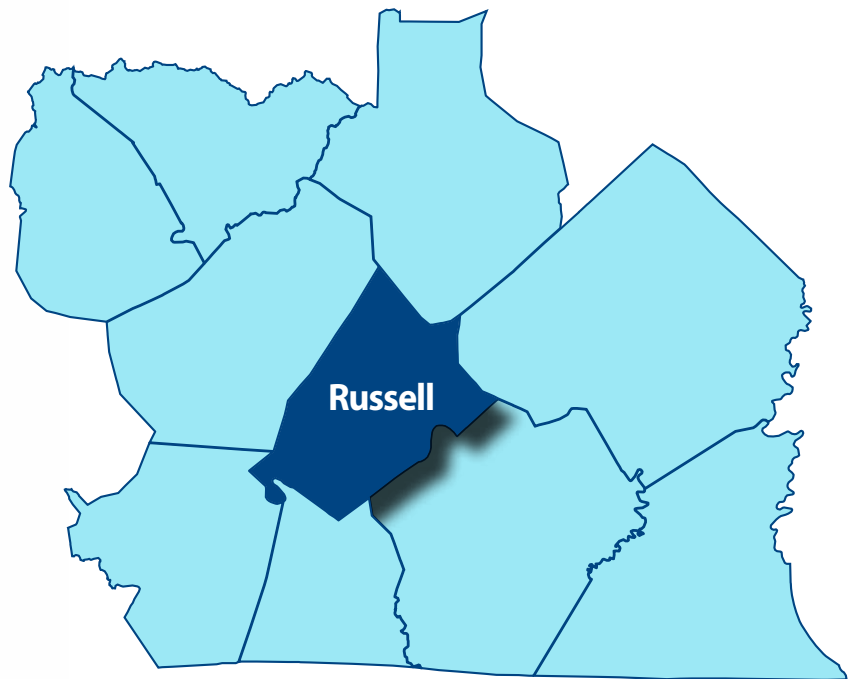


2014 Community Health Assessment



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

Russell County Health and Wellness Coalition

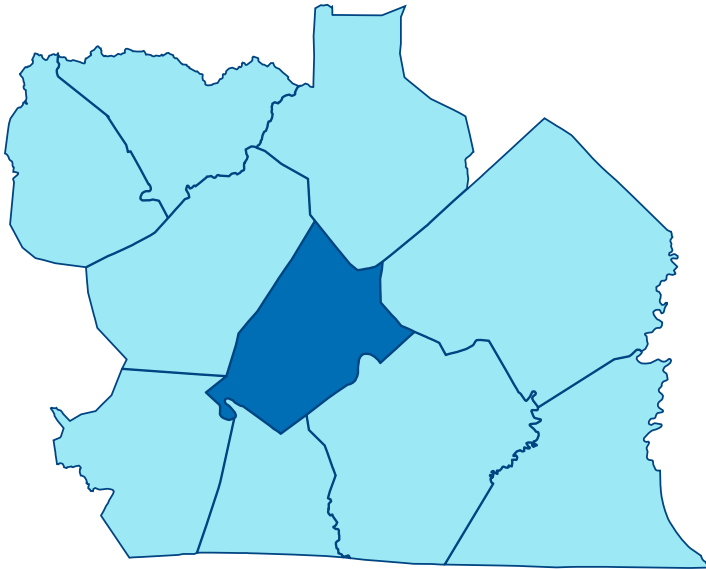
“Coming together is the beginning. Keeping together is progress. Working together is success.”
– Henry Ford

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Health Policy and Promotion Community Health Assessment

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



The Lake Cumberland District Health Department Vision:

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

Russell County is located in South Central Kentucky. The county population is 17,752. Jamestown is the County Seat for Pulaski County. Russell County is a tourist community - it encompasses the beautiful Lake Cumberland with over 1,225 miles of shoreline.



Russell County Vision Statement:

Russell County is a united community focusing on spiritual, emotional, mental, physical and economical health that empowers personal responsibility with the support of local partners and resources to make it a safe place to live, work and play.

