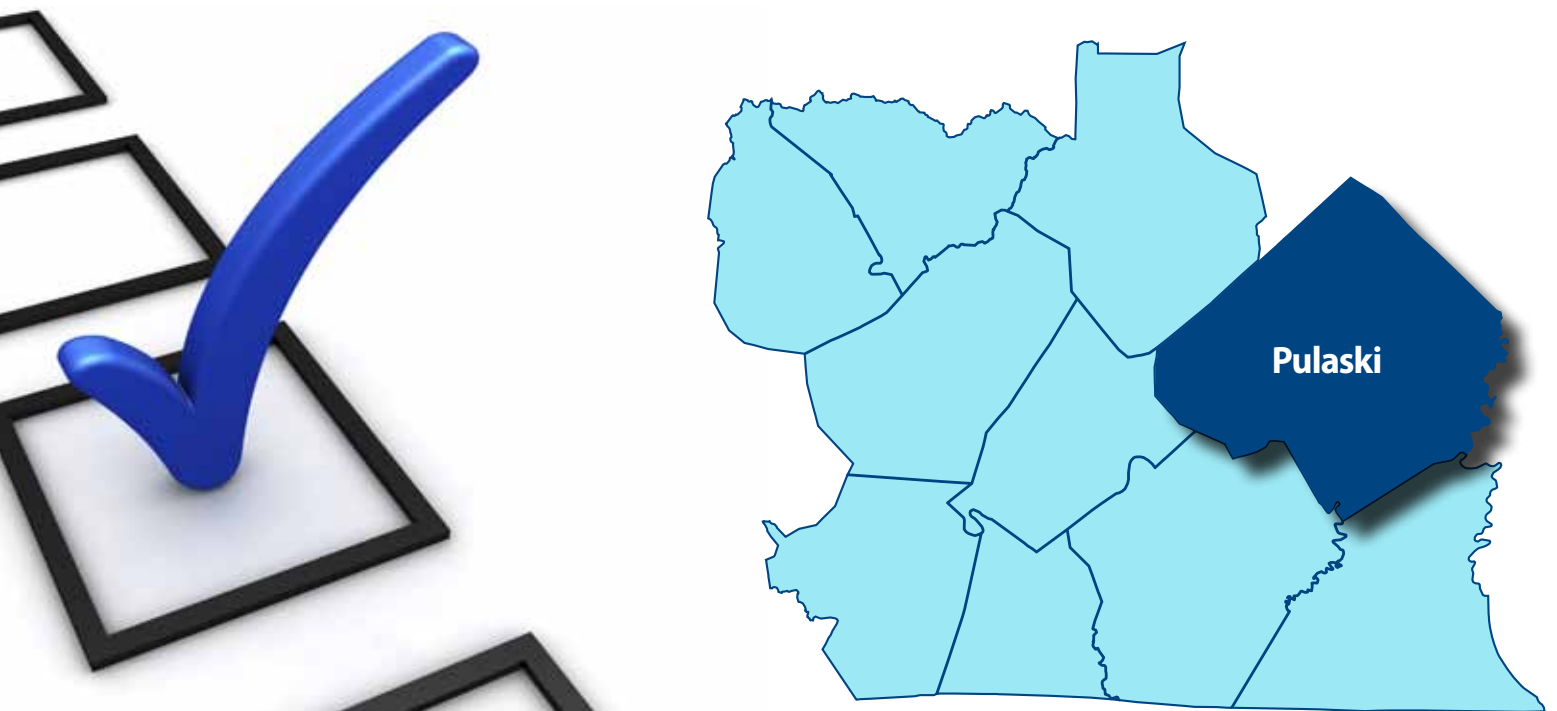


2014 Community Health Assessment



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

Pulaski County Working On Wellness (W.O.W.) Coalition

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

– Henry Ford

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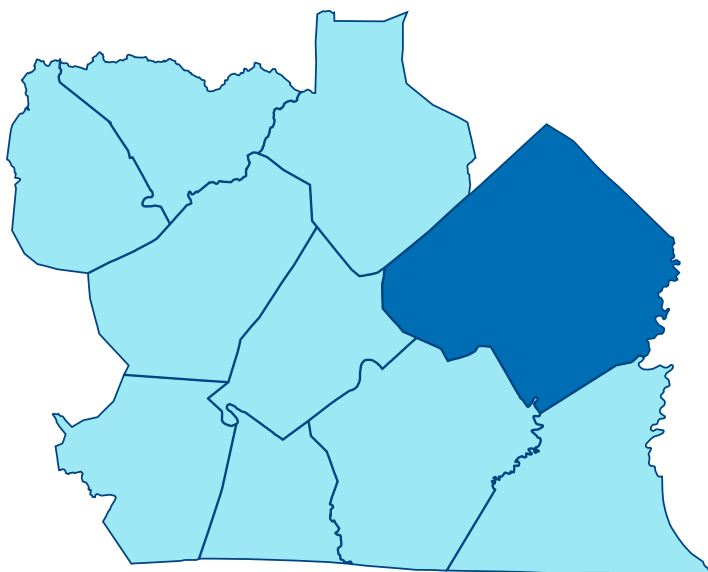
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Health Policy and Promotion Community Health Assessment

