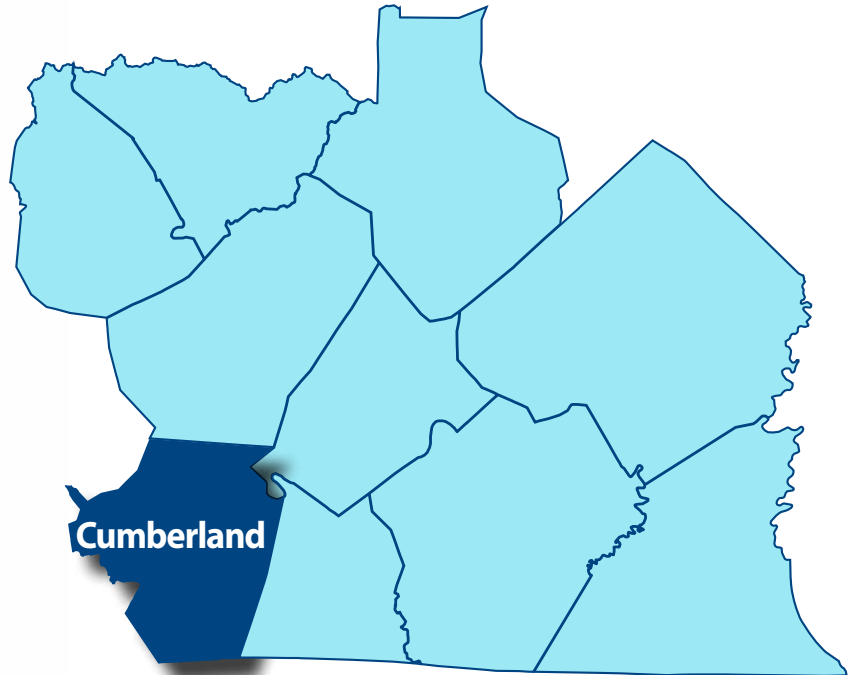


2014 Community Health Assessment



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

Burkesville/Cumberland County Strategic Planning Committee

"Coming together is the beginning. Keeping together is progress. Working together is success."
– Henry Ford

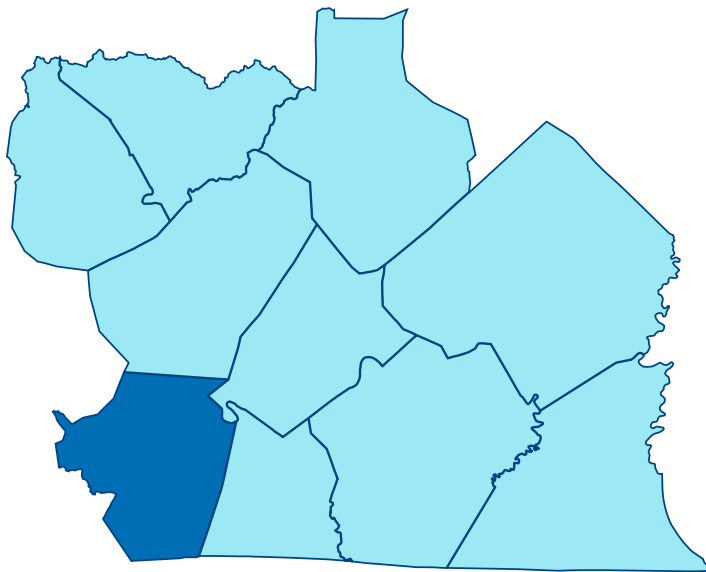
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Health Policy and Promotion Community Health Assessment

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.

Cumberland County is located in southern Kentucky on the Tennessee State line. Burkesville, is the County seat for Cumberland County. Cumberland County has a population of 6,789. Cumberland County is home to Dale Hollow State Park, which is known for its beautiful lake and 18 hole hilly terrain golf course.



Cumberland County Vision Statement:

To enhance the physical, emotional, and spiritual health of all those who live, work and play in Cumberland County now and for generations to come.

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

107 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.