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

38 out of 120 counties

Mobilizing for Action through Planning and Partnerships (MAPP)

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

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



figure 1:
Ten Essential Public Health Services

Ten Essential Public Health Services

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

LCDHD's Road MAPP to Health Improvement

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

The Russell 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 Russell 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

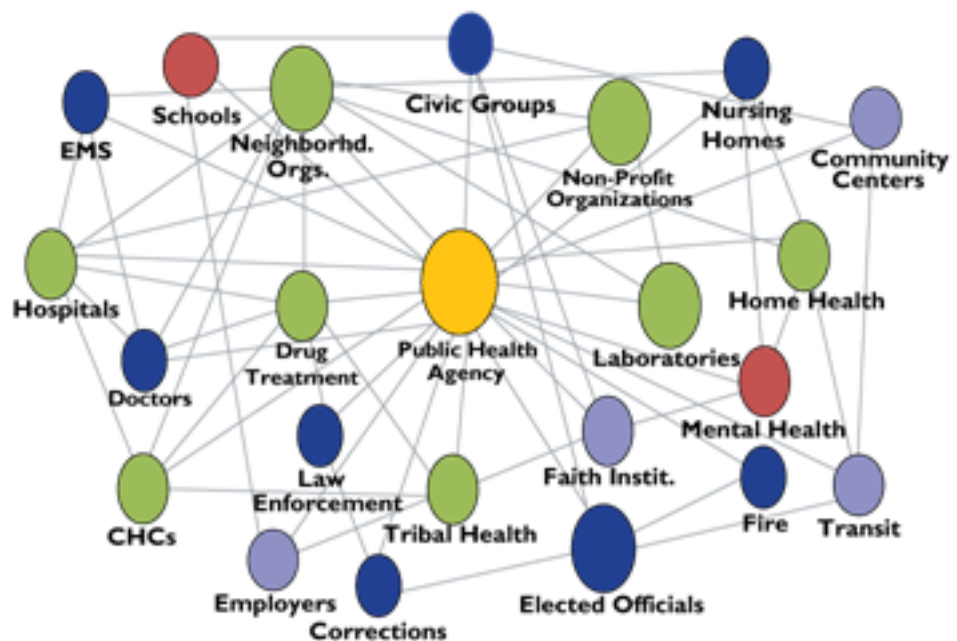


figure 3: Local Public Health System

Russell County Community Health Assessment Information

Russell County Health and Wellness Coalition has compiled four assessments which make up the Russell 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.

Russell County Health and Wellness Coalition

Adanta Group
Avante Garde Health Center Wellness Services
ARC Pregnancy Center
Cabinet for Human Resources
Coventry Cares of Kentucky
Fruit of the Loom
Hospice of Lake Cumberland
Jamestown Christian Church
Jamestown Mayor
Jamestown Police
Lilly Creek Medical Center
Kentucky Spirit Health
Lake Cumberland Area Development
Lake Cumberland State Park
Monticello Banking Company
Partners in Prevention
Russell County Active Day
Russell County Attorney's Office
Russell County Board of Education
Russell County Chamber of Commerce
Russell County Extension Office
Russell County Head Start (LCHS)
Russell County Health Department
Russell County Health Department Local Board
Russell County Hospital
Russell County Judge Executive
Russell County Library
Russell County Senior Citizens Center
Russell County Tourism
Russell Springs Mayor
Russell Springs Police Department
Russell Springs United Methodist Church
The Times Journal (Newspaper)
The Tooth Booth
U.S. Fish & Wildlife Service
U.S. National Fish Hatchery
WAVE Radio

Strategic Plan for Community Improvement

Supported by the Lake Cumberland District Health Department, the MAPP process for the Russell County Health and Wellness Coalition began on September 26, 2012. The coalition has completed the four MAPP assessments: Community Themes and Strengths, Local Public Health System Assessment, Community Health Status Assessment and Forces of Change Assessment. These assessments provided insight on the gaps between current circumstances, provided information to use to identify the strategic issues, and served as the source of information from which our strategic issues, strategies and goals were built.

The Russell County Health and 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 August 2010 and April 2013.

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

Interested in Joining?

Contact Shirley Roberson at 270-343-2181 ext: 6233
or email: shirleya.roberson@lcdhd.org
for meeting information.

Russell County Health and Wellness Coalition in Action



Community Health Status Assessment

Russell County covers 253.66 square miles including the city of Russell Springs and Jamestown. Russell County population is 17,752 with a population density of 70 people per square mile. Russell County has an off campus facility provided by Somerset Community College.



