



Community Health Assessment

2025



*Serving 10 Counties
in South Central
Kentucky*

Adair ◦ Casey ◦ Clinton ◦ Cumberland ◦ Green ◦ McCreary ◦ Pulaski ◦ Russell ◦ Taylor ◦ Wayne



Health Begins in Our Communities.

The Lake Cumberland District Health Department strives to serve our communities and support better health outcomes for all residents. We serve a wide range of neighborhoods and communities, each with its own unique strengths and health challenges. This dashboard provides key data and insights into those challenges while also offering a closer look at the health and well-being of communities across our district.

What is a Community Health Assessment (CHA)?

Assessing the health status of the community is a core public health function provided by the LCDHD. A community health assessment is a systematic process used to collect and analyze data on the health status, needs, and strengths of a population. A key component of a CHA is a community survey, which gathers direct input from residents about their health, experiences, and priorities. The data and information in the CHA helps to better educate health department staff, government officials, and the community about our local health status and needs. It also helps to develop policy and operational priorities, allocate community resources, and plan for action to improve health.

Working with Community Partners

The CHA was conducted using the Mobilizing for Action through Planning and Partnerships (MAPP) framework, a nationally recognized strategic planning model developed by NACCHO and CDC. The MAPP process emphasizes broad community engagement, data-driven decision-making, and shared ownership of community health priorities.

LCDHD partnered with regional community coalitions to ensure representation across multiple sectors and geographic areas. Participating partners included:

- Adair County Working Actively Toward Community Health (W.A.T.C.H.) Coalition
- Casey Health Empowerment Coalition
- Clinton County Health Coalition
- Cumberland County Health Coalition
- Get Healthy McCreary County Coalition
- Pulaski County Working on Wellness (WOW) Coalition
- Russell County Wellness Equity Life & Leadership (WELL)
- Wayne County Health Council

These monthly coalition meetings collectively represent healthcare, public health, schools, social services, behavioral health, business, faith organizations, local government, and community members.

Our partners include*:

Active Day (Adult Day Care)	Adair Co. Ambulance Service	Adair Co. Chamber of Commerce
Adair Co. Coroner's Office	Adair Co. Extension Office	Adair Co. FRYSC
Adair Co. Drug Court	Adair Co. KY ASAP	Adair Co. Schools
Adair Co. Sheriff's Office	Adanta	AHEC
Alzheimer's Association	American Red Cross	Ascending Health and Wellness
Brookside Counseling	Cabinet for Health & Family Services	Campbellsville Mayor
Campbellsville Police Department	Campbellsville FRYSC	Campbellsville Schools
Casey Co. Extension Office	Casey Co. FRYSC	Casey Co. Hospital
Casey Co. Schools	Columbia Christian Church	Columbia Mayor
Columbia Magazine	Columbia Police Department	Community Based Interventions
DCBS	God's Food Pantry	HOPE Counseling
Horizon P.A.C.E.	KY Cancer Program	Lake Cumberland Community Action
Lake Cumberland Regional Hospital	Lindsey Wilson University	McCreary Co. Extension Office
McCreary Co. FRYSC	McCreary Co. Government	McCreary Co. Public Library
McCreary Co. Schools	Mental Health Services	Mountain Ridge Rehabilitation and Nursing
Operation UNITE	Passport MCO	Phoenix Preferred Care
Pulaski Co. Extension	Pulaski Co. FRYSC	Pulaski Co. Government
Pulaski Co. Public Library	Redemption Road to Recovery	Somerset-Pulaski Co. Chamber of Commerce
Somerset City Government	Somerset Community College	Somerset FRYSC
Somerset Mayor	Somerset Independent Schools	Taylor Co. FRYSC
Taylor Co. Government	Taylor Co. Schools	Taylor Regional Hospital
TJ Samson Hospital	Wayne Co. EMS	Wayne Co. Extension Office
Wayne Co. FRYSC	Wayne Co. Schools	Wayne Co. Public Library
Wayne Co. Hospital	Veterans Affairs	Volunteers of America

**this is not a comprehensive list*



Members of the Pulaski County WOW Health Coalition gather around the table as discussion and planning continue, with participants diligently taking notes while discussing "Health Themes" and "Measurable Outcomes," helping guide efforts to improve community health initiatives.

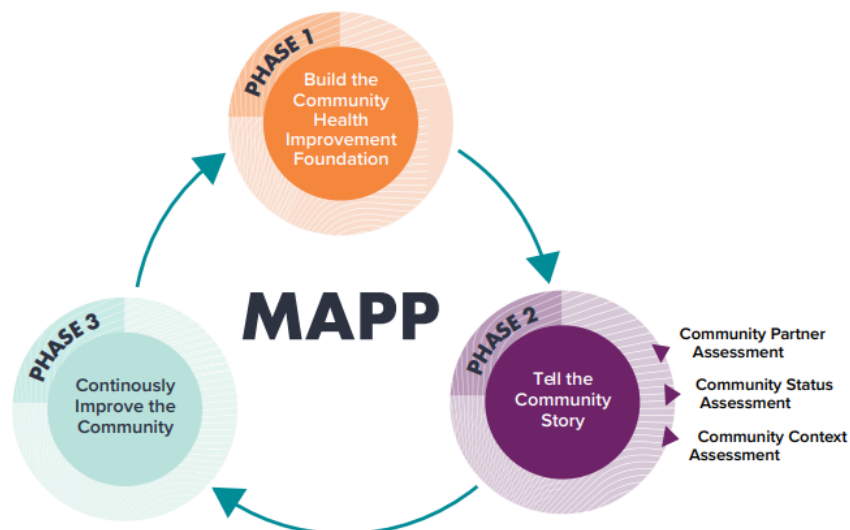
MAPP Phases

LCDHD facilitated a community health assessment process based on Mobilizing for Action through Planning and Partnership (MAPP). The MAPP 2.0 process uses a systematic approach to data collection, analysis, and dissemination of data. MAPP 2.0 is an interactive process that improves the efficiency, effectiveness, and ultimately the performance of the local public health systems. This process includes three phases and three assessments.

Phase 1 includes Building the Community Health Improvement Foundation

Phase 2 revolves around Telling the Community Story. This is where the three assessments are completed: the Community Partner Assessment, the Community Status Assessment and the Community Context Assessment.

Phase 3 is how we work on Continuously Improving the Community.



Phase 1: Building the Community Health Improvement Foundation

Establishing the Community Health Improvement Foundation focuses on building commitment and shared ownership among a diverse group of stakeholders, setting the groundwork for the entire MAPP process.

During this phase, efforts are made to strengthen relationships with community members and organizations to ensure broad and inclusive representation as well as find gaps in knowledge and expertise needed for a successful and comprehensive analysis. Participants collaborate to develop a shared vision for the community's health and well-being. This stage also involves forming strategic partnerships, preparing for the Community Health Assessment (CHA), and creating a steering committee and coalitions to guide the MAPP process.

As the foundation for all subsequent phases, this stage requires significant time, energy, and creativity.

LCDHD did this by:

- Creating a CHA that includes both qualitative and quantitative questions to gather complex, comprehensive data
- Disaggregate data by race, ethnicity, income, age, sexuality and other factors that may influence health outcomes/disparities
- Ensuring the CHA includes information about key health indicators in our region (e.g., chronic disease, mental health, child health, preparedness)
- Ensuring transparency by providing regular updates to partners and the community, and by sharing how data is used

Phase 2: Telling the Community Story- The Three MAPP Assessments

Telling the Community Story focuses on developing a comprehensive, accurate, and up-to-date understanding of the community's health and well-being across all population groups. In this phase, the Community Health Assessment (CHA) is conducted using multiple perspectives, examining not only health outcomes but also the underlying factors and root causes that influence those outcomes. The assessments can be conducted in any order that best works for each community.

The Three Assessments:

- **COMMUNITY PARTNER ASSESSMENT (CPA):** This assessment offers a framework for community partners to critically evaluate both their own systems, processes, and capacities, and their shared ability as a coordinated network to address health inequities. The CPA is used to identify current efforts and guide future actions aimed at reducing health inequities at the individual, system, and structural levels.

LCDHD did this by:

- Distributing CHA surveys both electronically and in paper format through coalition networks to ensure all possible community partners and stakeholders were involved
- Ensuring representatives from multiple sectors participated in facilitated assessment sessions
- Gathering input from coalition members to identify potential system partners and opportunities for cross-sector participation
- Conducting listening sessions and focus groups facilitated by local coalitions
- Conducting outreach through schools, healthcare providers, faith organizations, and community events

- a. **COMMUNITY STATUS ASSESSMENT (CSA):** This assessment gathers quantitative data on the community's status, including demographics, overall health, and existing health inequities. The Community Status Assessment (CSA) encourages a broader, upstream perspective by examining factors beyond individual behaviors and outcomes, such as the influence of social determinants of health and systems of power, privilege, and oppression. As a foundational, community-driven process, it helps identify data gaps as well as key issues and inequities that warrant deeper exploration through additional assessments.

