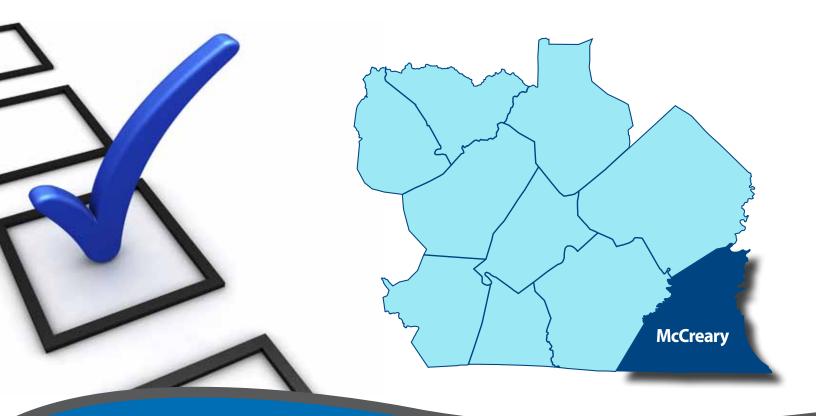


# McCREARY COUNTY

# 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.instagram.com/lcdhd\_org

www.twitter.com/LCDHD

### **McCreary County Health Coalition**

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

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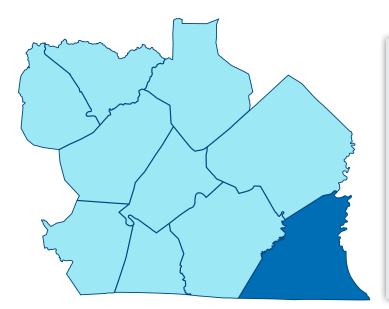
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### **Health Policy and Promotion Community Health Assessment**

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.

McCreary County is a county located South Eastern Kentucky. The county population is 17,989. Whitley City is the County Seat for McCreary County. The county is named for James B. McCreary, a Confederate war hero and Governor of Kentucky from 1875 to 1879. It is the only Kentucky county to not have a single incorporated city. Because of this, county government is the sole local government agency for the entire county. McCreary County is home to the Big South Fork National River and Recreation Area, Cumberland Falls State Park, and the Big South Fork Scenic Railway, which tours several former coal camps. The majority of the county is owned by the federal government. 43% is owned and managed by the Daniel Boone National River and Recreation Area.



#### **McCreary County Vision Statement:**

All citizens empowered to build a safe, healthy and drug free community by educating and leading by example

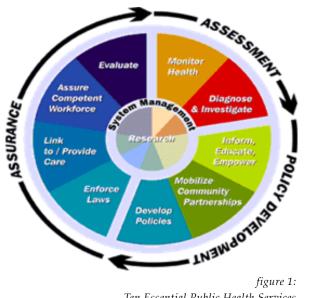
**County Health Rankings data ranks McCreary County's Health Outcome:** 

# 91 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

- **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 Improvment

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 McCreary 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 McCreary County.

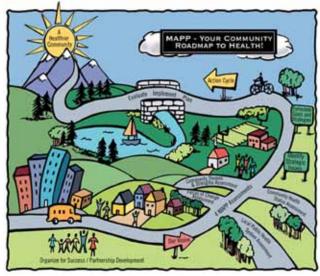


figure 2: Community Roadmap

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

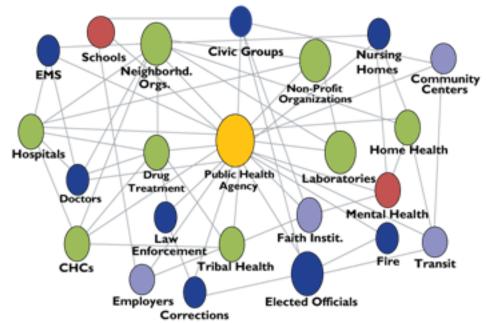


figure 3: Local Public Health System

### **McCreary County Community Health Assessment Information**

McCreary County Health Coalition has compiled four assessments which make up the McCreary 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**



McCreary County Health Coalition was formed in 2012 supported by the Lake Cumberland District Health Department. The coalition has completed four MAPP assessments: Community Themes and Strengths, Local Public Health Assessment, Community Health Assessment and Forces of Change Assessment. These assessments provided insight on the gaps between current circumstances provided information to use to identify the strategic issues, and served as the source of information from which our strategic issues, strategies and goals were built.