Demographic Characteristics

	Russell County	District	Kentucky	USA
Population, 2013 estimate ¹	17,752	203,949	4,395,295	316,128,839
Persons under 18, percent ¹	22.3%	22.2%	23.1%	23.3%
Person 65 and over, percent ¹	18.7%	17.7%	14.4%	14.1%
Female, percent ¹	51.2%	50.5%	50.8%	50.8%
Male, percent ¹	48.8%	49.5%	49.2%	49.2%
White alone, percent ¹	97.6%	95.6%	88.5%	77.7%
Black or African American, percent ¹	0.6%	2.4%	8.2%	13.2%
American Indian/Alaska Native, percent ¹	0.4%	0.3%	0.3%	1.2%
Hispanic or Latino, percent ¹	3.7%	2.3%	3.3%	17.1%
Reporting two or more races, percent ¹	1.0%	1.2%	1.7%	2.4%
School District Enrollment ²	2,670	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 8.6%. The median household income is \$29,465 with 40% of our children living in poverty. Homeownership rates are 75.8%. 27% of the population is without adequate social support. The rate of children living in single parent homes is 36%.

Socioeconomic Characteristics

	Russell County	District	Kentucky	USA
1. Unemployment ¹	8.6%	9.5%	8.2%	NDA*
2. Median household income ²	\$29,465	\$29,685	\$42,610	\$53,046
3. Homeownership ²	75.8%	73.9%	68.7%	65.5%
4. Children in poverty ¹	40%	38%	27%	NDA*
5. Inadequate social support ¹	27%	23%	20%	NDA*
6. Children in single parent households ¹	36%	34%	34%	NDA*

NDA* - No Data Available.

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

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

Behavior risk factors directly impact the individual's and community's overall health status. There is a strong correlation between behavior risk factors and mortality rates. Adult obesity in Russell County is 32% and 38% 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 31% of Russell County adults smoke.

Behavior Risk Factors

	Russell County	District	Kentucky
1. Adult Obesity (adults ≥ 18)*	32%	33%	33%
2. Physical Inactivity (adults ≥ 18)**	38%	36%	31%
3. Adult Smoking (adults ≥ 18)***	31%	29%	26%
4. Excessive Drinking (adults ≥ 18)****	8%	NDA*	12%

NDA* - No Data Available.

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

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

Community Health Status Assessment

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

Physical Environment

	Russell County	District	Kentucky
Air pollution-particulate matter ¹	13.4	13.4	13.5
Drinking water violations ¹	0%	2%	7%
Severe housing problems ¹	17%	15%	14%
Driving alone to work ¹	80%	81%	82%
Long commute - driving alone ¹	22%	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).

Russell County Hospital (RCH) is the only hospital in Russell County. According to County Health Ranking the physician to patient ratio is 1,601 to 1. Kentucky Health Facts state that 20% of Russell County adults have no insurance.



Health Resources Availability

	Russell County	District	Kentucky
1. Uninsured ¹	20%	20%	17%
2. Primary care physician ratio ¹	1,601:1	NDA*	1,560:1
3. Dentist ratio ¹	2,916:1	NDA*	1,731:1
4. Mental health provider ratio ¹	1,094:1	NDA*	852:1
5. Preventable hospital stays ¹	109	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

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

	Russell County	District	Kentucky	USA
1. Total births	233	2,582	56,900	4,247,694
2. Infant mortality (rate)	0.0	7.0	6.9	6.5
3. Teen births (rate)	57.5	61.5	38.7	NDA*
4. No prenatal care first trimester (percentage)	26.4%	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

	Russell 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	21%	28%	21%	NDA*
3. Poor physical health days (adults ≥18) ²	4.2	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	229	2,979	63,438	676,569
6. Suicide death rate per 100,000 (all ages) ⁴	9.9	13.1	13.5	11.6

NDA* - No Data Available.