LCDHD did this by:

- Collecting secondary data collected from state and national sources (e.g., KDPH, CDC, County Health Rankings) and analyzing it internally in a Data Analysis Committee and externally with local health coalitions
- Reviewing county-level data profiles sharing these with each coalition
- Guiding data walks within coalition meetings to interpret trends and identify priority concerns

- b. **COMMUNITY CONTEXT ASSESSMENT (CCA):** This assessment is a qualitative tool used to gather information across three key domains: community strengths and assets, the built environment, and forces of change. It captures the perspectives, knowledge, and experiences of individuals and communities impacted by social systems, with the goal of improving how those systems function and their overall impact. The Community Context Assessment (CCA) prioritizes the voices of people with lived experience, emphasizing their insights, values, cultures, and priorities—particularly those directly affected by inequities. Communities can adapt the domains to reflect their unique context and needs.

LCDHD did this by:

- Utilizing coalitions participated in facilitated discussions to identify external factors affecting health (e.g., economic conditions, workforce issues, policy changes, healthcare access, substance use trends)
- Analyzing the identified factors for potential impact and level of uncertainty
- Gathering insight into existing strengths and assets of our communities to ensure they are all getting utilized to the highest extent

Phase 3: Continuously Improve the Community

Continuously Improving the Community is the final stage of the MAPP process. This phase focuses on developing a Community Health Improvement Plan (CHIP), a structured multi-year effort to address public health priorities identified through the Community Health Assessment (CHA) in earlier phases. Created in collaboration with community partners, the CHIP helps establish priorities, align actions, and direct resources while further advancing the shared vision developed in Phase I.

This phase incorporates continuous quality improvement (CQI) and rapid-cycle improvement methods to support a data-driven approach to action. It assesses the community's current status, defines future goals, and outlines strategies to achieve them. With a strong focus on addressing root causes of inequities and social determinants of health (SDOH), Phase III promotes innovative, partnership-driven solutions designed to create lasting and meaningful impact.

LCDHD did this by:

- Meeting with community partners to solidify strategic priorities
- Using the internal Data Analysis Committee to help drive data collection, analysis, and intervention
- Incorporating strategic priorities into the agency's Strategic Plan in the form of SMART objectives to be completed/improved upon

Formulating Goals

County health coalitions convened to:

- Review findings from all four assessments
- Identify cross-cutting themes and root causes
- Use structured prioritization methods (e.g., voting, nominal group technique, or prioritization matrix)
- Select a set of regional priority health issues

Coalition members ensured that selected priorities reflected local needs and community input.

Although the CHA focuses on assessment, coalition partners also:

- Reviewed priority areas for alignment with existing initiatives
- Identified potential strategies and resources
- Committed to continued engagement in the Community Health Improvement Plan (CHIP) process

Each county coalition agreed to serve as a local implementation partner.

On-Going Communication and Documentation

It was essential to maintain timely and consistent communication throughout the process, as well as to document meeting minutes, materials, and key decisions to ensure transparency and accountability. This was achieved through:

- Regular meetings were held with coalition leadership throughout the process
- Meeting agendas, sign-in sheets, and minutes were maintained
- Data summaries and drafts were shared for partner review and feedback
- Final CHA results were presented back to each coalition and made publicly available on the LCDHD website

Coalitions also assisted with dissemination through community networks, social media, and partner organizations.



Adair County Working Actively Toward Community Health (W.A.T.C.H.) Coalition members assess and rank health data to determine the community's top health priorities.

What We Are Working Towards

The CHA process is intended to support the following long-term outcomes:

Improved Population Health

By identifying priority health issues and the factors that influence them, the CHA provides the foundation for targeted strategies that improve health outcomes, such as reducing chronic disease, improving behavioral health, and increasing life expectancy. Progress will be monitored using key indicators, including:

- adult smoking rate
- food insecurity
- substance use

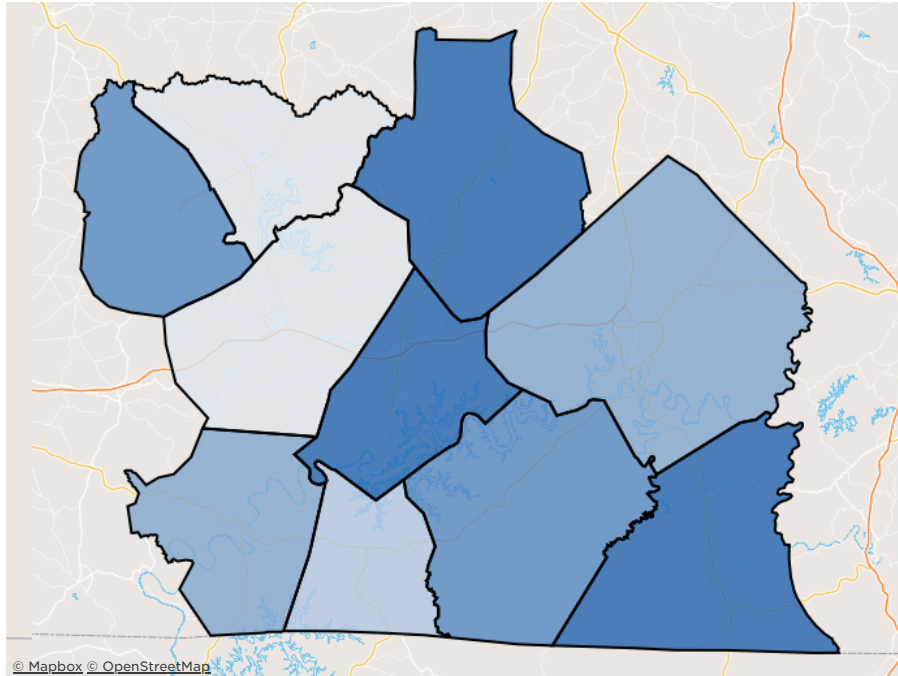
Addressing adult smoking, food insecurity, and substance use is essential to improving the overall health and well-being of the community. These issues are closely connected to chronic disease, mental health outcomes, healthcare costs, and quality of life.

High adult smoking rates contribute to preventable illnesses such as heart disease, cancer, and respiratory conditions, while substance use can increase the risk of overdose, injury, mental health challenges, and family instability.

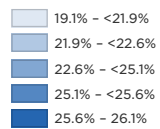
Food insecurity affects individuals' ability to access nutritious foods needed for healthy growth, disease prevention, and daily functioning, often leading to poorer long-term health outcomes.

By prioritizing prevention, education, access to resources, and community partnerships in these focus areas, the health department can help reduce health disparities, improve population health outcomes, and support a healthier, more resilient community.

