drug use or misuse	25	100%	89%
3(T)	Chronic diseases	23	86%	71%
3(T)	Mental health	23	75%	71%
3(T)	Nutrition and obesity	23	80%	80%
6	Dental care	16	75%	75%
7	Tobacco use or vaping	13	100%	100%
8	Suicide	12	33%	67%
9	Child neglect and abuse	7	75%	50%

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Stakeholder Focus Groups

In the winter of 2025, organizations serving Union 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 18, 2025

→ **12 total participants** represented medical/healthcare organizations as well as organizations with unique perspectives on public service, 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

Aging and Older Adult Needs

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

Subpopulation Feedback: **No feedback specific to subpopulations provided**

Transportation
Lack of transportation and missing appointments. Condition gets so bad they are calling 911 for transportation.

Access to care/services
Aging in place is difficult in Union county due to lack of providers, transportation needs, at-home care availability.

Co-occurring issues
Lack of education in healthy living in aging populations can lead to increased difficulty in aging. "That population tends to have those chronic conditions too... we need to [teach] them how to deal with those at home."

Safe housing
Homes are not in good condition.

Substance/Drug Use or Misuse

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

Subpopulation Feedback: **Young Adults**
- Seeing more overdoses among younger adults

Increased prevalence of the issue
Specific drugs have higher prevalence in Union County. "In the ER we noticed a large amount of methamphetamine, and quite a bit of fentanyl here as well."

Facilities/treatment options
Real lack of treatment options, transport out of area for treatment [but there is a] lack of follow up after. They get a little help and no access to continue follow up services to stay clean. They go right back into the same environment. Get treatment then we see them again a few weeks later.

Access to care/services
Lack of access to care for those types of things other than ER. We're picking them up and taking them to the ER. Not a lot of treatment facilities for these issues in Union County.

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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 Union County as a whole? We encourage all participants to look beyond any agendas of their individual organizations.

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Thank You!

→ Questions about the 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)
Union County Prioritization Session Documentation
July 30, 2025, 2:00-3:30

An in-person meeting was held to guide the prioritization of health issues for Union County. The process included an overview of methods used to support the CHNA, a presentation of selected secondary data for the county, an orientation to survey and focus group data collected through the process, and a facilitated discussion of priorities. To guide the process, 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 **five priorities** that emerged from the 2025 prioritization session for Union County. Listed below each priority are selected considerations offered by prioritization participants during the facilitated discussion.

ACCESS TO CARE

Access to care addresses limitations around what care is available as well as barriers to receiving care that is available. Considerations specific to the prioritization of access included:

- Across provider types, it is notable that the ratios are improving—but still lagging the state and still not adequate to meet the need in the county. There are limited providers in the community, especially particular specialties (e.g., psychiatrists, therapists, cardiologists, dentists). Also, there is not currently an urgent care center in the county.
- Most providers are centrally located in Morganfield, KY. Transportation is a barrier to access for those living in other areas of the county, as well as those needing to travel outside of the county for care.
- Insurance coverage, affordability of copays, and access to affordable prescription medication were all described as barriers to accessing care. Access to insulin, blood pressure medication, and thyroid medication were noted as creating affordability issues.
- Importantly, preventative services provided through the health department to patients receiving Medicare and Medicaid, as well as patients who are uninsured and underinsured patients, were described as a strength in the community. Similarly, some telehealth and home health options are available in the community, though not at the scale to meet community needs.

MENTAL HEALTH

The mental health priority involves both mental health needs and the relationship of mental health needs with other areas of the healthcare system. Considerations specific to the prioritization of mental health included:

- Provision of mental health supports in school is limited. While some school-based mental health providers are available (as well as a partnership with Mountain Comprehensive Care), capacity is not adequate to address the increasing mental health needs of school-aged youth.
- Due to limited access to mental health providers, mental health needs often involve EMS and emergency room care. Emergency room staff are limited in their ability to address mental health needs. While some referral options are available (e.g., Cumberland Hall, River Valley, Deaconess Cross Pointe), specific provider requirements can be a barrier to care (e.g., serving specific age groups, requiring use of telehealth, necessitating travel). In many cases, this also leads to inadequate follow-up care, which results in repeated trips to the emergency room for ongoing issues.
- University of Kentucky Healthcare's EmPATH (psychiatric unit) was noted as a model that could guide action planning locally.

OLDER ADULT CARE

The priority on older adult care recognizes health issues within this population and emphasizes efforts to address barriers to needed care. Considerations specific to the prioritization of older adult care included:

- Food insecurity is a particular challenge for older adults. Transportation and mobility restrictions negatively impact individuals living in areas with limited access to nutritious food. While options exist for having nutritious foods delivered, this can be a challenge for older adults who a) are less comfortable using mobile apps and b) direct their fixed income toward prescription costs.
- Older adults may lack the mobility aids (e.g., ramps, walkers, wheelchairs) they need around their homes. Many live with older spouses or alone, lacking resources to help with prescription management, meals, and telehealth. Collectively, these challenges make it difficult for older adults to age in place without negative health implications.
- Community volunteer events and organizations (e.g., Teen Challenge) were identified as way to connect older adults with needed services (e.g., ramps and other home needs), but there is limited capacity or awareness of specific needs.
- The Gathering Place in Henderson was noted as a model for providing social support among older adults. Senior centers exist in Morganfield and Sturgis, though the community need exceeds the resources available.