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.

Pulaski County is located in South Central Kentucky. The county population is 63,903. Somerset is the County Seat for Pulaski County. Pulaski County is a tourist's county, which encompasses Beautiful Lake Cumberland. Somerset is home of Somernites Cruise, one of the largest monthly classic car events in the southeastern United States, making it the official Car Cruise City of Kentucky.



Pulaski County Vision Statement:

A livable, Pulaski County through both personal and shared responsibility, for the overall health and well-being of our community.

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

54 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 Pulaski 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 Pulaski 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

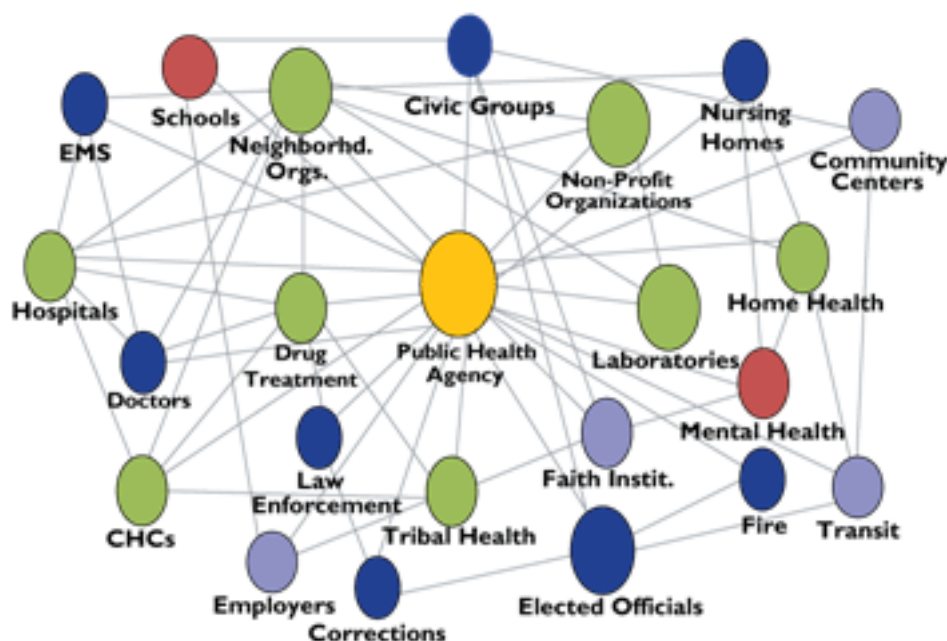


figure 3: Local Public Health System

Pulaski County Community Health Assessment Information

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

The four assessments conducted were:

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



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

figure 4: MAPP Model

**Adanta Regional Prevention Center
Amedysis Home Health
American Association of Retired Persons (AARP)
American Red Cross
Center for Rural Development
Citizens National Bank
City of Somerset
Community Members
Cooperative Extension Agent
Coventry Care
Curve's of Somerset
Eastern Kentucky Child Care Coalition (EKCCC)
Eye Associates and Rotary Club
God's Food Pantry
Health Ministries Coordinator
Kentucky Agency for Substance Abuse Policy (KY-ASAP)
Kentucky Cancer Program
Lake Cumberland Area Development District
Lake Cumberland District Health Department
Lake Cumberland Regional Hospital
Ministerial Association
Personal Responsibility in a Desirable Environment –PRIDE
Pulaski County Board of Education
Pulaski County Extension Office
Pulaski County Family Support Office
Pulaski County Health Department
Pulaski County Judge's Office
Pulaski County Public Library
Somerset Board of Education
Somerset Community College
Somerset Family Fitness
Somerset/Pulaski County Development Foundation
Southern Kentucky Area Health Education Center (SK-AHEC)
State Representative, Proxy
Total Rehab Physical Therapy
Unlawful Narcotics Investigations, Treatment and Education (UNITE)**

Strategic Plan for Community Improvement

Supported by the Lake Cumberland District Health Department, Pulaski County Working On Wellness Coalition was formed in April 2011. 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 served as the source of information from which our strategic issues, strategies and goals were built.

