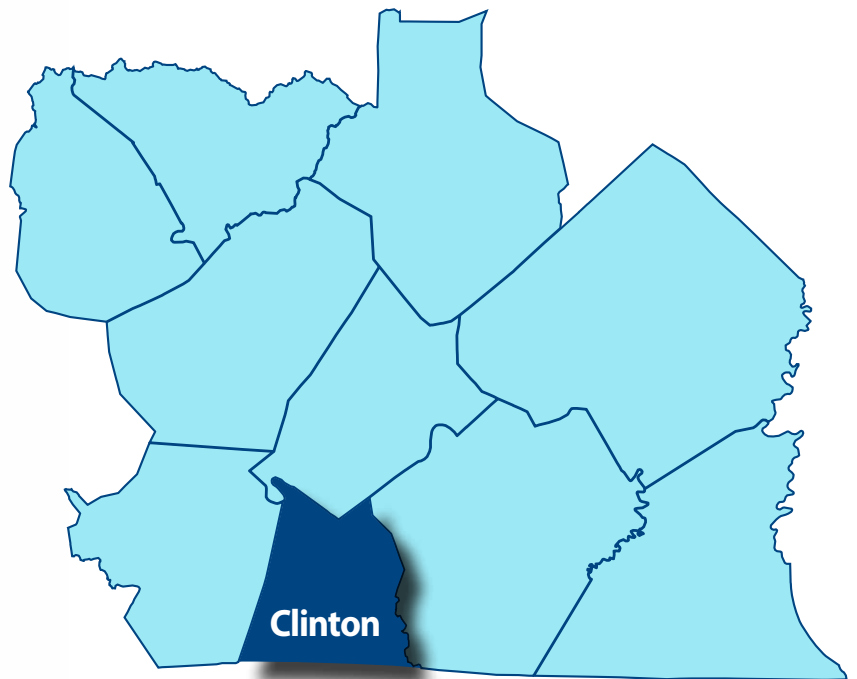


2014 Community Health Assessment



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

Clinton County Healthy Hometown Coalition

“Coming together is the beginning. Keeping together is progress. Working together is success.”

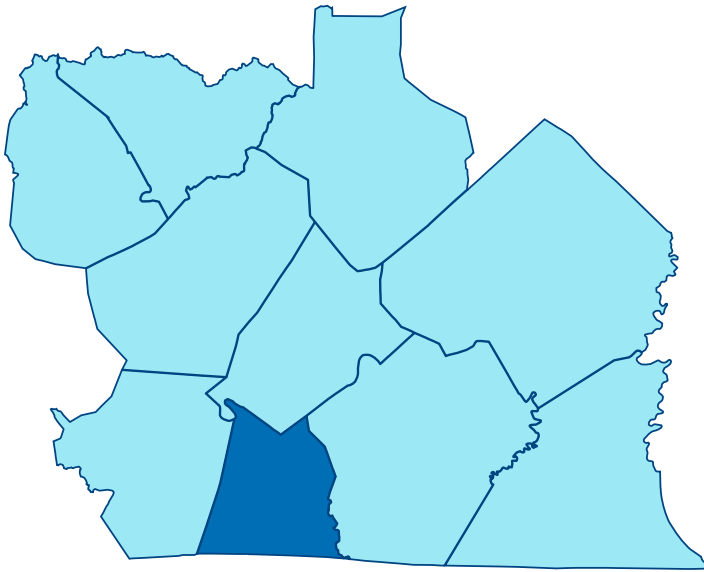
– Henry Ford

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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.

Clinton County is located in southern Kentucky on the Tennessee State line. Albany, is the County seat for Clinton County. Our population is 10,146. As you are driving through Clinton County you're likely to see sprawling fields of tobacco and corn crops, pumpjacks pumping oil, poultry houses, boats, and more boats. We're a farming community with a few industries scattered throughout, and you are sure to observe the opportunities of the lakes with both Dale Hollow Lake and Lake Cumberland within our borders.



Clinton County Vision Statement:

Improving the overall health and quality of life of the Clinton County population by teaching individuals responsibility, providing education, wellness opportunities, and allocating resources throughout the community.

