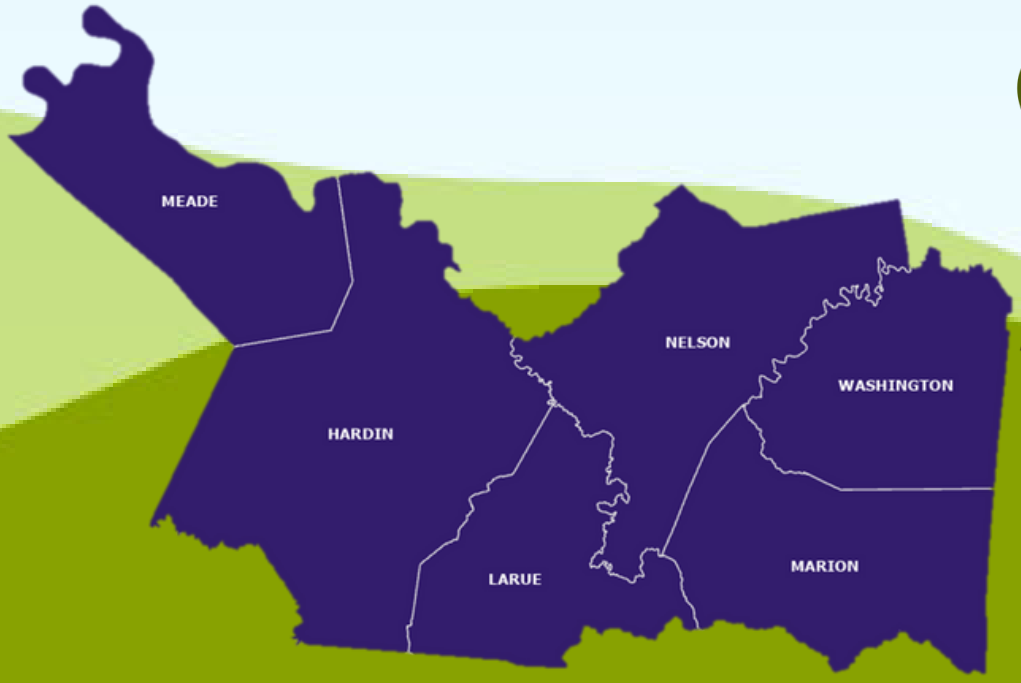
LINCOLN TRAIL DISTRICT HEALTH DEPARTMENT

Good Health & A Safe Environment

Embracing Health Equity

2022-2026 COMMUNITY HEALTH ASSESSMENT QUALITATIVE FINDINGS



Acknowledgements

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Altec
Baptist Health Hardin
Brightview Healthcare
Central Kentucky Community Action Council
Church Minister who leads Recovery Ministry
City Council Member
Civilian
Coalition Lead
Common Spirit
Communicare Regional Prevention Center
County Attorney
County Career Center
County Coroner
County Extension
County Judge Executive
County Schools
Detention Center Chaplain
Elizabethtown Community & Technical College (ECTC) - Accessibility Services
Encompass Health
Family Scholar House
Feeding America Kentucky's Heartland
Helping Hand of Hope
Intensive Health - Stepworks
Local Law Enforcement
LTDHD Health Access Nurturing Development Services (HANDS)
Molina/Passport Healthcare
Room at the Inn
Silverleaf Sexual Trauma Recovery Services
University of Kentucky - KY Income Reinvestment Program (KIRP)
Volunteers of America & Veterans Services

Research Project led by McNary Group

The McNary Group provides expert and experienced system change, policy, research, and leadership consulting services to organizations across the country that want to get results and achieve their goals - particularly the non-profit sector, foundations, government, and community organizations.

McNaryGroup

Definitions

A **community** is a group of people with common characteristics such as culture, language, norms, interests, geographical boundaries, or sociodemographics.