Pulaski County Working On Wellness Coalition strives to organize for success through partnership development and began by conducting several visioning sessions. This document presents the findings of the four MAPP assessments collected between November 2009 and April 2013.

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

Interested in Joining?

Contact Tracy Aaron at 1-800-928-4416x1150
or email: tracys.aaron@lcdhd.org
for meeting information.

Pulaski County Working On Wellness Coalition in Action



Community Health Status Assessment

Pulaski County covers 662 square miles including the city of Burnside, Ferguson, Science Hill and Somerset. Pulaski County population is 63,903, with a population density of 96 people per square mile. Somerset Community College and Kentucky Community & Technical College System's home campus are located in Somerset.



Demographic Characteristics

| | Pulaski County | District | Kentucky | USA |
|---|----------------|----------|-----------|-------------|
| Population, 2013 estimate ¹ | 63,903 | 203,949 | 4,395,295 | 316,128,839 |
| Persons under 18, percent ¹ | 22.9% | 22.2% | 23.1% | 23.3% |
| Person 65 and over, percent ¹ | 17.2% | 17.7% | 14.4% | 14.1% |
| Female, percent ¹ | 51.1% | 50.5% | 50.8% | 50.8% |
| Male, percent ¹ | 48.9% | 49.5% | 49.2% | 49.2% |
| White alone, percent ¹ | 96.7% | 95.6% | 88.5% | 77.7% |
| Black or African American, percent ¹ | 1.3% | 2.4% | 8.2% | 13.2% |
| American Indian/Alaska Native, percent ¹ | 0.3% | 0.3% | 0.3% | 1.2% |
| Hispanic or Latino, percent ¹ | 2.3% | 2.3% | 3.3% | 17.1% |
| Reporting two or more races, percent ¹ | 1.1% | 1.2% | 1.7% | 2.4% |
| School District Enrollment ² | 9,947 | 31,607 | 675,530 | 495,000,000 |

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

Community Health Status Assessment

Socioeconomic characteristics play an important role in determining the health status of a county. The unemployment rate is 9.4%. The median household income is \$32,788 with 31% of our children living in poverty. Homeownership rates are 70.3%. 20% of the population is without adequate social support. The rate of children living in single parent homes is 34%.

Socioeconomic Characteristics

| | Pulaski County | District | Kentucky | USA |
|--|----------------|----------|----------|----------|
| 1. Unemployment ¹ | 9.4% | 9.5% | 8.2% | NDA* |
| 2. Median household income ² | \$32,788 | \$29,685 | \$42,610 | \$53,046 |
| 3. Homeownership ² | 70.3% | 73.9% | 68.7% | 65.5% |
| 4. Children in poverty ¹ | 31% | 38% | 27% | NDA* |
| 5. Inadequate social support ¹ | 20% | 23% | 20% | NDA* |
| 6. Children in single parent households ¹ | 34% | 34% | 34% | NDA* |

NDA* - No Data Available.

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

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

Behavior risk factors directly impact the individual's and the community's overall health status. There is a strong correlation between behavior risk factors and mortality rates. Adult obesity in Pulaski County is 32% and 33% are physically inactive. CDC estimates in 2010 more than one third of adolescents and teens were overweight or obese. According to Kentucky Health Facts, data indicates that 27% of adults in Pulaski County smoke.

Behavior Risk Factors

| | Pulaski County | District | Kentucky |
|--|----------------|----------|----------|
| 1. Adult Obesity (adults \geq 18)* | 32% | 33% | 33% |
| 2. Physical Inactivity (adults \geq 18)** | 33% | 36% | 31% |
| 3. Adult Smoking (adults \geq 18)*** | 27% | 29% | 26% |
| 4. Excessive Drinking (adults \geq 18)**** | 7% | NDA* | 12% |

NDA* - No Data Available.

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

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

| | Pulaski County | District | Kentucky |
|---|----------------|----------|----------|
| Air pollution-particulate matter ¹ | 13.2 | 13.4 | 13.5 |
| Drinking water violations ¹ | 14% | 2% | 7% |
| Severe housing problems ¹ | 17% | 15% | 14% |
| Driving alone to work ¹ | 84% | 81% | 82% |
| Long commute - driving alone ¹ | 20% | 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).

