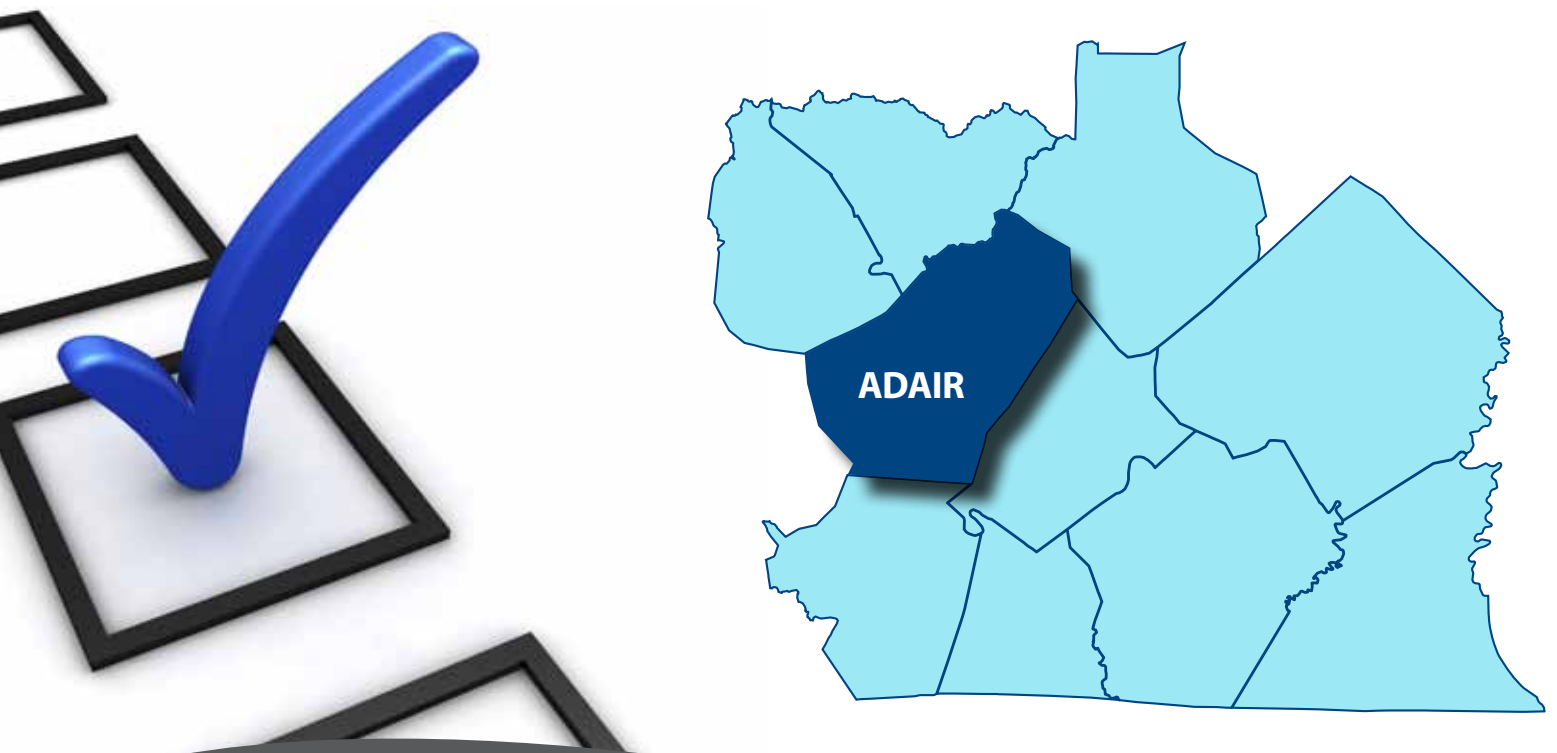


2014 Community Health Assessment



A Healthy **Today** for
a Brighter **Tomorrow.**



Shawn Crabtree
MSSW, MPA
Director
Lake Cumberland District
Health Department

An important message from the Director

Judging by quality and longevity of life, compared to other developed countries, the United States is one of the unhealthiest countries in the world. By almost any health indicator one cares to consider, Kentucky is one of the most unhealthy states in America. And, when reviewing our region's Health Report Card, Lake Cumberland scores a "D" in almost every health category. Basically, Lake Cumberland is one of the unhealthiest places in the developed world.

This is something for which we should all be appalled. Furthermore, we should all be motivated to work together to achieve something better. Bringing together our community partners to consider our health status and to develop plans for area-wide improvements is vital in changing our dismal statistics. Hopefully we can all work together to achieve "a healthy today, for a brighter tomorrow".

A Healthy **Today** for a Brighter **Tomorrow**.

www.LCDHD.org



www.facebook.com/LCDHD



www.twitter.com/LCDHD



www.instagram.com/lcdhd_org

Adair County W.A.T.C.H. Coalition

(Working Actively Toward Community Health)

"Coming together is the beginning. Keeping together is progress. Working together is success."

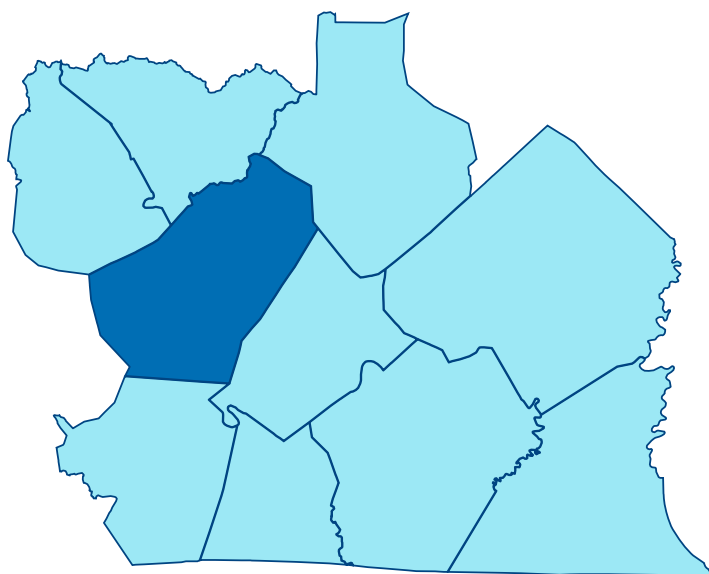
– Henry Ford

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Health Policy and Promotion Community Health Assessment

The Lake Cumberland District Health Department (LCDHD) is located in rural south central Kentucky. The LCDHD is comprised of ten counties: Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor and Wayne. The District covers around 3,613 square miles with a population of approximately 204,000 (US Census 2013 estimates). As one travels through our District they will notice an abundance of beautiful scenic opportunities along with a National and several State Parks. Nonetheless, the natural beauty of our rural communities and open countryside comes with many health challenges.



The Lake Cumberland District Health Department Vision:

To be a leader in preventive health care, health education, and environmental monitoring in collaboration with the public and private sectors. We will show compassion and respect as we strive to improve the health of our communities.

Adair County, in the heart of South Central Kentucky, is known for its ideal location between Green River Reservoir, Dale Hollow Lake State Park, Barren River State Park, and Lake Cumberland State Park--four of Kentucky's best fishing & recreation areas. Columbia, is the County seat for Adair County. Adair County has a population of 18,732.



Adair County Vision Statement:

Adair County is a community united and empowered to create and access opportunities to achieve a healthy, active lifestyle.

County Health Rankings data ranks Adair County's Health Outcome:

48 out of 120 counties

Mobilizing for Action through Planning and Partnerships (MAPP)

Mobilizing Action through Partnership and Planning (MAPP) is a shift in how we think about strategic public planning. It shifts from operational strategic planning to focus on the community and the entire public health system. Mobilizing for Action through Planning and Partnership (MAPP) is a strategic tool that helps communities improve health and quality of life through community-wide strategic planning. The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Practice Program Office. Through MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, accounting for their unique circumstances and needs, and forming effective partnerships for strategic action. MAPP focuses on the creation and strengthening of the local public health system. Local public health systems are defined as all entities that contribute to the delivery of public health services within a community. This system includes all public, private, and voluntary entities.

MAPP utilizes the Ten Essential Public Health Services to define public health activities. The Ten Essential Public Health Services provide a useful framework for determining who is responsible for the community's health and well-being. The services reflect core processes used in public health to promote health and prevent disease.



figure 1:

Ten Essential Public Health Services

Ten Essential Public Health Services

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

LCDHD's Road MAPP to Health Improvement

The Lake Cumberland District Health Department, Health Policy and Promotion Department has been facilitating Mobilizing Action through Partnerships and Planning (MAPP), over the past two years. MAPP is a framework to help communities apply strategic thinking to prioritize public health issues and identify resources to address them. This interactive process will improve the efficiency, effectiveness, and ultimately the performance of local public health systems. Our goal is to bring the local public health systems together, through community wide-strategic planning, to create a healthier community.

The Adair County Community Health Assessment Booklet, provides statistical information, community input and environmental forces that are essential in determining the health status, behaviors and needs of the residents of Adair County.



figure 2: Community Roadmap

The process is shown moving along a road that leads to a healthier community. The MAPP process is initiated when the local public health systems organize themselves, recruit participants, and prepare to implement MAPP. The second phase, Visioning, provides a framework for pursuing long range community goals.

OUR GOAL:

To bring the local public health systems together to create a healthier community through community-wide strategic planning

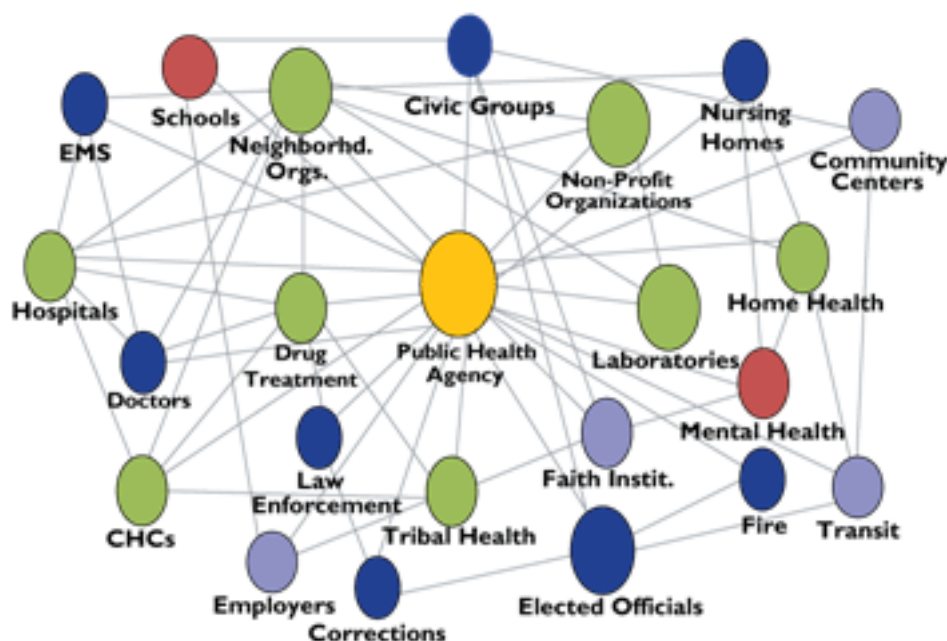


figure 3: Local Public Health System

Adair County Community Health Assessment Information

Adair County W.A.T.C.H. Coalition has compiled four assessments which make up the Adair County Community Health Assessment Booklet. These four assessments assist in creating a picture of residents of the county with health strengths and opportunities. These assessments provided insight on the gaps between current circumstances, provided information to use to identify the strategic issues, and served as the source of information from which our strategic issues, strategies and goals are built.