Regular Smoking Among Adults

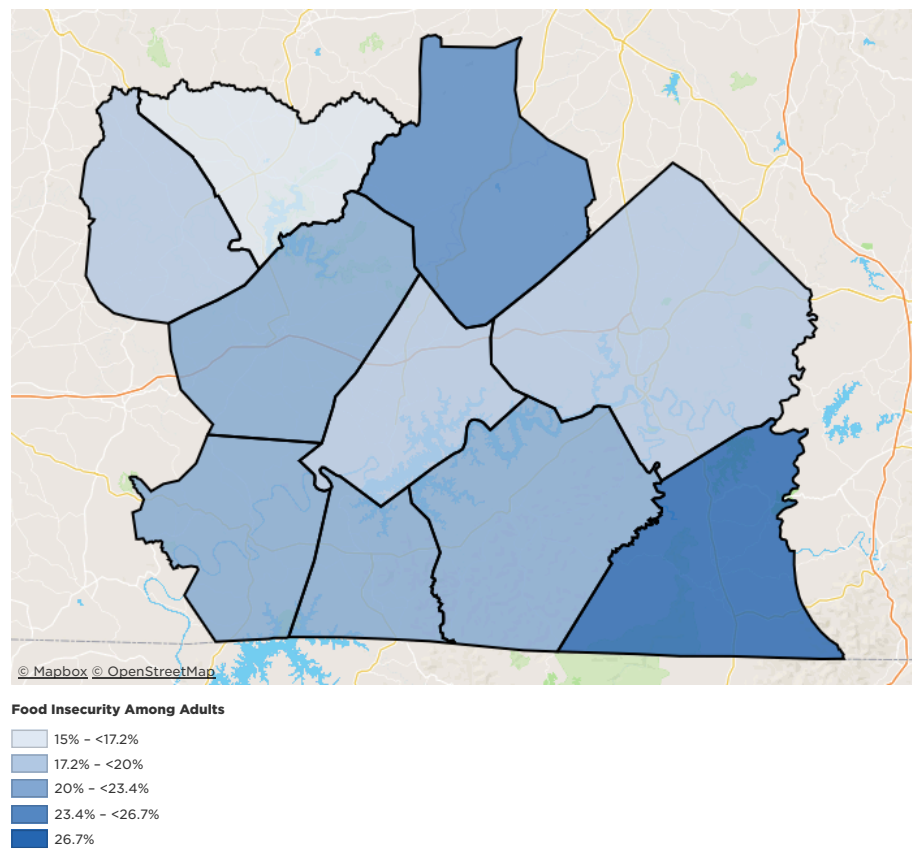


Regular Smoking Among Adults



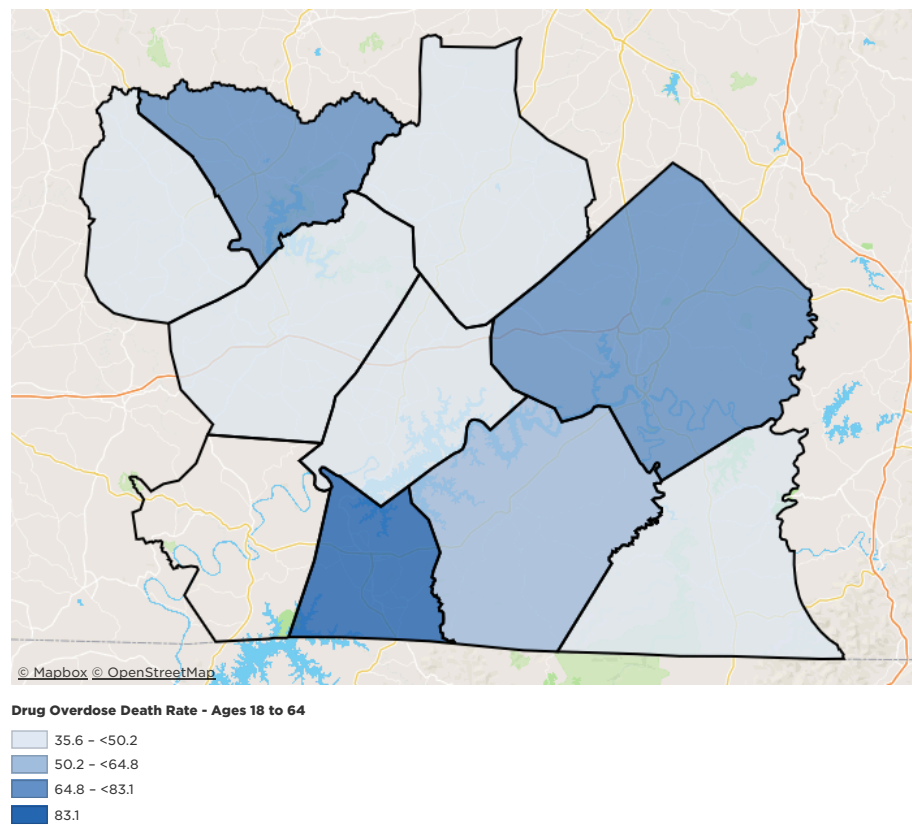
Sources: CDC BRFSS PLACES 2022

Food Insecurity Among Adults



Sources: CDC BRFSS PLACES 2022

Drug Overdose Death Rate



Sources: CDC WONDER Cause of Death 2020-2024 Crude

Data-Driven Prioritization and Planning

Findings from the Community Health Assessment (CHA) will guide the identification of the most pressing health needs and inform the development of the Community Health Improvement Plan (CHIP). Priority areas will be based on a combination of quantitative data and concerns identified by the community. The top health issues identified across the district include **cancer, overdose, obesity, mental health, and diabetes**, all of which were rated by community members as the most significant health challenges. This is in line with our commitment to improved population health.

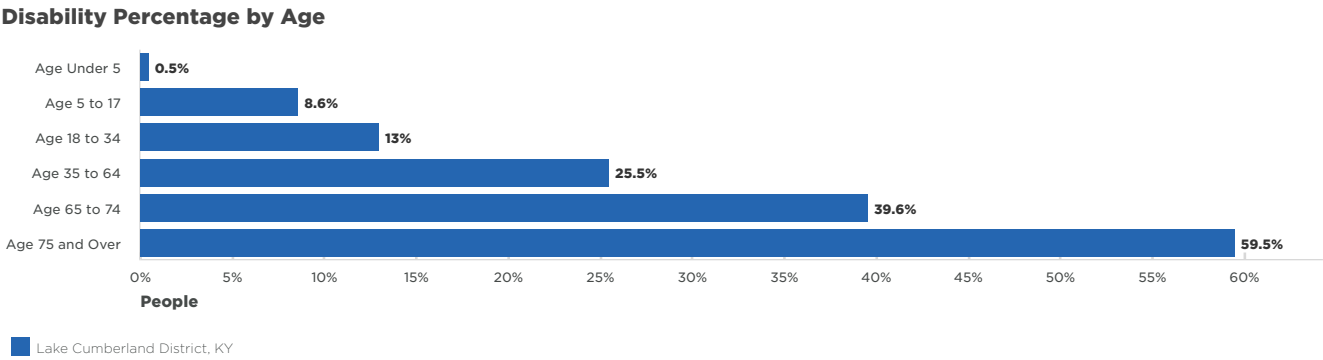
Strengthened Community Partnerships

The collaborative nature of the CHA strengthens relationships among healthcare providers, community organizations, schools, local government, and other partners. These partnerships increase the community’s capacity to address complex health challenges and leverage shared resources.

Health Equity and Reduction of Disparities

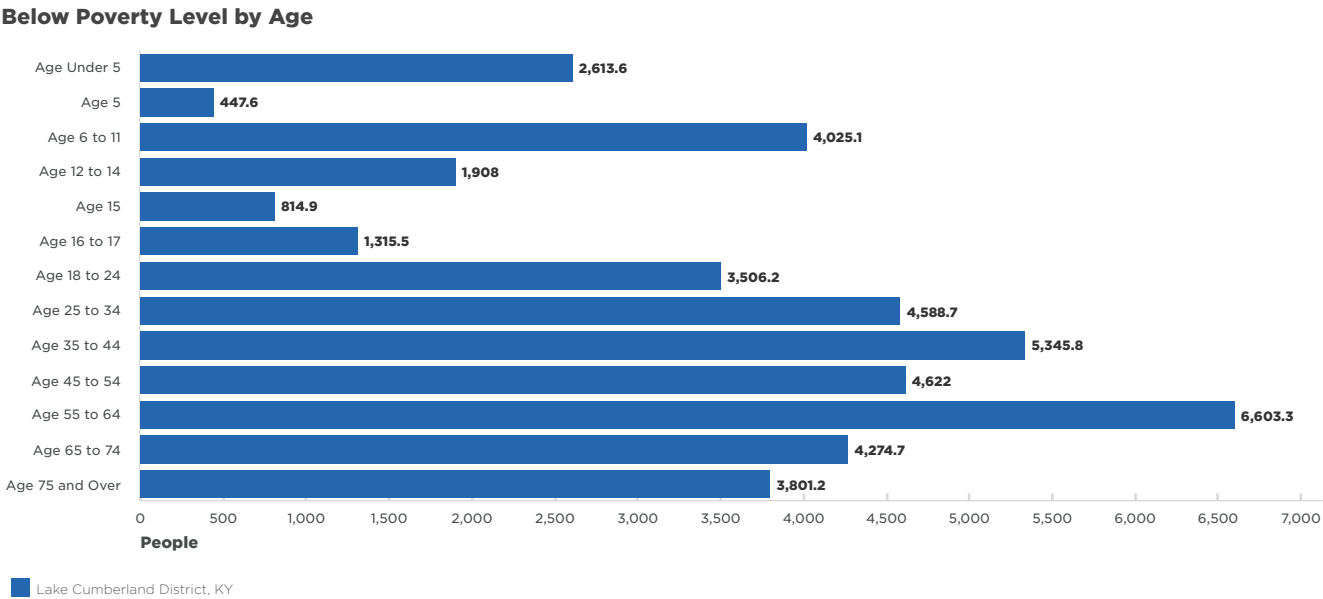
The CHA aims to identify differences in health outcomes among populations and geographic areas. Data will be analyzed by factors such as income, age, race/ethnicity, and rural access where available. Disproportionately affected groups in our district include our aging population and our population of color.