Lake Cumberland Regional Hospital (LCRH) is the only hospital in Pulaski County. According to County Health Ranking the physician to patient ratio is 1,415 to 1. Kentucky Health Facts states that 18% of Pulaski County adults have no insurance.



Health Resources Availability

| | Pulaski County | District | Kentucky |
|--|----------------|----------|----------|
| 1. Uninsured ¹ | 18% | 20% | 17% |
| 2. Primary care physician ratio ¹ | 1,415:1 | NDA* | 1,560:1 |
| 3. Dentist ratio ¹ | 1,590:1 | NDA* | 1,731:1 |
| 4. Mental health provider ratio ¹ | 757:1 | NDA* | 852:1 |
| 5. Preventable hospital stays ¹ | 92 | 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

| | Pulaski County | District | Kentucky |
|---|----------------|----------|----------|
| 1. Syphilis ¹ | 0 | 5 | 335 |
| 2. Gonorrhea ¹ | 9 | 32 | 4,521 |
| 3. Chlamydia ¹ | 112 | 446 | 16,631 |
| 4. AIDS (number of people living with) ² | 44 | 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

| | Pulaski County | District | Kentucky | USA |
|--|----------------|----------|----------|-----------|
| 1. Total births | 815 | 2,582 | 56,900 | 4,247,694 |
| 2. Infant mortality (rate) | 7.4 | 7.0 | 6.9 | 6.5 |
| 3. Teen births (rate) | 49.6 | 61.5 | 38.7 | NDA* |
| 4. No prenatal care first trimester (percentage) | 20.1% | 26.3% | 27.8% | 29.0% |

NDA* - No Data Available.

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

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



Community Health Status Assessment

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

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

Social and Mental Health

| | Pulaski County | District | Kentucky | USA |
|---|----------------|----------|----------|---------|
| 1. Mean travel time to work (minutes), workers age 16+ ¹ | 20.9 | 23.5 | 22.7 | 25.4 |
| 2. Poor or fair health (adults ≥18) ² | 27% | 28% | 21% | NDA* |
| 3. Poor physical health days (adults ≥18) ² | 5.2 | 6.0 | 4.8 | NDA* |
| 4. Poor mental health days (adults ≥18) ² | 4.0 | 4.8 | 4.3 | NDA* |
| 5. Child abuse neglect - # of reports ³ | 766 | 2,979 | 63,438 | 676,569 |
| 6. Suicide death rate per 100,000 (all ages) ⁴ | 9.5 | 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 Reports. 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.pcad.org/stats_research.html Child Maltreatment - Administration for Children and Families - Department for Health And Human Services: <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf>. ⁴ KY Annual Vital Statistics Report 2008 (<http://chfs.ky.gov/dph/vital/>) and National Vital Statistics Reports Vol. 59, No. 10, December 7, 2011 (2008 data) (http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf)

Forces of Change Assessment

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

The FOC Assessment was performed by community health stakeholders and volunteers. A brainstorming session was conducted on February 13, 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 Pulaski 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 Pulaski County. A selection of the results is included below:

- **Increased Cost of Living**
- **More Fine Dining**
- **Expansion of Smoke-Free Communities**
- **Access to Healthcare**
- **Increased Tourism**
- **Technological Advances**
- **Increased Quality of Care**
- **Citizens Ethics**

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 | | |
| Jobs | Few jobs, low paying jobs, no benefits | Tourism from lake, opportunity for growth |
| Cost of Living | Increased gas cost, increased food cost, increased taxes | |
| Alcohol Ordinance | Underage drinking, less money for families because of spending money on alcohol | Increase in jobs, increase in revenues, increase in tourism |
| Smoking Ordinance | | More money for families, decreased medical costs |
| Dam Completed | Trash & debris (safety hazard) from increasing the water level | Increase in tourism, increase in revenues |
| Economic Development Program | Dwindling | |
| Low Interest Rates | Decrease interest rate on savings/retirement | Increase in home buying |
| No funding for child care subsidy | Families, daycares, children | |
| Small number of workers | Not enough people are paying into Social Security to cover retirement | |
| Workforce | Healthcare, missed days due to sickness | |
| Environmental | | |
| Smoking Ordinance | Increase in smokeless tobacco, more smoking outside so it makes smoking more visible | Increased air quality, changes in norms, increase in smoking cessation |
| Wet Election | More alcohol signage (impacts the youth/more accepted), parents provide alcohol to youth | More fine dining, increased tax revenue to 7% |
| Walkable Community | | Decrease in obesity |
| Droughts (2012) | Decrease in farm work, decrease in cash crops | |
| Less Youth Opportunities | Decrease in afterschool activities, decrease in summer jobs | |
| Legal/Ethical | | |
| Drug Abuse | Lack of drug treatment, increased crime, violence, economy, missed worked | More education about prescription drugs |
| Growing Hemp | Regulation | More farmers, industry, increased economics |
| Marijuana law changed | | Decreased jail time, now misdemeanor |
| Immigration | Cost of services, no insurance, interpreters, ethical conflict | |
| Litigation | Sue happy, decreased funding for legal aid | Increase lawyers |
| Political | | |
| ObamaCare (Health Care Reform) | Cost more if you're a smoker | |
| Smoke-free Kentucky | | Expansion of smoke-free communities |
| Decreased funding for Public Health | Decrease in services, cut in services, less staff doing more, increased in pregnancy, decrease in appointments | New opportunities for students & system as a whole |