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

84 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 Clinton 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 Clinton 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

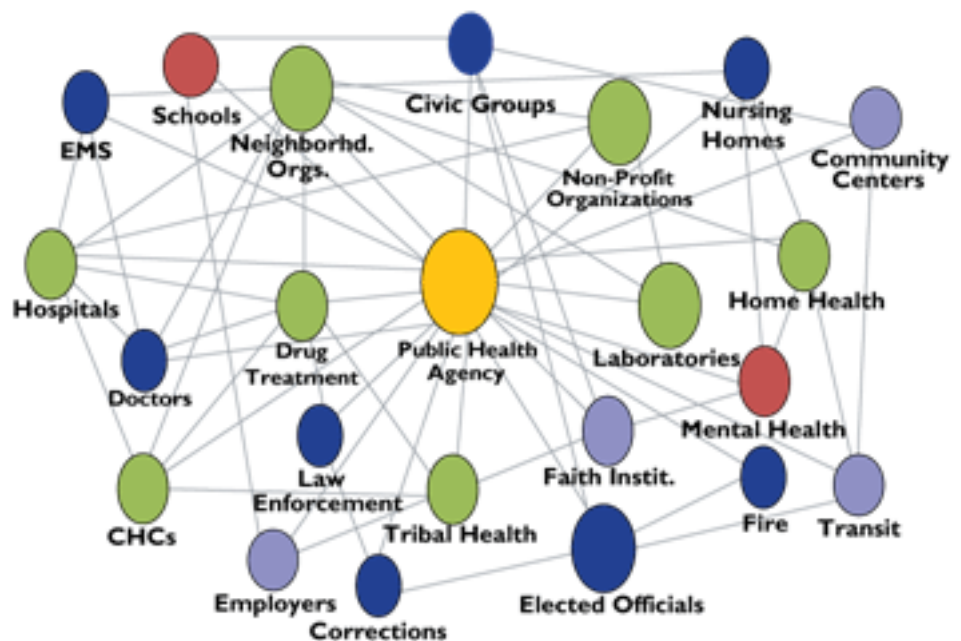


figure 3: Local Public Health System

Clinton County Community Health Assessment Information

Clinton County Healthy Hometown Coalition has compiled four assessments which make up the Clinton 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.



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.

figure 4: MAPP Model

Strategic Plan for Community Improvement

Supported by the Lake Cumberland District Health Department, Clinton County Healthy Hometown Coalition was formed in August 2012. The coalition has completed the four MAPP assessments: Community Themes and Strengths, Local Public Health System 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 serviced as the source of information from which our strategic issues, strategies and goals are built.



Clinton County Healthy Hometown Coalition

Adanta Regional Prevention Center

Amedisys Home Health

Clinton County Board of Education

Clinton County Care and Rehabilitation

Clinton County Cooperative Extension Service

Clinton County Health Department

Clinton County Hospital

Clinton County KY-ASAP

Coventry Cares

Hospice of Lake Cumberland

Kentucky Spirit Health Care

Lake Cumberland District Health Department

Lifeline Home Health

LHC Group

Medicaid Services

Patriot Industries

Probation and Parole

State Farm Agency

Twin Lakes Family Wellness Center

Clinton County Healthy Hometown Coalition strives to organize for success through partnership development and began by conducting several visioning sessions. This document presents the findings of the four MAPP assessments collected between October 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 Clinton County Healthy Hometown Coalition.

Interested in Joining?

Contact Ashley Bridgman at 606-387-5771 x8327 or email: ashley.bridgman@lcdhd.org for meeting information.

Clinton County Healthy Hometown Coalition in Action



Community Health Status Assessment

Clinton County covers 197.25 square miles including the city of Albany. Clinton County population is 10,146 with a population density of 51.4 people per square mile. 22.6% of the population is under the age of 18 and 17.8% of the population is over age 65.