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

Forces of Change Assessment

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

The FOC Assessment was performed by community health stakeholders and volunteers. A brainstorming session was conducted on January 31, 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 Russell 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 Russell County. A selection of the results is included below:

- **Increased Cost of Living**
- **Loss of Jobs/Income**
- **Decreased Economic Development**
- **Polarized Society**
- **Sedentary Lifestyles**
- **Technological Advances**
- **Dependence upon Governmental System**
- **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		
Wolf Creek Dam	Decreased tourism when decreased water level; Increased tourism when increased	Created jobs to work on dam; Jobs will be lost when work on dam is complete
Bypass in Jamestown	Decreased traffic & business in Jamestown	
Healthcare Reform	Negatively affects small businesses	Increase access to healthcare
Layoffs/Business Closings	Loss of jobs/income	
No increase in wages	Increased cost of living	
Substance abuse	Affects all	
Auditorium/Natatorium		Increased revenue with programs
Affordable Care	Lay-offs, more part-time employees	
Environmental		
Level of Lake Cumberland	Pollution from tourists; Reduces tourism; Impacts type of fish that people on lake fish for	Lake Events; Lake Cumberland Clean-Up; Increase in tourism; Increased business for businesses tied to tourism
Smoke free Restaurants & Businesses	Refusal to patronize those businesses	Increase health/safety of visitors; Cleaner air; Cleaner work environment; Improve health of employees; Awareness improvement; Policy change at school
City water	Broad contamination; Dependence upon governmental system	Regulations; Treatment makes safe water
Farming/farmers markets	Reduction in home grown/family farms	Pesticide free vegetables ripened naturally; Healthier food source
Legal		
Foreclosure	Homelessness; Bankruptcy; Decreased value of property; Depression	Relief from stressful situation; Able to buy cheap home
County tax increase	Less money in pocket; Negative impact on disposable income; Negative impact on next election	Help county budget; Could help prevent reduction of services at the county level
Because of liability, people don't want to take on risk	Decrease in services & activities; Decreased economic effect	
Substance abuse	Increased crime; Burden on legal system	
Political		
Change of administration at all levels of the government	Priorities change with new administration; Volunteerism	Focus on nutrition & health nationally
Lack of cooperation among political parties	Polarized society; State of unease; Agency funding; Educational funding	Creates opportunities to come together to make lasting changes; Change in tax code
Change in school board	Change in traditional thinking	New opportunities for students & system
Local occupational tax	Reduced revenue for programs	Find a balance in occupational tax to meet county needs
Revamp of state tax code	Uncertainty	Create more revenue for state agencies & universities

Forces of Change Assessment

FORCE	THREATS POSED	OPPORTUNITIES CREATED
Social		
City rivalry between Jamestown/ Russell Springs in the last 40-50 years		
Running groups	No cell phone/technology means you won't get a notice	Created via text messages
Social activities	Liability issues have increased so see a decrease in activities	
Lake		Increase in tourism
Activities in community		Lake Fest
Empty buildings	Decreased economic development	Increase in economic development
Churches	Insurance/costs	Family support; Community support
Families	Family unit has been redefined	
Decreased activity	Creates more dangers-drugs; Certain areas of park seem unsafe	
Schools	Teachers are now having to foot bills for classroom which leads to decrease in activities; Teaching for end of year testing scores; Different relationship among student/teacher via ratio	
Technological		
Communication	Businesses cannot afford to invest in technology; Sedentary lifestyle; Lack of interpersonal interaction/mental health; Prevalence of access to illegal activity (child predators)	Investment in local schools; Access to create information (but accurate information ?); Remote work opportunities through communications
KCTCS		More opportunities to access training & work skills for jobs
Medical	Loss of patient/practitioner relationship; Intimidation factor in accessing services; Cybercrime/Identity theft/network vulnerabilities	Greater access to information & more advanced care; Access to remote services/ Tele-health
Cost of Living	Prices of technology make it difficult to access	Declining prices allow access
ACA	Decreases personal interaction; Financial investment threatens viability of some groups/organizations	Requirements to invest in technology should allow for standardized care and improve quality
Ethical		
Attitudes toward people	Perception of different populations; Leaders	Lots of change
Hand-out society	Complacent; Good Ole Boys type mentality; Self-centered society	Change
Society's Ethics	What's in it for me?; Entitlement	

Community Themes and Strengths Assessment

A Quality of Life survey was distributed across Russell County during the months of December 2012 – February 2013. The survey was distributed in two formats electronically and paper. There were 608 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 Russell County?