Disability Percentage by Age



Sources: US Census Bureau ACS 5-year 2020-2024

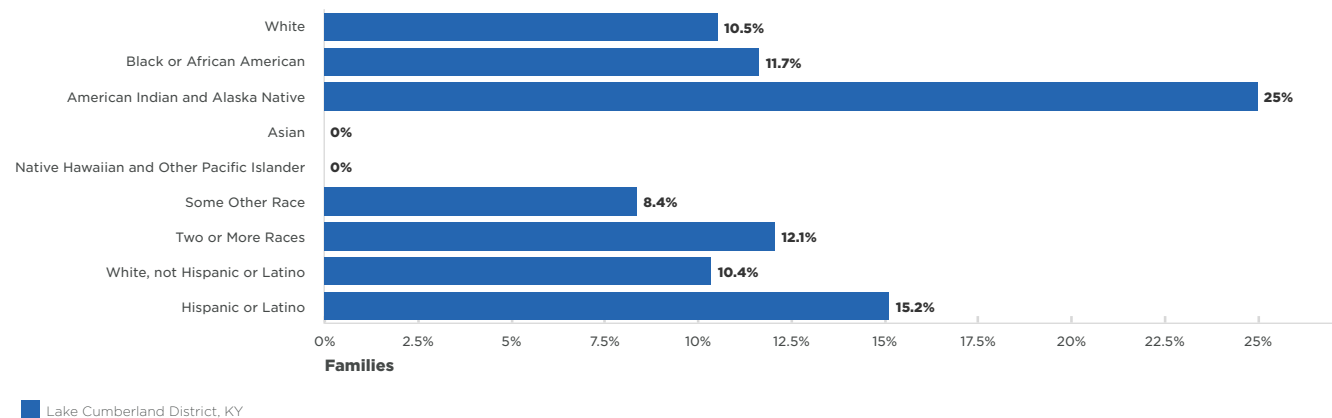
Poverty Percentage by Age



Sources: US Census Bureau ACS 5-year 2020-2024

Poverty Percentage by Race/Ethnicity

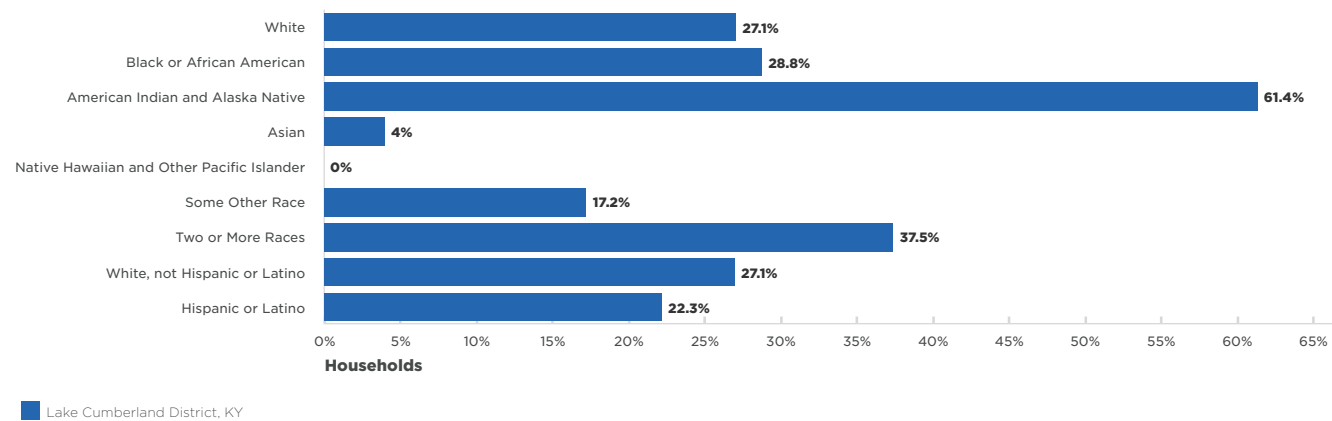
Family Below Poverty by Race / Ethnicity



Sources: US Census Bureau ACS 5-year 2020-2024

Low Income by Race/Ethnicity

Income less than \$25,000 Households by Race/Ethnicity



Sources: US Census Bureau ACS 5-year 2020-2024

Improved Access to Prevention and Care

Workforce shortages and low primary care provider-to-population ratios have a direct impact on community health outcomes. When there are not enough primary care providers, residents often face longer wait times, reduced access to preventive services, and delays in diagnosis and treatment. This can lead to increased use of emergency departments for conditions that could have been managed earlier in primary care settings. Over time, limited access to consistent, ongoing care contributes to higher rates of chronic disease complications, poorer management of conditions like diabetes and hypertension, and overall worse health outcomes. These shortages also place added strain on existing providers, which can further limit appointment availability and reduce the quality and continuity of care within the community.

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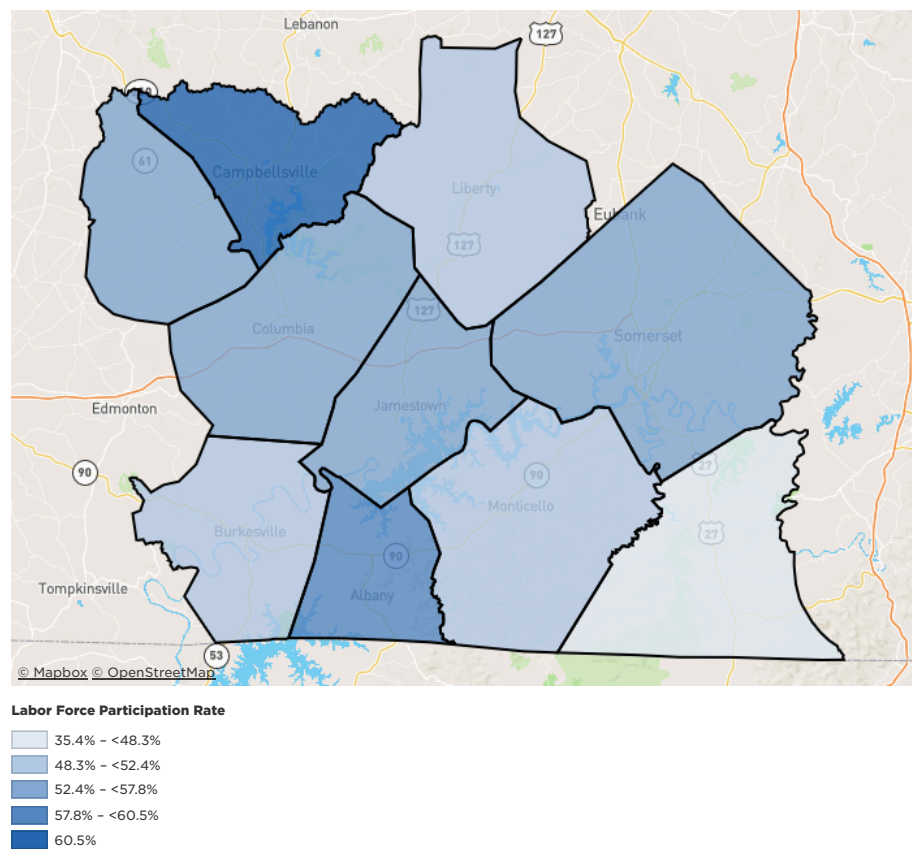
~Pulaski County Resident