Forces of Change Assessment

| FORCE | THREATS POSED | OPPORTUNITIES CREATED |
|--|---|--|
| Political | | |
| Annexation of Somerset, Burnside, & Ferguson | Decrease in services, decrease in staff, must of Masters level for counseling, decrease in appointments | Increase in education, increase in quality |
| Gun Control | | Reduced violence |
| Social | | |
| More single parents | Increased poverty, decreased time spent with child, decreased adult supervision | Stigma not marred |
| Grandparents raising grandchildren | Decreased quality of life, economic hardship | Enriches relationships |
| Entitlement | Decreased work ethic, drain on economy | Could help family |
| Increase in minority population | Bias, prejudice, racism | Opportunities for cultural diversity |
| Gun control | | Reduced violence |
| Technology/Education | | |
| Cell phones | Increase in texting & driving, fewer landlines, cheating in classrooms, distracted driving | Increased communication |
| Social Media | Increased suicide, cyber bullying, isolation, decreased socialization skills, internet access | Increased connection to the world, increased internet access |
| Work Ready Community | Decrease in funding, online classes | Career planning, preschool education for 4 year-olds, funding for education, college |
| Medical | | |
| Obesity | Health, decreased physical activity in school, chronic diseases | Lots of change |
| Drug Abuse | Lack of drug treatment, increased crime, increased violence, economy, missed worked | More education about prescription drugs |
| Decreased funding for Public Health | Decrease in services, cut in services, less staff doing more, increased pregnancy, decreased appointments | |
| Access to care | Fewer providers, lack of health insurance, lack of payment from insurance | Opportunity for education for families, health insurance for the first time |
| Lack of Physical Activity in Public Schools | Obesity, hyper kids, decreased academics | |
| School meal program | Food waste, more students bringing lunch | Food waste, more students bringing lunch |
| Medicare Reform | Decreased reimbursement, decreased physicians | Increased quality of care |
| Increase in Aging Population | Increase in Alzheimer's patients, needing medical care longer (cost), chronic diseases | Increase in jobs to take care of elderly |

Community Themes and Strengths Assessment

A Quality of Life survey was distributed across Pulaski County during the months of December 2012 – February 2013. The survey was distributed in two formats electronically and paper. There were 809 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 Pulaski County?

| Answer Options | % | Respondents |
|---------------------------|-------|-------------|
| Cancers | 36.9% | 297 |
| Alcohol/Drugs | 56.5% | 455 |
| Obesity (children/adults) | 50.2% | 404 |

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

| Answer Options | % | Respondents |
|------------------|-------|-------------|
| Drug Abuse | 73.8% | 594 |
| Tobacco Use | 36.1% | 291 |
| Being Overweight | 45.0% | 362 |

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

| Answer Options | % | Respondents |
|--------------------------------|-------|-------------|
| Good Jobs/Healthy Economy | 50.9% | 410 |
| Healthy Behaviors & Lifestyles | 59.6% | 480 |
| Access to Healthcare | 41.5% | 334 |

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

Local Public Health System Assessment

Pulaski County performed the LPHSA in March 2011. There were approximately 40 people that participated in the assessment. The majority of the organizations that make up the Local Public Health System were present.

