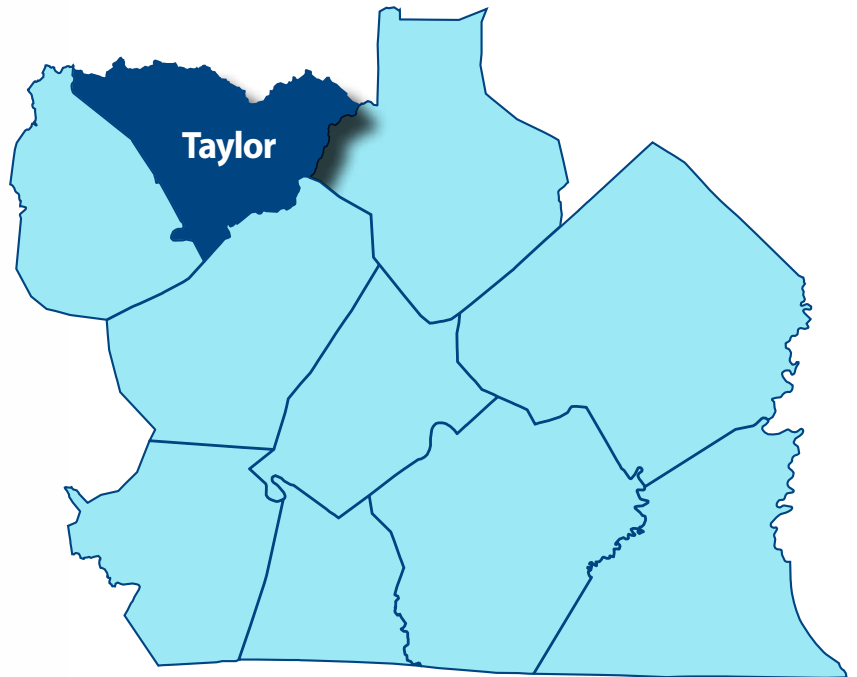


2014 Community Health Assessment



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

Taylor County Wellness Coalition

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

– Henry Ford

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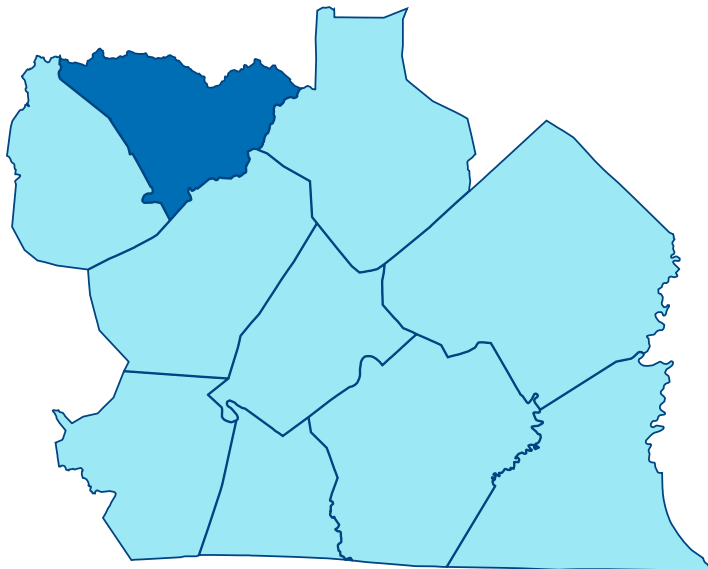
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Health Policy and Promotion Community Health Assessment

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 estimate). 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.

Taylor County is located in Southern Kentucky. The county population is 24,649. Campbellsville is the County Seat for Taylor County. Taylor County is home to Campbellsville University and Green River State Park.



Taylor County Vision Statement:

“...to promote and coordinate all available community resources in health related activities.”