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Sources: NPPES NPI 2025

Labor Force Participation

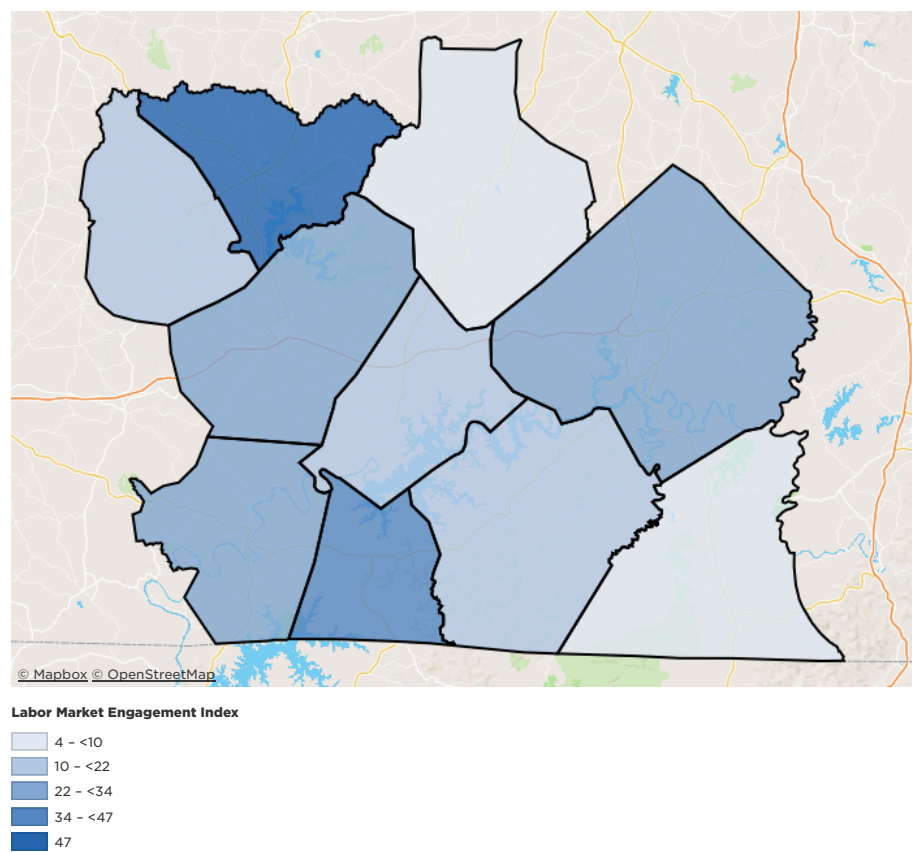
Labor Force Participation Rate



Sources: US Census Bureau ACS 5-year 2020-2024

Labor Market Engagement Index

Labor Market Engagement Index



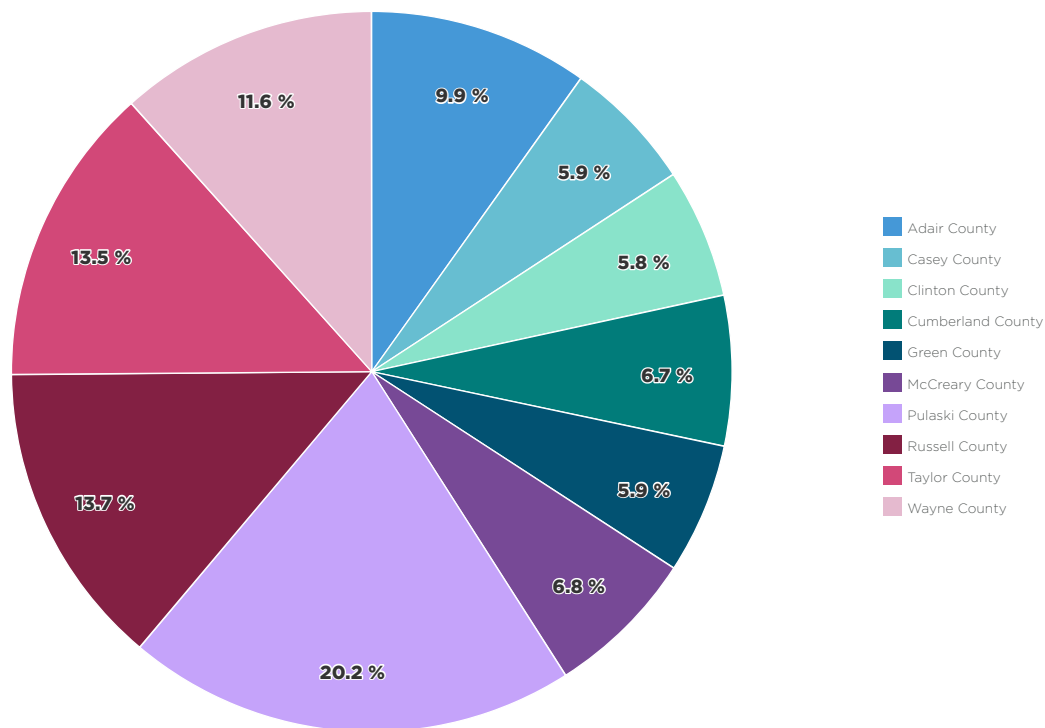
Sources: US Census Bureau ACS 5-year 2020-2024

Social Demographics

Reviewing social demographic data is essential to understanding the broader context in which health outcomes occur. Factors such as age, gender, sexual orientation, race and ethnicity, education, language and marital status shape health behaviors, access to care, and exposure to risk. When analyzed alongside survey responses, these data help explain patterns and disparities in health outcomes, revealing which populations may experience greater barriers or unmet needs. Social demographic information also strengthens the interpretation of survey findings by ensuring results are representative of the community and by highlighting differences across subgroups. Together, these data guide targeted, equitable interventions and support data-driven decision-making to improve community health. The demographics below represent the individuals who participated in the Lake Cumberland District Health Department’s 2025 Community Health Assessment.

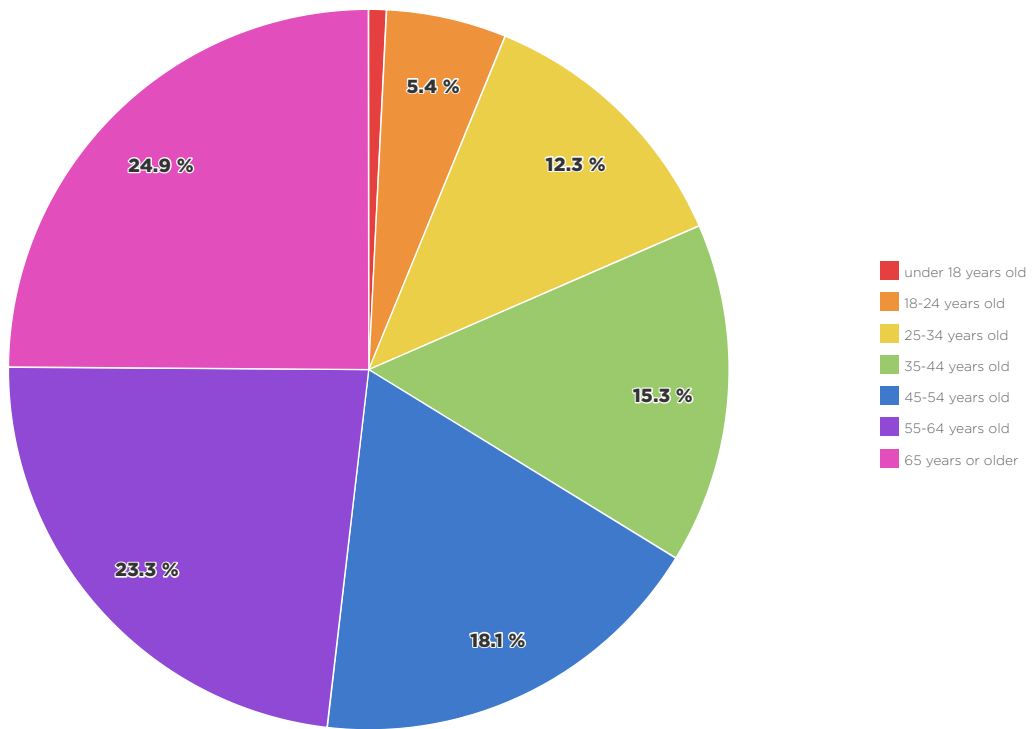
Demographics of Survey Respondents

Which county do you reside/work in?



Source: LCDHD Community Health Assessment 2025

How old are you?



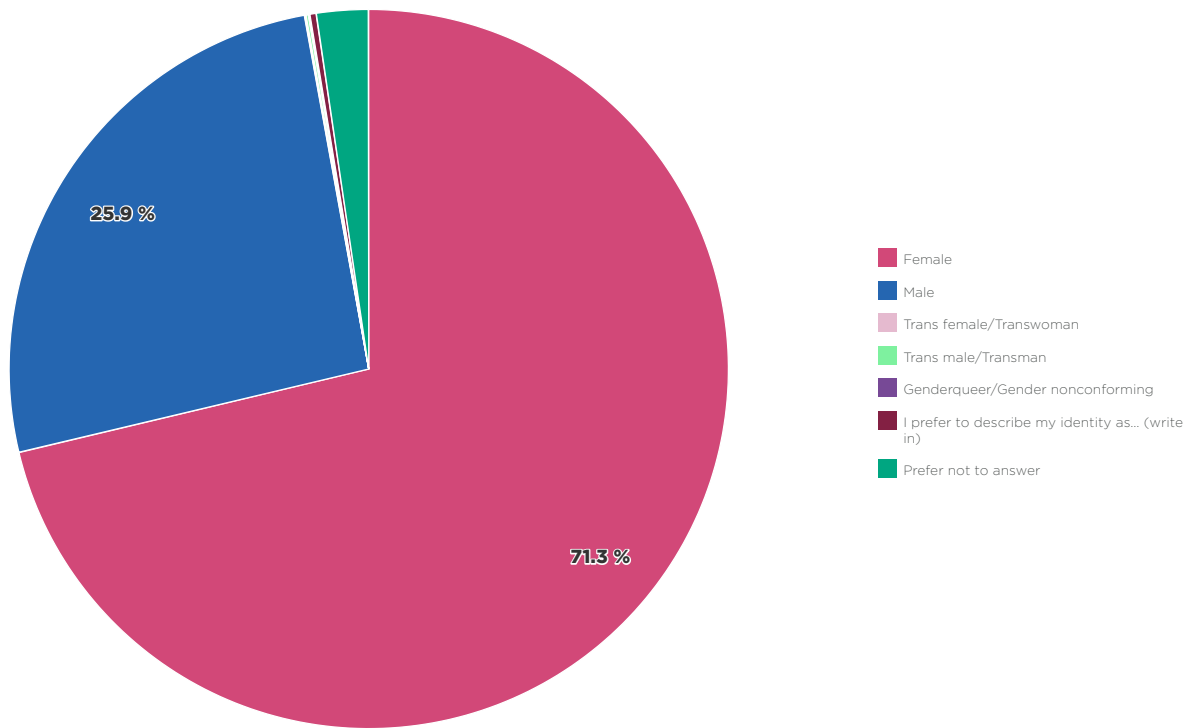
Source: LCDHD Community Health Assessment 2025

Gender and Sexuality

Understanding gender identity and sexual orientation within a community is important for identifying unique health needs, disparities, and barriers to care. LGBTQ+ individuals may experience differences in access to services, stigma, discrimination, or unmet health needs that can affect physical and mental health outcomes. This information supports the development of inclusive, affirming, and responsive programs, policies, and services that promote health equity and well-being across the community.