McCreary County Health Coalition strives to organize for success through partnership development. This document presents the findings of the four MAPP assessments collected between May 2010 and October 2013.

#### **McCreary Health Coalition**

Adanta Regional Prevention Center Champions Against Drugs Coventry Care Cumberland Family Medicine McCreary County Ambulance McCreary County Economic Development McCreary County Extension Office McCreary County Fiscal Court McCreary County Health Department McCreary County Library Outdoor Venture Corporation Phoenix Preferred Care

All public, private and voluntary organizations, agencies, groups and individuals that have interests in population health improvements are invited to join McCreary County Health Coalition.

#### Interested in Joining?

Contact Tracy Aaron at 606-376-2412 ext: 1150 or email: tracys.aaron@lcdhd.org for meeting information.

## McCreary County Health Coalition in Action















McCreary County covers 427.7 square miles. McCreary County population is 17,989 with a population density of 42 people per square mile. 21.8% of the population is under the age of 18 and 13.7% of the population is over age 65.



#### **Demographic Characteristics**

	McCreary County	District	Kentucky	USA
Population, 2013 estimate <sup>1</sup>	17,989	203,949	4,395,295	316,128,839
Persons under 18, percent <sup>1</sup>	21.8%	22.2%	23.1%	23.3%
Person 65 and over, percent <sup>1</sup>	13.7%	17.7%	14.4%	14.1%
Female, percent <sup>1</sup>	45.6%	50.5%	50.8%	50.8%
Male, percent <sup>1</sup>	48.9%	49.5%	49.2%	49.2%
White alone, percent <sup>1</sup>	91.7%	95.6%	88.5%	77.7%
Black or African American, percent <sup>1</sup>	5.8%	2.4%	8.2%	13.2%
American Indian/Alaska Native, percent <sup>1</sup>	0.8%	0.3%	0.3%	1.2%
Hispanic or Latino, percent <sup>1</sup>	2.4%	2.3%	3.3%	17.1%
Reporting two or more races, percent <sup>1</sup>	1.4%	1.2%	1.7%	2.4%
School District Enrollment <sup>2</sup>	2,238	31,607	675,530	495,000,000

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

Socioeconomic characteristics play an important role in determining the health status of a county. The unemployment rate is 13.3% of our population. The median household income is \$21,758 with 51% of our children living in poverty. Homeownership rates are 70.9%. 30% of the population is without adequate social support. The rate of children living in single parent homes is 27%.

	McCreary County	District	Kentucky	USA
1. Unemployment <sup>1</sup>	13.3%	9.5%	8.2%	NDA*
2. Median household income <sup>2</sup>	\$21,758	\$29,685	\$42,610	\$53,046
3. Homeownership <sup>2</sup>	70.9%	73.9%	68.7%	65.5%
4. Children in poverty <sup>1</sup>	51%	38%	27%	NDA*
5. Inadequate social support <sup>1</sup>	30%	23%	20%	NDA*
6. Children in single parent households <sup>1</sup>	27%	34%	34%	NDA*

#### Socioeconomic Characteristics

NDA<sup>\*</sup> - No Data Available.

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

SOURCES: <sup>1</sup> CHR - County Health Ranking, 2014. <sup>2</sup>US Census Bureau: State and County Quick Facts. Data drived from Population Estimates, America Community Survey, Census of Population and Housing, State and County Housing Unite 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 McCreary County is 32% and 35% 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 40% of adults in McCreary County smoke.

#### **Behavior Risk Factors**

	McCreary County	District	Kentucky
1. Adult Obesity (adults $\geq$ 18) <sup>*</sup>	32%	33%	33%
2. Physical Inactivity (adults $\geq$ 18)**	35%	36%	31%
3. Adult Smoking (adults $\geq$ 18) <sup>***</sup>	40%	29%	26%
4. Excessive Drinking $(adults \ge 18)^{****}$	10%	NDA*	12%

NDA\* - No Data Available.