Diversity (D) is the presence of a wide variety of backgrounds, identities, and perspectives in a given setting. **Equity (E)** recognizes that each person has different circumstances and provides the exact resources and opportunities needed to reach an equal outcome. **Inclusion (I)** is the practice of being deliberate in efforts to ensure that there is a place where differences are welcomed, respectfully heard, and where everyone feels safe.

The term **health inequality** generally refers to differences in the health of individuals or groups.

A **health disparity** is a preventable difference in health outcomes between groups within a population.

A **health inequity** is a disparity in health that is caused by systemic, unjust social and economic policies and practices. **Health equity**, on the other hand, is a state in which unjust barriers to health are removed so that all people can reach their full health potential.

Using a **health equity lens** means intentionally considering different circumstances and conditions to understand how any given strategy, program, or policy will benefit or burden different populations.

Root causes are the underlying reasons that create the differences seen in health outcomes. The conditions in a community that determine whether people have access to the opportunities/resources they need to thrive.

Social determinants of health (SDOH) are the conditions in the environments in which people live, learn, work, play, and age that affect a wide range of health outcomes, risks, and quality-of-life.

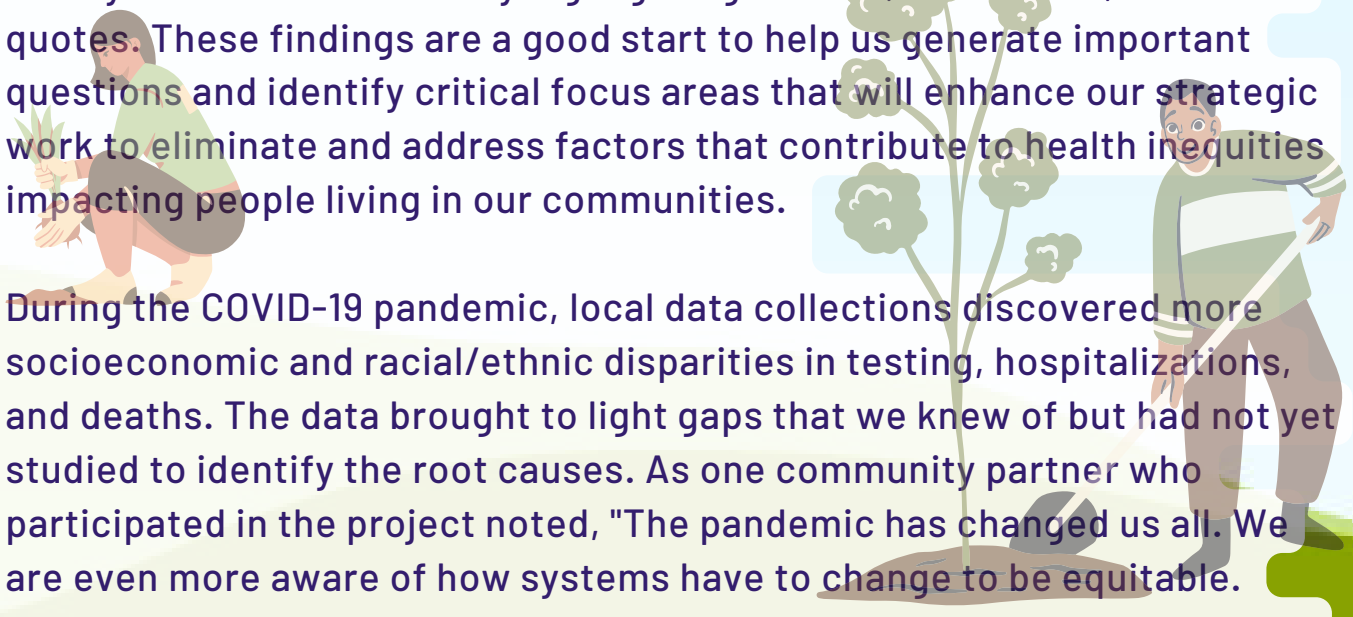
Unjust/Injustice means not being based on or behaving according to what is morally right or fair.

Purpose

Community health assessments (CHAs) include a combination of data that reflects the experiences, observations, and opinions of community members and stakeholders. Non-numerical (qualitative) data collection is a process to gain information that is not easily collected from numerical (quantitative) analysis of data.