Answer Options	%	Respondents
Cancers	45.8%	268
Alcohol/Drugs	66.3%	388
Obesity (children/adults)	37.9%	222

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

Answer Options	%	Respondents
Alcohol Use	38.1%	223
Drug Abuse	79.3%	464
Rx Drug Abuse/Misuse	33.3%	195

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

Answer Options	%	Respondents
Good Jobs/Healthy Economy	54.7%	320
Healthy Behaviors & Lifestyles	56.1%	328
Religious or Spiritual Values	40.3%	236

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

Local Public Health System Assessment

Russell 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 Russell County performance scores by Essential Public Health Service (EPHS)

EPHS	SCORE
1 Monitor Health Status To Identify Community Health Problems	33
2 Diagnose And Investigate Health Problems and Health Hazards	77
3 Inform, Educate, And Empower People about Health Issues	68
4 Mobilize Community Partnerships to Identify and Solve Health Problems	57
5 Develop Policies and Plans that Support Individual and Community Health Efforts	62
6 Enforce Laws and Regulations that Protect Health and Ensure Safety	95
7 Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	45
8 Assure a Competent Public and Personal Health Care Workforce	87
9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	54
10 Research for New Insights and Innovative Solutions to Health Problems	66
OVERALL SCORE	64

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

APPENDIX - Community Health Data Collection

Lake Cumberland District Total Population

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

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

Lake Cumberland School District School Population

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

Adair County School District

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

Casey County School District

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

Clinton County School District

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

Cumberland County School District

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

Green County School District

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

McCreary County School District

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

Pulaski County School District

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

Science Hill Independent School District

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

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

Taylor County School District

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

Somerset Independent School District

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

Campbellsville Independent School District

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

Wayne County School District

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

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

APPENDIX - Community Health Data Collection

Lake Cumberland District Health Characteristics

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

NDA* - No Data Available.

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

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

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

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

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

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

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

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APPENDIX - Community Health Data Collection

Lake Cumberland District Health Characteristics (continued from page 21)

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

NDA* - No Data Available.

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

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

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

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

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

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

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

Kentucky Behavior Risk Factor Surveillance System (KYBRFSS)

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

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

SOURCE: KYBRFSS, 2012 percentage of total population

Kentucky Incentive for Prevention Survey (KIP)

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

SOURCE: KIP, 2012 10th grade students

APPENDIX - Community Health Data Collection

Infectious Disease Cases and Rates

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

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

NDA* - No Data Available.

NOTES:

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

SOURCES:

1. Kentucky Tuberculosis Program 2012 <http://chfs.ky.gov/dph/epi/tb.htm>. CDC Tuberculosis Cases, Case Rates per 100,000 Population, Deaths, and Death Rates per 100,000 Population, and Percent Change: United States, 1953–2012. Atlanta, GA: U.S. Department of Health and Human Services, CDC, 2012. <http://www.cdc.gov/tb/statistics/reports/2012/table1.htm>
2. 2009 Cumulative AIDS Cases by Area Development Districts (ADD) and County at the Time of Diagnosis; HIV Surveillance Report, Volume 22: Table 16a. Persons living with an AIDS diagnosis, by year and selected characteristics, 2007–2009—United States: http://www.cdc.gov/hiv/surveillance/resources/reports/2010report/pdf/2010_HIV_Surveillance_Report_vol_22.pdf#Page=54
- 3-16. Reportable Diseases in Kentucky 2011 Summary, Cabinet for Health and Family Services, Department for Public Health, Division of Epidemiology and Health Planning, <http://chfs.ky.gov/dph/epi/reportablediseases.htm> MMWR 2011 Reports of Nationally Notifiable Infectious Diseases; Centers for Disease Control and Prevention; <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6053a1.htm>

Infectious Disease Cases

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

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

Injuries and Crime

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

NDA* - No Data Available.

NOTES:

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

SOURCES:

1. - 3. KY Annual Vital Statistics Report 2008 (<http://chfs.ky.gov/dph/vital/>) and National Vital Statistics Reports Vol. 59, No. 10, December 7, 2011 (2008 data) (http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf)
 4. Child Abuse Neglect Report by County - Prevent Child Abuse Kentucky. Statistics Provided by the Cabinet for Health and Family Services, Jan. 1, 2013 - Dec. 31, 2013 http://www.pcaaky.org/stats_research.html
- Child Maltreatment - Administration for Children and Families - Department for Health And Human Services: <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf>

APPENDIX - Community Health Data Collection

Chronic Illness Death Rate

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

NOTES:

1-4. Age adjusted death rates per 100,000 U.S. standard population

SOURCES:

1-4. KY Annual Vital Statistics Report, 2008 (<http://chfs.ky.gov/dph/vital/>) and National Vital Statistics Reports Vol. 59, No. 10, December 7, 2011 (2008 data) (http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf)

Cancer Rates

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

***Counts < 15 are too few to calculate a stable age-adjusted rate

~Counts/rates are suppressed if fewer than 5 cases were reported in the specified category

NOTES:

1-12. Age-adjusted Incidence Rates or Crude Death Rates per 100,000 population for the U.S. Standard Population

SOURCES:

1.-12. Kentucky Cancer Registry University of Kentucky, Markey Cancer Control Program 2010 (http://cancer-rates.info/ky/index_mort.php) . U.S. Cancer Statistics Working Group. United States Cancer Statistics: 2010 Incidence and Mortality Web-based Report. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. Available at: (<http://apps.nccd.cdc.gov/uscs/index.aspx>)

Maternal and Child Health

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

NDA* - No Data Available.

NOTES:

1. Total number of births 2. Crude rate per 1,000 live births 3. Low Weight Birth = Percentage weighing less than 2500 grams (5lbs. 8 oz.) 4. Teen Births = Rate per 1,000 total births born to females ages 15-19. 5. Prenatal Care = Percentage of mothers not receiving prenatal care in the first trimester. National Data is for only selected states, including KY because the 2003 Revision of the U.S. Certificate of Live Birth after January 1, 2004.

SOURCES:

1., 2., 3., 5. - KY Annual Vital Statistics Report, 2008 (<http://chfs.ky.gov/dph/vital/>) and National Vital Statistics Reports for Births and Deaths (http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_07_tables.pdf) (http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf). 4. - KY Annual Vital Status Report, 2013 (Preliminary Data), Teen Births by County, Rates per 1,000

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Russell County Community Health Survey

Russell County Health Survey

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

1. Please answer Yes or No to the following:

Do you live in Russell County? Yes No

Do you work in Russell County? Yes No

2. Age

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

3. Gender

Male Female

4. Marital Status:

Married/cohabitating Not married/ single

5. Primary Language

English German Vietnamese
 Spanish American Sign Language

Other (please specify) _____

6. Ethnic Group

African American/Black Hispanic/Latino White/Caucasian
 Asian/Pacific Islander Native American

Other (please specify) _____

7. Education

Less than high school Some college
 High school diploma or GED College degree or higher

8. Do you attend church?

Yes No

Russell County Health Survey

9. Household members by Age (Please check all that apply)

0 - 4 years old 18-25 55-64
 5 -11 years old 26-39 65 or older
 12 -17 40-54

10. How would you rate Russell County as a "Healthy Community?"

Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

11. How would you rate your own personal health?

Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

12. What do you think are the three most important factors for a "Healthy Community?"

Good jobs and healthy economy Low crime/safe neighborhoods Religious or spiritual values
 Healthy behaviors and lifestyles Access to healthcare (e.g., family doctor) Low infant deaths
 Good place to raise children Strong family life Clean environment
 Low adult death and disease rates Affordable public transportation Affordable housing
 Good school Affordable housing Parks and recreation
 Low level of child abuse

Other (please specify) _____

13. What are the THREE most prevalent "risky behaviors" in Russell County?

Alcohol Use Not using seat-belts/child safety seats Underage drinking
 Drug Abuse Not getting 'shots' to prevent disease Lack of exercise
 Tobacco Use Dropping out of school Poor eating habits
 Being overweight Not using birth control Prescription Drug abuse/misuse
 Unsafe sex Racism

Other (please specify) _____

14. Would you like for Russell County Schools to be tobacco free?

Yes No

15. Do you prefer tobacco free dining?

Yes No

Russell County Health Survey

16. Do you see a need for a low or no cost

Health care clinic in Russell County? Yes No

Dental care clinic in Russell County? Yes No

17. Do you see a need for an addiction or recovery clinic in Russell County?

Yes No

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

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

Other (please specify) _____

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

More exercise options Nutrition education Quit smoking classes
 Diabetes education Access to healthy foods Mental/emotional healthcare access

Other (please specify) _____

20. What group needs the most help with access to health care in Russell County?

Children/infants Low income families Physically/mentally disabled
 Elderly Minority groups (e.g. African American, Hispanic) Young adults

Other (please specify) _____

Russell County Health Survey

21. Which of the following support groups are the most needed in Russell County? (Choose only one)

Eating Disorders Depression/Anxiety Drug/Alcohol/Tobacco Addiction

Other (please specify) _____

22. If seeking counseling services would you prefer going to? (choose only one)

Private practice Community agency

Other (please specify) _____

23. Has a physician ordered test in the past year that you have not had completed because of no insurance or the ability to pay?