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

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

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)

	McCreary County	District	Kentucky
Air pollution-particulate matter <sup>1</sup>	13.3	13.4	13.5
Drinking water violations <sup>1</sup>	0%	2%	7%
Severe housing problems <sup>1</sup>	18%	15%	14%
Driving alone to work <sup>1</sup>	81%	81%	82%
Long commute - driving alone <sup>1</sup>	37%	28%	28%

#### Physical Environment

SOURCE: 1 CHR - County Health Ranking, 2014

McCreary County does not have a local hospital. For in-patient health care residents, travel approximately forty miles to Lake Cumberland Regional Hospital in Somerset, Kentucky or travel approximately twenty miles to Saint Mary's Medical Center of Scott County in Oneida, TN. According to County Health Ranking the physician to patient ratio is 3,657 to 1. Kentucky Health Facts state that 21% of McCreary County adults have no insurance.



#### Health Resources Availability

	McCreary County	District	Kentucky
1. Uninsured <sup>1</sup>	21%	20%	17%
2. Primary care physician ratio <sup>1</sup>	3,657:1	NDA*	1,560:1
3. Dentist ratio <sup>1</sup>	18,069:1	NDA*	1,731:1
4. Mental health provider ratio <sup>1</sup>	1,390:1	NDA*	852:1
5. Preventable hospital stays <sup>1</sup>	117	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

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

	McCreary County	District	Kentucky
1. Syphilis <sup>1</sup>	1	5	335
2. Gonorrhea <sup>1</sup>	0	32	4,521
3. Chlamydia <sup>1</sup>	39	446	16,631
4. AIDS (number of people living with) <sup>2</sup>	8	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

	McCreary County	District	Kentucky	USA
1. Total births	206	2,582	56,900	4,247,694
2. Infant mortality (rate)	4.9	7.0	6.9	6.5
3. Teen births (rate)	83.5	61.5	38.7	NDA*
4. No prenatal care first trimester (percentage)	24.9%	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



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.

	<b>McCreary County</b>	District	Kentucky	USA
1. Mean travel time to work (minutes), workers age 16+1	27.6	23.5	22.7	25.4
2. Poor or fair health (adults $\geq$ 18) <sup>2</sup>	41%	28%	21%	NDA*
3. Poor physical health days (adults $\geq$ 18) $^{2}$	8.9	6.0	4.8	NDA*
4. Poor mental health days (adults $\geq$ 18) <sup>2</sup>	6.2	4.8	4.3	NDA*
5. Child abuse neglect - # of reports <sup>3</sup>	297	2,979	63,438	676,569
6. Suicide death rate per 100,000 (all ages) <sup>4</sup>	18.6	13.1	13.5	11.6

Social and Mental Health

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: <sup>1</sup> US Census Bureau: State and County Quick Facts. Data drived from Population Estimates, America Community Survey, Census of Population and Housing, State and County Housing Unite Estimates, Economic Census, and Building Permits, July 8, 2014. <sup>2</sup> CHR - County Health Ranking, 2014. <sup>3</sup> 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. <sup>4</sup> 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 overarching 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 July 18, 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, political, social, technological, scientific, and ethical forces that impact how McCreary 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 McCreary County. A selection of the results is included below:

Internet
Job Corps
Closing of Factories
Obesity
Increased Communication
National Parks
Lack of Farmers' Market

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	<b>OPPORTUNITIES CREATED</b>
Economic		
Government Owned Land	Businesses not wanting to locate here, not a large tax base, decreased employment	Increase in tourism
Closure of Factories	Loss of income, decrease in health care, decrease in opportunities for employment, increase need for public assistance	
Ceasing of Coalmining	Decrease in tax base, people leaving community, car dealership closed	
Drugs	Increase in crime rate, selling of food stamps	
Environmental		
Single Parent Homes	Increase in poverty, lack of nutrition, increase in promiscuity, "latch key kids", increase in drug use	
Grandparents Raising Grandchildren	Increase in grandparents being taken advantage of	Enhanced relationships, experience
Jail Closing	Increase in crimes not being punished due to travel to jail	Local people transporting results in increased pay
Septic System	Non-mandatory hook-up	
No Farmers' Market	Decrease in nutrition, decrease in income, decrease in access to healthy food	
Land Fill in Tennessee	Drains into Bear Creek and Big South Fork where water is pulled from	
Legal/Ethical		
Marijuana Laws		
Lawsuits for County Government	Costs to county, limits resources	
Drugs	No hospital - limited data on drug deaths	
Social Host	Has made it harder to pass other needed ordinances	
Political		
Jail Closing	Increase expense for transportation, limited arrest, increase in crime	Jobs (transport)
Congressman		Lots of power
National Parks	Federal government owned	Increase in tourism, things for families to do
Job Corps	Not bringing in new students	