The four assessments conducted were:

- 1. National Public Health Performance Standards Program (NPHPSP):** measures the capacity of the local public health system to conduct essential public health services.
- 2. Community Themes and Strengths:** a community health and safety survey that provides an in-depth look at the health related behaviors of the many different segments of the communities.
- 3. Community Health Status:** statistical information gathered from various sources to provide indicators of current health status in the community.
- 4. Forces of Change Assessment:** takes into account external forces of change, i.e. social, environmental, governmental and economic changes that have an impact on health services.



figure 4: MAPP Model

In the MAPP model, the phases of the MAPP process are shown in the center of the model, while the four MAPP Assessments - the key content areas that drive the process - are shown in four outer arrows.

Adair County W.A.T.C.H. Coalition Membership

Adair County Adult Learning Center
Adair County Community Voice
Adair County Cooperative Extension
Adair County Family Resource Center
Adair County Health Department
Adair County Judge Executive
Adair County Schools
Adair Public Library
Adanta Regional Prevention Center
AGAPE House
Alliance for A Healthier Generation
Amedysis Home Health
Bank of Columbia
Benchmark Family Services
Columbia Police Department
Community Medical Services
Community Representative
Court Designated Worker
Changing This Generation - Kentucky
Cumberland Family Medical
Department Community Based Services-
Family Support (DCBS)
Downey Eye Care
Family First Health Care
Grant Chiropractic
Intrepid Home Health
Kentucky Agency for Substance Abuse
Policy (KY-ASAP)
Lake Cumberland District Health
Department
Lindsey Wilson College
Mayor's Office/City of Columbia
Ministerial Association
Parks and Recreation
Rotary of Columbia
Shoreline Communications
Summit Manor Health and Rehabilitation
Taylor Regional Health
WellCare of Kentucky
Westlake Regional Hospital
Youth Services Center

Strategic Plan for Community Improvement

Adair County MAPP Coalition was formed in 2012 supported by the Lake Cumberland District Health Department. The coalition adopted a new name to reflect the vision of the coalition and will hereby be referred to as Adair County W.A.T.C.H. Coalition (Working Actively Toward Community Health). The coalition has completed the four MAPP assessments: Community Themes and Strengths, Local Public Health Assessment, Community Health Status Assessment and Forces of Change Assessment. These assessments provided insight on the gaps between current circumstances, provided information to use to identify the strategic issues, and served as the source of information from which our strategic issues, strategies and goals were built.

Adair County W.A.T.C.H. Coalition strives to organize for success through partnership development. This document presents the findings of the four MAPP assessments collected between May 2010 and April 2013.

All public, private and voluntary organizations, agencies, groups and individuals that have interests in population health improvements are invited to join Adair County W.A.T.C.H. Coalition.

Interested in Joining?

Contact Jelaine Harlow at 270-384-2286 ext:3221
or email: jelainet.harlow@lcdhd.org
for meeting information.

Adair County W.A.T.C.H. Coalition Partners in Action



Community Health Status Assessment

Adair County covers 407 square miles of land area including the city of Columbia. Adair County population is 18,732 with a population density of 46 people per square mile. The population under the age of 18 is 21.2% and 16.3% of the population is over age 65.



Demographic Characteristics

	Adair County	District	Kentucky	USA
Population, 2013 estimate ¹	18,732	203,949	4,395,295	316,128,839
Persons under 18, percent ¹	21.2%	22.2%	23.1%	23.3%
Person 65 and over, percent ¹	16.3%	17.7%	14.4%	14.1%
Female, percent ¹	50.7%	50.5%	50.8%	50.8%
Male, percent ¹	49.3%	49.5%	49.2%	49.2%
White alone, percent ¹	95.2%	95.6%	88.5%	77.7%
Black or African American, percent ¹	2.9%	2.4%	8.2%	13.2%
American Indian/Alaska Native, percent ¹	0.3%	0.3%	0.3%	1.2%
Hispanic or Latino, percent ¹	1.8%	2.3%	3.3%	17.1%
Reporting two or more races, percent ¹	1.2%	1.2%	1.7%	2.4%
School District Enrollment ²	2,370	31,607	675,530	495,000,000

SOURCES: ¹US Census Bureau: State and County Quick Facts, Data derived from Population Estimates, American Community Survey, Census of Populations, July 8, 2014. ²Kentucky Department for Education, Schools and District Attendance; August, 5, 2014; <http://education.ky.gov/comm/Pages/2013-2014-Kentucky-Schools->

Community Health Status Assessment

Socioeconomic characteristics play an important role in determining the health status of a county. The unemployment rate is 7.7%. The median household income is \$31,169, with 39% of children living in poverty. Homeownership rates are 73.5%. 28% of the population is without adequate social support. The rate of children living in single parent homes is 27%.

Socioeconomic Characteristics

	Adair County	District	Kentucky	USA
1. Unemployment ¹	7.7%	9.5%	8.2%	NDA*
2. Median household income ²	\$31,169	\$29,685	\$42,610	\$53,046
3. Homeownership ²	73.5%	73.9%	68.7%	65.5%
4. Children in poverty ¹	39%	38%	27%	NDA*
5. Inadequate social support ¹	28%	23%	20%	NDA*
6. Children in single parent households ¹	27%	34%	34%	NDA*

NDA* - No Data Available.

NOTE: 1, 3, 4, 5, 6 - Represent a percentage of the total population.

SOURCES: ¹CHR - County Health Ranking, 2014. ²US Census Bureau: State and County Quick Facts. Data derived from Population Estimates, America Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, Economic Census, and Building Permits, July 8, 2014

Behavior risk factors directly impact the individual's and the community's overall health status. There is a strong correlation between behavior risk factors and mortality rates. Adult obesity in Adair County is 34% and 35% are physically inactive. The CDC estimated in 2012 more than one third of adolescents and teens were overweight or obese. According to Kentucky Health Facts, data indicates that 34% of adults in Adair County smoke.

Behavior Risk Factors

	Adair County	District	Kentucky
1. Adult Obesity (adults \geq 18)*	34%	33%	33%
2. Physical Inactivity (adults \geq 18)**	35%	36%	31%
3. Adult Smoking (adults \geq 18)***	34%	29%	26%
4. Excessive Drinking (adults \geq 18)****	NDA*	NDA*	12%

NDA* - No Data Available.

NOTE: 1, 2, 3, 4 - Represent the total percentage of the population of adults \geq 18.

SOURCES: CHR, County Health Ranking, 2014. * Percent of adults with BMI over 30. ** Percent of population 20 or above with no leisure time activity. *** Percent of adults that smoke more than 100 cigarettes. **** Percent of binge drinking or heavy drinking

Community Health Status Assessment

Humans interact with the environment constantly. These interactions affect quality of life, years of healthy life lived, and health disparities. The World Health Organization (WHO) defines environment, as it relates to health, as “all the physical, chemical, and biological factors external to a person, and all the related behaviors.” Environmental health consists of preventing or controlling disease, injury, and disability related to the interactions between people and their environment. (Healthy People, 2020)

Physical Environment

	Adair County	District	Kentucky
Air pollution-particulate matter ¹	13.5	13.4	13.5
Drinking water violations ¹	0%	2%	7%
Severe housing problems ¹	16%	15%	14%
Driving alone to work ¹	80%	81%	82%
Long commute - driving alone ¹	30%	28%	28%

SOURCE: ¹ CHR - County Health Ranking, 2014

Access to community preventive services and evidence base clinical practices reduce death, disability and health inequities and improve quality of life. (National Prevention Council, 2011; U.S. Department of Health and Human Services, 2011).

Westlake Regional Hospital is the only hospital in Adair County. According to County Health Ranking the physician to patient ratio is 2,669 to 1. Kentucky Health Facts state that 21% of Adair County adults have no insurance.



Health Resources Availability

	Adair County	District	Kentucky
1. Uninsured ¹	21%	20%	17%
2. Primary care physician ratio ¹	2,669:1	NDA*	1,560:1
3. Dentist ratio ¹	6,225:1	NDA*	1,731:1
4. Mental health provider ratio ¹	1,245:1	NDA*	852:1
5. Preventable hospital stays ¹	182	143	103

NDA* - No Data Available.

NOTE: 1. Represent percentage of the total population. 5. Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees.

SOURCE: ¹ CHR - County Health Ranking, 2014

Community Health Status Assessment

Communicable diseases occur only when the agent comes into contact with a host in a suitable environment. Prevention and control efforts for communicable diseases may be directed to any of these three elements. Communicable diseases affect both individuals and communities, so control efforts may be directed at both. Antibiotics effectively treats most communicable diseases. A simple way to prevent the occurrence of communicable diseases is to eliminate the infectious agent through, for example, cooking food, washing hands, and sterilizing surgical instruments between each use. Assuring the safety of drinking water through filtration and chlorination. Treating sewage appropriately are other important means of preventing the spread of communicable diseases.

Communicable Disease

	Adair County	District	Kentucky
1. Syphilis ¹	1	5	335
2. Gonorrhea ¹	2	32	4,521
3. Chlamydia ¹	43	446	16,631
4. AIDS (number of people living with) ²	6	110	7,750

NOTE: 1, 2, 3 - numbers reported.

SOURCES: ¹ KY Vital Statistics, 2011 (Preliminary Data). ² HIV Surveillance Report, 2011

Improving the well-being of mothers, infants, and children is an important public health goal for the Lake Cumberland District. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The objectives of the Maternal, Infant and Child Health topic area address a wide range of conditions, health behaviors and health systems indicators that affect the health, wellness, and quality of life of women, children and families. (Healthy People, 2020)

Maternal and Child Health

	Adair County	District	Kentucky	USA
1. Total births	219	2,582	56,900	4,247,694
2. Infant mortality (rate)	4.6	7.0	6.9	6.5
3. Teen births (rate)	28.8	61.5	38.7	NDA*
4. No prenatal care first trimester (percentage)	34.3%	26.3%	27.8%	29.0%

NDA* - No Data Available.

NOTE: 1. Total number of births. 2. Crude rate per 1,000 live births. 3. Teen births = rate per 1000 of total births born to females ages 15-19.

SOURCES: 1, 2, 4 - KY Annual Vital Statistics Report, 2008 (<http://chfs.ky.gov/dph/vital/>) and National Vital Statistics Reports for Births and Deaths (http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_07_tables.pdf) (http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf) 3. KY Annual Vital Statistic Report, 2013 (Preliminary Data) - Teen Births by County, Rates per 1,000



Community Health Status Assessment

Social and Mental factors can indirectly and directly influence the overall health status of a person and the community. Abuse, substance abuse, neglect and violence impact the mental and physical status of individuals and communities.