The purpose of this qualitative data gathering was to hear from a diverse group of people residing and working in the Lincoln Trail District. This research project was designed to explore six social determinants of health (SDOH) in our 6-county region. Social determinants of health have a major impact on people's health, well-being, and quality of life. Addressing community needs and strengths, with a particular focus on elevating health equity and exploring potential root causes of disparities, were leading objectives in this phase of the assessment process.

This report presents findings from the analysis and interpretation of input and feedback collected during the project. We share the story of answers to our questions, discoveries from semi-structured conversations, and survey results. We do this by highlighting themes, summaries, and direct quotes. These findings are a good start to help us generate important questions and identify critical focus areas that will enhance our strategic work to eliminate and address factors that contribute to health inequities impacting people living in our communities.



During the COVID-19 pandemic, local data collections discovered more socioeconomic and racial/ethnic disparities in testing, hospitalizations, and deaths. The data brought to light gaps that we knew of but had not yet studied to identify the root causes. As one community partner who participated in the project noted, "The pandemic has changed us all. We are even more aware of how systems have to change to be equitable. It is urgent we do better. We have to take action to make sure mental and physical healthcare is accessible for every member of our community."

Health Equity at Work

Health equity exists when all people, regardless of their identity, are able to reach their full health potential. In order to achieve health equity, we must evaluate the systems and policies that have resulted in generational injustices. LTDHD's Health Equity Department is dedicated to assuring that its workforce is creating a diverse, equitable, and inclusive environment for all staff, patients, community members, and partners. LTDHD recognizes that to build this environment for our community, we must first begin the diversity, equity, and inclusion (DEI) work within. LTDHD believes that fostering DEI within our organization is essential to improving public health and reaching our mission, vision, and goals.

LTDHD's equity department works to develop and execute strategies to further promote equity throughout the agency and the community. One step towards this goal was the formation of the Health Equity Advisory Liaison (HEAL) Team, which consists of a diverse group of LTDHD employees that provide different perspectives to agency proposals and procedures. In addition, LTDHD is using a health equity lens to create more equitable policies and procedures, which includes reviewing those already in place. LTDHD is also committed to providing DEI training to all employees so that they can promote equity throughout their work in the community.

A health equity lens was used throughout this project to intentionally look at the potential positive and negative impacts of our assessment goals and objectives. This process offers opportunities for deeper understanding of the barriers to achieving health equity in our region.

Research Focus Areas

For this project, we explored six social determinants of health (SDOH). These included transportation, housing, healthcare, mental/behavioral health, substance use disorders and treatment, and food security.

The negative or positive impact of social determinants of health can accumulate over a lifetime, alter a person's life course, and be passed down to future generations. Therefore, our rationale was that by developing questions that would help us examine social determinants of health impacting people in our region, we would learn things about our community. We operated under the assumption that we would gain rich and meaningful information from the stakeholders who contributed to the research project.

We approached our inquiry with the assumption that we need to do better in order to understand and monitor differences in health and wellness across populations, according to their race, ethnicity, age, income, immigration status, education, sexual orientation, gender identity, and neighborhood/built environment.

The McNary Group and the Lincoln Trail District Health Department staff worked together to design the project focus areas, plan methods for data collection, and analyze and interpret the data. We utilized participatory community research practices and qualitative methods supported by evidence. Detailed documents and records were kept and are available for peer review. Establishing research objectives, developing data collection tools and question protocols, facilitating data collection activities, analyzing data and organizing findings was a valued collaborative process that was implemented throughout the project.

Research Methods

Using qualitative assessment methods rather than purely quantitative data-based information is crucial to understanding community issues and needs. This type of research methodology is required for a CHA and is an essential part of discovery and data gathering. Research methods and data collection activities are briefly described below.