Demographic Characteristics

	Clinton County	District	Kentucky	USA
Population, 2013 estimate ¹	10,146	203,949	4,395,295	316,128,839
Persons under 18, percent ¹	22.6%	22.2%	23.1%	23.3%
Person 65 and over, percent ¹	17.8%	17.7%	14.4%	14.1%
Female, percent ¹	50.4%	50.5%	50.8%	50.8%
Male, percent ¹	49.6%	49.5%	49.2%	49.2%
White alone, percent ¹	97.2%	95.6%	88.5%	77.7%
Black or African American, percent ¹	0.5%	2.4%	8.2%	13.2%
American Indian/Alaska Native, percent ¹	0.2%	0.3%	0.3%	1.2%
Hispanic or Latino, percent ¹	2.8%	2.3%	3.3%	17.1%
Reporting two or more races, percent ¹	1.3%	1.2%	1.7%	2.4%
School District Enrollment ²	1,875	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 9.5% . The median household income is \$26,885 with 40% of our children are living in poverty. Homeownership rates are 77%. 16% of the population is without adequate social support. The rate of children living in single parent homes is 41%.

Socioeconomic Characteristics

	Clinton County	District	Kentucky	USA
1. Unemployment ¹	9.5%	9.5%	8.2%	NDA*
2. Median household income ²	\$26,885	\$29,685	\$42,610	\$53,046
3. Homeownership ²	77%	73.9%	68.7%	65.5%
4. Children in poverty ¹	40%	38%	27%	NDA*
5. Inadequate social support ¹	16%	23%	20%	NDA*
6. Children in single parent households ¹	41%	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 individual's and community's overall health status. There is a strong correlation between behavior risk factors and morality rates. Adult obesity in Clinton County is 32% and 36% of adults 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 21% of adults in Clinton County smoke.

Behavior Risk Factors

	Clinton County	District	Kentucky
1. Adult Obesity (adults ≥ 18)*	32%	33%	33%
2. Physical Inactivity (adults ≥ 18)**	36%	36%	31%
3. Adult Smoking (adults ≥ 18)***	21%	29%	26%
4. Excessive Drinking (adults ≥ 18)****	NDA*	NDA*	12%

NDA* - No Data Available.

NOTE: 1, 2, 3, 4 - Represent the total percentage of the population of adults ≥ 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

	Clinton 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	14%	15%	14%
Driving alone to work ¹	87%	81%	82%
Long commute - driving alone ¹	15%	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 Clinton County. According to County Health Ranking the physician to patient ratio is 2,550 to 1. Kentucky Health Facts state that 20% of Clinton County adults have no insurance.



Health Resources Availability

	Clinton County	District	Kentucky
1. Uninsured ¹	20%	20%	17%
2. Primary care physician ratio ¹	2,550:1	NDA*	1,560:1
3. Dentist ratio ¹	3,428:1	NDA*	1,731:1
4. Mental health provider ratio ¹	1,286:1	NDA*	852:1
5. Preventable hospital stays ¹	206	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

	Clinton County	District	Kentucky
1. Syphilis ¹	0	5	335
2. Gonorrhea ¹	1	32	4,521
3. Chlamydia ¹	10	446	16,631
4. AIDS (number of people living with) ²	7	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

	Clinton County	District	Kentucky	USA
1. Total births	141	2,582	56,900	4,247,694
2. Infant mortality (rate)	7.1	7.0	6.9	6.5
3. Teen births (rate)	77.5	61.5	38.7	NDA*
4. No prenatal care first trimester (percentage)	30.0%	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

	Clinton County	District	Kentucky	USA
1. Mean travel time to work (minutes), workers age 16+ ¹	17.5	23.5	22.7	25.4
2. Poor or fair health (adults ≥18) ²	28%	28%	21%	NDA*
3. Poor physical health days (adults ≥18) ²	7.0	6.0	4.8	NDA*
4. Poor mental health days (adults ≥18) ²	4.4	4.8	4.3	NDA*
5. Child abuse neglect - # of reports ³	183	2,979	63,438	676,569
6. Suicide death rate per 100,000 (all ages) ⁴	33.6	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.pcaiky.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 January 15th, 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, technological, and medical forces that impact how Clinton 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 Clinton County. A selection of the results is included below:

- **Healthy Food Choices**
- **Weather/Climate Influences**
- **Social Dependency**
- **Teen Activities**
- **Law Enforcement Education**
- **Geographic Isolation**
- **Parent Education**
- **Social Media**