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society.

Social and Mental Health

	Adair County	District	Kentucky	USA
1. Mean travel time to work (minutes), workers age 16+ ¹	25	23.5	22.7	25.4
2. Poor or fair health (adults ≥18) ²	32%	28%	21%	NDA*
3. Poor physical health days (adults ≥18) ²	5.7	6.0	4.8	NDA*
4. Poor mental health days (adults ≥18) ²	5.0	4.8	4.3	NDA*
5. Child abuse neglect - # of reports ³	358	2,979	63,438	676,569
6. Suicide death rate per 100,000 (all ages) ⁴	19.3	13.1	13.5	11.6

NDA* - No Data Available.

NOTE: 2 - Represent a percentage of the total population. 3, 4 - Average number of days in the past 30 days. 5 - Number of Child Abuse Neglect Reported. 6 - Age adjusted death rates per 100,000 population
 SOURCES: ¹ US Census Bureau: State and County Quick Facts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, Economic Census, and Building Permits, July 8, 2014. ² CHR - County Health Ranking, 2014. ³ Child Abuse Neglect Report by County - Prevent Child Abuse Kentucky. Statistics Provided by the Cabinet for Health and Family Services, Jan. 1, 2013 - Dec. 31, 2013 http://www.pcaky.org/stats_research.html Child Maltreatment - Administration for Children and Families - Department for Health And Human Services: <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf>. ⁴ KY Annual Vital Statistics Report 2008 (<http://chfs.ky.gov/dph/vital/>) and National Vital Statistics Reports Vol. 59, No. 10, December 7, 2011 (2008 data) (http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf)

Forces of Change Assessment

The Forces of Change Assessment (FOC) is one of four assessments conducted as part of the Mobilizing for Action through Planning and Partnerships (MAPP) community health strategic planning initiative. This assessment focuses on identifying the trends, factors, and events that are likely to influence community health and quality of life, or impact the work of the local public health system.

The FOC Assessment was performed by community health stakeholders and volunteers. A brainstorming session was conducted on February 7, 2013. Participants were charged with answering the following questions: “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?” To address those questions, participants determined the economic, environmental, legal/ethical, political, social, technology/education, and medical forces that impact how Adair County’s public health system functions. Members then developed a list of potential opportunities and threats for each identified force.

Participant findings were compiled into the attached comprehensive matrix of key forces and their associated impacts upon the health of Adair County.

A selection of the results is included below:

- **Breakdown of Society**
- **Weather/Climate Influences on Agriculture**
- **Verbal/Communication Skills**
- **Teen Activities**
- **Communication Isolation**
- **Work Ready Community**
- **Moral Standards**
- **Military Support**

The information gathered through the FOC Assessment is an important component of the MAPP comprehensive community assessment process. These findings will be used in conjunction with the results of the other three MAPP assessments to identify key strategic issues and priorities for action by our community.



Forces of Change Assessment

FORCE	THREATS POSED	OPPORTUNITIES CREATED
Economic		
Limited Local Industry	Travel to other communities/youth leaving county for jobs	Opportunity for growth
Lack of Trained Workforce	Jobs pass us by	Limited local industry
Agriculture Changes	Crops-tobacco phase out/losing family farms	Diversify-alternative crops
Few Jobs	Poverty, reliance on gov't assistance, crime, low morale	
Jobs with No Benefits	No insurance, sick days, retirement, underemployed, working poor	
Lack of Ambition/Motivation to Seek Work	Drain on public dollar/entitlement mentality	Increased education, motivational role models
Environmental		
Drought - Summer 2012	No or low yield agriculture crops/\$ lost personally, economy suffers, grocery cost rises	Education on water conservation/practice conservation
Lack of Labor Force to Harvest Crops	Personal loss of income/economy suffers/environmental impact	
Septic Systems & Need for Water Treatment	Environmental impact	Seek grant/support for county wide sewage treatment
Smoking Issues	Health	Smoke free laws
Flu Season	Public health/education dollars lost for low school attendance	Promote immunizations/public campaigns on epidemic/disaster preparedness
PRIDE - Littering/Recycling/Meth	Negative impact on economy/development personal health	Community clean up sponsors for keeping clean, educate children = normalize
Overconsumption of Bottled Water	Plastic waste, deplete local water resources; negative (false) beliefs regarding local water quality & safety	Public education; clubs & organizations to dispel myths
Legal/Ethical		
Crime Rate	Danger to citizens	
Legalizing Marijuana	More people using	Lower cost for jail/police and court time
Health Care Act	Cost	Increased coverage
Drugs/Pain Med Regulations, Meth	Hurt innocent who need meds for pain; crime; healthcare increased	Less oxycontin prescribed; fewer addictions
Moral Teachings Decreased	Breakdown of society	Resurgence of churches/faith based schools
Immigration	More competition for jobs; marginalization of minorities	Diversity - greater understanding of cultures/more view points

Forces of Change Assessment

FORCE	THREATS POSED	OPPORTUNITIES CREATED
Political		
ObamaCare	Possible full time job cuts/loss of freedom of choice of health care/no reimbursements for health care/doctors pay own med liability ins	More insurance possibilities for recipients
Alcohol Sales & Legalized Gambling, Increased Acceptance of	Possible moral issues, economic problems within households, possible increase in underage drinking	Taxes and monetary income/increase in tourism dollars/increase in jobs
Marijuana Legalization/Hemp	Encouraged underage usage/can't tell difference between maj/hemp	Hemp-agriculture income/more job opportunities
More Social Responsibilities for Benefits	Revolving door-impossible to get off/legally buying votes/too much on the shoulder of the working public	Increase in work ethic; force public to take responsibility for self
Cuts to Childcare	Drain on resources (food banks, local agencies, assistance) children suffer	Personal responsibility
Social		
Few Teen & Family Activities	Leave community to find activities; teens will lean toward illegal activity if there are no options	
Social Media/Technology	More time on internet leads to less physical activity/lack of verbal communication and no eye contact	Availability of knowledge and current events
Breakdown in Family Unit	Low morale leads to increased gov support or living below the poverty level	String support network leads to more family events, functions, church attendance, etc.
Technological/Education		
Wireless High Speed Internet/iPads	Less communication or isolation	Wilder variety of information available
Lack of Funding for Books	Students unable to study at home	Using internet/offering information that is more current help students be more work ready/keyboarding skills good
Social Media (Facebook, Twitter)	Decreases social skills/causes lack of concentration in classes	Ability to communicate long distance easily
GED Testing Computerized in 2014	Testing centers has to educate them on how to take test	Testing skills improved

Forces of Change Assessment

FORCE	THREATS POSED	OPPORTUNITIES CREATED
Technological/Education		
Discipline in Schools		Higher moral standards taught
No Civics/Losing Interest in Cursive Writing	Important to understand government and write in a legible manner	
Too Concerned with Test Scores, not on Retention of Information	Students not prepared for future, work or life experiences	
Computers for Classrooms/All Programs		Work ready/keyboarding
Medical		
Lack of Health Care/Specialist/After Hour Clinic/Hospital Cost/Mental Health	Unhealthy population/economic impact to persons/safety to persons & populations due to lack of mental health care	Specialist jobs Productive citizens Less funds spent on health care
No Support for Returning Military	Mental and physical health issues Child abuse & neglect/spouse abuse, Domestic violence/suicide	Contributions to members of society New agency support and care Community involvement
Health Issues/Obesity/Drug Use/Tobacco Use	Public safety/economic & financial stress Loss of personal contributions to society Illness from SHS	Less spent on healthcare Healthier society



Community Themes and Strengths Assessment

A Quality of Life survey was distributed across Adair County during the months of February and March 2013. The survey was distributed in two formats electronically and paper with 1,062 individuals completing the survey. The community health status assessment assists the communities in identifying priority community health and quality of life issues. A few of the questions follow.

What do you think are the three most important “health problems” in Adair County?

Answer Options	%	Respondents
Cancers	59.2%	621
Alcohol/Drugs	71.9%	754
Obesity (children/adults)	52.6%	552

What do you think are the three most important “risky behaviors” in Adair County?

Answer Options	%	Respondents
Alcohol/Drug Use	95.5%	1,013
Tobacco Use	68.9%	731
Obesity/Unsafe Sex	63.4%	673

What do you think are the three most important factors for a “healthy community”?

Answer Options	%	Respondents
Low Crime/Safe Neighborhood	57.4%	609
Good School System	79.2%	840
Good jobs/healthy economy	74.7%	793

See Adair County Community Health Surveys on pages 28 - 29 of this booklet.

Local Public Health System Assessment

Adair County performed the LPHSA in May 2010. There were approximately 40 people that participated in the assessment. The majority of the organizations that make up the Local Public Health System were present.

The Local Public Health System Assessment Instrument focuses on the local public health system or all entities that contribute to public health services within a community. The local instrument was developed by NACCHO and CDC. The standards are designed around the ten Essential Public Health Services to assure that the standards fully cover the gamut of public health action needed at state and community levels. The standards focus on the overall public health system (all public, private, and voluntary entities that contribute to public health activities within a given area), rather than a single organization. This assures that the contributions of all entities are recognized in assessing the provision of essential public health services. The standards describe an optimal level of performance rather than provide minimum expectations. This assures that the standards can be used for continuous quality improvement. The standards can stimulate greater accomplishment and provide a level to which all public health systems can aspire to achieve. The standards are intended to support a process of quality improvements. System partners should use the assessment process and the performance standards results as a guide for learning about public health activities throughout the system and determining how to make improvements.

The Local Public Health System Assessment is a valuable tool in identifying areas for system improvement, strengthening local partnerships, and assuring that a strong system is in place for effective response to day-to-day public health issues as well as public health emergencies. Local Public Health System Assessment instrument users at all levels report numerous such benefits, including:

1. Improves organizational and community communication and collaboration, by bringing partners to the same table.
2. Educates participants about public health and the interconnectedness of activities, which can lead to a higher appreciation and awareness of the many activities related to improving the public's health.
3. Strengthens the diverse network of partners within state and local public health systems, which can lead to more cohesion among partners, better coordination of activities and resources, and less duplication of services.
4. Identifies strengths and weaknesses to address in quality improvement efforts. Responses to the assessment can be tracked over time to identify system improvements or changes. Provides a benchmark for public health practice improvements, by providing a gold standard to which public health systems can aspire.

Summary of Adair County performance scores by Essential Public Health Service (EPHS)

EPHS		SCORE
1	Monitor Health Status To Identify Community Health Problems	98
2	Diagnose And Investigate Health Problems and Health Hazards	88
3	Inform, Educate, And Empower People about Health Issue	98
4	Mobilize Community Partnerships to Identify and Solve Health Problems	86
5	Develop Policies and Plans that Support Individual and Community Health Efforts	88
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	79
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	46
8	Assure a Competent Public and Personal Health Care Workforce	86
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	91
10	Research for New Insights and Innovative Solutions to Health Problems	96
OVERALL SCORE		86

Summary of LPHSA:

The challenge of preventing illness and improving health is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems. Through well equipped, high-performing public health systems, this challenge can be addressed. Public health performance standards are intended to guide the development of stronger public health systems capable of improving the health of populations. The development of high-performing public health systems will increase the likelihood that all citizens have access to a defined optimal level of public health services. Through periodic assessment guided by model performance standards, public health leaders can improve collaboration and integration among the many components of a public health system, and more effectively and efficiently use resources while improving health intervention services.