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

| EPHS | SCORE |
|---|-----------|
| 1 Monitor Health Status To Identify Community Health Problems | 65 |
| 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 | 46 |
| 5 Develop Policies and Plans that Support Individual and Community Health Efforts | 60 |
| 6 Enforce Laws and Regulations that Protect Health and Ensure Safety | 73 |
| 7 Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable | 57 |
| 8 Assure a Competent Public and Personal Health Care Workforce | 64 |
| 9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services | 49 |
| 10 Research for New Insights and Innovative Solutions to Health Problems | 79 |
| OVERALL SCORE | 66 |

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 |
|---------------------------------|-----|

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 \geq 30
- Food environment index - Index of factors that contribute to a healthy food environment
- Physical inactivity - percent of adults aged 20 and over reporting no leisure time physical activity
- Access to exercise opportunities - percent of the population with adequate access to locations for physical activity
- Excessive drinking - Binge drinking or heavy drinking; binge drinking is consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion. Heavy drinking is defined as drinking more than 1 (women) or 2 (men) per day over average
- Alcohol-impaired driving - Proportion of driving deaths with alcohol involvement
- Uninsured - Percentage of adults under age 65 without health insurance
- Primary care physicians - Ratio of population to primary care physicians
- Dentist - Ratio of population to dentists
- Mental health providers - 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)

continued on page 22

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

Pulaski County Community Health Survey

Pulaski County Community Health Survey

1. How would you rate Pulaski County as a "Healthy Community?"
☐ Very healthy ☐ Healthy ☐ Somewhat healthy ☐ Unhealthy ☐ Very unhealthy

2. How would you rate your personal health?
☐ Very healthy ☐ Healthy ☐ Somewhat healthy ☐ Unhealthy ☐ Very unhealthy

3. Approximately how many hours per month do you volunteer your time to community service? (e.g., schools, voluntary organizations, churches, hospitals, etc.)
☐ None ☐ 1 - 5 hours ☐ 6 - 10 hours ☐ Over 10 hours

4. What are the three most important factors for a "Healthy Community?"

| | | |
|---|--|--|
| <input type="checkbox"/> Good jobs and healthy economy | <input type="checkbox"/> Access to healthcare | <input type="checkbox"/> Low infant deaths |
| <input type="checkbox"/> Healthy behaviors and lifestyles | <input type="checkbox"/> Strong family life | <input type="checkbox"/> Clean environment |
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Arts/cultural events |
| <input type="checkbox"/> Good school | <input type="checkbox"/> Low level of child abuse | <input type="checkbox"/> Parks and recreation |
| <input type="checkbox"/> Low crime/safe neighborhoods | <input type="checkbox"/> Religious or spiritual values | <input type="checkbox"/> Low adult death/disease rates |
| <input type="checkbox"/> Other (please specify) _____ | | |

5. What are the THREE most prevalent "risky behaviors" in Pulaski County?

| | | |
|---|--|--|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Poor eating habits |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Not using birth control | <input type="checkbox"/> Prescription Drug abuse/misuse |
| <input type="checkbox"/> Tobacco use | <input type="checkbox"/> Racism | <input type="checkbox"/> Not using seat-belts/child safety seats |
| <input type="checkbox"/> Being overweight | <input type="checkbox"/> Underage drinking | <input type="checkbox"/> Not getting "shots" to prevent disease |
| <input type="checkbox"/> Unsafe sex | <input type="checkbox"/> Lack of exercise | |
| <input type="checkbox"/> Other (please specify) _____ | | |

6. Do you think Pulaski County is a good place to raise your children?
☐ Yes ☐ No

7. Is this a good community to grow old?
☐ Yes ☐ No

Pulaski County Community Health Survey

11. What preventative health services do you use?

| | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Vaccinations/shots | <input type="checkbox"/> Breast exam | <input type="checkbox"/> Prostate exam |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Yearly exam | <input type="checkbox"/> Skin exam |
| <input type="checkbox"/> Yearly lab work | <input type="checkbox"/> Mammography | <input type="checkbox"/> Educational programs |
| <input type="checkbox"/> Family planning | <input type="checkbox"/> Pap smear | <input type="checkbox"/> Support groups |

12. What county do you live in?
☐ Pulaski ☐ Russell ☐ McCreary ☐ Wayne
☐ Other (please specify) _____

13. What County do you work in?
☐ Pulaski ☐ McCreary ☐ Wayne
☐ Other (please specify) _____

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

15. Gender
☐ Male ☐ Female

16. Marital Status:
☐ Married/cohabitating
☐ Not married/ single

17. Ethnic Group

| | |
|---|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Hispanic/Latino | |
| <input type="checkbox"/> Other (please specify) _____ | |

Pulaski County Community Health Survey

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

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

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

| | |
|---|---|
| <input type="checkbox"/> Health Policies | <input type="checkbox"/> Access to healthy foods |
| <input type="checkbox"/> More exercise options | <input type="checkbox"/> Quit smoking classes |
| <input type="checkbox"/> Diabetes education | <input type="checkbox"/> Mental/emotional healthcare access |
| <input type="checkbox"/> Nutrition education | |
| <input type="checkbox"/> Other (please specify) _____ | |