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		
Fast Food Restaurants	High obesity rates, more convenient and less expensive	New and healthy restaurants
Industry	Decreasing industry opportunities	Increased health, increased morale, need to be selective
Environmental		
Future Natural Disasters	Excess water and debris, lack of drinking water	Community growth and camaraderie, Emergency Preparedness development
Cancer Prevalence	Poor health, high economic impact	Education for citizens
Sidewalks	Currently no sidewalks to parks, schools, and wellness center	Possibly apply for grant to help with sidewalks, would create more walkable community
Farmer's Market	Need more participation and wider variety of foods to sustain customers	Local grown produce is healthier and benefits local farmers
Changing Temperatures	Allergies, makes outdoor exercise and recreation challenging	
Geographic Isolation	Lack of new business and industry	Better roadways and travel systems
Legal/Ethical		
School Resource Officers	Need trained full-time SRO's at all schools	
Crimes	No rehabilitation possibilities, repeat offenders	Need more severe punishment (local and state), legislation advocacy
Law Enforcement		Training on current issues
Political		
ObamaCare		Helps with uninsured
Fiscal Court		Focused on health issues, especially cancer rates
Marijuana Legalization	Decreased perception of risk, increased perception of acceptability, and increased usage	
Smoking Free Legislation		Fewer local restaurants allow smoking
Government Benefits	Enables the unmotivated members of society and promotes social dependency	

Forces of Change Assessment

FORCE	THREATS POSED	OPPORTUNITIES CREATED
Social		
Bullying		Parent education
Few Teen Activities	Lack of exercise	Needs to be more often, offer more variety aside from sport-related events, provide financial assistance
Tobacco Use	Increased allergies	Less accepted, current prevention efforts and working
High School Graduation Rates		One of the highest in the State
High Unemployment Rates		
Few Recreational Activities and Facilities	Lack of exercise	
Time Management	No time to exercise, work, family obligations	Seminar at Extension Office
Technological/Education		
Internet	Increases locally in child pornography, cyber bullying, lack of exercise	
Cell Phones	Lack of cell phones and iPads	
Social media (Facebook, Twitter)	Lack of exercise	Very popular, use to raise awareness, use positive messages
Medical		
Screenings		Yearly Foothills Festival Health Fair, more frequent health fairs with additional screenings
Drug Rehabilitation		Need more available at a free or reduced cost
Financial Assistance		
High Obesity Rates	Lethargy	
Allergies	Temperature, climate, location	Education, smoke-free laws



Community Themes and Strengths Assessment

A Quality of Life survey was distributed across Clinton County during the fall of 2013. The survey was distributed in two formats electronically and paper. There were 447 individuals who participated in the survey. The community health status assessment assists the communities in identifying priority community health and quality of life issues.

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

Answer Options	%	Respondents
Cancers	75.7%	333
Alcohol/Drugs	67.5%	297
Heart Disease/Stroke	21.8%	96
Obesity (children/adults)	21.8%	96

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

Answer Options	%	Respondents
Alcohol/Drug Use	90.5%	398
Tobacco Use	46.8%	206
Poor Eating Habits	31.9%	225

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

Answer Options	%	Respondents
Good Place to Raise Children	49.3%	217
Low Crime/Safe Neighborhood	52.0%	229
Good School Systems	52.0%	229

See Clinton County Community Health Surveys on pages 26 - 27 of this booklet.

Local Public Health System Assessment

Clinton County performed the LPHSA in October 2010. There were approximately 25 people that participated in the assessment. The participants present represented 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 improvement. 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 Clinton County performance scores by Essential Public Health Service (EPHS)

EPHS	SCORE
1 Monitor Health Status To Identify Community Health Problems	46
2 Diagnose And Investigate Health Problems and Health Hazards	39
3 Inform, Educate, And Empower People about Health Issues	46
4 Mobilize Community Partnerships to Identify and Solve Health Problems	45
5 Develop Policies and Plans that Support Individual and Community Health Efforts	51
6 Enforce Laws and Regulations that Protect Health and Ensure Safety	62
7 Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	34
8 Assure a Competent Public and Personal Health Care Workforce	50
9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	40
10 Research for New Insights and Innovative Solutions to Health Problems	48
OVERALL SCORE	46

The summary above provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

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 Elemntary (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 Schoo, (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 Schol (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.

- Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)
- Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)
- Poor physical health day - Average number of physically unhealthy days reported in past 30 days (age-adjusted)
- Poor mental health day - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
- 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.).
- Adult smoking - Percentage of adults that report smoking more than 100 cigarettes
- Adult obesity - Percent of adults that report a BMI \geq 30
- Food environment index - Index of factors that contribute to a healthy food environment
- Physical inactivity - percent of adults aged 20 and over reporting no leisure time physical activity
- Access to exercise opportunities - percent of the population with adequate access to locations for physical activity
- 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
- Alcohol-impaired driving - Proportion of driving deaths with alcohol involvement
- Uninsured - Percentage of adults under age 65 without health insurance
- Primary care physicians - Ratio of population to primary care physicians
- Dentist - Ratio of population to dentists
- Mental health providers - Ration of population to mental health providers
- Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees
- High school graduation - Percent of ninth grade cohort that graduates in 4 years
- Some college - Percent of adults aged 25-44 years with some post-secondary education
- Unemployment - Percent of population age 16+ unemployed but seeking work
- Children in poverty - Percent of children under age 18 in poverty
- Inadequate social support - Percent of adults without social/emotional support
- Children in single-parent households - Percent of children that live in household headed by single parent
- Violent crimes - Violent crime rate per 100,000 population
- 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 21)

	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.pcaiky.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.nccd.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

2014 Community Health Assessment References

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Clinton County Community Health Survey

Clinton County Community Health Survey

1. What County do you live in?

Cumberland Clinton Wayne

Other (please specify)

2. What county do you work in?

Clinton Cumberland Wayne

Other (please specify)

3. Age

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

4. Gender

Male Female

5. Ethnic Group

African American/Black Hispanic/Latino White/Caucasian

Asian/Pacific Islander Native American

Other (please specify)

6. Language you use to communicate at home

English German American Sign Language

Spanish Chinese

Other (please specify)

7. Are you satisfied with the quality of life in Clinton County?

Yes No

8. Is Clinton County a good place to raise children?

Yes No

9. Is Clinton County a good community to grow old?

Yes No

Clinton County Community Health Survey

15. Have you seen a primary care doctor in the last 12 months?

Yes No

16. Have you used the Emergency Room in the past 12 months?

1-2 times 3-5 times 6 or more None

17. When you need health services, how do you get there? (Choose all that apply)

Personal vehicle Walk Ambulance

RTEC Share ride Taxi

Other (please specify)

18. Check the items below that you feel are a barrier to health care in Clinton County. (choose all that apply)

Doctor office hours Transportation Health beliefs

Discrimination Health knowledge Culture/language

Insurance (lack of) Stigma Lack of childcare

Insurance (failure to accept) Cost/expenses Unemployment

Other (please specify)

19. What preventative health services do you use? (choose all that apply)

Vaccinations/shots Breast exam Prostrate Exam

Colonoscopy Yearly physical Skin exam

Yearly lab work Mammography Educational programs

Family planning Pap smear Support groups

Other (please specify)

20. If the following screenings were available which ones would you be interested in doing? (choose all that apply)

Prostate screening (PSA) Stool for occult blood Body Fat Analysis

Pap smear Mammogram Health Risk Assessment

Other (please specify)

Clinton County Community Health Survey

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

Good place to raise children Family/youth activities Religious or spiritual values

Low crime/safe neighborhood Affordable housing Clean environment

Good school system Excellent race relations Arts/cultural events

Easy access to healthcare Good jobs/healthy economy Recreational facilities

Other (please specify)

11. What do you think are the THREE most important "health problems" in Clinton County?

Aging problems (e.g. arthritis, hearing/vision loss, etc.) Firearm injuries Mental Health problems

Alcohol/drugs Heart disease/stroke Motor vehicle crashes

Cancers High blood pressure Obesity (children and adults)