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

42 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 Taylor 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 Taylor 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

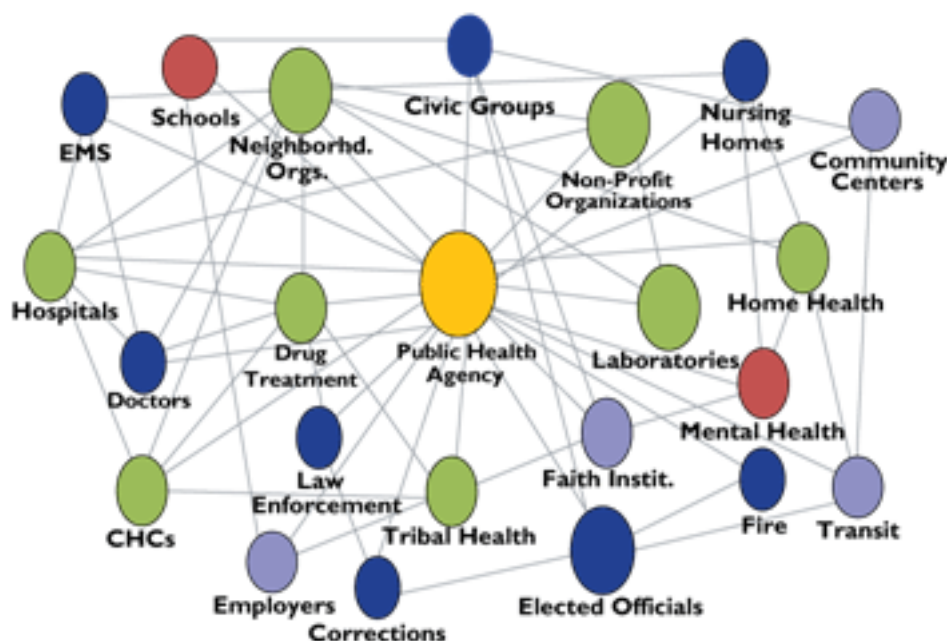


figure 3: Local Public Health System

Taylor County Community Health Assessment Information

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

The four assessments conducted were:

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



figure 4: MAPP Model

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

Strategic Plan for Community Improvement

Supported by the Lake Cumberland District Health Department, Taylor County Wellness Coalition was formed in June 11, 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.



Taylor County Wellness Coalition

21st Century Program

Bicycle Friendly Campbellsville

Campbellsville Board of Education

Campbellsville High School

Campbellsville Schools

Family Resource Youth Services Center

Campbellsville – Taylor County Anti-Drug Coalition

Campbellsville University

City of Campbellsville

Community Transformation Grant

Friends of Green River Lake

Green River Lake State Park

Taylor County Cooperative Extension Service

Taylor County Health Department

Taylor County Senior Center

Taylor Regional Hospital

U.S. Army Corps of Engineers – Green River Lake

Taylor County 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 June 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 Taylor County Wellness Coalition.

Interested in Joining?

Contact Jaclyn Hodges at 270-465-4191 ext: 7268
or email: jaclyne.hodges@lcdhd.org
for meeting information.

Taylor County Wellness Coalition in Action



Community Health Status Assessment

Taylor County covers 266.33 square miles including the city of Campbellsville. Taylor County population is 24,649, with a population density of 92 people per square mile. Campbellsville University's home campus is located in Campbellsville. 22.3% of the population is under the age of 18 and 17.2% of the population is over age 65.



Demographic Characteristics

	Taylor County	District	Kentucky	USA
Population, 2013 estimate ¹	24,649	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	17.2%	17.7%	14.4%	14.1%
Female, percent ¹	51.9%	50.5%	50.8%	50.8%
Male, percent ¹	48.1%	49.5%	49.2%	49.2%
White alone, percent ¹	92.5%	95.6%	88.5%	77.7%
Black or African American, percent ¹	5.0%	2.4%	8.2%	13.2%
American Indian/Alaska Native, percent ¹	0.2%	0.3%	0.3%	1.2%
Hispanic or Latino, percent ¹	2.0%	2.3%	3.3%	17.1%
Reporting two or more races, percent ¹	1.6%	1.2%	1.7%	2.4%
School District Enrollment ²	4,155	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 7.8% of our population. The median household income is \$35,000 with 32% of our children living in poverty. Homeownership rates are 70.6%. 20% of the population is without adequate social support. The rate of children living in single parent homes is 40%.

Socioeconomic Characteristics

	Taylor County	District	Kentucky	USA
1. Unemployment ¹	7.8%	9.5%	8.2%	NDA*
2. Median household income ²	\$35,000	\$29,685	\$42,610	\$53,046
3. Homeownership ²	70.6%	73.9%	68.7%	65.5%
4. Children in poverty ¹	32%	38%	27%	NDA*
5. Inadequate social support ¹	20%	23%	20%	NDA*
6. Children in single parent households ¹	40%	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 Taylor County is 32% and 28% of adults 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 23% of adults in Taylor County smoke.