APPENDIX - Community Health Data Collection

Lake Cumberland District Total Population

	Adair	Casey	Clinton	Cumber.	Green	McCreary	Pulaski	Russell	Taylor	Wayne	District	KY	USA
Population, 2013 estimate	18,732	16,067	10,146	6,789	11,180	17,989	63,903	17,752	24,649	20,678	203,949	4,395,295	316,128,839
Person under 5, percent	5.3%	6.2%	5.6%	6.0%	5.2%	5.9%	5.9%	6.5%	6.2%	5.6%	5.9%	6.3%	6.3%
Person under 18, percent	21.2%	23.0%	22.6%	22.1%	21.4%	21.8%	22.9%	22.3%	22.3%	21.9%	22.2%	23.1%	23.3%
Person 65 and over, percent	16.3%	18.2%	17.8%	20.3%	18.5%	13.7%	17.2%	18.7%	17.2%	17.6%	17.7%	14.4%	14.1%
Female, percent	50.7%	51.3%	50.4%	50.9%	50.4%	45.6%	51.1%	51.2%	51.9%	50.6%	50.5%	50.8%	50.8%
Male, percent	49.3%	48.7%	49.6%	49.1%	49.6%	54.4%	48.9%	48.8%	48.1%	49.4%	49.5%	49.2%	49.2%
White alone, percent	95.2%	97.7%	97.2%	95.5%	96.0%	91.7%	96.7%	97.6%	92.5%	96.3%	95.6%	88.5%	77.7%
Black or African American, percent	2.9%	0.7%	0.5%	2.9%	2.2%	5.8%	1.3%	0.6%	5.0%	1.8%	2.4%	8.2%	13.2%
American Indian/Alaska Native alone, percent	0.3%	0.3%	0.2%	0.1%	0.4%	0.8%	0.3%	0.4%	0.2%	0.3%	0.3%	0.3%	1.2%
Asian alone, percent	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.6%	0.4%	0.7%	0.4%	0.3%	1.3%	5.3%
Native Hawaiian/other Pacific Islander alone, percent	0.1%	0.1%	0.5%	0.0%	z	0.1%	z	z	0.1%	0.1%	0.1%	0.1%	0.2%
Reporting two or more races, percent	1.2%	1.0%	1.3%	1.3%	1.3%	1.4%	1.1%	1.0%	1.6%	1.2%	1.2%	1.7%	2.4%
Hispanic or Latino, percent	1.8%	2.9%	2.8%	1.0%	1.6%	2.4%	2.3%	3.7%	2.0%	2.9%	2.3%	3.3%	17.1%
White alone, not Hispanic or Latino, percent	93.7%	95.1%	95.2%	94.6%	94.6%	89.9%	94.7%	94.2%	90.7%	93.9%	93.7%	85.6%	62.6%

SOURCE: US Census Bureau: State and County Quick Facts, Data derived from Population Estimates, American Community Survey, Census of Populations. July 8, 2014.
z: value greater than zero but less than half unit of measure shown

Lake Cumberland School District School Population

	Adair	Casey	Clinton	Cumber.	Green	McCreary	Pulaski	Russell	Taylor	Wayne	District	KY	USA
Total Enrollment	2,370	2,216	1,875	915	1,691	2,238	9,947	2,670	4,155	3,530	31,607	675,530	

Adair County School District

Adair County Primary (p-02)	629
Adair Elementary (3-5)	572
Adair Middle (6-8)	597
Adair High (9-12)	572

Casey County School District

Jones Park Elementary (K-06)	386
Liberty Elementary (K-6)	360
Walnut Hill Elementary (K-06)	421
Casey Middle School (7-8)	378
Casey High School (9-12)	671

Clinton County School District

Early Childhood Center (PS-K)	250
Albany Elementary School (1-4)	600
Albany Middle School (5-8)	575
Albany High School	450

Cumberland County School District

Cumberland Elementary School (K-5)	455
Cumberland Middle School (6-8)	230
Cumberland High School (9-12)	230

Green County School District

Green County Primary School (K-2)	392
Green County Intermediate (3-5)	380
Green County Middle School (6-8)	386
Green County High School (9-12)	533

McCreary County School District

Pine Knot Preschool (P)	83
Pine Knot Primary School (K-03)	528
Pine Knot Intermediate School (4-6)	385
McCreary County Middle School (7-8)	445
McCreary County High School (9-12)	797

Pulaski County School District

Pulaski County Memorial School (PS)	225
Burnside Elementary School (PS-05)	525
Eubank Elementary School (PS-05)	375
Nancy Elementary School (PS-05)	400
Oakhill Elementary School (PS-05)	495
Pulaski Elementary School (PS-05)	645
Shopeville Elementary School (PS-05)	400
Southern Elementary School (PS-05)	730
Northern Middle School (6-8)	645
Southern Middle School (6-8)	1,000
Pulaski High School (9-12)	1,100
Southwestern High School (9-12)	1,200

Science Hill Independent School District

Science Hill Elementary (PS-08)	520
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Russell County School District

Jamestown Elementary (PS-05)	490
Russell Springs Elementary (PS-05)	710
Salem Elementary School (PS-05)	310
Russell County Middle School (6-8)	670
Russell County High School (9-12)	490

Taylor County School District

Taylor County Elementary (PS-05)	1,214
Taylor County Middle School (6-8)	740
Taylor County High School (9-12)	896

Somerset Independent School District

Hopkins Elementary School (PS-05)	695
Meece Middle School (5-8)	489
Somerset High School (9-12)	503

Campbellsville Independent School District

Campbellsville Elementary (PS-03)	400
Campbellsville Middle School (4-8)	475
Campbellsville High School (9-12)	430

Wayne County School District

Walker Early Learning Center (PS-K)	430
Bell Elementary School (1-2)	490
Monticello Elementary School (3-5)	760
Wayne County Middle School (6-8)	825
Wayne County High School (9-12)	1,000

SOURCE:
Kentucky Department for Education, Schools and District Attendance; August, 5, 2014;
<http://education.ky.gov/comm/Pages/2013-2014-Kentucky-Schools-Directory.aspx>

APPENDIX - Community Health Data Collection

Lake Cumberland District Health Characteristics

	Adair	Casey	Clinton	Cumber.	Green	McCreary	Pulaski	Russell	Taylor	Wayne	District	KY
HEALTH OUTCOMES*	48	78	84	107	32	91	54	38	42	46	NDA*	NDA*
Length of Life*	27	83	19	110	32	68	48	59	49	34	NDA*	NDA*
1. Premature death*	7,968	10,495	9,670	13,257	8,097	9,612	9,194	9,453	9,198	9,198	8,228	8,758
Quality of Life	78	77	99	103	51	109	53	18	34	68	NDA*	NDA*
2. Poor or fair health	32%	25%	28%	29%	24%	41%	27%	21%	22%	31%	28%	21%
3. Poor physical health days	5.7	6.4	7.0	6.4	5.3	8.9	5.2	4.2	4.6	6.4	6.0	4.8
4. Poor mental health days	5.0	5.1	4.4	5.0	5.1	6.2	4.0	4.0	4.2	5.7	4.9	4.3
5. Low birthweight	8.8%	8.9%	11.1%	11.6%	8.2%	9.2%	8.8%	8.0%	8.4%	7.4%	9%	9.1%
HEALTH FACTORS*	87	85	89	101	52	110	48	79	28	88	NDA*	NDA*
Health Behaviors*	84	86	15	62	36	112	30	68	14	88	NDA*	NDA*
6. Adult smoking	34%	30%	21%	27%	31%	40%	27%	31%	23%	29%	29%	26%
7. Adult obesity	34%	35%	32%	34%	30%	32%	32%	32%	32%	32%	33%	33%
8. Food environment index	7.5	7.6	7.7	7.6	7.8	6.5	7.1	7.8	7.6	6.3	7.4	7.4
9. Physical inactivity	35%	38%	36%	37%	38%	35%	33%	38%	28%	40%	36%	31%
10. Access to exercise opportunities	62%	NDA*	74%	11%	39%	100%	62%	79%	26%	42%	NDA*	62%
11. Excessive drinking	NDA*	14%	NDA*	NDA*	NDA*	10%	7%	8%	12%	NDA*	NDA*	12%
12. Alcohol-impaired driving deaths	26%	19%	38%	25%	9%	30%	22%	20%	23%	36%	25%	28%
Clinical Care*	114	11	119	117	92	45	84	65	84	49	NDA*	NDA*
13. Uninsured	21%	22%	20%	20%	20%	21%	18%	20%	19%	19%	20%	17%
14. Primary Care Physicians	2,669:1	7,955:1	2,550:1	1,708:1	11,200:1	3,657:1	1,415:1	1,601:1	1,237:1	1,613:1	NDA*	1,560:1
15. Dentists	6,225:1	16,082:1	3,428:1	6,819:1	2,829:1	18,069:1	1,590:1	2,916:1	3,527:1	3,471:1	NDA*	1,731:1
16. Mental health providers	1,245:1	1,787:1	1,286:1	852:1	2,829:1	1,390:1	757:1	1,094:1	1,122:1	2,603:1	NDA*	852:1
17. Preventable hospital stays, rate	182	185	206	213	103	117	92	109	92	129	143	103
Social & Economic Factors*	80	73	90	106	44	107	79	85	65	95	NDA*	NDA*
18. High school graduation	78%	89%	88%	78%	95%	88%	76%	84%	90%	89%	86%	79%
19. Some college	48%	41%	36%	39%	39%	42%	50%	46%	44%	38%	42%	57%
20. Unemployment	7.7%	7.9%	9.5%	10.8%	7.9%	13.3%	9.4%	8.6%	7.8%	12.4%	9.5%	8.2%
21. Children in poverty	39%	40%	40%	42%	31%	51%	31%	40%	32%	38%	38%	27%
22. Inadequate social support	28%	21%	16%	20%	21%	30%	20%	27%	20%	24%	23%	20%
23. Children in single-parent households	27%	28%	41%	45%	34%	27%	34%	36%	40%	31%	34%	34%
24. Violent crimes, rate	52	62	0	50	44	59	112	72	159	91	76	247
25. Injury deaths, rate	78	99	124	156	79	72	78	101	87	68	NDA*	79

NDA* - No Data Available.

SOURCE: County Health Ranking, 2014 (all of the above), Percentage of total population

Each county ranking is compared among the 120 counties in Kentucky.

HEALTH OUTCOMES in the County Health Rankings represent how healthy a county is. We measure two types of health outcomes: how long people live (length of life) and how healthy people feel while alive (quality of life).

LENGTH OF LIFE (Mortality) examine mortality (or death) data to find out how long people live. More specifically, we measure what are known as premature deaths (deaths before age 75).

QUALITY OF LIFE (Morbidity) refers to how healthy people feel while alive. Specifically, we report on the measures of their health-related quality of life (their overall health, physical health, and mental health) and we also look at birth outcomes (in this case, babies born with a low birthweight).