Gender

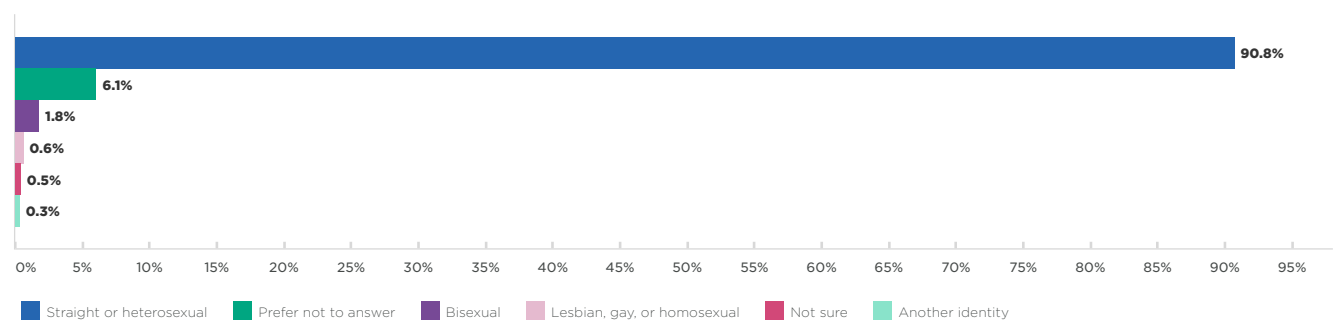
Gender Identity



Source: LCDHD Community Health Assessment 2025

Sexuality

Sexual Orientation



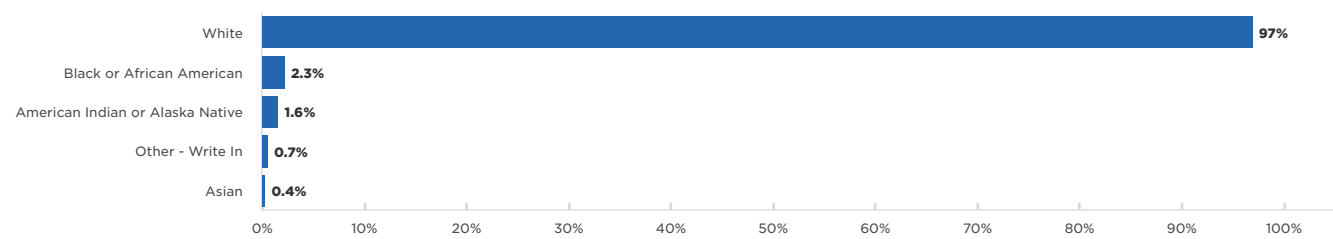
Source: LCDHD Community Health Assessment 2025

Race and Ethnicity

Collecting and reviewing race and ethnicity data is essential for identifying and understanding health disparities within a community. Historical, social, and structural factors linked to race and ethnicity can influence access to care, quality of services, environmental exposures, and overall health outcomes. Race and ethnicity data also support the development of targeted, culturally responsive strategies and policies aimed at reducing disparities and improving health equity for all community members.

Race

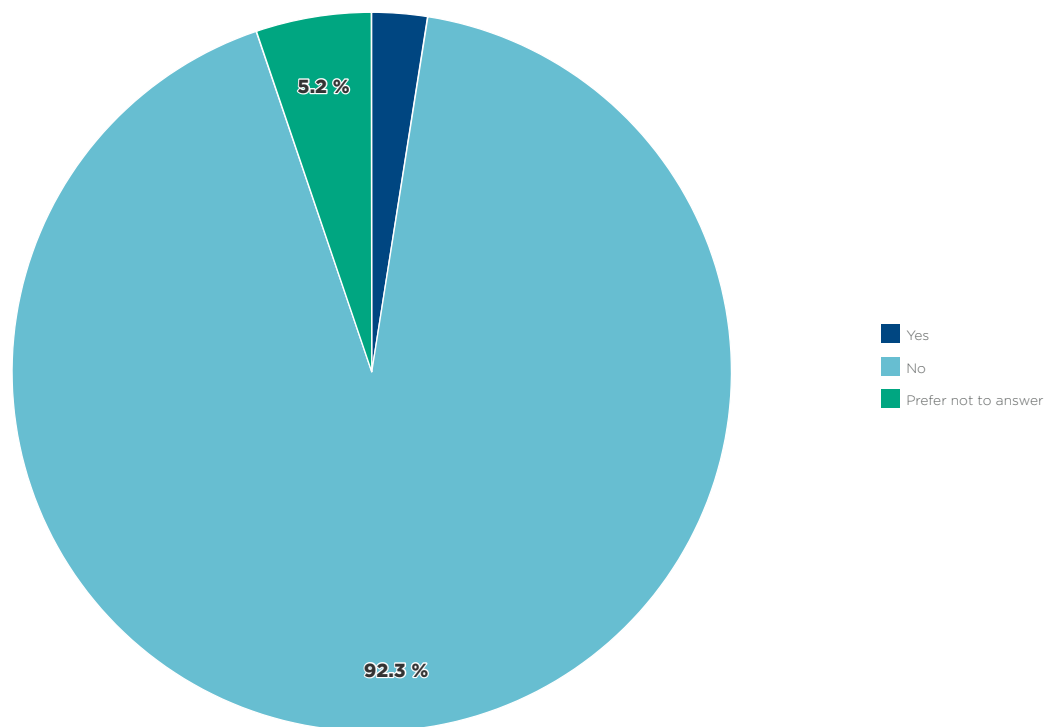
What is your race?



Source: LCDHD Community Health Assessment 2025

Ethnicity

Are you Hispanic, Latino(a), or Spanish?



Source: LCDHD Community Health Assessment 2025

Ethnicity by County

Are you Hispanic, Latino(a) or Spanish?

Geography	Yes	No	Prefer not to answer
Adair County, KY	0.00%	98.80%	1.20%
Casey County, KY	3.80%	89.40%	6.70%
Clinton County, KY	2.90%	92.20%	4.90%
Cumberland Count...	0.80%	89.00%	10.20%
Green County, KY	6.80%	88.30%	4.90%
McCreary County, ...	0.00%	92.40%	7.60%
Pulaski County, KY	3.40%	92.90%	3.70%
Russell County, KY	2.90%	90.50%	6.60%
Taylor County, KY	2.50%	93.20%	4.20%
Wayne County, KY	1.50%	92.20%	6.40%
LCDHD	2.50%	92.30%	5.20%

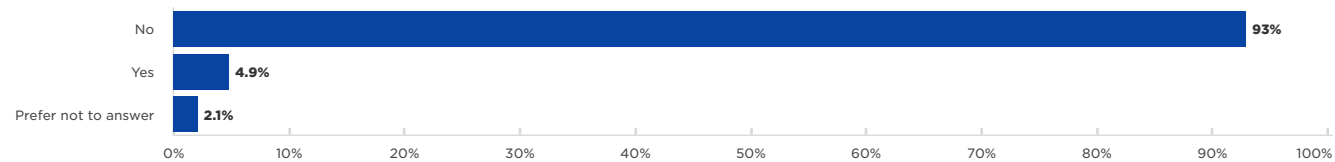
Source: LCDHD CHA 2025

Spoken Language

Understanding the languages spoken within a community is critical to ensuring equitable access to health information, services, and resources. Language influences how individuals understand health messages, navigate systems of care, and engage in surveys and community programs. By recognizing linguistic diversity, we can tailor outreach efforts, enhance participation, and deliver culturally and linguistically appropriate services that support better health outcomes across the community.