Behavior Risk Factors

	Taylor County	District	Kentucky
1. Adult Obesity (adults \geq 18)*	32%	33%	33%
2. Physical Inactivity (adults \geq 18)**	28%	36%	31%
3. Adult Smoking (adults \geq 18)***	23%	29%	26%
4. Excessive Drinking (adults \geq 18)****	12%	NDA*	12%

NDA* - No Data Available.

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

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

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

	Taylor 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	14%	15%	14%
Driving alone to work ¹	78%	81%	82%
Long commute - driving alone ¹	19%	28%	28%

SOURCE: ¹ CHR - County Health Ranking, 2014

Access to community preventive services and evidence-based 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).

Taylor Regional Hospital (TRH) is the only hospital in Taylor County. According to County Health Ranking the physician to patient ratio is 1,237 to 1. Kentucky Health Facts state that 19% of Taylor County adults have no insurance.



Health Resources Availability

	Taylor County	District	Kentucky
1. Uninsured ¹	19%	20%	17%
2. Primary care physician ratio ¹	1,237:1	NDA*	1,560:1
3. Dentist ratio ¹	3,527:1	NDA*	1,731:1
4. Mental health provider ratio ¹	1,122:1	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

	Taylor County	District	Kentucky
1. Syphilis ¹	3	5	335
2. Gonorrhea ¹	14	32	4,521
3. Chlamydia ¹	104	446	16,631
4. AIDS (number of people living with) ²	13	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

	Taylor County	District	Kentucky	USA
1. Total births	332	2,582	56,900	4,247,694
2. Infant mortality (rate)	6.0	7.0	6.9	6.5
3. Teen births (rate)	53.1	61.5	38.7	NDA*
4. No prenatal care first trimester (percentage)	32.2%	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

	Taylor County	District	Kentucky	USA
1. Mean travel time to work (minutes), workers age 16+ ¹	19.2	23.5	22.7	25.4
2. Poor or fair health (adults ≥18) ²	22%	28%	21%	NDA*
3. Poor physical health days (adults ≥18) ²	4.6	6.0	4.8	NDA*
4. Poor mental health days (adults ≥18) ²	4.2	4.8	4.3	NDA*
5. Child abuse neglect - # of reports ³	427	2,979	63,438	676,569
6. Suicide death rate per 100,000 (all ages) ⁴	3.3	13.1	13.5	11.6

NDA* - No Data Available.

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

Forces of Change Assessment

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

The FOC Assessment was performed by community health stakeholders and volunteers. A brainstorming session was conducted on November 27th, 2012. 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 Taylor 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 Taylor County.

A selection of the results is included below:

- **Increased Cost of Living**
- **Safe Roadways**
- **Resources for Recreational Activities**
- **Strong Law Enforcement**
- **Access to Healthcare**
- **Social Determinates of Health**
- **Technological Advances**
- **Research Opportunities**
- **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.



FORCE	THREATS POSED	OPPORTUNITIES CREATED
Economic		
Employment	Lack of jobs, low paying jobs	
Increased cost of living	Increased food costs, less demand for leisure activities, high costs of community sports programs, health care and medication, less participation in activities, less home cooking/ family meals	
University		Community contributions
Transportation	Elderly, less participation to community programs	Cost assistance for medical programs
Environmental		
Water	Water company not involved in community, does not promote fluoride programs	Fewer bottles and trash
Weather	Lack of knowledge about winter sports	
Resources	Lack of public physical activities, lack of family related events/opportunities, citizens lack funds for certain activities	Natural resources-Green River Lake, trails, parks, Clay Hill Forest, Tebbs Bend Nature Area, horseback riding, ATV's, Upward sports
Organic production	Lack of support	
Agriculture	Fewer farms and less acreage per farm	
Access to healthy foods	Lack of community gardens	Farmers Market, more organic foods
Roadways	Lack of driver knowledge	Traffic slowing measures on main street, law enforcement trained for increased bicycling
Legal		
Rehabilitation	Limited training from treatment to society, lack of coordinated efforts for transition, lack of resources	The Healing Place, need a women's substance abuse rehab facility and a juvenile facility
Law Enforcement	Weak consequences for illegal activity	More law enforcement, more options for retribution and community service, Drug Court, stronger truancy consequences for parents
Government Benefits		Drug screening for recipients, consequences for lack of responsibility
Political		
Laws	Legalized marijuana	HIPPA-confidentiality protected
School policies		24/7 Tobacco Free Schools, 21st Century-health initiatives required
National trends	Childhood obesity rates, school lunch initiative	Health promotion, local education regarding school lunch initiative
Local community leaders	Lack of inter-active planning, self-serving	Purchase of new sports complex, Trail Town initiative, Legislative designation of Homeplace on Green River
Healthcare	E.R. used as primary care provider, less access, increased co-pays per visit, insurance not as good, Healthcare Reform Act hard to read	More people are covered
Funding	Determines activities/initiatives	