Child abuse/neglect HIV/AIDS Rape/sexual assault

Dental problems Homicide Respiratory/lung disease

Diabetes Homicide Sexually Transmitted Diseases/Infections (STD's or STI's)

Domestic Violence Infant death Suicide

Environmental issues Infectious diseases Teenage pregnancy

Farming injuries Mental health problems Tobacco Use

Other (please specify)

12. What are the THREE most "risky behaviors" in Clinton County?

Alcohol/drug use Not getting 'shots' to prevent disease Racism

Dropping out of school Not using birth control Tobacco use

No seatbelts/child safety seats Obesity Unsafe sex

Other (please specify)

13. How would you rate Clinton County as a "Healthy Community?"

Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

14. How would you rate your personal health?

Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

Clinton County Community Health Survey

21. Which of the following do you use for recreation? (choose all that apply)

Bulldog Alley Lake Cumberland

Clinton County Cooperative Extension Service classes Local 5K races and other competitive events

Clinton County School System Programs Mountain View Park

Dale Hollow Lake Senior Citizens Center

Health Department classes Twin Lakes Wellness Center

Other (please specify)

22. In your opinion, what is the best way to address the health needs of people in Clinton County? (choose all that apply)

More exercise options Quit smoking classes

Diabetes education More specialized doctors (e.g. oncologist, dermatologist, gynecologist, etc)

Nutrition education Mental /emotional health care access

Access to healthy foods More dentist

More primary care doctors

Other (please specify)

23. What group needs the most help with access to health care in Clinton County? (Choose one only)

Low-income families Physically/mentally disabled Young adults

Immigrants/refugees Minority groups(e.g. African American, Hispanic, etc)

Elderly Children/infants

Other (please specify)

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

Clinton County Community Health Survey (Spanish)

Encuesta de Salud del Condado Clinton en Español

- 1. ¿En qué condado vive?**
- Cumberland Clinton Wayne
- Otro (por favor especifique)
- 2. ¿En qué condado trabaja?**
- Clinton Cumberland Wayne
- Otro (por favor especifique)
- 3. Su Edad**
- 18-25 26-39 40-54 55-64 65 o mayor
- 4. Genero**
- Masculino Femenino
- 5. Su Grupo Étnico**
- Afroamericano/Negro Hispano/Latino Blanco/Caucásico
- Asiático/Isteño del Pacífico Indio Americano
- Otro (por favor especifique)
- 6. ¿Qué lengua usa para comunicar en casa?**
- Inglés Alemán Lenguaje de Señas Americanas
- Español Chino
- Otro (por favor especifique)
- 7. ¿Está satisfecho con la calidad de vida en el condado Clinton?**
- Sí No
- 8. ¿Es un buen lugar para crecer a niños?**
- Sí No
- 9. ¿Es un buen lugar para envejecer?**
- Sí No

Encuesta de Salud del Condado Clinton en Español

- 15. ¿Ha consultado con un proveedor de atención primaria en los últimos 12 meses?**
- Sí No
- 16. ¿Ha usado la sala de emergencias durante los últimos 12 meses?**
- 1-2 veces 3-5 veces 6 o más Nunca
- 17. ¿Cuándo necesita servicios de salud cómo llega allí?**
- Vehículo personal Caminar Ambulancia
- RTEC Compartir transporte Taxi
- Otro (por favor especifique)
- 18. Marque los elementos siguientes que usted siente que son una barrera para el cuidado de la salud.(escoja todos que aplican)**
- Horario del doctor Transporte Creencia sobre salud
- Discriminación Conocimiento de salud Cultura/lengua
- Seguro (falta de) Estigma Falta de cuidado de niños
- Seguro (fallo de aceptar) Costos/gastos Desempleo
- Otro (por favor especifique)
- 19. ¿Qué servicios preventivos de salud usa usted? (escoja todos que aplican)**
- Vacunación/inyecciones Examen de los senos Examen de próstata
- Colonoscopia Chequeo físico anualmente Examen de piel
- Pruebas de laboratorio anualmente Mamografía Programas de educación
- Planificación familiar Papanicolaou Grupos de apoyo
- Otro (por favor especifique)
- 20. Si las evaluaciones siguientes fueran disponible ¿En cuáles de ellas sería interesado? (escoja todos que aplican)**
- Examen de próstata (PSA) Prueba de sangre oculta en heces Análisis de la grasa corporal
- Papanicolaou Mamograma Evaluación de riesgo a la salud
- Otro (por favor especifique)