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.

figure 1:
Ten Essential Public Health Services

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 Cumberland 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 Cumberland 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

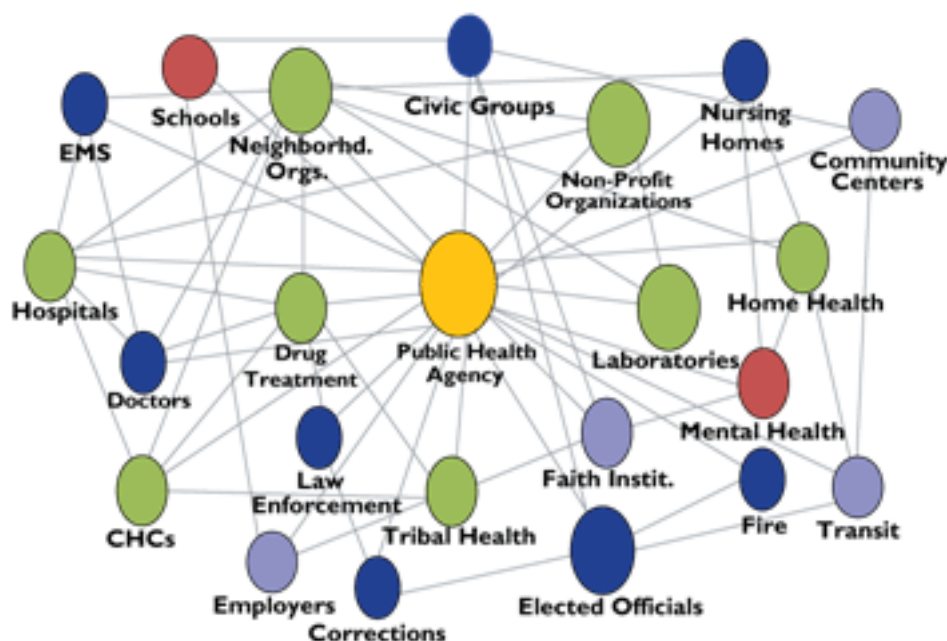


figure 3: Local Public Health System

Cumberland County Community Health Assessment Information

Burkesville/Cumberland County Strategic Planning Committee has compiled four assessments which make up the Cumberland 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.

Strategic Plan for Community Improvement



Supported by the Lake Cumberland District Health Department, Burkesville/Cumberland County Strategic Planning Committee was formed in 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.

Burkesville/Cumberland County Strategic Planning Committee 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.

Burkesville/Cumberland County Strategic Planning Committee

Adanta

B.F. Taylor Medical Arts Clinic

Cumberland County Board of Education

**Cumberland County Cooperative
Extension Service**

Cumberland County Health Department

Cumberland County Hospital

Cumberland County Public Library

Hospice of Lake Cumberland

**Lake Cumberland District Health
Department**

Living Word Ministries

Shapes Fitness Center

*All public, private and voluntary organizations,
agencies, groups and individuals that have
interest in population health improvements
are invited to join the
Burkesville/Cumberland County Strategic
Planning Committee*

Interested in Joining?

Contact Ashley Bridgman at 270-864-2206 x1150
or email: ashleyn.bridgman@lcdhd.org
for meeting information.

Burkesville/Cumberland County Strategic Planning Committee in Action



Community Health Status Assessment

Cumberland County covers 305.18 square miles including the city of Burkesville. Cumberland County population is 6,789 with a population density of 22.2 people per square mile. 22.1% of the population is under the age of 18 and 20.3% of the population is over age 65.



Demographic Characteristics

	Cumberland County	District	Kentucky	USA
Population, 2013 estimate ¹	6,789	203,949	4,395,295	316,128,839
Persons under 18, percent ¹	22.1%	22.2%	23.1%	23.3%
Person 65 and over, percent ¹	20.3%	17.7%	14.4%	14.1%
Female, percent ¹	50.9%	50.5%	50.8%	50.8%
Male, percent ¹	49.1%	49.5%	49.2%	49.2%
White alone, percent ¹	95.5%	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	0.1%	0.3%	0.3%	1.2%
Hispanic or Latino, percent ¹	1.0%	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	915	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 10.8%. The median household income is \$29,885 with 42% of our children living in poverty. Homeownership rates are 73.7%. 20% of the population is without adequate social support. The rate of children living in single parent homes is 45%.

Socioeconomic Characteristics

	Cumberland County	District	Kentucky	USA
1. Unemployment ¹	10.8%	9.5%	8.2%	NDA*
2. Median household income ²	\$29,885	\$29,685	\$42,610	\$53,046
3. Homeownership ²	73.7%	73.9%	68.7%	65.5%
4. Children in poverty ¹	42%	38%	27%	NDA*
5. Inadequate social support ¹	20%	23%	20%	NDA*
6. Children in single parent households ¹	45%	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 mortality rates. Adult obesity in Cumberland County is 34% and 37% of adults are physically inactive. CDC estimates in 2010 more than one third adolescents and teens are overweight or obese. According to Kentucky Health Facts, data indicates that 27% of adults in Cumberland County smoke.