FORCE	THREATS POSED	OPPORTUNITIES CREATED
Social		
Attitudes	Denial of problems, negative stigmas, unsafe roadways for pedestrians, focused on fast food options, entitlement	
Media	Faster paced living w/ no down time	Promote activities and events
Poverty	Lack of access to healthcare	
Aging society	Fixed income, disability, caregiving	
Families	Lack of participation, single parent homes, grandparents or other caregivers raising children instead of parents, working parents, fewer family meals	Pressure/accountability
Worksites	Extension office getting fewer requests for wellness programs, less money for wellness programs, not requirement for employees	Wellness programs slowly increasing, several worksites held programs in past, improved health
Migrant workers		
University		
Activities		Outdoor opportunities, hiking trails, hospital health fair
Scientific		
Research	Cooperative Extension under-utilized	
Urban myths	Medical misinformation	
Technological		
Medical	Electronic records	Electronic records, 24/7 access to nurse through insurance, local hospital with updated equipment, school health records, equipment at schools, PEP grants
Personal devices	Not enough physical activity, "BYOD" (Bring Your Own Device) - cost to students, distraction to students, ear buds-hearing loss, carpal tunnel, texting and driving, less sleep	Less back problems from carrying large text books, used for exercise and nutrition purposes, cost-effective
Protective measures		KASPER
Internet	Self-diagnosis, cyber-bullying	Nutrition info, food safety, healthy recipes
Ethical		
Attitudes	Entitlement, all work and no play, no desire to work, no desire for betterment, changing values	
Families	Morals and ethics are not taught at home, lack of parental responsibility, high rates of child abuse	Religion has a strong presence
Laws	Lack of enforcement for ethical issues, drugs, theft	
Community Involvement		Large volunteer base, numerous coalitions, cooperation among agencies, Christian university

Community Themes and Strengths Assessment

Taylor County Wellness Coalition collaborated with Taylor Regional Hospital and the Taylor County Health Department to conduct a community health needs survey. Representatives from the mentioned organizations prepared the survey instrument. All three organizations worked together to publicize and distribute surveys throughout the community. The survey was launched on June 1, 2012, and was closed on September 30, 2012.

The broad survey was intended to gather information regarding overall health of the community. The results of this survey yield information on different health and community factors. Areas surveyed include demographics and socioeconomic characteristics, behavioral risk factors, health conditions and access to health resources.

There were 1,555 surveys completed. Socio-demographic characteristics such as age, education, income and employment status were fairly comparable to the most recent census data. Over 80 percent of the survey respondents were female which is more than the 50 percent of the population that is female in the community. Additionally, representation of those individuals 66 and older is less than that reported in the latest census data.

What do you think are the three most important "health problems" in Taylor County?

Answer Options	%	Respondents
Cancers	66.2%	1,035
Alcohol/Drugs	49.1%	767
Obesity (children/adults)	32.9%	515

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

Answer Options	%	Respondents
Good Place to Raise Children	47.5%	742
Low Crime/Safe Neighborhood	51.1%	799
Good Jobs/Healthy Economy	47.2%	738

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

Answer Options	%	Respondents
Alcohol/Drug Use	86.9%	1,358
Obesity	55.5%	868
Tobacco Use	51.0%	797

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

Local Public Health System Assessment

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

EPHS	SCORE
1 Monitor Health Status To Identify Community Health Problems	47
2 Diagnose And Investigate Health Problems and Health Hazards	85
3 Inform, Educate, And Empower People about Health Issues	87
4 Mobilize Community Partnerships to Identify and Solve Health Problems	51
5 Develop Policies and Plans that Support Individual and Community Health Efforts	64
6 Enforce Laws and Regulations that Protect Health and Ensure Safety	74
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	70
9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	52
10 Research for New Insights and Innovative Solutions to Health Problems	71
OVERALL SCORE	65

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

APPENDIX - Community Health Data Collection

Lake Cumberland District Total Population

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

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

Lake Cumberland School District School Population

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

Adair County School District

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

Casey County School District

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

Clinton County School District

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

Cumberland County School District

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

Green County School District

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

McCreary County School District

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

Pulaski County School District

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

Science Hill Independent School District

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

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

Taylor County School District

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

Somerset Independent School District

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

Campbellsville Independent School District

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

Wayne County School District

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

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

APPENDIX - Community Health Data Collection

Lake Cumberland District Health Characteristics

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

NDA* - No Data Available.