SUBSTANCE USE

Substance use includes drugs, alcohol, tobacco, and vaping. Considerations specific to the prioritization of substance use included:

- Substance use is perceived to be an issue across age groups. While an increasing number of youth and young adults are using, middle-aged and older adults seem to be maintaining use.
- Specific issues involve alcohol and marijuana use and prescription drug misuse (both intentional and nonintentional).
- Efforts are also in place to address overdoses. Currently, there are five stations across the county stocked weekly with Narcan and plans are in place to provide "leave-behind kits" containing Narcan in homes. The emergency room continues to receive many overdose patients.

- Efforts to provide community education and resources related to substance use prevention are currently provided at community events through the health department. These efforts were described as a starting point for additional action planning.

COMMUNITY COLLABORATION AND EDUCATION

Community collaboration and education involves efforts to increase awareness around health issues and available resources in the community. Considerations specific to the prioritization of community collaboration and education included:

- In some cases, healthcare is impeded by a true lack of resources (e.g., limited providers). In other cases, however, services are not received because residents do not know what resources are available. This was true among providers as well, with providers reporting a lack of shared understanding of what is and could potentially be available in the community.
- Healthy Henderson was cited as an example to be modeled in Union County. Specifically, participants prioritized formation of a coalition to develop an inventory of available resources and provide community education about what services are available through providers, churches, government, etc.

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 Aging and Older Adult Needs

SECONDARY DATA

- ✓ **Age:** 19.6% of residents in Union County are 65 years and over (State=16.8%; 2019-2023 ACS 5-Year Estimates *(Table 1.5*).

#2 Substance/Drug use or Misuse
#7 Tobacco Use or Vaping
#10 Alcohol Use or Misuse

SECONDARY DATA

- ✓ **Drug Overdose Death Rate:** The drug overdose death rate in the county is 29 (*MOE:* 15-51) per 100,000 residents (State=50). *(Table 1.18)*
- ✓ **Insurance Status (under age 65):** Overall, 5.4% of residents are uninsured, which represents 7.3% of adults and 4.8% of children (State=5.9% overall; 8.2% adults; 4.2% children). Lower overall rates of public insurance in Union County (42.9% overall; 23.2% Medicare; 21.3% 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%). *(Table 1.18)*
- ✓ **Alcohol Impaired Driving Deaths:** 33% (*MOE:* 18-49%) of motor vehicle crash deaths involved alcohol in the 5-year measurement period (2019-2022) (State=26%). *(Table 1.18)*
- ✓ **Adult Smoking:** 24% (*MOE:* 21-27%) of residents report smoking (currently and at least 100 cigarettes in their lifetime) (State=18%). *(Table 1.18)*

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

SECONDARY DATA

- ✓ **Mortality:** There were 183 deaths in Union County representing a 1,396.3 age adjusted rate per 100,000 residents (State=1,171.9). Heart disease was the leading cause of death in the county (County=358.6; State=313.2), followed by cancer (County=351; State=234.6). *(Table 1.21)*
- ✓ **Poor or Fair Health:** 25% (*MOE:* 22-27%) 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:** 4,510:1 ratio of residents to primary care physicians (State=1,600:1); improving trend compared to prior years per County Health Rankings (2025). *(Table 1.16)*
- ✓ **Other Primary Care Providers:** 1,190:1 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, 5.4% of residents are uninsured, which represents 7.3% of adults and 4.8% of children (State=5.9% overall; 8.2% adults; 4.2% children). Lower overall rates of public insurance in Union County (42.9% overall; 23.2% Medicare; 21.3% 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 5,620 preventable hospital stays for ambulatory-care sensitive conditions per 100,000 (State=3,336); worsening trend compared to prior years per County Health Rankings (2025). *(Table 1.16)*
- ✓ **Mammography Screening:** 50% 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)*
- ✓ **Sexually Transmitted Infections:** The rate of sexually transmitted infections (e.g., Chlamydia) is 378.1 per 100,000 (State=495.2); improving trend compared to prior years per County Health Rankings (2025). *(Table 1.18)*

#3(T) Mental Health
#8 Suicide

SECONDARY DATA

- ✓ **Poor Mental Health:** 5.5 (*Margin of Error [MOE]:* 4.3-6.7) average number of poor mental health days in the last 30 days (State=5.0). *(Table 1.12)*
- ✓ **Frequent Mental Distress:** 20% (*MOE: 18-23%)* of residents reporting 14 or more days of poor mental health (State=16%). *(Table 1.12)*
- ✓ **Mental Health Providers:** 1,190:1 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)*
- ✓ **Insurance Status (under age 65):** Overall, 5.4% of residents are uninsured, which represents 7.3% of adults and 4.8% of children (State=5.9% overall; 8.2% adults; 4.2% children). Lower overall rates of public insurance in Union County (42.9% overall; 23.2% Medicare; 21.3% 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)*
- ✓ **Suicide Rate:** 23 (*MOE:* 13-37) per 100,000 suicide rate among residents (State=18). *(Table 1.8)*