Behavior Risk Factors

	Cumberland County	District	Kentucky
1. Adult Obesity (adults ≥ 18)*	34%	33%	33%
2. Physical Inactivity (adults ≥ 18)**	37%	36%	31%
3. Adult Smoking (adults ≥ 18)***	27%	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

	Cumberland County	District	Kentucky
Air pollution-particulate matter ¹	13.6	13.4	13.5
Drinking water violations ¹	0%	2%	7%
Severe housing problems ¹	12%	15%	14%
Driving alone to work ¹	78%	81%	82%
Long commute - driving alone ¹	21%	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).

Cumberland County Hospital (CCH) is the only hospital in Cumberland County. According to County Health Ranking the physician to patient ratio is 1,708 to 1. Kentucky Health Facts state that 20% of Cumberland County adults have no insurance.



Health Resources Availability

	Cumberland County	District	Kentucky
1. Uninsured ¹	20%	20%	17%
2. Primary care physician ratio ¹	1,708:1	NDA*	1,560:1
3. Dentist ratio ¹	6,819:1	NDA*	1,731:1
4. Mental health provider ratio ¹	852:1	NDA*	852:1
5. Preventable hospital stays ¹	213	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

	Cumberland 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	4	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

	Cumberland County	District	Kentucky	USA
1. Total births	64	2,582	56,900	4,247,694
2. Infant mortality (rate)	15.6	7.0	6.9	6.5
3. Teen births (rate)	65.6	61.5	3.9	3.0
4. No prenatal care first trimester (percentage)	41.3%	26.3%	27.8%	29.0%

NOTE:

1. Total number of births. 2. Crude rate per 1,000 live births. 3. Teen births = percentage 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

	Cumberland County	District	Kentucky	USA
1. Mean travel time to work (minutes), workers age 16+ ¹	23	23.5	22.7	25.4
2. Poor or fair health (adults ≥18) ²	29%	28%	21%	NDA*
3. Poor physical health days (adults ≥18) ²	6.4	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	31	2,979	63,438	676,569
6. Suicide death rate per 100,000 (all ages) ⁴	36.4	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 driven 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. 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.pcahy.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 16th, 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 Cumberland 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 Cumberland 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		
Unemployment Rate	High unemployment rate, higher than state and nation	
Industry	Decreasing industry opportunities, more people moving outside of the county to live and work	Increased health, increased morale, need to be selective
Environmental		
Recycling Program	Slow getting people to recycle and bring recyclables in	Decrease the amount of waste, better environmentally for our country but for the world
Wolf Creek Dam	Potential threat of Dam breaking, decrease in tourism, loss in jobs and layoffs along with decrease in tourism	Increase in jobs with work being done on Dam, safer environment when Dam is completed
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
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		
Police in Schools	Playgrounds and buses could be more secure	Volunteer police presence in schools, good interaction with students, law enforcement are good to work with
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
Marijuana Legalization	Decreased perception of risk, increased perception of acceptability, and increased usage	Focused on health issues, especially cancer rates
Smoking Free Legislation		Fewer local restaurants allow smoking, Kentucky Chamber of Commerce and Governor supporting tobacco free legislation
New Judge		Supportive of truancy issues, DUI, drug issues, and getting help
Government Benefits	Enables the unmotivated members of society and promotes social dependency	
Federal/State program reductions	Reduction of programs, such as special education in school	

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
Homeschooling	Currently not strong requirements and standards for homeschooling, approximately 60-80 homeschooled students in the county	
Teen Pregnancy	Portrayed as glamorous, encouraged by society and media, increased government assistance	
High Unemployment Rates		
Few Recreational Activities & 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, bullying, lack of exercise	Kahn's Academy, easier access to educational material and information
Cell Phones, iPads	Lack of exercise, possible cyberbullying, division between students who have the devices and those who don't	Can be helpful teaching tool in classroom
Social Media (Facebook, Twitter)	Lack of exercise	Very popular, use to raise awareness, use positive messages
Medical		
School Nurses	Funding for school nurses is needed in the schools, cuts from state and school level with fear of no nurse in school	Elementary school nurse sees approximately 62 students in one day
State Medicaid/Medicare	Funding cuts, some MCO's not paying	
Hospice	Lack of Hospice usage, lack of referrals	Paid for by Medicare, Medicaid, insurance; wonderful resource for patients and caregivers
Hospital Renovation		Better atmosphere, purpose is to stabilize
Screenings		Yearly Cumberland County Hospital 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 Cumberland County during the fall of 2012. The survey was distributed in two formats electronically and paper. There were 253 individuals 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 Cumberland County?