English Language

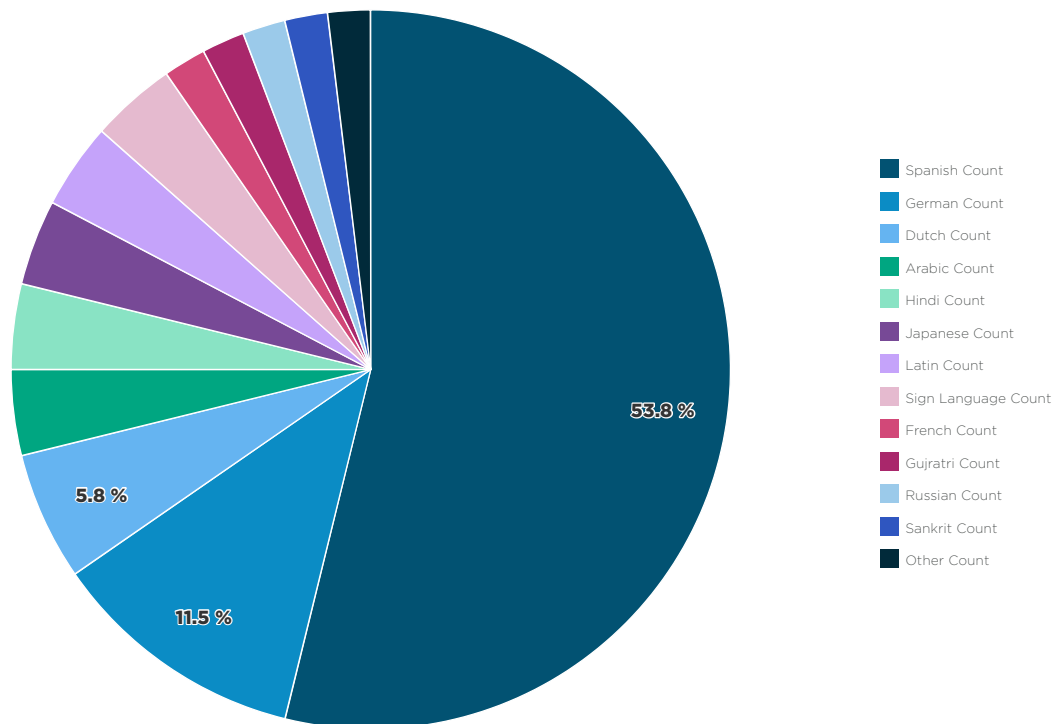
Do you speak a language other than English at home?



Source: LCDHD Community Health Assessment 2025

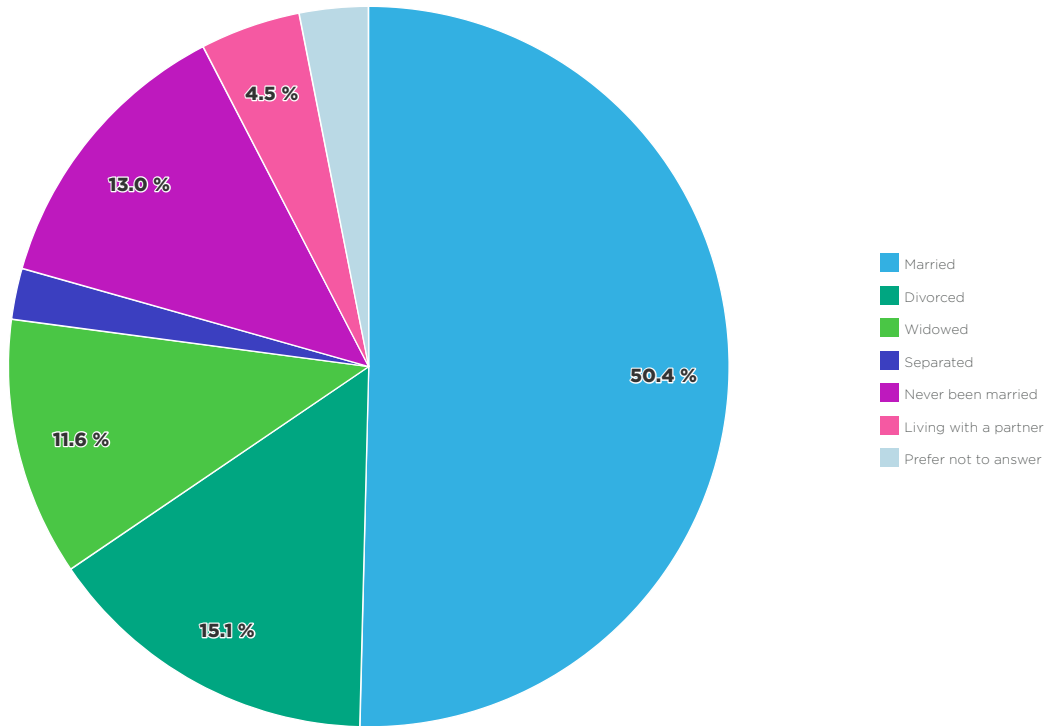
Other Languages Spoken

What language(s) other than English do you speak at home?



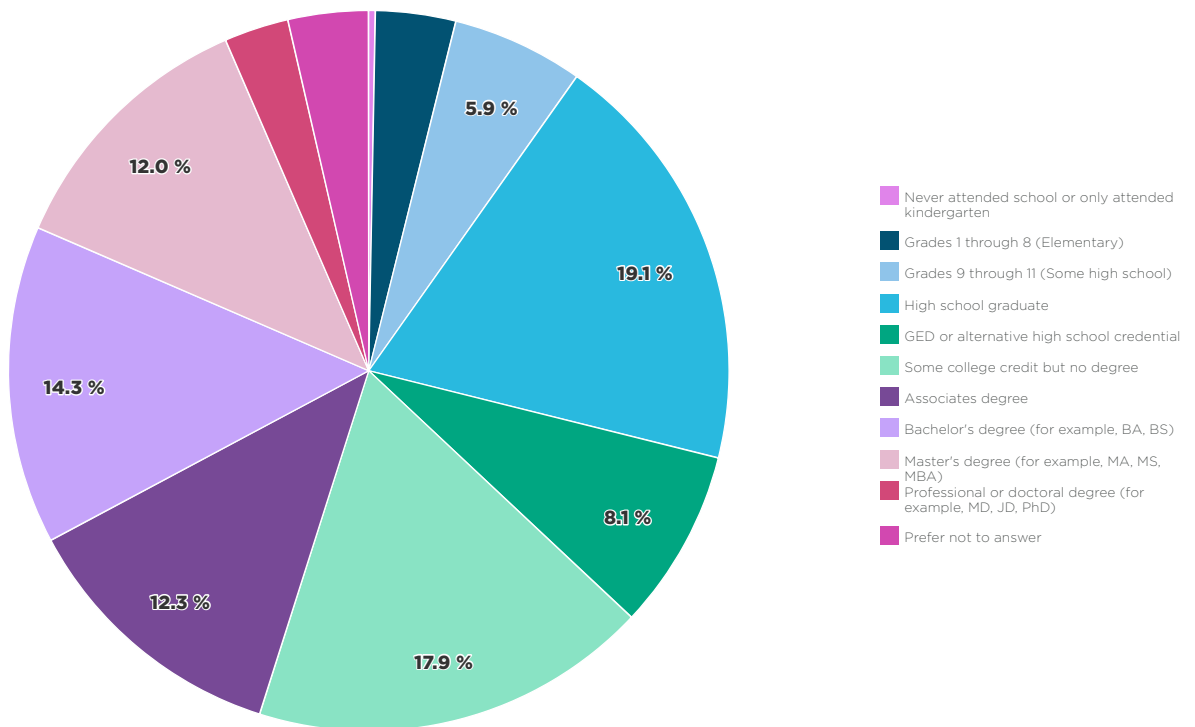
Source: LCDHD Community Health Assessment 2025

What is your marital status?



Source: LCDHD Community Health Assessment 2025

What is the highest grade or year of school you completed?



Source: LCDHD Community Health Assessment 2025

To review disparities based on demographics, visit our [Health Inequities Page](#).¹²

Financial Demographics

Financial demographic data collected through surveys provide critical insight into the economic conditions that influence health and well-being within a community. Information such as income level, employment status, and financial stability helps identify barriers to accessing healthcare, healthy food, housing, and other essential resources. When analyzed alongside health and perception data, these responses help explain disparities in health outcomes and guide the development of targeted, equitable strategies to address financial-related challenges affecting community health.

Employment Status

LCDHD

Employed for wages	46.7%
Retired	23.9%
A Homemaker	12.8%
Unable to Work	10.8%
A Student	5.9%
Self-Employed	5.5%
Unemployed and looking for work	5.1%
Unemployed and not looking for work	2%
Prefer not to answer	4.5%

Source: LCDHD Community Health Assessment 2025

*Percentage total may be greater than 100% as respondents checked all the apply.

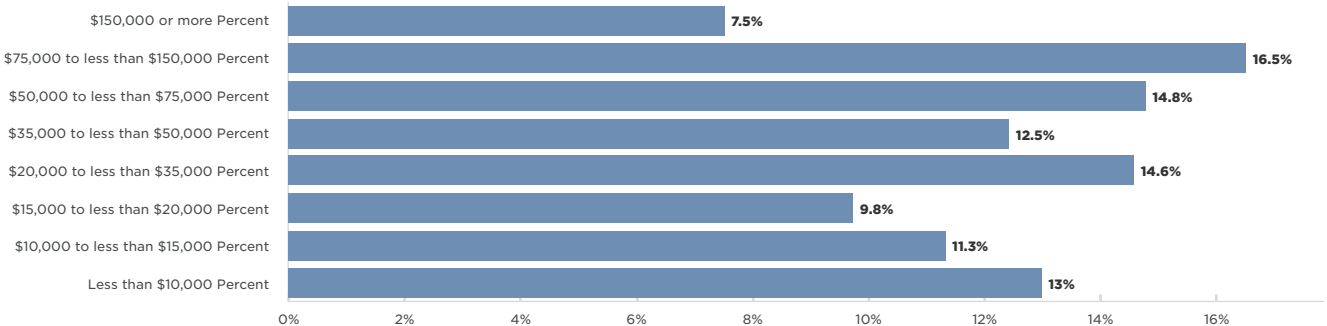
Income

2.4

People

Including you, how many people does your income support?
Lake Cumberland District Average

What was your total household income last year?