HEALTH FACTORS in the County Health Rankings represent what influences the health of a county. We measure four types of health factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures. A fifth set of factors that influence health (genetics and biology) is not included in the Rankings.

1. Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)
2. Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)
3. Poor physical health day - Average number of physically unhealthy days reported in past 30 days (age-adjusted)
4. Poor mental health day - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
5. Low birth rate - Low birth weight is the percent of live births for which the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.).
6. Adult smoking - Percentage of adults that report smoking more than 100 cigarettes
7. Adult obesity - Percent of adults that report a BMI ≥ 30
8. Food environment index - Index of factors that contribute to a healthy food environment
9. Physical inactivity - percent of adults aged 20 and over reporting no leisure time physical activity
10. Access to exercise opportunities - percent of the population with adequate access to locations for physical activity
11. Excessive drinking - Binge drinking or heavy drinking; binge drinking is consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion. Heavy drinking is defined as drinking more than 1 (women) or 2 (men) per day over average
12. Alcohol-impaired driving - Proportion of driving deaths with alcohol involvement
13. Uninsured - Percentage of adults under age 65 without health insurance
14. Primary care physicians - Ratio of population to primary care physicians
15. Dentist - Ratio of population to dentists
16. Mental health providers - Ration of population to mental health providers
17. Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees
18. High school graduation - Percent of ninth grade cohort that graduates in 4 years
19. Some college - Percent of adults aged 25-44 years with some post-secondary education
20. Unemployment - Percent of population age 16+ unemployed but seeking work
21. Children in poverty - Percent of children under age 18 in poverty
22. Inadequate social support - Percent of adults without social/emotional support
23. Children in single-parent households - Percent of children that live in household headed by single parent
24. Violent crimes - Violent crime rate per 100,000 population
25. Injury Deaths - Injury deaths is the death rate from intentional and unintentional injuries per 100,000 population. Deaths included are those with an underlying cause of injury (ICD-10 codes *U01-*U03, V01-Y36, Y85-Y87, Y89

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APPENDIX - Community Health Data Collection

Lake Cumberland District Health Characteristics (continued from page 22)

	Adair	Casey	Clinton	Cumber.	Green	McCreary	Pulaski	Russell	Taylor	Wayne	District	KY
Physical Environment	66	21	78	9	31	85	94	54	14	44	NDA*	NDA*
26. Air pollution-particulate matter	13.5	13.3	13.5	13.6	13.5	13.3	13.2	13.4	13.4	13.4	13.4	13.5
27. Drinking water violations	0%	10%	0%	0%	0%	0%	14%	0%	0%	0%	2%	7%
28. Severe housing problems	16%	14%	14%	12%	12%	18%	17%	17%	14%	13%	15%	14%
29. Driving alone to work	80%	76%	87%	78%	79%	81%	84%	80%	78%	82%	81%	82%
30. Long commute - driving alone	30%	40%	15%	21%	44%	37%	20%	22%	19%	31%	28%	28%
31. Number of housing units	8,472	7,372	5,227	3,644	5,261	7,397	31,070	9,869	10,923	10,792	100,027	19,365,650
32. Home ownership rate	73.5%	81.1%	77.0%	73.7%	75.8%	70.9%	70.3%	75.8%	70.6%	70.6%	73.9%	68.7%
33. Median household income	\$31,169	\$28,416	\$26,885	\$29,885	\$33,573	\$21,758	\$32,788	\$29,465	\$35,000	\$27,646	\$29,685	\$42,610
34. Person below poverty level	20.6%	27.4%	28.0%	23.7%	20.4%	30.8%	23.3%	27.3%	23.0%	26.8%	25.1%	18.6%
35. Mean travel time to work (min), workers age 16+	25	27.6	17.5	23	29	27.6	20.9	20.9	19.2	25.1	23.5	22.7

NDA* - No Data Available.

SOURCES: 26. - 30. - County Health Ranking, 2014.

31. - 35. - US Census Bureau: State and County Quick Facts. Data derived from Population Estimates, America Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, Economic Census, and Building Permits, July 8, 2014.

26. Air pollution-particulate matter - the average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county

27. Drinking water violations - Percentage of population potentially exposed to water exceeding a violation limit during the past year

28. Severe housing problems - Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities

29. Driving alone to work - Percent of the workforce that drives alone to work

30. Long commute-driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes

Kentucky Behavior Risk Factor Surveillance System (KYBRFSS)

	District	KY
Adults who report binge drinking	8.8%	14.9%
Adults who have been diagnosed with arthritis	37%	35%
Adults who have ever had a heart attack	6.8%	6.6%
Adults who have coronary heart disease	6.3%	6.1%
Adults who have ever had a stroke	3.1%	4.2%
Adults aged 50+ who had a blood stool test within two years	9.9%	13.9%
Adults ages 50+ who ever had a sigmoidoscopy or colonoscopy	60.1%	65.9%
Adults who have ever been diagnosed with depressive disorder	24.4%	23.5%
Adults who have diabetes	12.7%	10.7%
Adults who are limited in any activities because of health problems	29.4%	26.2%
Adults with health problems that require use of special equipment	12.5%	11.6%
Adults who participate in any leisure-time physical activity	63.9%	70.3%
Adults who reported good or better health	71.9%	76.1%

	District	KY
Adults who have health care coverage	79.8%	82.9%
Adults aged 18-64 who have health care coverage	74.3%	79.1%
Adults aged 18-64 who have been tested for HIV	31.3%	30.0%
Adults aged 65+ who had a flu shot in past year	53.2%	61.8%
Adults aged 65+ who had pneumococcal vaccination	50.8%	65.6%
Adults aged 65+ who had all their natural teeth extracted	30.9%	24.8%
Adults who visited the dentist or dental clinic within the past year	51.9%	60.3%
Adults who are overweight (BMI = 25.0 -29.9)	39.9%	24.8%
Adults who are obese (BMI >30.0)	34.7%	31.3%
Adults who currently have asthma	13.0%	11.1%
Adults who have COPD, emphysema, or chronic bronchitis	10.8%	11.2%
Adults who are current smokers	27.5%	28.3%
Women aged 18+ who had a pap test within past three years	73.6%	76.6%
Women aged 40+ who had a mammogram within past two years	65.7%	71.3%

SOURCE: KYBRFSS, 2012 percentage of total population

Kentucky Incentive for Prevention Survey (KIP)

	Adair	Casey	Clinton	Cumber.	Green	McCreary	Pulaski	Russell	Taylor	Wayne	District	KY
Youth smokeless tobacco - 30 day use	19%	24%	28%	16%	16%	24%	18%	12%	14%	19%	19%	13%
Youth cigarette - 30 day use	27%	30%	15%	15%	21%	26%	21%	25%	25%	21%	23%	18%
Youth alcohol - 30 day use	23%	23%	15%	30%	14%	26%	34%	26%	27%	25%	24%	25%
Youth marijuana - 30 day use	11%	14%	6%	8%	6%	9%	17%	11%	21%	14%	12%	14%
Youth inhalant - 30 day use	2%	1%	2%	6%	1%	3%	4%	2%	4%	4%	3%	2%

SOURCE: KIP, 2012 10th grade students

APPENDIX - Community Health Data Collection

Infectious Disease Cases and Rates

	Adair	Casey	Clinton	Cumber.	Green	McCreary	Pulaski	Russell	Taylor	Wayne	District	KY	USA	HP 2020	Grade
1. Tuberculosis case rate	0.0	0.0	9.7	0.0	0.0	0.0	0.0	0.0	4.1	0.0	1.0	1.8	3.2	1.0	A
2. AIDS cases, number	6	7	7	4	6	8	44	8	13	7	110	7,750	478,862	NDA*	NDA*
3. Cryptosporidiosis	5.4	18.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.9	2.0	2.7	NDA*	NDA*
4. Ehrlichiosis, Anaplasmosis	0.0	0.0	0.0	14.6	0.0	0.0	0.0	0.0	0.0	4.8	1.0	0.4	0.8	NDA*	NDA*
5. Group A Streptococcal Infection, Invasive*	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.7	NDA*	NDA*	NDA*
6. Hepatitis A	0.0	0.0	9.8	0.0	0.0	0.0	0.0	0.0	4.0	0.0	1.0	0.6	0.5	NDA*	NDA*
7. Hepatitis B, acute	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	0.0	0.5	3.1	1.1	NDA*	NDA*
8. Hepatitis C, acute	0.0	12.6	9.8	0.0	0.0	0.0	0.0	0.0	0.0	23.8	3.8	2.5	0.3	NDA*	NDA*
9. Histoplasmosis	0.0	0.0	9.8	0.0	0.0	0.0	0.0	0.0	8.1	0.0	1.4	1.0	NDA*	NDA*	NDA*
10. Legionellosis	0.0	0.0	0.0	14.6	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.7	1.1	NDA*	NDA*
11. Listeriosis	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.3	NDA*	NDA*
12. Pertussis	37.5	6.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.8	7.0	8.8	NDA*	NDA*
13. Rocky Mountain Spotted Fever	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	NDA*	NDA*
14. Salmonellosis	0.0	0.0	9.8	0.0	26.7	0.0	7.9	11.4	16.2	28.6	10.1	13.5	17.5	NDA*	NDA*
15. Shiga toxin-producing E. Coli (STEC)	5.4	0.0	0.0	0.0	0.0	0.0	3.1	0.0	8.1	0.0	2.4	1.6	1.8	NDA*	NDA*
16. Streptococcus Pneumoniae, invasive disease	0.0	0.0	0.0	0.0	8.9	0.0	1.6	0.0	0.0	0.0	1.0	4.7	5.3	NDA*	NDA*

* Group A Streptococcal Infection, Invasive was removed from the 2010 list of Nationally Notifiable Diseases

NDA* - No Data Available.