Answer Options	%	Respondents
Cancers	76.0%	186
Alcohol/Drugs	77.0%	187
Obesity (children/adults)	30.0%	74

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

Answer Options	%	Respondents
Alcohol/Drug Use	90.0%	218
Dropping out of School	38.0%	92
Tobacco Use	50.0%	122

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

Answer Options	%	Respondents
Low Crime/Safe Neighborhood		
Good School System		
Good Place to Raise Children		

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

Local Public Health System Assessment

Cumberland County performed the LPHSA in October 2010. There were approximately 20 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 Cumberland County performance scores by Essential Public Health Service (EPHS)

EPHS	SCORE
1 Monitor Health Status To Identify Community Health Problems	57
2 Diagnose And Investigate Health Problems and Health Hazards	79
3 Inform, Educate, And Empower People about Health Issues	91
4 Mobilize Community Partnerships to Identify and Solve Health Problems	81
5 Develop Policies and Plans that Support Individual and Community Health Efforts	92
6 Enforce Laws and Regulations that Protect Health and Ensure Safety	87
7 Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	73
8 Assure a Competent Public and Personal Health Care Workforce	87
9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	64
10 Research for New Insights and Innovative Solutions to Health Problems	82
OVERALL SCORE	79

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 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.

- 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 ≥ 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 - Ratio 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, American 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

2014 Community Health Assessment References

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Cumberland County Community Health Survey

Cumberland County Community Health Survey

The Cumberland County Health Department and community partners have recently launched a health initiative to explore the health needs, concerns, and strengths of Cumberland County. Through the work of this initiative, CCHD and its partners will develop a community-wide, collaborative strategic plan that sets priorities for health improvement and engages partners and organizations to develop, support, and implement the plan. The initiative is intended to serve as a vision for the health of Cumberland County and a framework for organizations and the community to use in making that vision a reality. As part of the assessment, this survey is being administered to people who live and/or work in Cumberland County. The information gathered from this survey will be used to inform future programming and services.

Thank you for your participation.

1. What county do you live in?
 - ☐ Cumberland County
 - ☐ Other _____
2. What county do you work in?
 - ☐ Cumberland County
 - ☐ Other _____
3. Age
 - ☐ 18-25
 - ☐ 26-39
 - ☐ 40-54
 - ☐ 55-64
 - ☐ 65 or older
4. Gender
 - ☐ Male
 - ☐ Female
5. Ethnic Group
 - ☐ African American/Black
 - ☐ Asian/Pacific Islander
 - ☐ Hispanic/Latino
 - ☐ Native American
 - ☐ White/Caucasian
 - ☐ Other- please specify _____
6. Language you use to communicate at home
 - ☐ English
 - ☐ Spanish
 - ☐ German
 - ☐ American Sign Language
 - ☐ Other- please specify _____

7. Are you satisfied that Cumberland County is a good place to raise children?
 - ☐ Yes
 - ☐ No
8. Are you satisfied that Cumberland County is a good community to grow old?
 - ☐ Yes
 - ☐ No
9. 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
 - ☐ Low crime/safe neighborhood
 - ☐ Good school system
 - ☐ Easy access to healthcare
 - ☐ Family/youth activities
 - ☐ Affordable housing
 - ☐ Excellent race relations
 - ☐ Good jobs/healthy economy
 - ☐ Religious or spiritual values
 - ☐ Clean environment
 - ☐ Arts/cultural events
 - ☐ Recreational facilities
 - ☐ Other- Please specify _____
10. What do you think are the THREE most important "health problems" in Cumberland County?

<ul style="list-style-type: none"><input type="radio"/> Aging problems (e.g. arthritis, hearing/vision loss, etc)<input type="radio"/> Alcohol/drugs<input type="radio"/> Cancers<input type="radio"/> Child abuse/neglect<input type="radio"/> Dental problems<input type="radio"/> Diabetes<input type="radio"/> Domestic violence<input type="radio"/> Environmental issues<input type="radio"/> Farming injuries<input type="radio"/> Firearm injuries<input type="radio"/> Heart disease/stroke<input type="radio"/> High blood pressure<input type="radio"/> HIV/AIDS	<ul style="list-style-type: none"><input type="radio"/> Homicide<input type="radio"/> Infant death<input type="radio"/> Infectious disease<input type="radio"/> Mental health problems<input type="radio"/> Motor vehicle crashes<input type="radio"/> Obesity (children and adults)<input type="radio"/> Rape/sexual assault<input type="radio"/> Respiratory/lung disease<input type="radio"/> Sexually transmitted diseases/infections (STD's or STI's)<input type="radio"/> Suicide<input type="radio"/> Teenage pregnancy<input type="radio"/> Other- Please specify _____
---	--