Encuesta de Salud del Condado Clinton en Español

- 10. ¿Qué cree que son las TRES factores más importantes para que sea una comunidad saludable? (Los factores que más mejoran la calidad de vida en una comunidad)**
- Un buen lugar para crecer a niños Actividades para familias y jóvenes Valores espirituales o religiosos
- Incidencia baja de crimen/barrio seguro Vivienda a precio razonable Medio ambiente limpio
- Buenas escuelas Relaciones excelentes entre razas Artes/eventos culturales
- Acceso fácil a cuidado de salud Trabajos buenos/economía saludable Facilidades recreativas
- Otro (por favor especifique)
- 11. ¿Qué cree que son los TRES problemas de salud más importantes en el condado de Clinton?**
- Abuso de menores/ negligencia Enfermedades Contagiosas Problemas con salud mental
- Abuso sexual Enfermedades Respiratorias Problemas de envejecimiento (artritis, pérdida de audición/vista, etc.)
- Accidentes de vehículo Herida de arma de fuego Problemas dentales
- Alcohol/drogas Heridas en la granja Suicidio
- Asuntos medioambientales Homicidio Uso de tabaco
- Cáncer Infecciones/enfermedades Transmisidas Sexualmente (ETS o ITS) VIH/SIDA
- Diabetes Muerte infantil Violencia domestico
- Embarazo de adolescentes Obesidad (niños y adultos)
- Enfermedad de corazón/derrame Presión de sangre alta
- Otro (por favor especifique)
- 12. ¿Cuáles son los TRES comportamientos más arriesgados en el condado Clinton?**
- Dejar los estudios Obesidad Sin cinturones de seguridad/asientos de seguridad para niños
- No recibir vacunas para prevenir enfermedades Racismo Uso de drogas/alcohol
- No usar un método anticonceptivo Sexo no seguro Uso de tabaco
- Otro (por favor especifique)
- 13. ¿Cómo valoraría el condado Clinton de una comunidad saludable?**
- Muy sana Sana Más o menos sana Insana Muy insana
- 14. ¿Cómo valoraría su salud personal?**
- Muy Sana Sana Más o menos sana Insana Muy insana

Encuesta de Salud del Condado Clinton en Español

- 21. ¿Cuáles de los siguientes usa para recreación? (escoja todos que aplican)**
- Bulldog Alley Dale Hollow Lake
- Carreras locales de 5K y otros eventos competitivos Lake Cumberland
- Centro para ancianos Mountain View Park
- Clases de la Oficina de Extensión del condado Clinton Programas de las escuelas del condado Clinton
- Clases del Departamento de Salud Twin Lakes Wellness Center
- Otro (por favor especifique)
- 22. En su opinión, ¿Cuál es la mejor manera para abordar las necesidades de salud de la gente del condado Clinton? (escoja todos que aplican)**
- Más opciones para ejercicio Clases de dejar de fumar
- Educación sobre la diabetes Más doctores especializados (Oncólogo, dermatólogo, ginecólogo, etc)
- Educación sobre nutrición Acceso a cuidado de salud mental/emocional
- Acceso a alimentos saludables Más dentistas
- Más doctores de atención primaria
- Otro (por favor especifique)
- 23. ¿Cuál grupo necesita más la ayuda con acceso a cuidado de salud en el condado Clinton? (escoja solo uno)**
- Familias con ingresos bajos Aquellos con discapacidades físicas/mentales Adultos jóvenes
- Inmigrantes/asilados Grupos minoritarios(Afroamericano, Hispano, etc)
- Viejos Niños/bebes
- Otro (por favor especifique)
- 24. Favor de usar el espacio de abajo para escribir cualquiera que nos falta sobre los asuntos relacionados con la salubridad en el condado Clinton.**



2014 Community Health Assessment

CLINTON COUNTY

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