NOTES:

1. Case rate per 100,000 population 2. Number of persons living with AIDS 3. - 16. Case rate per 100,000 population

SOURCES:

1. Kentucky Tuberculosis Program 2012 <http://chfs.ky.gov/dph/epi/tb.htm>. CDC Tuberculosis Cases, Case Rates per 100,000 Population, Deaths, and Death Rates per 100,000 Population, and Percent Change: United States, 1953–2012. Atlanta, GA: U.S. Department of Health and Human Services, CDC, 2012. <http://www.cdc.gov/tb/statistics/reports/2012/table1.htm>

2. 2009 Cumulative AIDS Cases by Area Development Districts (ADD) and County at the Time of Diagnosis; HIV Surveillance Report, Volume 22: Table 16a. Persons living with an AIDS diagnosis, by year and selected characteristics, 2007–2009—United States: http://www.cdc.gov/hiv/surveillance/resources/reports/2010report/pdf/2010_HIV_Surveillance_Report_vol_22.pdf#Page=54

3–16. Reportable Diseases in Kentucky 2011 Summary, Cabinet for Health and Family Services, Department for Public Health, Division of Epidemiology and Health Planning, <http://chfs.ky.gov/dph/epi/reportablediseases.htm>
MMWR 2011 Reports of Nationally Notifiable Infectious Diseases; Centers for Disease Control and Prevention; <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6053a1.htm>

Infectious Disease Cases

	Adair	Casey	Clinton	Cumber.	Green	McCreary	Pulaski	Russell	Taylor	Wayne	District	KY
Syphilis*	1	0	0	0	0	1	0	0	3	0	5	335
Gonorrhea*	2	2	1	1	1	0	9	1	14	1	32	4,521
Chlamydia*	43	18	10	10	39	39	112	32	104	39	446	16,631

SOURCE: Kentucky Vital Statistics, 2011 * Preliminary Data numbers reported

Injuries and Crime

Indicator	Adair	Casey	Clinton	Cumber.	Green	McCreary	Pulaski	Russell	Taylor	Wayne	District	KY	USA	HP 2020	Grade
1. Homicide Death Rate	11.0	5.3	13.6	23.2	0.0	7.2	3.2	7.1	12.9	5.9	7.0	5.5	5.9	5.5	D
2. Suicide Death Rate	19.3	0.0	33.6	36.4	34.0	18.6	9.5	9.9	3.3	8.1	13.1	13.5	11.6	NDA*	C
3. Motor Vehicle Death Rate	19.1	12.3	83.6	14.7	34.4	11.6	23.0	17.3	16.6	19.3	24.2	19.1	13.1	12.4	D
4. Child Abuse Neglect - # of Reports	358	179	183	31	187	297	766	229	427	322	2,979	63,438	676,569	NDA*	NDA*

NDA* - No Data Available.

NOTES:

1. - 2. Age adjusted death rate per 100,000 U.S. standard population. 3 Crude death rate per 100,000 population. 4. Number of Child Abuse Neglect Reports.

SOURCES:

1. - 3. KY Annual Vital Statistics Report 2008 (<http://chfs.ky.gov/dph/vital/>) and National Vital Statistics Reports Vol. 59, No. 10, December 7, 2011 (2008 data) (http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf)

4. Child Abuse Neglect Report by County - Prevent Child Abuse Kentucky. Statistics Provided by the Cabinet for Health and Family Services, Jan. 1, 2013 - Dec. 31, 2013 http://www.pcaky.org/stats_research.html

Child Maltreatment - Administration for Children and Families - Department for Health And Human Services: <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf>

APPENDIX - Community Health Data Collection

Chronic Illness Death Rate

Indicator	Adair	Casey	Clinton	Cumber.	Green	McCreary	Pulaski	Russell	Taylor	Wayne	District	KY	USA	HP 2020	Grade
1. Heart Disease	270.4	197.6	190.3	273.9	201.2	312.5	238.9	253.9	194.9	210.7	230.9	213.7	186.5	100.8	D
2. Cerebrovascular disease/stroke	63.1	68.2	57.5	83.6	52.2	5.8	35.3	44.7	59.6	21.2	44.9	44.4	40.7	33.8	D
3. Diabetes	13.5	11.8	28.2	0.0	24.5	56.1	36.0	31.4	15.8	12.3	20.1	25.9	21.8	65.8	A
4. All causes	945.7	991.1	976.4	1,114.4	850.4	995.2	904.2	861.7	829.4	856.6	909.0	883.6	758.3	NDA*	D

NOTES:
 1-4. Age adjusted death rates per 100,000 U.S. standard population
 SOURCES:
 1-4. KY Annual Vital Statistics Report, 2008 (<http://chfs.ky.gov/dph/vital/>) and National Vital Statistics Reports Vol. 59, No. 10, December 7, 2011 (2008 data) (http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf)

Cancer Rates

Indicator	Adair	Casey	Clinton	Cumber.	Green	McCreary	Pulaski	Russell	Taylor	Wayne	District	KY	USA	HP 2020	Grade
1. Cancer incidence (all)	460.5	569.3	732.9	550.9	460.3	555.0	548.1	526.7	599.2	571.4	553.1	565.1	445.5	NDA*	C
2. Cancer (all) death rate	177.8	257.7	222.2	173.9	219.0	244.8	227.0	237.4	214.2	177.0	217.2	207.2	171.8	160.6	D
3. Lung cancer incidence	102.3	109.8	99.01***	66.78***	55.22***	154.9	110.7	107.8	102.9	103.0	106.2	100.1	61.7	NDA*	D
4. Lung cancer death rate	50.41***	100.5	50.14***	59.23***	71.52***	99.8	93.7	95.2	87.6	60.4	81.6	73.8	47.4	45.5	D
5. Female breast cancer incidence	87.67***	157.7***	198.09***	~	63.47***	126.87***	109.2	116.78***	122.3	106.2	115.0	145.0	118.7	NDA*	A
6. Female breast cancer death rate	39.90***	46.03***	~	0.0***	~	~	14.79***	0.00***	~	~	20.2	21.8	21.9	20.6	A
7. Colorectal cancer incidence	55.73***	100.5	40.78***	96.61***	34.64***	40.99***	62.0***	38.20***	72.5	54.4	59.7	54.4	40.4	NDA*	D
8. Colorectal cancer death rate	~	~	~	~	~	~	20.2	37.84***	27.15***	~	19.5	17.5	15.5	14.5	D
9. Cervix/uteri cancer incidence	0.0***	~	~	0.0***	0.0***	0.0***	14.67***	0.0***	~	0.0***	8.37***	8.7	7.5	NDA*	C
10. Cervix/uteri cancer death rate	0.0***	0.0***	0.0***	0.0***	0.0***	0.0***	0.0***	~	0.0***	0.0***	0.0***	2.5	2.3	2.2	A
11. Melanoma cancer incidence	~	29.47***	116.54***	~	60.72***	42.65***	43.9	40.61***	67.9	48.95***	48.1	40.5	19.0	NDA*	D
12. Melanoma cancer death rate	~	~	~	0.0***	0.0***	0.0***	~	0.0***	~	0.0***	3.17***	3.3	2.7	2.4	C

***Counts < 15 are too few to calculate a stable age-adjusted rate
 ~Counts/rates are suppressed if fewer than 5 cases were reported in the specified category
 NOTES:
 1-12. Age-adjusted Incidence Rates or Crude Death Rates per 100,000 population for the U.S. Standard Population
 SOURCES:
 1.-12. Kentucky Cancer Registry University of Kentucky, Markey Cancer Control Program 2010 (http://cancer-rates.info/ky/index_mort.php) . U.S. Cancer Statistics Working Group. United States Cancer Statistics: 2010 Incidence and Mortality Web-based Report. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. Available at: (<http://apps.nccdc.cdc.gov/uscs/index.aspx>)

Maternal and Child Health

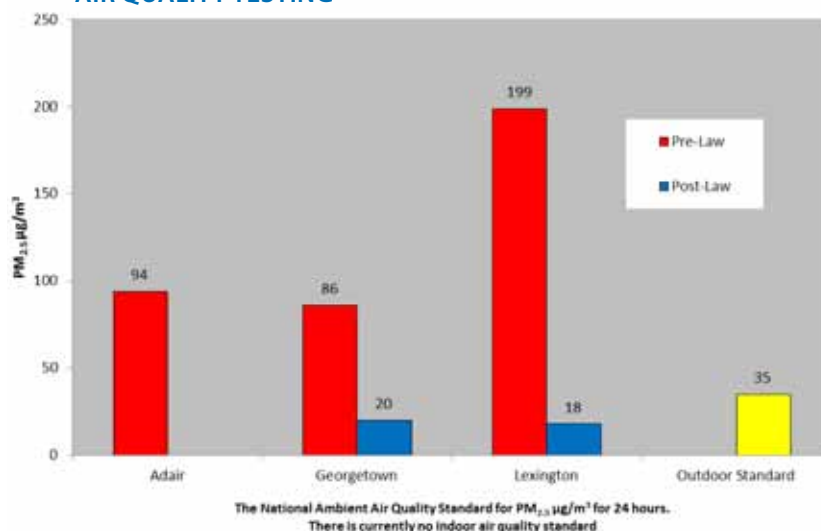
Indicator	Adair	Casey	Clinton	Cumber.	Green	McCreary	Pulaski	Russell	Taylor	Wayne	District	KY	USA	HP 2020	Grade
1. Total births	219	195	141	64	124	206	815	233	332	253	2,582	56,900	4,247,694	NDA*	NDA*
2. Infant mortality (rate)	4.6	10.3	7.1	15.6	8.1	4.9	7.4	0.0	6.0	11.9	7.0	6.9	6.5	6.0	D
3. Low weight birth (percentage)	6.9%	7.2%	9.9%	10.9%	7.3%	11.2%	8.3%	7.7%	9.9%	10.3%	8.8%	9.0%	8.2%	7.8%	C
4. Teen births, rate	28.8	62.6	77.5	65.5	64.8	83.5	49.6	57.5	53.1	72.5	61.5	38.7	NDA*	NDA*	NDA*
5. No prenatal care first trimester (percentage)	34.3%	28.7%	30.0%	41.3%	25.0%	24.9%	20.1%	26.4%	32.2%	22.5%	26.3%	27.8%	29.0%	22.0%	B

NDA* - No Data Available.
 NOTES:
 1. Total number of births 2. Crude rate per 1,000 live births 3.Low Weight Birth = Percentage weighing less than 2500 grams (5lbs. 8 oz.) 4. Teen Births = Rate per 1,000 total births born to females ages 15-19. 5. Prenatal Care = Percentage of mothers not receiving prenatal care in the first trimester. National Data is for only selected states, including KY because the 2003 Revision of the U.S. Certificate of Live Birth after January 1, 2004.
 SOURCES:
 1., 2., 3., 5. - KY Annual Vital Statistics Report, 2008 (<http://chfs.ky.gov/dph/vital/>) and National Vital Statistics Reports for Births and Deaths (http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_07_tables.pdf) (http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf). 4. - KY Annual Vital Status Report, 2013 (Preliminary Data), Teen Births by County, Rates per 1,000

APPENDIX - Community Health Data Collection

June 18, 2012 -- A report released today confirms that Adair County KY's indoor air in hospitality venues contains high levels of fine particle air pollution from secondhand smoke. Indoor air quality was assessed in ten Adair County KY hospitality venues. During the sampling period, the level of fine particle air pollution was nearly 2.7 times higher in Adair County KY than the National Ambient Air Quality Standard (NAAQS) for outdoor air.

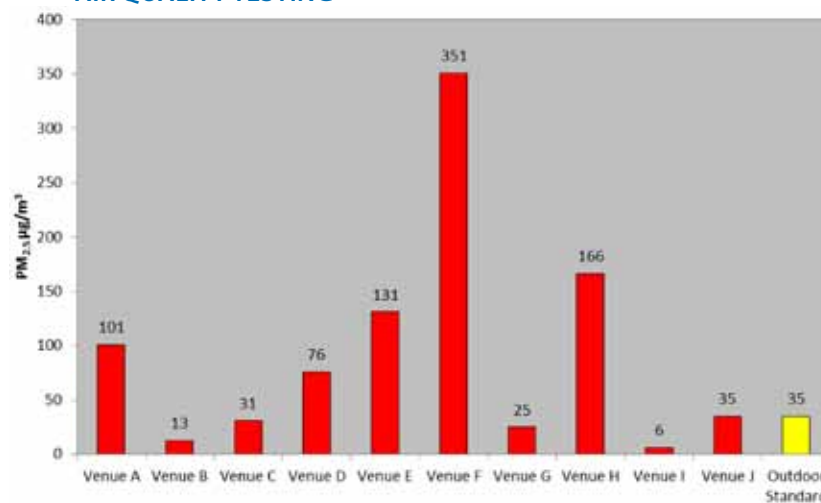
AIR QUALITY TESTING



Source: Kentucky Center for Smoke Free Policy, 2012

Adair County levels of indoor air pollution from secondhand smoke are 4.7 times higher than Georgetown post-law and 5.2 times higher than Lexington after implementation of their comprehensive law. Further, the level of indoor air pollution in Adair County KY hospitality venues was 2.7 times higher than the National Ambient Air Quality Standard for outdoor air.