11. What are the THREE most "risky behaviors" in Cumberland County?
 - ☐ Alcohol/drug use
 - ☐ Dropping out of school
 - ☐ No seatbelts/child safety seats
 - ☐ Not getting "shots" to prevent disease
 - ☐ Not using birth control
 - ☐ Obesity
 - ☐ Racism
 - ☐ Tobacco use
 - ☐ Unsafe sex
 - ☐ Other- Please specify _____
12. How would you rate Cumberland County as a "Healthy Community?"
 - ☐ Very healthy
 - ☐ Healthy
 - ☐ Unhealthy
 - ☐ Very unhealthy
13. How would you rate your personal health?
 - ☐ Very healthy
 - ☐ Healthy
 - ☐ Unhealthy
 - ☐ Very unhealthy
14. Have you seen a primary care doctor in the last 12 months?
 - ☐ Yes- in Cumberland County
 - ☐ Yes- outside of Cumberland County
 - ☐ No
15. Have you used the Emergency Room in the past 12 months?
 - ☐ 1-2 times
 - ☐ 3-5 times
 - ☐ 6 or more times
 - ☐ None
16. When you need health services, how do you get there? (choose all that apply)
 - ☐ Personal vehicle
 - ☐ RTEC
 - ☐ Walk
 - ☐ Share ride
 - ☐ Ambulance
 - ☐ Other- please specify _____

17. Check the items below that you feel are a barrier to health care in Cumberland County.
(choose all that apply)
 - ☐ Doctor office hours
 - ☐ Discrimination
 - ☐ Insurance (lack of)
 - ☐ Insurance (failure to accept)
 - ☐ Transportation
 - ☐ Health knowledge
 - ☐ Stigma
 - ☐ Cost/expenses
 - ☐ Health beliefs
 - ☐ Culture/language
 - ☐ Lack of childcare
 - ☐ Unemployment
 - ☐ Other- Please specify _____
18. What preventative health services do you use? (choose all that apply)
 - ☐ Vaccinations/shots
 - ☐ Colonoscopy
 - ☐ Yearly lab work
 - ☐ Family planning
 - ☐ Breast exam
 - ☐ Yearly physical
 - ☐ Mammography
 - ☐ Pap smear
 - ☐ Prostate exam
 - ☐ Skin exam
 - ☐ Educational programs
 - ☐ Support groups
 - ☐ Other- please specify _____
19. If the following screenings were available, which ones would you be interested in doing?
(choose all that apply)
 - ☐ Prostate screening (PSA)
 - ☐ Pap smear
 - ☐ Stool for occult blood
 - ☐ Mammogram
 - ☐ Body fat analysis
 - ☐ Health risk assessment
 - ☐ Other- please specify _____

Cumberland County Community Health Survey

20. In the last year, which of the following did you use for recreation six times or more?
(choose all that apply)

- ☐ Health Department classes
- ☐ Local 5K races and other competitive events
- ☐ Cumberland County Cooperative Extension Service classes
- ☐ Veterans Park
- ☐ Salem Park
- ☐ Marrowbone Community Park
- ☐ Dale Hollow Lake State Resort Park
- ☐ Cumberland County School System Programs
- ☐ Senior Citizens Center
- ☐ Cumberland County High School Fitness Facility
- ☐ Cumberland Valley Fitness
- ☐ Shapes Fitness Center
- ☐ Hill Park
- ☐ Cumberland River
- ☐ Other- please specify _____

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

- ☐ Mental/emotional healthcare access
- ☐ More exercise options
- ☐ Diabetes education
- ☐ Nutrition education
- ☐ Access to healthy foods
- ☐ More primary care doctors
- ☐ More dentists
- ☐ Quit smoking classes
- ☐ More specialized doctors (e.g. oncologist, dermatologist, gynecologist, etc)
- ☐ Other- please specify _____

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

- ☐ Low-income families
- ☐ Immigrants/refugees
- ☐ Elderly
- ☐ Physically/mentally disabled
- ☐ Minority groups (e.g. African American, Hispanic, etc)
- ☐ Children/infants
- ☐ Young adults
- ☐ Other- Please specify _____

23. Are you satisfied with the quality of life in Cumberland County?

- ☐ Yes
- ☐ No

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

If you have additional questions or to see the results of the assessment, contact Elijah Wilson or Amanda England at one of the addresses below:

Elijah Wilson
Cumberland County Cooperative Extension Service
P.O. Box 39
90 Smith Grove Rd.
Burkesville, KY 42717

Amanda England
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P.O. Box 412
226 Copper Lane
Burkesville, KY 42717





2014 Community Health Assessment

CUMBERLAND COUNTY

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