# Forces of Change Assessment

FORCE	THREATS POSED	<b>OPPORTUNITIES CREATED</b>
Social		
Drugs	Increase in crime rate	Community pulls together, grants, lots of education
Limited Activities for Children		
Population Growth of Elderly	Medical providers limited, lack of care, lower income, not enough nursing homes	
Single Parents	Limited to what they can provide children	
Grandparents Raising Grandchildren	Decrease in nutritional level, children take advantage of grandparents, grandparents not aware of what's happening, social media, decrease in quality of life for grandparents, grandparents spend retirement on grandchildren	Increase in stability for grandchildren, enriching relationships, experience, self- preservation
Technological/Education		
reennoiogreal/Laucation		
Social Media	Increase in cyber bullying	Most people have access to get information out quick
	Increase in cyber bullying	
Social Media	Increase in cyber bullying Decrease in teaching jobs, teachers/students texting, sexting (available to access)	quick
Social Media College	Decrease in teaching jobs, teachers/students	quick
Social Media College Schools	Decrease in teaching jobs, teachers/students	quick New programs, adults/students High speed internet to be available to the whole
Social Media College Schools Highland Internet	Decrease in teaching jobs, teachers/students	quick New programs, adults/students High speed internet to be available to the whole
Social Media College Schools Highland Internet Medical	Decrease in teaching jobs, teachers/students texting, sexting (available to access) Limited physical activity opportunites in community and school, after achool	quick New programs, adults/students High speed internet to be available to the whole
Social Media College Schools Highland Internet Medical Obesity	Decrease in teaching jobs, teachers/students texting, sexting (available to access) Limited physical activity opportunites in community and school, after achool programs cut Lack of drug treatment, increased crime,	quick New programs, adults/students High speed internet to be available to the whole county



### **Community Themes and Strengths Assessment**

A Quality of Life survey was distributed across McCreary County in the Spring of 2013. The survey was distributed in two formats electronically and paper. There were 298 individuals that 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 McCreary County?

Answer Options	%	Respondents
Alcohol	31.5%	93
Drugs	78.3%	231
Cancers	58.0%	171

# What do you think are the three most important factors for a "healthy community"?

Answer Options	%	Respondents
Good Jobs/Healthy Economy	70.7%	210
Healthy Behaviors & Lifestyles	57.6%	171
Access to Healthcare	32.7%	97

# What do you think are the three most important "risky behaviors" in McCreary County?

Answer Options	%	Respondents
Alcohol Use	41.0%	121
Drug Abuse	87.1%	257
Tobacco Use	34.2%	101

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

### Local Public Health System Assessment

McCreary County performed the LPHSA in October 2013. There were approximately 25 people that participated in the assessment. The majority of the organizations that make up the Local Public Health System were present.

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

EPH	IS	SCORE
1	Monitor Health Status To Identify Community Health Problems	28
2	Diagnose And Investigate Health Problems and Health Hazards	43
3	Inform, Educate, And Empower People about Health Issues	64
4	Mobilize Community Partnerships to Identify and Solve Health Problems	60
5	Develop Policies and Plans that Support Individual and Community Health Efforts	62
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	46
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	62
8	Assure a Competent Public and Personal Health Care Workforce	50
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	46
10	Research for New Insights and Innovative Solutions to Health Problems	33
OV	ERALL SCORE	49

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).

#### Lake Cumberland District Total Population

	Adair	Casey	Clinton	Cumber.	Green	McCreary	Pulaski	Russell	Taylor	Wayne	District	КҮ	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

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

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

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

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

on County School District

C

Science Hill Independent School District           Science Hill Elementary (PS-08)         52	20
Science Hill Elementary (PS-08) 52	20
Russell County School District	
Jamestown Elementary (PS-05) 49	90
Russell Springs Elementary (PS-05) 71	0
Salem Elementary School (PS-05) 31	0
Russell County Middle School (6-8) 67	70
Russell County High Schol (9-12) 49	90
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

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

#### McCreary County School District

meercary county school bistnet	
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
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 Dis	trict
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

Lake Cumberland District Health Characteristics

Lance cambernaria District realth	cilarace	chistics										
	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 <sup>*</sup>	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

<sup>\*</sup>Each county ranking is compared among the 120 counties in Kentucky.