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

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

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

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

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

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

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

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APPENDIX - Community Health Data Collection

Lake Cumberland District Health Characteristics (continued from page 21)

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

NDA* - No Data Available.

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

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

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

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

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

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

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

Kentucky Behavior Risk Factor Surveillance System (KYBRFSS)

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

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

SOURCE: KYBRFSS, 2012 percentage of total population

Kentucky Incentive for Prevention Survey (KIP)

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

SOURCE: KIP, 2012 10th grade students

APPENDIX - Community Health Data Collection

Infectious Disease Cases and Rates

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

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

NDA* - No Data Available.

NOTES:

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

SOURCES:

1. Kentucky Tuberculosis Program 2012 <http://chfs.ky.gov/dph/epi/tb.htm>. CDC Tuberculosis Cases, Case Rates per 100,000 Population, Deaths, and Death Rates per 100,000 Population, and Percent Change: United States, 1953–2012. Atlanta, GA: U.S. Department of Health and Human Services, CDC, 2012. <http://www.cdc.gov/tb/statistics/reports/2012/table1.htm>

2. 2009 Cumulative AIDS Cases by Area Development Districts (ADD) and County at the Time of Diagnosis; HIV Surveillance Report, Volume 22: Table 16a. Persons living with an AIDS diagnosis, by year and selected characteristics, 2007–2009—United States: http://www.cdc.gov/hiv/surveillance/resources/reports/2010report/pdf/2010_HIV_Surveillance_Report_vol_22.pdf#Page=54

3-16. Reportable Diseases in Kentucky 2011 Summary, Cabinet for Health and Family Services, Department for Public Health, Division of Epidemiology and Health Planning, <http://chfs.ky.gov/dph/epi/reportablediseases.htm>
MMWR 2011 Reports of Nationally Notifiable Infectious Diseases; Centers for Disease Control and Prevention; <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6053a1.htm>

Infectious Disease Cases

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

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

Injuries and Crime

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

NDA* - No Data Available.

NOTES:

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

SOURCES:

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

4. Child Abuse Neglect Report by County - Prevent Child Abuse Kentucky. Statistics Provided by the Cabinet for Health and Family Services, Jan. 1, 2013 - Dec. 31, 2013 http://www.pcaky.org/stats_research.html

Child Maltreatment - Administration for Children and Families - Department for Health And Human Services: <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf>

APPENDIX - Community Health Data Collection

Chronic Illness Death Rate

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

NOTES:

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

SOURCES:

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

Cancer Rates

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

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

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

NOTES:

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

SOURCES:

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

Maternal and Child Health

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

NDA* - No Data Available.

NOTES:

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

SOURCES:

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

2014 Community Health Assessment References

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Taylor County Community Health Survey

Taylor County Community Health Assessment

1. Zip Code where you live

2. Zip Code where you work

3. Age

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

4. Gender

- ☐ Male
☐ Female

5. Ethnic Group

- ☐ African American/Black
☐ Asian/Pacific Islander
☐ Hispanic/Latino
☐ Other (please specify)
- ☐ Native American
☐ White/Caucasian

6. Language spoken at home

- ☐ English
☐ Spanish
☐ German
☐ Chinese
☐ Vietnamese
Other (please specify)

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

- ☐ Yes
☐ No

Taylor County Community Health Assessment

13. What are the three most "risky behaviors" in Taylor County?

- ☐ Alcohol/drug use
☐ Dropping out of school
☐ No seatbelts/child safety seats
☐ Not getting "shots" to prevent disease
☐ Not using birth control
☐ Other (please specify)
- ☐ Obesity
☐ Racism
☐ Tobacco use
☐ Unsafe sex