#3(T) Nutrition and Obesity

SECONDARY DATA

- ✓ **Adult Obesity:** 39% (*MOE:* 31-47%) of adults in the county meet criteria for obesity (State=38%). *(Table 1.18)*
- ✓ **Physical Inactivity:** 30% (*MOE:* 25-35%) of residents report being physically inactive (no leisure time physical activity in the past month) (State=25%). *(Table 1.18)*
- ✓ **Access to Exercise Opportunities:** 69% of residents reported having access to exercise opportunities (State=70%); improving trend compared to prior years per County Health Rankings (2025). *(Table 1.18)*
- ✓ **Food Insecurity:** 18.7% of residents did not have a reliable source of food (State=15.7%). This represents 2,530 people. *(Table 1.20)*
- ✓ **Access to Health Foods:** 20% of low-income residents have limited access to healthy foods (State=6%); worsening trend compared to prior years per County Health Rankings (2025). *(Table 1.18)*

#6 Dental Care

SECONDARY DATA

- ✓ **Dentists:** 1,620:1 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, 5.4% of residents are uninsured, which represents 7.3% of adults and 4.8% of children (State=5.9% overall; 8.2% adults; 4.2% children). Lower overall rates of public insurance in Union County (42.9% overall; 23.2% Medicare; 21.3% 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)*

#9 Child Neglect and Abuse

SECONDARY DATA

- ✓ **Reports of Child Abuse/Neglect:** In Union County, there were 45 reports of child abuse or neglect (2021). *(Table 1.10)*
- ✓ **Foster Care:** The rate of children in foster care for the county was 40.9 per 1,000 children (State=45.0). *(Table 1.10)*
- ✓ **Children in Single-Parent Households:** 21% (*MOE:* 13-29%) of children live in single-parent households (State=25%); lower than the state based on the County Health 2025 County Health Rankings. *(Table 1.8)*

#11 Injuries and Accidents

SECONDARY DATA

- ✓ **Injury Deaths:** The injury death rate is 110 (*MOE:* 87-138) per 100,000 residents (State=110). *(Table 1.8)*

No Rank

Infant Mortality

No Rank

Reproductive Health and Family Planning

SECONDARY DATA

- ✓ **Low Birthweight:** 16.6% 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 Union County was 36 per 1,000 (State=24). *(Table 1.15)*
- ✓ **Smoking during Pregnancy:** 13.6% of mothers smoked during their pregnancy (State=12.6%). *(Table 1.15)*

Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Deaconess Health Systems has cataloged resources available in Union 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		
• **Deaconess Union County Hospital**	(270) 389-5000	https://www.deaconess.com/Deaconess-Union-County-Hospital
Information and Referral		
• **Kentucky 211**	211 or text zip code to 898211	https://kentucky211.org/
• **Union County Health Center**	(270) 389-1230	https://healthdepartment.org/location/union-county-health-center/
Federally Qualified Health Centers (FQHCs)		
• **Health First CHC – Union County**	(270) 285-1318	https://www.healthfirstchc.net/locations/morganfield/

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

Deaconess Union County Hospital

2022-2024 CHNA priorities included: Access to Care, Mental Health, Senior Care, and Substance Abuse/Alcohol and Tobacco Use/Vaping. While senior care was listed above, it was not selected as a priority for the three-year 2022-2024 CHNA period as it was felt that access to care, mental health, substance abuse/alcohol and tobacco use/vaping were areas that the hospital could impact the greatest during the CHNA period.

Senior care was taken into consideration when planning hospital services, programs, and educational offerings, but it will take additional planning and resources and finding the right partners to properly impact issues such as transportation, home repair assistance, home service and end-of-life care, etc. The hospital has worked to ensure that seniors have local access to care, as well as close-to-home inpatient rehabilitation through its swing bed program.

Mental Health: A mental health first aid training has been held within the community to help business leaders identify, understand, and respond to the signs of mental illness and substance abuse. They have also worked hard to provide information and resources for suicide awareness and prevention.

Access to Care: Deaconess Union County Hospital has also participated in several community health fairs and events where they are educating the community on health services and health education. There was also an effort to make sure that the community was aware of providers accepting patients, and Deaconess worked to bring new providers to the community.

Substance Abuse/Alcohol and Tobacco Use/Vaping: The hospital and clinics provide information on substance abuse and services available in the community for those seeking help.

Deaconess Union County continues to review accessible service offerings, such as offering surgical services, gastroenterology, infusion therapy, and is now offering 3D mammography services at the hospital.