We adopted a purposeful sampling strategy and process. This method is strategic and simply means that individuals are purposefully chosen to participate in the research for specific reasons; these reasons could include that they have had a particular experience, have knowledge of a particular phenomenon, reside in a specific location, or some other reason (Ravitch & Carl, 2016). In this project we invited specific community partners from a wide variety of sectors and organizations, and community members engaging social and health service agencies.

We conducted key informant interviews, convened and facilitated focus groups, and administered a paper survey to community members and an electronic survey to community partners. All live interviews and focus groups were conducted virtually via the Zoom platform. Research ethics involving human subjects were reviewed, and protocols were developed. Participants gave their explicit consent to being interviewed. They were informed of the context of the study and the use of the input and answers they provided during recorded conversations. Some demographic information was collected from survey participants, but all responses will be kept anonymous.

12 Community Partners Participated in key informant interviews

24 Community Partners Participated in a Survey

23 Community Partners Participated in 9 different focus groups

218 Community Members Participated in a Survey

Data Analysis

Qualitative inquiry methods allow researchers to collect rich and descriptive data from the sample in the study (Creswell & Poth, 2018). We spent time in multiple analysis sessions reviewing data from surveys and the notes and recordings from focus groups and key informant interviews. Categorization of the information and input collected from the participants was achieved by using codes. Qualitative coding is a process of systematically categorizing excerpts in your qualitative data to find themes and patterns. In this project, themes and sub-themes were assigned to the rich data during analysis using deductive coding procedures, primarily descriptive and pattern coding (Saldana, 2009). Recordings, notes, survey results, planning or analysis session notes, and other documents involved in data collection and analysis are stored under password-protected drives.

Limitations

- Demanding schedules prevented some stakeholders from participating despite their expressed interest in the project.
- The planned live focus groups with community members were canceled in the summer of 2022 due to a high number of reported COVID-19 cases in Kentucky. We adapted to this barrier by developing a paper and electronic survey that was distributed to community members at various sites where community partners were willing and able to invite participants to fill out the survey.
- The community voice was not as diverse as desired due to various challenges in connecting with desired populations and various key stakeholders.

Transportation

Transportation was a SDOH frequently talked about in the focus groups and key informant interviews. Participants mentioned barriers and challenges related to inadequate transportation infrastructure. Rural communities are disproportionately affected by transportation barriers, which create health inequities caused by limited access to necessities such as food, education, employment, and quality health services.

Themes:

- The lack of access to reliable and efficient public transportation, and other transportation barriers (e.g., increased costs for fuel, purchasing and maintenance of personal vehicles) is a significant issue in the region.
- Ongoing and/or emergency funding for transporting patients and clients to needed health and social needs services is limited.
- A resource in the region regarding transportation is that some transportation services are available via Transit Authority of Central Kentucky (TACK) or Community Action Transportation Services (CATS).
- Local law enforcement officials and first responders are spending time (often many hours) transporting some patients/clients long distances for lifesaving physical health and mental health care.
- Inadequate infrastructure, long distances to reach needed services, and rising costs for gas and repair/maintenance were mentioned often.

I was not able to get to the hospital or keep my job when my car broke down because there is not any public transportation all the way from West Point through E-town. Reliable public transportation is a real need! Community Member

There is no transportation from VA here to VA in Lexington, KY. Community Member

We need more access to wheelchair service for transportation. Community Partner

Transportation is a key need in our rural community. We just don't have many options. This barrier is connected to meeting so many other needs. If you can't get to work, grocery, to the doctor because you can't afford or access transportation, it is a domino effect. Community Partner

Housing

Housing was a topic of discussion that brought several themes to the forefront. Housing is a basic human need that determines health status across the life course and across generations. Access to affordable and safe housing promotes good physical and mental/behavioral health. Housing instability and housing expenses being more than 30% of a household's monthly income are real issues impacting some people in the region.

Themes:

- Due to a limited rental market, with few affordable vacancies, some community members are facing housing instability and economic hardship.
- Unhoused people are able to access some emergency shelter options, yet there is still a great need for more housing and shelter programs, especially transitional and permanent supportive housing programs.
- Some federal and state policies leverage protection from discrimination, yet patterns of landlord neglect and exploitation were described in the project.
- In general, there is high demand/low supply of safe and affordable housing in the region.