14. How would you rate Taylor County as a "Healthy Community?"

- ☐ Very healthy
☐ Healthy
☐ Somewhat healthy
☐ Unhealthy
☐ Very unhealthy

15. How would you rate your personal health?

- ☐ Very healthy
☐ Healthy
☐ Somewhat healthy
☐ Unhealthy
☐ Very unhealthy

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

- ☐ Yes
☐ No

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

- ☐ 1-2 times
☐ 3-5 times
☐ 6 or more
☐ None
☐ Don't remember

Taylor County Community Health Assessment

8. Is this a good county to raise children?

- ☐ Yes
☐ No

9. Are you satisfied with the health care system in Taylor County?

- ☐ Yes
☐ No

10. Is this a good community to grow old?

- ☐ Yes
☐ No

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

- ☐ Good place to raise children
☐ Low crime/safe neighborhood
☐ Good school systems
☐ Easy access to healthcare
☐ Family/youth activities
☐ Affordable housing
☐ Other (please specify)
- ☐ Excellent race relations
☐ Good jobs/healthy economy
☐ Religious or spiritual values
☐ Clean environment
☐ Arts/cultural events
☐ Recreational facilities

12. What do you think are the three most important "health problems" in Taylor County?

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

Taylor County Community Health Assessment

18. Have you used the Emergency Room in the past 12 months for a child in your care?

- ☐ 1-2 times
☐ 3-5 times
☐ 6 or more
☐ None
☐ Don't remember

19. When you need health services how do you get there?

- ☐ Personal vehicle
☐ Hospital van
☐ Walk
☐ Share ride
☐ Other (please specify)

20. Check the items below that you feel are a barrier to health care in Taylor County.

- ☐ Doctor office hours
☐ Discrimination
☐ Insurance (lack of)
☐ Insurance (failure to accept)
☐ Transportation
☐ Health knowledge
☐ Other (please specify)
- ☐ Stigma
☐ Cost/expenses
☐ Health beliefs
☐ Culture/language
☐ Lack of childcare
☐ Unemployment

21. What preventative health services do you use?

- ☐ Vaccinations/shots
☐ Colonoscopy
☐ Yearly lab work
☐ Family planning
☐ Breast exam
☐ Yearly physical
☐ Other (please specify)
- ☐ Mammography
☐ Pap smear
☐ Prostate Exam
☐ Skin exam
☐ Educational programs
☐ Support groups

Taylor County Community Health Survey (cont.)

Taylor County Community Health Assessment
<p>22. If the following screenings were available which ones would you be interested in doing?</p> <div><input type="checkbox"/> Prostrate screening (PSA)</div> <div><input type="checkbox"/> Pap smear</div> <div><input type="checkbox"/> Stool for occult blood</div> <div><input type="checkbox"/> Participation in American Cancer Society study</div> <div><input type="checkbox"/> Mammogram</div> <div><input type="checkbox"/> Body Fat Analysis</div> <div><input type="checkbox"/> Health Risk Assessment</div>

☐ Yes☐ No☐ Yes☐ No☐ Campbellsville Baptist Church Community Life Center☐ Campbellsville University☐ Green River Lake State Park trails and other recreational facilities☐ Green River Lake US Army Corps of Engineers trails and other recreational facilities☐ Health Department classes☐ Local 5K races and other competitive events☐ Robert and Bernice Miller Park☐ Taylor County Cooperative Extension Service classes☐ Veterans Memorial ParkOther (please specify)

Taylor County Community Health Assessment
<p>30. Please use the space below to write what we missed asking you about health related issues in Taylor County.</p> <div><div></div></div>

Taylor County Community Health Assessment
<p>27. In your opinion, what is the best way to address the health needs of people in Taylor County?</p> <div><input type="radio"/> More exercise options</div> <div><input type="radio"/> Diabetes education</div> <div><input type="radio"/> Nutrition education</div> <div><input type="radio"/> Access to healthy foods</div> <div><input type="radio"/> More primary care doctors</div> <div><input type="radio"/> Quit smoking classes</div> <div><input type="radio"/> More specialists</div> <div><input type="radio"/> Other (please specify) <div></div></div>

☐ Low-income families☐ Immigrants/refugees☐ Elderly☐ Physically/mentally disabled☐ Other (please specify)
☐ Minority groups (e.g.African American, Hispanic)☐ Children/infants☐ Young adults☐ Increase dental health☐ Mental/emotional health access☐ Immunization services☐ More exercise places☐ Access to healthy foods☐ Special health care needs☐ Other (please specify)



2014 Community Health Assessment

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