10. What group needs the most help with access to health care in Pulaski County? (choose only one)

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

Pulaski County Community Health Survey

18. Language spoken at home

| | |
|----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> German | |
| Other (please specify) _____ | |

19. Education:
☐ Less than high school ☐ College degree or higher
☐ High school diploma or GED ☐ Some college

20. Do you attend Church?
☐ Yes ☐ No

21. Are you in favor of tobacco free school policy?
☐ Yes ☐ No

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

Pulaski County Community Health Survey (Spanish)

Encuesta de la Salud de la Comunidad del Condado de Pulaski

Gracias por tomar el tiempo para completar esta encuesta. El propósito de esta encuesta es conseguir su opinión sobre preocupaciones de la salud de nuestra comunidad. Su coalición de salud local va a usar los resultados de esta encuesta para determinar cuáles son los problemas de salud más urgentes que necesitamos abordar. Pedimos que complete la encuesta solo una vez.

Preguntas sobre la Calidad de Vida

1. ¿Cómo valoraría el condado de Pulaski como una comunidad saludable?

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

2. ¿Cómo valoraría su salud personal?

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

3. ¿Aproximadamente cuantas horas al mes se ofrece como voluntario de servicio a la comunidad? (escuelas, organizaciones benéficas, iglesias, hospitales, etc.)

☐ Nunca ☐ 1 - 5 horas ☐ 6 - 10 horas ☐ Más de 10 horas

4. ¿Qué cree que son los tres factores más importantes para que sea una comunidad saludable?

| | | |
|--|--|--|
| <input type="checkbox"/> Trabajos buenos/economía saludable | <input type="checkbox"/> Acceso a cuidado de salud | <input type="checkbox"/> Pocas muertes de bebés |
| <input type="checkbox"/> Comportamientos y estilo de vida saludables | <input type="checkbox"/> Vida familiar fuerte | <input type="checkbox"/> Medio ambiente limpio |
| <input type="checkbox"/> Buen lugar para criar a niños | <input type="checkbox"/> Vivienda a precio razonable | <input type="checkbox"/> Artes/eventos culturales |
| <input type="checkbox"/> Buenas escuelas | <input type="checkbox"/> Nivel bajo de abuso de niños | <input type="checkbox"/> Parques y recreación |
| <input type="checkbox"/> Crimen bajo/barrio seguro | <input type="checkbox"/> Valores espirituales o religiosos | <input type="checkbox"/> Tasas bajas de muerte y enfermedad de adultos |
| <input type="checkbox"/> Otro (por favor especifique) | | |

Encuesta de la Salud de la Comunidad del Condado de Pulaski

5. ¿Cuáles son los TRES comportamientos arriesgados más común en el condado de Pulaski?

| | | |
|---|---|---|
| <input type="checkbox"/> Abuso de alcohol | <input type="checkbox"/> Dejar los estudios | <input type="checkbox"/> Malos hábitos alimenticios |
| <input type="checkbox"/> Uso de drogas | <input type="checkbox"/> No usar un método anticonceptivo | <input type="checkbox"/> Uso/abuso de medicamentos con receta |
| <input type="checkbox"/> Uso de tabaco | <input type="checkbox"/> Racismo | <input type="checkbox"/> No usar cinturones de seguridad/asientos de seguridad para niños |
| <input type="checkbox"/> Sobrepeso | <input type="checkbox"/> Consumo de alcohol por menores de edad | <input type="checkbox"/> No recibir vacunas para prevenir enfermedades |
| <input type="checkbox"/> Sexo no seguro | <input type="checkbox"/> Falta de ejercicio | |
| <input type="checkbox"/> Otro (por favor especifique) | | |

6. ¿Cree que el condado de Pulaski es un buen lugar para criar a niños?

☐ Si ☐ No

7. ¿Es una buena comunidad para envejecer?