Yes No

24. If a community wide wellness/exercise program were available at low or no cost would you participate?

Yes No

25. Are you aware that Hospice of Lake Cumberland provides a nurse, social worker, chaplain, aide and volunteer services to all ages and patients with life limiting diagnosis, including cancer, regardless of ability to pay?

Yes No

26. Have you or a family member been referred to a specialist out of the community?

Yes No

Other (please specify) _____

27. Did the specialist request further testing, lab work and/or x-rays?

Yes No

Russell County Health Survey

28. What kind of specialist were you referred to?

Heart OB/GYN Women's health Kidney
 Bone and Joint Infant and children Skin
 Cancer Nutrition Eyes

Other (please specify) _____

29. Do you have yearly health screenings?

Yes No

30. Have you or someone in your household used the services of a hospital in the last 24 months?

Yes No

31. If yes, at which hospital were the services rendered?

Russell County Hospital Westlake Regional Hospital
 Casey County Hospital Lake Cumberland Regional Medical Center

Other (please specify) _____

32. How satisfied were you with the services you received at that hospital?

Satisfied Dissatisfied Unknown

33. Do you use a family doctor for most of your routine health services?

Yes No

34. If you have no primary care doctor / family doctor, then what kind of medical provider do you use for routine care?

After Hours Clinic Health Department
 Emergency Room Specialist
 Other (please specify) _____

Russell County Community Health Survey (Spanish)

Encuesta de la Salud de la Comunidad del Condado de Russell

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.

1. Por favor conteste si o no:

¿Vive en el condado de Russell? Sí No

¿Trabaja en el condado de Russell? Sí No

2. Edad

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

3. Género

Masculino Femenino

4. Estado civil:

Casado/junto No casado/soltero

5. Lenguaje primaria

Inglés Alemán Vietnamita

Español Lenguaje de Señas Americanas

Otro (por favor especifique) _____

6. Grupo Étnico

Afroamericano/Negro Hispano/Latino Blanco/Caucásico

Asiático/Pacífico Indio Americano

Otro (por favor especifique) _____

7. Educación

Menos que la escuela secundaria Algunas clases en la universidad

Diploma de la secundaria o escuela de adulta Título universitario o superior

8. ¿Asiste a una iglesia?

Sí No

Encuesta de la Salud de la Comunidad del Condado de Russell

9. Miembros de domicilio por edad (escoja todos que aplican)

0-4 18-25 55-64

5-11 26-39 65 o mayor

12-17 40-54

10. ¿Cómo valoraría el condado de Russell como una comunidad saludable?

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

11. ¿Cómo valoraría su salud personal?

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

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

Trabajos buenos/economía saludable Crimen bajo/barrío seguro Valores espirituales o religiosos

Comportamiento y estilo de vida saludables Acceso fácil a cuidado de salud (doctor familiar) Pocos muertes de bebés

Un buen lugar para criar a niños Vida familiar fuerte Ambiente limpio

Tasas bajas de muerte y enfermedad de adultas Vivienda a precio razonable Transporte público a precio razonable

Buenas escuelas Nivel bajo de abuso de niños Parques y recreación

Otro (por favor especifique) _____

13. ¿Cuáles son los TRES comportamientos arriesgados más común en el condado de Russell?

Uso de alcohol No usar cinturones de seguridad/asientos de seguridad para niños Consumo de alcohol por menores de edad

Uso de drogas No recibir vacunas para prevenir enfermedades Falta de ejercicio

Uso de tabaco Dejar los estudios Malos hábitos alimenticios

Sobrepeso No usar un método anticonceptivo Uso/abuso de medicamentos con receta

Sexo no seguro Racismo

Otro (por favor especifique) _____

Encuesta de la Salud de la Comunidad del Condado de Russell

14. ¿Quisiera que las escuelas del condado de Russell sean libres de tabaco?