We need a housing coalition that advocates to repair property that is in poor condition, pushes more attention from county code enforcement, looks into building affordable rentals in rural areas, and brings negative attention to the area slum lords.
Community Partner

Trying to get housing but there is a big waiting list even for people with vouchers.
Community Member

We have low income housing (in LaRue) that isn't in really good shape.
Community Partner

We almost did not have anywhere to move to in Hardin Co. when we came from out of state for work due to lack of houses available.
Community Member

The cost of rent/without the section 8 voucher is very expensive.
Community Member

Healthcare

Access to quality and affordable health services is a critical SDOH. In this project, we learned about some of the strengths and gaps related to healthcare access and affordability in our rural communities. Healthcare can be costly, especially if a person who is uninsured or underinsured has a health condition that has progressed due to a lack of treatment. Achieving health equity for all requires us to prioritize social justice in health systems.

Themes:

- A shortage of healthcare professionals (especially primary care physicians, nurse practitioners, and specialty care providers) in the region is limiting the supply of needed services for every county.
- Some individuals, families, and children are utilizing the emergency departments in local hospitals for health or mental health care, that on some occasions could likely be addressed in other settings.
- Costs for and availability of necessary and/or lifesaving prescription medications for some patients were mentioned as concerns.
- In general, the costs of health care services cause economic hardship and stress for some people, regardless if they are insured or uninsured.

LaRue county doesn't have very many (if any) doctors, pediatricians, or urgent care centers. If the family doesn't have transportation then they struggle to get the child to another town for a doctor appointment. Community Partner

My single plan insurance is expensive even through my employer. It is a struggle to afford just the premiums and see them come out of my paycheck. Community Member

Gained custody of my grandchildren they have health conditions. Co-pays and out-of-pocket costs make it hard to afford food and other needs for our household. Community Member

In healthcare, We are still more frequently putting out fires instead of preventing fires. Community Partner

Doctors and health care professionals need to treat patients of color with respect and our concerns need to be viewed as valid. Community Member

Mental and Behavioral Health

Our minds and bodies are connected. The relevance of social and structural factors impacting access to, and affordability of, quality physical health services extends to mental and behavioral health services. Being mentally healthy is as equally as important as being physically healthy. Anecdotal feedback in this project showed consensus that strengthening mental and behavioral health services/systems is an urgent need for the region.

Themes:

- Lack of access to licensed mental/behavioral health providers in the region, the cost of services, and the stigma attached to seeking help were identified as barriers.
- Health insurance coverage for mental/behavioral health services does exist, yet some cannot access services due to providers not accepting the insurance or other insurance coverage gaps.
- Local law enforcement officials and first responders are increasingly being called upon to address mental health crises.
- Trauma-informed care approaches or specialized training/education related to mental or behavioral health interventions for different groups of providers exist in the region, but gaps and needs for more education and training were noted.
- Provider burnout or vicarious trauma in multiple sectors of the region's workforce was discussed and noted throughout the project.

There needs to be better access to mental health programs and facilities. People experiencing mental health issues has become a severe problem in Hardin county. Community Partner

We need more psychiatrists in Hardin County. Community Member

I can't find any openings for therapy near me for my child and myself. Community Member

I need mental health services now, but it is too expensive and most that I have been able to find do not accept my type of insurance. Community Member

Substance Use Disorder and Treatment

The misuse and abuse of substances are embedded in health equity conversations due to the complex negative health effects on individuals, families, and communities. During the project we heard about these effects, as well as interventions happening to mitigate these effects. Substance use disorders are often associated with other health risks, becoming unhoused, and a variety of diseases and health conditions.