HEALTH OUTCOMES in the County Health Rankings represent how healthy a county is. We measure two types of health outcomes: how long people live (length of life) and how healthy people feel while alive (quality of life). LENGTH OF LIFE (Mortality) examine mortality (or death) data to find out how long people live. More specifically, we measure what are known as premature deaths (deaths before age 75).

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

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

1. Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)

- 2. Poor or fair health Percent of adults reporting fair or poor health (age-adjusted)
- 3. Poor physical health day Average number of physically unhealthy days reported in past 30 days (age-adjusted)
- Poor mental health day Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
- 5. Low birth rate Low birth weight is the percent of live births for which the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.).
- 6. Adult smoking Percentage of adults that report smoking more than 100 cigarettes
- 7. Adult obesity Percent of adults that report a BMI >= 30
- 8. Food environment index Index of factors that contribute to a healthy food environment
- 9. Physical inactivity percent of adults aged 20 and over reporting no leisure time physical activity
- Access to exercise opportunities percent of the population with adequate access to locations for physical activity
- 11. Excessive drinking Binge drinking or heavy drinking; binge drinking is consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion. Heavy drinking is defined as drinking more than 1 (women) or 2 (men) per day over average

- 12. Alcohol-impaired driving Proportion of driving deaths with alcohol involvement
- 13. Uninsured Percentage of adults under age 65 without health insurance
- 14. Primary care physicians Ratio of population to primary care physicians
- 15. Dentist Ratio of population to dentists
- 16. Mental health providers Ration of population to mental health providers
- 17. Preventable hospital stays Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees
- 18. High school graduation Percent of ninth grade cohort that graduates in 4 years
- 19. Some college Percent of adults aged 25-44 years with some post-secondary education
- 20. Unemployment Percent of population age 16+ unemployed but seeking work
- 21. Children in poverty Percent of children under age 18 in poverty
- 22. Inadequate social support Percent of adults without social/emotional support
- 23. Children in single-parent households Percent of children that live in household headed by single parent
- 24. Violent crimes Violent crime rate per 100,000 population
- 25. Injury Deaths Injury deaths is the death rate from intentional and unintentional injuries per 100,000 population. Deaths included are those with an underlying cause of injury (ICD-10 codes \*U01-\*U03, V01-Y36, Y85-Y87, Y89 continued on page 22

#### Lake Cumberland District Health Characteristics (continued from page 21)

	Adair	Casey	Clinton	Cumber.	Green	McCreary	Pulaski	Russell	Taylor	Wayne	District	КҮ
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<sup>\*</sup> - No Data Available.

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

31. - 35. - US Census Bureau: State and County Quick Facts. Data drived from Population Estimates, America Community Survey, Census of Population and Housing, State and County Housing Unite 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 sigmoidscopy 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 pysical activity	63.9%	70.3%
Adults who reported good or better health	71.9%	76.1%

	District	КҮ
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 studen							

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#### Infectious Disease Cases and Rates

	Adair	Casey	Clinton	Cumber.	Green	McCreary	Pulaski	Russell	Taylor	Wayne	District	КҮ	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	А
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

1. Case rate per 100,000 population 2. Nunber 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. Reports of Nationally Notifiable Infectious Diseases; Centers for Disase Control and Prevention; http://www.cdc.gov/mmwr/preview/mmwr/html/mm6053a1.htm

#### **Infectious Disease Cases**

	Adair	Casey	Clinton	Cumber.	Green	McCreary	Pulaski	Russell	Taylor	Wayne	District	КҮ
Syphillis*	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*	С
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

NDA\* - No Data Available.

NOTES:

#### **Chronic Illness Death Rate**

Indicator	Adair	Casey	Clinton	Cumber.	Green	McCreary	Pulaski	Russell	Taylor	Wayne	District	КҮ	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	Α
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**

cancer nates															
Indicator	Adair	Casey	Clinton	Cumber.	Green	McCreary	Pulaski	Russell	Taylor	Wayne	District	КҮ	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*	С
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*	С
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	С

\*\*\*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	КҮ	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%	В

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

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### McCreary County Community Health Survey