Sí No

15. ¿Prefiere cenar libre de tabaco?

Sí No

16. ¿Ve una necesidad de:

Una clínica de salud sin costo o a precio bajo en el condado de Russell? Sí No

Una clínica de cuidado dental sin costo o a precio bajo en el condado de Russell? Sí No

17. ¿Ve usted una necesidad de una clínica de rehabilitación o adición en el condado de Russell?

Sí No

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

Abuso de menores/negligencia Enfermedades Contagiosas Problemas con salud mental

Abuso sexual Enfermedades Respiratorias Problemas de envejecimiento (artritis, pérdida de audición/visión)

Accidente de vehículo Heridas de arma de fuego Problemas dentales

Alcohol/drogas Heridas de la granja Suicidio

Asuntos medioambientales Homicidio Uso de tabaco

Cánceres Infecciones Transmitidas Sexualmente VIH/SIDA

Diabetes Muerte infantil Violencia doméstica

Embarazo de adolescentes Obesidad (niños y adultos)

Enfermedad de corazón/derrame Presión alta

Otro (por favor especifique) _____

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

Más opciones para ejercicio Educación sobre nutrición Clases de dejar de fumar

Educación sobre la diabetes Acceso a alimentos saludables Acceso a cuidado de salud mental/emocional

Otro (por favor especifique) _____

Encuesta de la Salud de la Comunidad del Condado de Russell

20. ¿Cuál grupo necesita la mayoría de ayuda con acceso a cuidado de salud en el condado de Russell?

Adultos jóvenes Grupos minoritarios Viejos

Aquellos con discapacidades físicas/mentales Inmigrantes/asilados Niños/bebes

Familias con ingresos bajos

Otro (por favor especifique) _____

21. ¿Cuáles de los grupos de apoyo que siguen se necesitan más en el condado de Russell? (escoja solo uno)

Trastornos de alimentación Depresión/ansiedad Adicción a drogas/alcohol/tabaco

Otro (por favor especifique) _____

22. ¿Si busca servicios de un consejero, a donde preferiría ir? (escoja solo uno)

Práctica privada Agencia de la comunidad

Otro (por favor especifique) _____

23. ¿Un doctor ha pedido pruebas en el último año que usted no ha realizado por la falta de seguro o por que no puede pagar?

Sí No

24. Si un programa de ejercicio/bienestar de la comunidad fuera disponible sin costo o a precio bajo, ¿participaría?

Sí No

25. ¿Está usted enterado de que Hospice of Lake Cumberland provee una enfermera, trabajadora social, capellán, ayudante y servicios voluntarios a todos edades y pacientes con un diagnóstico que limite la vida, incluso cáncer, a pesar de la habilidad de pagar?

Sí No

26. ¿Ha sido derivado usted o un miembro de su familia a una especialista fuera de la comunidad?

Sí No

Encuesta de la Salud de la Comunidad del Condado de Russell

27. ¿Pidió la especialista más pruebas laboratorios, evaluaciones o rayos X?

Sí No

28. ¿A qué tipo de especialista fue derivado?

Corazón Ginecología/Salud de mujeres Riñón

Hueso y coyuntura Bebe y niño Piel

Cáncer Nutrición Ojos

Otro (por favor especifique) _____

29. ¿Realiza evaluaciones de salud cada año?

Sí No

30. ¿Usted o alguien en su casa ha usado los servicios de un hospital en los últimos 24 meses?

Sí No

31. Si es sí, ¿en qué hospital fueron proporcionados los servicios?

Russell County Hospital Westlake Regional Hospital

Casey County Hospital Lake Cumberland Regional Medical Center

Otro (por favor especifique) _____

32. ¿Cuán satisfecho estaba con los servicios que recibió en ese hospital?

Satisfecho No satisfecho No sé

33. ¿Usa un doctor familiar para la mayoría de los servicios que recibieron en ese hospital?

Sí No

34. Si no tiene un doctor de atención primaria, ¿Qué tipo de proveedor de salud usa para cuidado rutinario?

Clínica de la tarde, después de hora Departamento de Salud

Sala de emergencias Especialista

Otro (por favor especifique) _____



2014 Community Health Assessment

RUSSELL COUNTY

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