Themes:

- There are a variety of addiction and substance use disorder (SUD) treatment approaches in the region and diverse communities offering support services for detox and recovery.
- Affordable treatment was reported as a continued gap for some residents; although Medicaid expansion has increased coverage for others.
- Local law enforcement officials and first responders are increasingly being called upon to address substance misuse or drug overdoses.
- Public health and harm reduction programming related to substance use and overdose risks is available and growing in the landscape.
- An alarming increase in opioid/fentanyl overdoses and/or death occurrences was frequently referred to as a "crisis" for the region.
- Stigma continues to be a factor impacting response to SUDs.

More prevention programs for substance abuse and mental health treatment to keep many out of the judicial system. Community Partner

I have family members that need Substance Use Programs but the stigma from family and friends and community make them stay away from getting the help needed. Community Member

We need more mental health programs and more substance abuse programs. Community Member

Jail is not the place for detox/substance use treatment. Community Member

Our communities are in a pandemic of substance abuse. Additionally, kids are being targeted. We need programs to help educate parents and kids. Community Partner

Food Security

Access to affordable and healthy food in our society is an important determinant for health. Food insecurity is a household-level economic and social condition of limited or uncertain access to adequate food. Rising food costs affect the food choices that people are able to make, which in turn affects nutrition and overall health. It is clear from feedback in this project that some people in our region are experiencing food insecurity.

Themes:

- The risk for food insecurity increases when money to buy food is limited or not available.
- Uncertain access to adequate food continues to impact some folks in the region. In this project, seniors and young adults were noted as groups facing this issue.
- The increased costs of healthy foods, such as fruits, vegetables, and other staples were noted frequently during the project.
- A diverse group of providers and partners are working hard to address food insecurity in the region via a variety of emergency food distribution sites and other key programs and grassroots efforts.
- Food subsidies and food assistance programs fill an important need to help families and children experience food security.

Our elderly clients often request specialized food like diabetic /heart healthy food. Hard to meet this need with the food commodities available. Community Partner

Trying to eat healthy keeps getting more and more expensive. Community Member

We are having more conversations and taking actions toward accessible, inclusive, nutritious, and dignified food distribution in our region. But we still have more work to do. Community Partner

We need more food availability to adults besides just kids. Community Member

Food stamps being dropped and food prices rising, so can't afford what I need to feed my three kids. Community Member

Project Themes

Resources and Services

"Baptist Health has increased their digital health tech due to the pandemic...so now more health programs are available for patients."

Coordination and Collaboration

"We need more communication between advocate groups, hospitals, doctors and agencies who participate in the community so they are ALL on the same page as how to handle issues when they arise."

Unique Landscape

"These are rural counties. Yes, we take care of each other, but we don't have the safety net and wider health services that Louisville has."

Several recurring/dominant project themes emerged from thematic analysis.

- **Resources and Services**
  - The strengths and needs connected to resources and services (deemed necessary in each specific county and the region as a whole) were lifted up and focused on frequently in conversations/discussions.
- **Coordination and Collaboration**
  - There is a large desire for better coordination and collaboration within the health and social services systems in the region.
- **Unique Landscape**
  - The 6-county district consists of rural and urban areas, with distinct and unique needs.
  - A convergence of multiple pressure points on the region's health and social needs service delivery systems is occurring right now.
  - Rural/Urban differences connected to the SDOH we explored in this project revealed data aligned with results/findings from other rural health research.

Additional Emerging Themes

- In general, the emotional toll of COVID-19 and the subsequent collective trauma are impacting people's functioning, behaviors, and mental health.
- Case management and wrap-around services are yielding positive results for some individuals, children, and families who are consistently receiving this type of support in the multiple systems in the landscape. Participants shared the desire for more of these services to meet the need.
- Each of the six counties' school systems are serving the educational needs of children, yet they also serve as important hubs for responding to other needs that children and families are presenting with. They need more support.
- Policies that support DEI in various systems are emerging, yet targeted improvement efforts focused on increasing awareness/training is needed.

The Magic Wand Question

Engaging the interviewees and survey respondents in solution-focused questions was a key component of the project. The "magic wand question" was consistently posed to elicit ideas and solutions related to producing change and growing equitable practices in the health and social services in our communities.