AIR QUALITY TESTING



Source: University of Kentucky Center for Smoke Free Policy, 2012

2014 Community Health Assessment References

- 2009 Cumulative AIDS Cases by Area Development Districts (ADD) and County at the Time of Diagnosis HIV Surveillance Report, Volume 22: Table 16a. Persons living with an AIDS diagnosis, by year and selected characteristics, 2007–2009—United States: http://www.cdc.gov/hiv/surveillance/resources/reports/2010report/pdf/2010_HIV_Surveillance_Report_vol_22.pdf#Page=54
- American Community Survey, 2008-12: Some College; Children in Single Parent Households, Driving Alone to Work; Long Commute-Driving Alone
- Behavioral Risk Factor Surveillance System, 2006-12: Poor or Fair Health; Poor Physical Health Day; Poor Mental Health Day; Adult Smoking; Excessive Drinking, Inadequate Social Support
- Bureau of Labor Statistics, 2011; Unemployment
- Center for Disease Control and Prevention (CDC) Wonder Environmental Data, 2011; Air Pollution-Particulate Matter
- Center for Medicaid and Medicare Services (CMS), National Provider Identification, 2013; Mental Health Providers
- Comprehensive Housing Affordability Strategy (CHAS), 2006-10; Severe Housing Problems
- County Health Ranking and Roadmaps, Building a Culture of Health, County by County, 2014
- Dartmouth Atlas of Health Care, 2011; Preventable Hospital Stays
- Environmental Protection Agency (EPA), 2012-13
- Fatality Analysis Reporting Systems, 2008-12: Alcohol Impaired Driving Deaths
- Health Resource and Service Information (HRSA), Area Resource File, 2011; Primary Care Physicians; Dentist
- Housing and Urban Development (HUD), Comprehensive Housing Authority Strategy, 2006-10; Severe Housing Violation
- Kentucky Department for Education, 2014 Schools and District Attendance; Graduation Rates; <http://education.ky.gov/comm/Pages/2013-2014-Kentucky-Schools-Directory.aspx>
- Kentucky Incentive for Prevention Project, 2012; Substance Use – 30 Days, 10th grade
- Kentucky Cabinet for Health and Family Services, Public Health Department, Vital Statistics, 2011 (Preliminary data), Sexually Transmitted Diseases.
- Kentucky Tuberculosis Program 2012 <http://chfs.ky.gov/dph/epi/tb.htm>. CDC Tuberculosis Cases, Case Rates per 100,000 Population, Deaths, and Death Rates per 100,000 Population, and Percent Change: United States, 1953–2012. Atlanta, GA: U.S. Department of Health and Human Services, CDC, 2012. <http://www.cdc.gov/tb/statistics/reports/2012/table1.htm>
- Kentucky Vital Statistics Report, 2008 (<http://chfs.ky.gov/dph/vital/>) and National Vital Statistics Reports Vol. 59, No. 10, December 7, 2011 (2008 data) (http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf)
- National Center for Educational Statistics, American Community Survey, 2010-11; High School Graduation
- National Center for Health Statistics, 2008-10; Premature Death and Birth
- National Center for Chronic Disease Prevention and Health Promotion, 2010; Division of Diabetes Translation; Adult Obesity; Physical Inactivity
- OneSource Global Business Browser, Delorme map data, ESRI, & US Census Tigerline Files; 2008-12; Access to Exercise Opportunity
- Reportable Diseases in Kentucky 2011 Summary, Cabinet for Health and Family Services, Department for Public Health, Division of Epidemiology and Health Planning, <http://chfs.ky.gov/dph/epi/reportablediseases.htm> MMWR 2011 Reports of Nationally Notifiable Infectious Diseases; Centers for Disease Control and Prevention; <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6053a1.htm>
- Safe Drinking Water Information, 2012-13; Drinking Water Violations
- Small Area Income and Poverty Estimates, 2012; Children in Poverty
- US Census Bureau: State and County Quick Facts, Data derived from Population Estimates, American Community Survey, July 2014; Census of Populations
- US Census Bureau's Small Area Health Insurance Estimates, 2011; Uninsured
- Uniform Crime Report, FBI, 2009-11; Violent Crimes
- USDA Food Environmental Atlas, 2010 – 11; Map the Meal Gap Feeding American; Food Environment Index

Adair County Community Health Survey

Adair County Community Health Assessment

Thank you for taking the time to complete the survey below. The purpose of this survey is to get your opinion about our community health concerns. Your local health coalition will use the results of this survey to assist in determining the most pressing health problems to address. We ask that you only complete the survey one time only. Your opinion is important! If you have any questions, please contact the Health Educator at your local health department.

1. Do you live and/or work in Adair County?

Do you live in Adair County?	Yes <input type="radio"/>	No <input type="radio"/>
Do you work in Adair County?	<input type="radio"/>	<input type="radio"/>

2. Age

☐ 18-25 ☐ 26-39 ☐ 40-54 ☐ 55-64 ☐ 65 or older

3. Gender

☐ Male ☐ Female

4. Ethnic Group

☐ White/Caucasian ☐ African American/Black ☐ Hispanic/Latino
☐ Other (please specify) _____

5. Language spoken at home

☐ English ☐ Spanish
☐ Other (please specify) _____

6. Is this a good county to raise children?

☐ Yes ☐ No

7. Are you satisfied with the health care?

☐ Yes ☐ No

8. Is this a good community to grow old?

☐ Yes ☐ No

Adair County Community Health Assessment

9. What do you think are the FIVE (5) most important factors for a "Healthy Community?" (Those factors which most improve the quality of life in a community):

<input type="checkbox"/> Affordable housing	<input type="checkbox"/> Excellent race relations	<input type="checkbox"/> Good school systems
<input type="checkbox"/> Arts/cultural events	<input type="checkbox"/> Family/youth activities	<input type="checkbox"/> Low crime/safe neighborhood
<input type="checkbox"/> Clean environment	<input type="checkbox"/> Good jobs/healthy economy	<input type="checkbox"/> Recreational facilities
<input type="checkbox"/> Easy access to healthcare	<input type="checkbox"/> Good place to raise children	<input type="checkbox"/> Religious or spiritual values

10. What are the FIVE (5) most "risky behaviors" in Adair County?

<input type="checkbox"/> Alcohol/drug use	<input type="checkbox"/> Not getting 'shots' to prevent disease	<input type="checkbox"/> Racism
<input type="checkbox"/> Dropping out of school	<input type="checkbox"/> Not using birth control	<input type="checkbox"/> Tobacco use
<input type="checkbox"/> No seatbelts/child safety seats	<input type="checkbox"/> Obesity	<input type="checkbox"/> Unsafe sex
<input type="checkbox"/> Other (please specify) _____		

11. What do you think are the FIVE (5) most important "health problems" in Adair County?

<input type="checkbox"/> Aging problems (e.g. arthritis, hearing/vision loss, etc.)	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Obesity (children and adults)
<input type="checkbox"/> Alcohol/drugs	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Rape/sexual assault
<input type="checkbox"/> Cancers	<input type="checkbox"/> Homicide/Suicide	<input type="checkbox"/> Respiratory/lung disease
<input type="checkbox"/> Child abuse/neglect	<input type="checkbox"/> Infant death	<input type="checkbox"/> Sexually Transmitted Diseases/Infections (STD's or STIs)
<input type="checkbox"/> Dental problems	<input type="checkbox"/> Infectious diseases	<input type="checkbox"/> Teenage pregnancy
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Injuries	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Mental health problems	
<input type="checkbox"/> Heart disease/stroke	<input type="checkbox"/> Motor vehicle crashes	
<input type="checkbox"/> Other (please specify) _____		

12. How would you rate Adair County as a "Healthy Community?"

☐ Very healthy ☐ Healthy ☐ Somewhat healthy ☐ Unhealthy ☐ Very unhealthy

13. How would you rate your personal health?

☐ Very healthy ☐ Healthy ☐ Somewhat healthy ☐ Unhealthy ☐ Very unhealthy

14. Have you seen a doctor/health care provider in the last 12 months?

☐ Yes ☐ No

Adair County Community Health Assessment

15. How many times have you or someone in your household used the Emergency Room in the past 12 months?

☐ 1-2 times ☐ 3-5 times ☐ 6 or more ☐ None ☐ Don't remember

16. When you need health services how do you get there? (check all that apply)

☐ Personal vehicle ☐ Ambulance ☐ Walk ☐ Share ride ☐ R-Tec ☐ Taxi
☐ Other (please specify) _____

17. Check the items below that you feel are a barrier to health care in our community.

<input type="checkbox"/> Doctor office hours	<input type="checkbox"/> Transportation	<input type="checkbox"/> Health beliefs
<input type="checkbox"/> Discrimination	<input type="checkbox"/> Health knowledge	<input type="checkbox"/> Culture/language
<input type="checkbox"/> Insurance (lack of)	<input type="checkbox"/> Stigma	<input type="checkbox"/> Lack of childcare
<input type="checkbox"/> Insurance (failure to accept)	<input type="checkbox"/> Cost/expenses	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Other (please specify) _____		

18. When choosing a restaurant do you prefer smoke free?

☐ Yes ☐ No

19. What preventative health services do you use?

<input type="checkbox"/> Vaccinations/shots	<input type="checkbox"/> Breast exam	<input type="checkbox"/> Prostate Exam
<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> Yearly physical	<input type="checkbox"/> Skin exam
<input type="checkbox"/> Yearly lab work	<input type="checkbox"/> Mammography	<input type="checkbox"/> Educational programs
<input type="checkbox"/> Family planning	<input type="checkbox"/> Pap smear	<input type="checkbox"/> Support groups
<input type="checkbox"/> Other (please specify) _____		

20. The last time you visited a health care facility in Adair County did you feel you received enough information and/or education?