☐ Si ☐ No

8. ¿Qué cree que son los TRES problemas de salud más importantes en el condado de Pulaski?

| | | |
|--|--|--|
| <input type="checkbox"/> Abuso de menores/ negligencia | <input type="checkbox"/> Enfermedades Contagiosas | <input type="checkbox"/> Problemas con salud mental |
| <input type="checkbox"/> Abuso sexual | <input type="checkbox"/> Enfermedades Respiratorias | <input type="checkbox"/> Problemas de envejecimiento (artritis, pérdida de audición/vista) |
| <input type="checkbox"/> Accidente de vehículo | <input type="checkbox"/> Herida de arma de fuego | <input type="checkbox"/> Problemas dentales |
| <input type="checkbox"/> Alcohol/drogas | <input type="checkbox"/> Heridas de la granja | <input type="checkbox"/> Suicidio |
| <input type="checkbox"/> Asuntos medioambientales | <input type="checkbox"/> Homicidio | <input type="checkbox"/> Uso de tabaco |
| <input type="checkbox"/> Cáncer | <input type="checkbox"/> Infecciones Transmisibles Sexualmente (ETS o ITS) | <input type="checkbox"/> VIH/SIDA |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Muerte infantil | <input type="checkbox"/> Violencia doméstica |
| <input type="checkbox"/> Embarazo de adolescentes | <input type="checkbox"/> Obesidad (niños y adultos) | |
| <input type="checkbox"/> Enfermedad de corazón/derrame | <input type="checkbox"/> Presión de sangre alta | |
| <input type="checkbox"/> Otro (por favor especifique) | | |

Encuesta de la Salud de la Comunidad del Condado de Pulaski

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

| | |
|---|---|
| <input type="checkbox"/> Políticas de salud | <input type="checkbox"/> Acceso a alimentos saludables |
| <input type="checkbox"/> Más opciones para ejercicio | <input type="checkbox"/> Clases de dejar de fumar |
| <input type="checkbox"/> Educación sobre la diabetes | <input type="checkbox"/> Acceso a cuidado de salud mental/emocional |
| <input type="checkbox"/> Educación sobre nutrición | |
| <input type="checkbox"/> Otro (por favor especifique) | |

10. ¿Cuál grupo necesita la mayoría de ayuda con acceso a cuidado de salud en el condado de Pulaski? (escoja solo uno)

| | | |
|--|--|--|
| <input type="radio"/> Familias con ingresos bajos | <input type="radio"/> Aquellos con discapacidades físicas/mentales | <input type="radio"/> Personas no aseguradas |
| <input type="radio"/> Inmigrantes/asilados | <input type="radio"/> Niños/bebes | <input type="radio"/> Grupos minoritarios |
| <input type="radio"/> Viejos | <input type="radio"/> Adultos jóvenes | |
| <input type="radio"/> Otro (por favor especifique) | | |

11. ¿Qué servicios preventivos de salud usa usted?

| | | |
|--|--|---|
| <input type="checkbox"/> Vacunación/inyecciones | <input type="checkbox"/> Examen de los senos | <input type="checkbox"/> Examen de próstata |
| <input type="checkbox"/> Colonoscopia | <input type="checkbox"/> Chequeo físico anualmente | <input type="checkbox"/> Examen de piel |
| <input type="checkbox"/> Pruebas de laboratorio anualmente | <input type="checkbox"/> Mamografía | <input type="checkbox"/> Programas de educación |
| <input type="checkbox"/> Planificación familiar | <input type="checkbox"/> Papanicolaou | <input type="checkbox"/> Grupos de apoyo |

Datos Demográficos

12. ¿En qué condado vive?

☐ Pulaski ☐ Russell ☐ McCreary ☐ Wayne

☐ Otro (por favor especifique)

Encuesta de la Salud de la Comunidad del Condado de Pulaski

13. ¿En qué condado trabaja?

☐ Pulaski ☐ McCreary ☐ Wayne

☐ Otro (por favor especifique)

14. Edad

☐ 18-25 ☐ 40-54 ☐ 65 o mayor

☐ 26-39 ☐ 55-64

15. Genero

☐ Masculino ☐ Femenino

16. Estado civil:

☐ Casado/juntado ☐ No casado/soltero

17. Grupo Étnico

☐ Afroamericano/Negro ☐ Indio Americano

☐ Asiático/Isleño del Pacífico ☐ Blanco/Caucásico

☐ Hispano/Latino

☐ Otro (por favor especifique)

18. Idioma hablado en casa

☐ Inglés ☐ Lenguaje de Señas Americanas

☐ Español ☐ Vietnamita

☐ Alemán

☐ Otro (por favor especifique)

19. Educación:

☐ Menos que la escuela secundaria ☐ Título universitario o superior

☐ Diploma de la secundaria o escuela de adulta ☐ Algunas clases en la universidad

Encuesta de la Salud de la Comunidad del Condado de Pulaski

20. ¿Asiste a una iglesia?

☐ Si ☐ No

21. ¿Está a favor de la política de la escuela libre de tabaco?

☐ Si ☐ No

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



2014 Community Health Assessment

PULASKI COUNTY

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