More fairs/education about services, and more public services (such as breastfeeding help).
Community Member

More programs/screenings for people who don't have health insurance and programs to help with food.
Community Partner

A stronger system of support and a safety net that actually works.
Community Partner

Programs that are accessible to everyone in my community. Also cultural diversity classes for the schools and all the staff.
Community Member

Create more facilities to aid with mental health and drug issues. We see a [large] amount of individuals committing crimes, many of which struggle with some greater untreated illness. It is often unclear if the drugs cause the mental illness or vice versa.
Community Partner

I would encourage more intentional problem-solving on how we can work better together.
Community Partner

Public transportation and affordable housing for the young families that are struggling to find decent places to rent or buy.
Community Member

Sidewalks! It's too dangerous to walk or bike in the streets here. Regular walking equals healthier people.
Community Member

A solution would be collaboration with community partners or maybe having a centralized website that could send people to be able to share resources throughout the community when it comes to these health determinants.
Community Partner

Awareness of resources available.
Community Member

The Magic Wand Question (Cont.)

More mental health programs. Community Partner

Public transportation. Community Member

Better schools to prepare the next generations. Community Member

Affordable Housing. Community Partner

For people to understand healthcare is where you are and not where you are going. Community Partner

Focus on SDOH... use care connectors to go to people's houses to assist in needs (groceries, transportation, etc.) to bridge the gaps. Community Partner

We would change how we view oral health. It is just as important as other health areas, yet prevention and treatment are a huge gap here. Everyone should be able to see a dentist and be able to afford dental care. Community Partner

A public transportation system, at least between Radcliff and Elizabethtown along 31W Community Member

More long-term substance abuse treatment programs. Community Partner

Insurance coverage dictates treatment instead of the patient's needs, and we need to change that. Community Partner

More childcare! And it would be affordable, and providers would be compensated fairly. It would be safe, and quality of the services would be prioritized. Community Partner

My wand would make sure mental health professional are assigned to each school building and all children and their families would receive free mental health services when needed. Community Partner

Community Members Survey

Emerging research shows integrating the community voice in the assessment process is essential for building trust and opening doors for residents to be welcomed as valued contributors in improvement efforts.

We heard from 218 community members in this project:

- Hardin co. (n=150); LaRue co. (n=30); Nelson co. (n=18)
- Marion co. (n=14); Meade co. (n=3); Washington co. (n=3)
- Race/Ethnicity: Black (n=52); White (n=156); Hispanic (n=22)

One of the questions community members were asked was:
"If you could, what one thing would you change in your county to improve the health and well-being of your family and neighbors?"

The following themes were gleaned from their responses:

- Easy access to available grocery stores and/or farmers' markets
- Community advocates and case managers
- Increased service hours
- Community workshops, outreach programs, and free health clinics
- Cultural competency and increased representation
- Food bank accessibility, with fewer barriers to receive food
- Fresh and nutritious foods, readily available and affordable
- Accessible mental health services
- Financial assistance for oral health and mental health services
- More free parks and trails, swimming pools or water parks
- Family friendly activities that are safe and accessible
- Programs for low-income children and/or youth of color
- Adequate digital connectivity
- Public transport accessibility
- More healthcare providers and choices

Looking Forward

How long has this been in the works?

Since 2020, all local health departments have been required to complete a Community Health Assessment (CHA) to demonstrate data-driven needs *(902 KAR 8:160 Section 10 & KRS 211.187)*. LTDHD started this journey over a decade ago with the release of our first assessment in 2013. This is our first interactive CHA with maps and data that also tells a story of the health in our communities. We knew coming out of the COVID-19 pandemic that this CHA needed to be more readily accessible and engaging.

How can this benefit our communities?

A CHA is used to help develop a health improvement plan that justifies how and where resources should be allocated to best meet community needs and prevent health inequities. The dashboard also establishes a starting point to keep the public health system in our district accountable for demonstrating measurable improvement.

What are the next steps?

We are excited to continue to work with the community beyond this assessment to develop strategies for the community health improvement plan. The next step is to create a vision with the community.

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