McCreary Co	ounty Commun	nity Health Surve	ev	
		e the survey below. The pu realth coalition will use the		
most pressing hea	alth problems to addres	s. We ask that you only co ase contact the Health Ed	omplete the survey one t	ime only. Your opinion is
1. Do you live	in McCreary Cour	nty?		
-	-			
2. Do you wor	k in McCreary Co	Unemployed	Retired	Disabled
3. Age	0	0	0	0
0 18-25	O 26-39	40-54	0 55-64	65 or older
4. Gender	-	-	-	-
Male	O Female			
5. Marital Stat	us:			
Married/cohabit		Not married/single		
6. Primary La	nguage			
	German	<b>Vietnamese</b>	O Spanish	American Sign
				Language
7. Ethnic Grou				
White/caucasion	African America/Black	Asian/Pacific Islander	Hispanic/Latino	Native Amer Indian
8. Education				
Less than high s	school High Sc	chool Diploma O So	me College	College degree or higher
9. Do you atte	and church?	-		-
⊖ Yes	O №			
-	-			
10. How many	people are in the			-
-	people are in the		0 5 0 6	7 or more
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McCreary County Cor		
	mmunity Health Survey	
	g do you use for recreation? (o	
Canoeing/kayaking	Horseback riding	The Lord's Gym
Hiking traits	McCreary County Park	Studio 316
Camping	Oneida City Park	Church Community Life Center
ATV Trails	The Fitness Edge	Out of town recreation
17. Are you satisfied with	the quality of life in McCreary	County?
O Yes	O No	
18 What are the ton THR	EE (3) health problems that ef	fact the county the most?
Aging problems (e.g. arthritis,	Farming injuries	Motor vehicle crashes
hearing/vision loss, etc)	Firearm injuries	Obesity (children and adults)
Alcohol	Heart disease/stroke	Rape/sexual assault
Drugs	High blood pressure	Respiratory/lung disease
Cancers	HIV/AIDS	Sexually Transmitted Diseases/Infections
Child abuse/neglect	Homicide	(STDs or STIs)
Dental problems	Infant death	Suicide
Diabetes	Infectious disease	Teenage pregnancy
Domestic violence	Mental health problems	Tobacco use
Environmental issues	wental nearth problems	
19. In your opinion, what	is the best way to address the	health needs of neonle in
McCreary County? (choos		nearth needs of people in
More exercise options	Access to healthy foods	Mental/emotional healthcare access
Diabetes education	Regular medical care	Adult daycare
Nutrition education	Quit smoking classes	
	need the most help with acce	ss to health care in McCreary
County?		
Children/infants	Minority groups (e.g. African Am Hispanic)	erican, Working/middle class families
	Physically/mentally disabled	
Low-income families	Young Adults	
McCreary County Cor	nmunity Health Survey	
		t needed in McCreary County?
(choose only ONE)		,
Eating disorders	Alcohol addiction	Children being raised by someone other
Depression/anxiety	O Tobacco addiction	than parents
O Drug addiction	O Parenting	
0	0	
_	services would you prefer go	
Someone in community	O Someon	e outside community
Other (please specify)		
23. If seeking counseling	services would you prefer go	ing to:
Clergy/pastor	Certified	counselor
Other (please specify)		
24 Has a physician order	ed a test in the past year that	way have not had
completed because of no		v?
	insurance or the ability to pa	y?
O Yes	insurance or the ability to pa	
Yes 25. Check the items below	insurance or the ability to pa	y? getting health care in McCreary
<ul> <li>Yes</li> <li>25. Check the items below</li> <li>County.</li> </ul>	insurance or the ability to pa	getting health care in McCreary
Ves 25. Check the items below County.	Insurance or the ability to pa	getting health care in McCreary
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### McCreary County Community Health Survey (Spanish)