Hospital	Yes <input type="radio"/>	No <input type="radio"/>
Doctors	<input type="radio"/>	<input type="radio"/>

Adair County Community Health Assessment

21. To improve the health of Children what can we do?

<input type="checkbox"/> Increase dental health	<input type="checkbox"/> More exercise places
<input type="checkbox"/> Mental/emotional health access	<input type="checkbox"/> Access to healthy foods
<input type="checkbox"/> Immunization services	<input type="checkbox"/> Special health care needs
<input type="checkbox"/> Other (please specify) _____	

22. In your opinion, what is the best way to address the health needs of people in Adair County? (choose one)

<input type="checkbox"/> More exercise options	<input type="checkbox"/> Access to healthy foods	<input type="checkbox"/> Quit smoking classes
<input type="checkbox"/> Diabetes education	<input type="checkbox"/> More primary care doctors	<input type="checkbox"/> More specialists
<input type="checkbox"/> Nutrition education	<input type="checkbox"/> Smoke-free laws	
<input type="checkbox"/> Other (please specify) _____		

23. What group needs the most help with access to health care in Adair County? (choose one)

<input type="checkbox"/> Low-income families	<input type="checkbox"/> Children/infants
<input type="checkbox"/> Immigrants/refugees	<input type="checkbox"/> Young adults
<input type="checkbox"/> Elderly	<input type="checkbox"/> Minority groups (e.g. African American, Hispanic)
<input type="checkbox"/> Physically/mentally disabled	
<input type="checkbox"/> Other (please specify) _____	

24. Which of the following do you use for recreation/physical activity opportunities in Adair County?

<input type="checkbox"/> Columbia/Adair County Jaycee's Fairground	<input type="checkbox"/> Jim Blair Community Center (formerly called Christian Life Center)
<input type="checkbox"/> Xtreme Fitness/Gym	<input type="checkbox"/> I don't exercise
<input type="checkbox"/> Local 5K races and other competitive events	<input type="checkbox"/> Health Dept. Classes
<input type="checkbox"/> Holloway Health & Wellness Center at Lindsey Wilson College	<input type="checkbox"/> Adair Cooperative Extension Classes
<input type="checkbox"/> Other (please specify) _____	

Adair County Community Health Assessment

25. Do you attend church?

☐ Yes ☐ No ☐ Sometimes

26. Please use the space below to write what we missed asking you about health related issues in Adair County.

Adair County Community Health Survey (Spanish)

Encuesta de la Salud de la Comunidad del Condado de Adair

1. ¿Vive y/o trabaja en el condado de Adair?

¿Vive en el condado de Adair? ☐ Sí ☐ No

¿Trabaja en el condado de Adair? ☐ Sí ☐ No

2. Su Edad

☐ 18-25 ☐ 26-39 ☐ 40-54 ☐ 55-64 ☐ 65 o mayor

3. Genero

☐ Masculino ☐ Femenino

4. Su Grupo Étnico

☐ Blanco/Caucásico ☐ Afroamericano/Negro ☐ Hispano/Latino

☐ Otro (por favor especifique) _____

5. ¿Qué lengua usa para comunicar en casa?

☐ Inglés ☐ Español

Otro (por favor especifique) _____

6. ¿Es un buen lugar para criar a niños?

☐ Sí ☐ No

7. ¿Está satisfecho con el cuidado de salud?

☐ Sí ☐ No

8. ¿Es un buen lugar para envejecer?

☐ Sí ☐ No

9. ¿Qué cree que son los CINCO (5) factores más importantes para que sea una comunidad saludable? (Los factores que más mejoran la calidad de vida en una comunidad)

<input type="checkbox"/> Un buen lugar para criar a niños	<input type="checkbox"/> Actividades para familias y jóvenes	<input type="checkbox"/> Valores espirituales o religiosos
<input type="checkbox"/> Incidencia baja de crimen/barrio seguro	<input type="checkbox"/> Vivienda a precio razonable	<input type="checkbox"/> Medio ambiente limpio
<input type="checkbox"/> Buenas escuelas	<input type="checkbox"/> Relaciones excelentes entre razas	<input type="checkbox"/> Artes/eventos culturales
<input type="checkbox"/> Acceso fácil a cuidado de salud	<input type="checkbox"/> Trabajos buenos/economía saludable	<input type="checkbox"/> Facilidades recreativas

Encuesta de la Salud de la Comunidad del Condado de Adair

10. ¿Cuáles son los CINCO (5) comportamientos más arriesgados en el condado de Adair?

<input type="checkbox"/> Dejar los estudios	<input type="checkbox"/> Obesidad	<input type="checkbox"/> Sin cinturones de seguridad/asientos de seguridad para niños
<input type="checkbox"/> No recibir vacunas para prevenir enfermedades	<input type="checkbox"/> Racismo	<input type="checkbox"/> Uso de drogas/alcohol
<input type="checkbox"/> No usar un método anticonceptivo	<input type="checkbox"/> Sexo no seguro	<input type="checkbox"/> Uso de tabaco
<input type="checkbox"/> Otro (por favor especifique) _____		

11. ¿Qué cree que son los CINCO (5) problemas de salud más importantes en el condado de Adair?

<input type="checkbox"/> Abuso de menores/ negligencia	<input type="checkbox"/> Enfermedades Contagiosas	<input type="checkbox"/> Problemas con salud mental
<input type="checkbox"/> Abuso sexual	<input type="checkbox"/> Enfermedades Respiratorias	<input type="checkbox"/> Problemas de envejecimiento (artritis, pérdida de audición/vista, etc.)
<input type="checkbox"/> Accidentes de vehículo	<input type="checkbox"/> Heridas	<input type="checkbox"/> Problemas dentales
<input type="checkbox"/> Alcohol/drogas	<input type="checkbox"/> Homicidio/Suicidio	<input type="checkbox"/> Uso de tabaco
<input type="checkbox"/> Cáncer	<input type="checkbox"/> Infecciones/enfermedades Transmitidas Sexualmente (ETS o ITS)	<input type="checkbox"/> VIH/SIDA
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Muerte infantil	<input type="checkbox"/> Violencia doméstica
<input type="checkbox"/> Embarazo de adolescentes	<input type="checkbox"/> Obesidad (niños y adultos)	
<input type="checkbox"/> Enfermedad de corazón/denrame	<input type="checkbox"/> Presión de sangre alta	
<input type="checkbox"/> Otro (por favor especifique) _____		

12. ¿Cómo valoraría el condado de Adair como una comunidad saludable?

☐ Muy saludable ☐ Saludable ☐ Más o menos saludable ☐ Poco saludable ☐ Muy poco saludable

13. ¿Cómo valoraría su salud personal?

☐ Muy saludable ☐ Saludable ☐ Más o menos saludable ☐ Poco saludable ☐ Muy poco saludable

14. ¿Ha consultado con un doctor/proveedor de salud en los últimos 12 meses?

☐ Sí ☐ No

15. ¿Cuántas veces ha usado usted o alguien en su casa la sala de emergencias durante los últimos 12 meses?

☐ 1-2 veces ☐ 3-5 veces ☐ 6 o más ☐ Nunca ☐ No recuerdo

Encuesta de la Salud de la Comunidad del Condado de Adair

1. ¿Vive y/o trabaja en el condado de Adair?

¿Vive en el condado de Adair? ☐ Sí ☐ No

¿Trabaja en el condado de Adair? ☐ Sí ☐ No

2. Su Edad

☐ 18-25 ☐ 26-39 ☐ 40-54 ☐ 55-64 ☐ 65 o mayor

3. Genero

☐ Masculino ☐ Femenino

4. Su Grupo Étnico

☐ Blanco/Caucásico ☐ Afroamericano/Negro ☐ Hispano/Latino

☐ Otro (por favor especifique) _____

5. ¿Qué lengua usa para comunicar en casa?

☐ Inglés ☐ Español

Otro (por favor especifique) _____

6. ¿Es un buen lugar para criar a niños?

☐ Sí ☐ No

7. ¿Está satisfecho con el cuidado de salud?

☐ Sí ☐ No

8. ¿Es un buen lugar para envejecer?

☐ Sí ☐ No

9. ¿Qué cree que son los CINCO (5) factores más importantes para que sea una comunidad saludable? (Los factores que más mejoran la calidad de vida en una comunidad)

<input type="checkbox"/> Un buen lugar para criar a niños	<input type="checkbox"/> Actividades para familias y jóvenes	<input type="checkbox"/> Valores espirituales o religiosos
<input type="checkbox"/> Incidencia baja de crimen/barrio seguro	<input type="checkbox"/> Vivienda a precio razonable	<input type="checkbox"/> Medio ambiente limpio
<input type="checkbox"/> Buenas escuelas	<input type="checkbox"/> Relaciones excelentes entre razas	<input type="checkbox"/> Artes/eventos culturales
<input type="checkbox"/> Acceso fácil a cuidado de salud	<input type="checkbox"/> Trabajos buenos/economía saludable	<input type="checkbox"/> Facilidades recreativas

Encuesta de la Salud de la Comunidad del Condado de Adair

21. Para mejorar la salud de niños ¿Qué podemos hacer?

<input type="checkbox"/> Mejorar salud dental	<input type="checkbox"/> Más lugares para hacer ejercicios
<input type="checkbox"/> Acceso a salud mental/emocional	<input type="checkbox"/> Acceso a alimentos saludables
<input type="checkbox"/> Servicios de vacunación	<input type="checkbox"/> Necesidades especiales de cuidado de salud
Otro (por favor especifique) _____	

22. En su opinión, ¿Cuál es la mejor manera para abordar las necesidades de salud de la gente del condado de Adair? (escoja todos que aplican)

<input type="radio"/> Más opciones para ejercicio	<input type="radio"/> Acceso a alimentos saludables	<input type="radio"/> Clases de dejar de fumar
<input type="radio"/> Educación sobre la diabetes	<input type="radio"/> Más doctores de atención primaria	<input type="radio"/> Más doctores especializados
<input type="radio"/> Educación sobre nutrición	<input type="radio"/> Leyes sobre el prohibir fumar	
<input type="checkbox"/> Otro (por favor especifique) _____		

23. ¿Cuál grupo necesita más la ayuda con acceso a cuidado de salud en el condado de Adair? (escoja solo uno)

<input type="radio"/> Familias con ingresos bajos	<input type="radio"/> Niños/bebes
<input type="radio"/> Inmigrantes/asilados	<input type="radio"/> Adultos jóvenes
<input type="radio"/> Viejos	<input type="radio"/> Grupos minoritarios (Afroamericanos, Hispanos)
<input type="radio"/> Aquellos con discapacidades físicas/mentales	
<input type="checkbox"/> Otro (por favor especifique) _____	

24. ¿Cuáles de los siguientes usa para recreación/actividad física en el condado de Adair?

<input type="checkbox"/> Carreras locales de 5K y otros eventos competitivos	<input type="checkbox"/> Holloway Health & Wellness Center en la Universidad Lindsey Wilson
<input type="checkbox"/> Clases de la Oficina de Extensión del condado Adair	<input type="checkbox"/> Jim Blair Community Center (anteriormente llamada Christian Life Center)
<input type="checkbox"/> Clases del Departamento de Salud	<input type="checkbox"/> Columbia/Adair County Jaycee Fairground
<input type="checkbox"/> No hago ejercicios	<input type="checkbox"/> Xtreme Fitness/Gym
Otro (por favor especifique) _____	

Encuesta de la Salud de la Comunidad del Condado de Adair

25. ¿Asiste a una iglesia?

☐ Sí ☐ No ☐ A veces

26. Favor de usar el espacio de abajo para escribir cualquiera cosa que nos falta sobre los asuntos relacionados con la salubridad en el condado de Adair.



2014 Community Health Assessment

ADAIR COUNTY

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