		cuesta de abajo. El propósito de e n local de salud va a usar los resul		
problemas más preocupan	tes de salud para comb	n local de salud va a usar los resul atir. Pedimos que complete la enc naestra de salud en su departamen	cuesta solo una vez. ¡Su opi	
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<pre>* 1. Cucles de los siguientos usa para recreación? (escoja todos que aplica)</pre>	cáncer, a pesar de la habilidad de pagar?		
<pre>* 1. Cucles de los siguientos usa para recreación? (escoja todos que aplica)</pre>	-		
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<pre></pre>	Montar a caballo	Church C	ommunity Life Center
<pre>**11. ¿Está satisfiecho con la calidad de vida en el condado de Korrey</pre>	McCreary County Park	Recreaci	ón fuera de la ciudad
<pre>kc.crany?</pre>	Otro (por favor especifique)		
<pre>kc.crany?</pre>			
<pre> s1</pre>	*17. ¿Está satisfecho con	la calidad de vida en el cono	lado de
S. ¿Cueles son los TRES (3) problemas de salud que más afectan el condado?      Problemas de emperemiente (artis:     Problemas de audochvils)     Problemas de augre alls     Problemas de manye alls     Problemas de augre alls     Preblemas de augre alls     Problemas     Problemas de augre a	McCreary?		
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in page: </td <td>pérdida de audición/vista)</td> <td>_</td> <td></td>	pérdida de audición/vista)	_	
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Wernica admissita Enformetadora Contagioas   Autoria admissita Problemas con salud mential   Otro (or fravor expecifique)   **19. En su opinión, ¿Cuál es la mejor manera para afrontar las necesidades de salud de la gente del condado de McCreany? (escoja todos que aplican)   Ma dopiones para ejerción   Acceso a alimento subulators   Educación sobre ia diabetes   Cuidado nedico regular   Educación sobre individuo durante el día   Cotra (or fravor expecifique)   Cuidado to de la Salud de la Comunidad del Condado de McCreany?   Roberto de la Salud de la Comunidad del Quado con acceso a cuidado de salud mental manoria de ayuda con acceso a cuidado de salud mental mental monocal i   Roberto de McCreany?   Niños betes   Cuidado o de McCreany?   Autorias joveres   Cono (or fravor expecifique)   *21. ¿Cuáles de los grupos de apoyo que siguen se necesitan más en el condado de McCreany?   *21. ¿Cuáles de los grupos de apoyo que siguen se necesitan más en el condado de McCreany?   *21. ¿Cuáles de los grupos de apoyo que siguen se necesitan más en el condado de McCreany?   *22. ¿Si busca servicios de un consejero, a donde preferiria i?   Acaduta joveres   Oro (por fravor expecifique)   *22. ¿Si busca servicios de un consejero, a quien preferiria i?   Acquien en la comunidad   Acontos a duians <td></td> <td></td> <td></td>			
Correspondences para ejercificani     Cuidedo de suluitos durante el día     agente del condado de McCreary?     (escoja todos que aplican)     Ma opónere para ejercifica     Cuidedo mentos suluidaries     Cuidedo mentos regular     Cuidedo de suluitos durante el día     cuidedo mentos regular     Cuidedo de suluitos durante el día     cuidedo de mcCreary?     Cuidedo de suluitos durante el día     cuidedo de mcCreary?     cuidedo de McCreary?     cuidedo de McCreary     cuidedo de mcCreary?     cuidedo de mcCreary?     cuides do McCreary?     cuides do McCreary?     cuides de los grupos encecesitan la mayoría de ayuda con acceso a cuidado de suluito     menal condado de McCreary?     cuides do mecores el diverse     cuides do mecores el diverse     cuides do mecores el diverse     cuides do mcCreary?     cuides do mcCreary?     cuides de los grupos encecesitan la mayoría de ayuda con acceso a cuidado de suluito     menal condado de McCreary?     cuides de la Salud de la Comunidad (Antamenicanox, Parmiles de clase media	Violencia domestica	Enfermedades Contagiosas	Uso de tabaco
*19. En su opinión, ¿Cuál es la mejor manera para afrontar las necesidades de salud de a gente del condado de McCreary? (escoja todos que aplican) Acceso a suindos de McCreary? (escoja todos que aplican) Acceso a cuidado de salud medio regular Educados sobre la dabetes Cuidado medio regular Cuidado de salud de la Comunidad del Condado de McCreary Recuesta de la Salud de la Comunidad del Condado de McCreary Roucesta de la Salud de la Comunidad del Condado de McCreary Roucesta de la Salud de la Comunidad del condado de McCreary Roucesta de la Salud de la Comunidad del condado de McCreary Roucesta de la Salud de la Comunidad del condado de McCreary Roucesta de la Salud de la Comunidad del condado de salud medio de salud medio de modo de McCreary? Acuésto and de McCreary? Acuésto con decapacitates Acuésto con decapacitates Acuésto con decapacitates Acuésto con decapacitates Acuésto a saluta de las solution de salud de salud de salud de salud de salud de la Condado de McCreary Roucesta de la Salud de la Comunidad del Condado de saludado de medicanas; Acuésto a datos de McCreary? Acuésto a datos de McCreary? Acuésto a datos de las poyo que siguen se necesitan más en el condado de McCreary? (acuásion a datos de las control Acuésto a datos de las control Acuésto a datos de las control Acuésto a datos de meres es su pade *21. ¿Cuáles de los grupos de apoyo que siguen se necesitan más en el condado de McCreary? *22. ¿Si busca servicios de un consejero, a quien preferiría i? Acuésto a datos de las conunidad Acuésto a datos de las conunidad Acuésto a saludo a datos acuésto la conunidad Acuésto a saludado acuésto la consegero, a quien preferiría i? Acuésto a la conunidad Acuésto se sevicios de un con	Asuntos ambientales	Problemas con salud mental	
a gente del condado de McCreary? (escoja todos que aplican)	Otro (por favor especifique)		
a gente del condado de McCreary? (escoja todos que aplican)			
Accesso a silicentes saludations     Accesso a silicentos saludations     Accesso a silicentos saludations     Accesso a saludation     Accesso a saludation     Accesso a saludations     Accesso a saludation     Accesso a s	*19. En su opinión, ¿Cuál e	es la mejor manera para afro	ontar las necesidades de salud de
	a gente del condado de Mc	Creary? (escoja todos que a	plican)
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Cluses de déjar de fumar Cluses de déjar de f			
		Clases de dejar de fumar	
	Otro (por favor especifique)		
	rcuesta de la Salud d	a la Comunidad del Ce	ndado de McCrean
an el condado de McCreary?   Mosobetes   Haganco:   Galantino de alimentación discapacidades   Families de clase media   Maltore joenes   Corre (por favor especifique)   *21. ¿Cuáles de los grupos de apoyo que siguen se necesitan más en el condado de McCreary? (escoja solo UNO)    *21. ¿Cuáles de los grupos de apoyo que siguen se necesitan más en el condado de McCreary? (escoja solo UNO)    *22. ¿Si busca servicios de un consejero, a donde preferiría ir?    *23. ¿Si busca servicios de un consejero, a quien preferiría ir?    Majarien ne la comunidad    Otro (por favor especifique)   *23. ¿Si busca servicios de un consejero, a quien preferiría ir?    Majarien ne la comunidad    Otro (por favor especifique)   *24. ¿Un doctor ha pedido pruebas en el último año que usted no ha de servicios de un conselero.			
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Vajos: Vajos: Vajos: Pamilias con ingresos tapos: Adultos jóvenes: Otre (por favor especifique) *21. ¿Cuáles de los grupos de apoyo que siguen se necesitan más en el condado de de decenses: Valos: *21. ¿Cuáles de los grupos de apoyo que siguen se necesitan más en el condado de de decenses: Valos: *22. ¿Si busca servicios de un consejero, a donde preferiría lr? Adultos de un consejero, a quien preferiría lr? Alguien fuera de la comunidad Yoro (por favor especifique) *23. ¿Si busca servicios de un consejero, a quien preferiría lr? Carosparar Consejero certificado Otro (por favor especifique) *24. ¿Un doctor ha pedido pruebas en el último año que usted no ha			tos. Families de clase media
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McCreary? (escoja solo UNO)                 Adicción a situbul             Adicción a drugas             Adición a drugas             Adición a drugas             Adicción a drugas             Adición a drugas             Adicin drugas             Adición a drugas             Adigui	ere get taken capecinque)		
McCreary? (escoja solo UNO)                 Adicción a situbul             Adicción a drugas             Adición a drugas             Adición a drugas             Adicción a drugas             Adición a drugas             Adicin drugas             Adición a drugas             Adigui	*21 . Cuélos do los	e de anove que cirror e -	cositon más on ol condada da
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	Trastornos de alimentación		Niños que están siendo criados por
Cerro (por favor especifique) Cero (por favor especifique) Cerro (por favor especifique) Cerro	O Depresión/ansiedad	-	
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Clere/pastor Consepero certificado Corre (por favor especifique)  *24, ¿Un doctor ha pedido pruebas en el último año que usted no ha	*23. :Si husen servicies d	e un conseiero a aulos and	eriría ir?
Otro (por favor especifique) *24. ¿Un doctor ha pedido pruebas en el último año que usted no ha	-	-	
*24. ¿Un doctor ha pedido pruebas en el último año que usted no ha	-	U Consejer	o constitutut
	Utro (por tavor especifique)		
⊖si ⊖N₀	🗋 si		



# 2014 Community Health Assessment McCREARY COUNTY

# A Healthy Today for a Brighter Tomorrow.

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