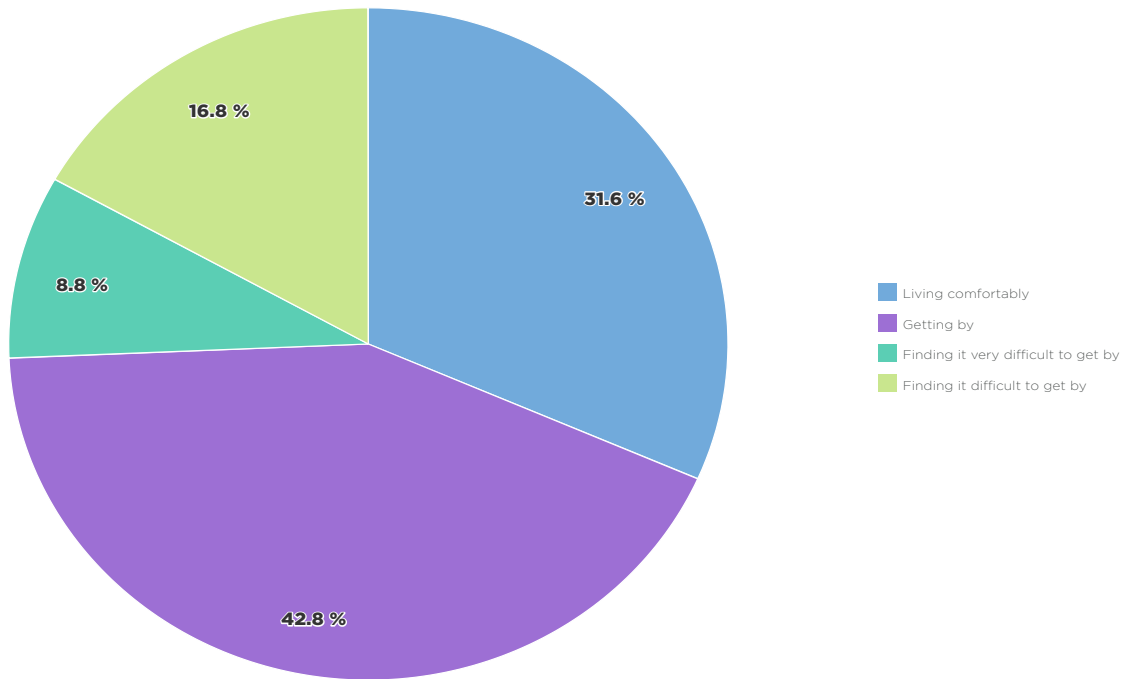


Source: LCDHD Community Health Assessment 2025

Financial Well-Being

Financial Well-Being

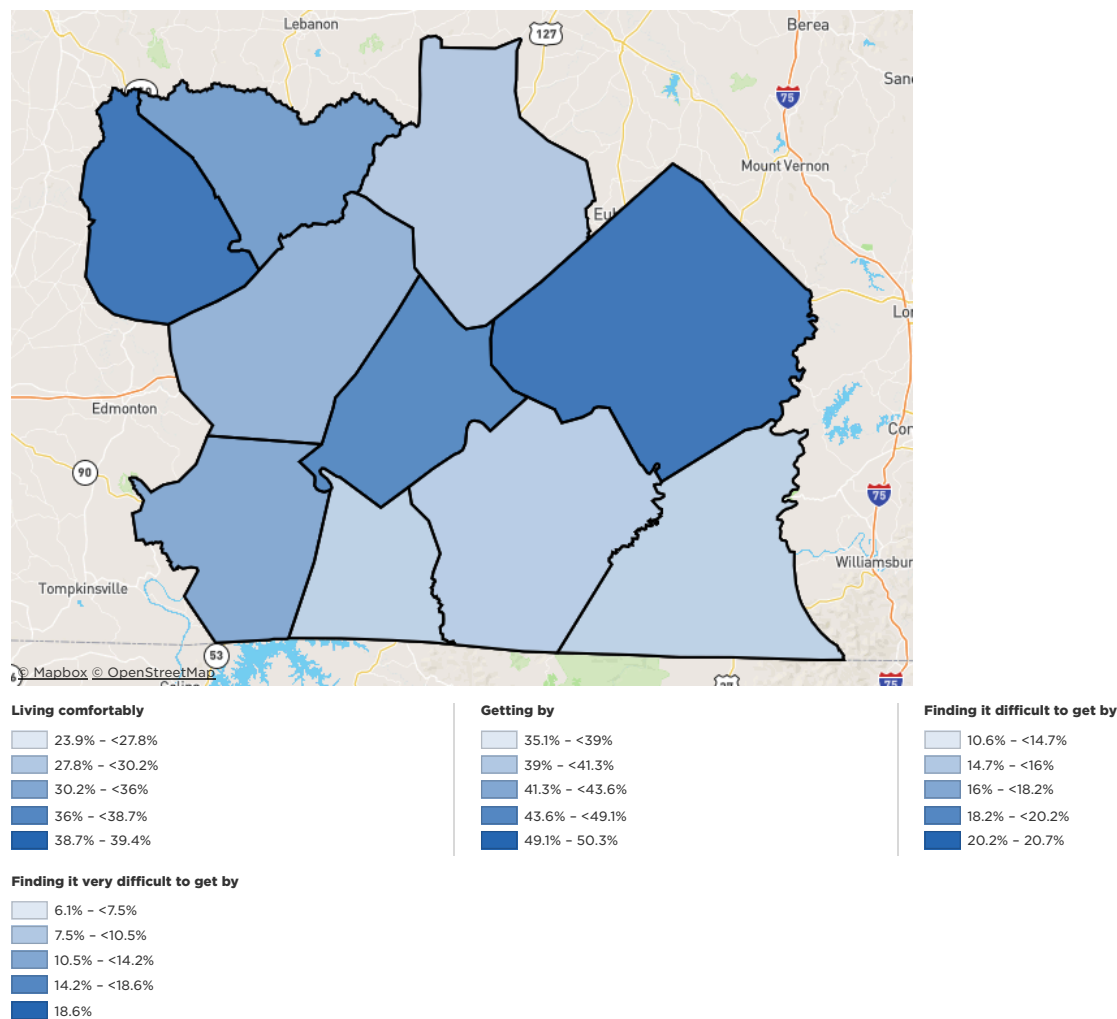
How would you describe your financial well-being?



Source: LCDHD Community Health Assessment 2025

Financial Well-Being by County

How would you describe your financial well-being?



Source: LCDHD Community Health Assessment 2025

Russell County

Community Perspectives

“

I enjoy working in our community because I can practice whole-person librarianship by blending access to information with psychosocial support.

~Russell County Resident

”

Russell County

Community Perspectives

“

I enjoy working in our community because we have so many brilliant professionals who want to better our community.

~Russell County Resident

”

Clinton County

Community Perspectives

“

I enjoy working in our community because it is encouraging being able to help people within the community and the sense of partnership throughout the agencies is comforting.

~Clinton County Resident

”

McCreary County

Community Perspectives

“

I enjoy working in our community because there are so many people who truly care and want to make this county better.

~McCreary County Resident

”

Personal Health

Personal health data, including individuals’ perceptions of their own health and information about health behaviors such as where people get their exercise, provide valuable insight into how community members experience and manage their health on a daily basis. Self-rated health is a strong indicator of overall well-being and is often linked to future health outcomes, while behavior-based data help illustrate opportunities and barriers to healthy living within the community. When reviewed alongside other survey and demographic data, these responses add important context to clinical and population-level measures, helping to identify strengths, gaps, and areas for targeted intervention. Together, personal health data support more responsive, community-informed strategies to improve health outcomes.

Personal Health

Self-rated health provides important insight into how community members perceive their overall well-being and quality of life. Personal health rankings often reflect a combination of physical health, mental health, access to care, and social and environmental factors. Reviewing these responses helps contextualize other health indicators, identify populations that may be experiencing unmet needs, and guide priorities for health promotion and prevention efforts.

In general, how would you rate your own personal health?

Geography	Excellent	Very good	Good	Fair	Poor
Adair County, KY	1.7%	20.2%	46.8%	23.1%	7.5%
Casey County, KY	3.8%	13.5%	39.4%	31.7%	10.6%
Clinton County, KY	2%	16.7%	38.2%	31.4%	10.8%
Cumberland County, KY	3.4%	12.7%	41.5%	38.1%	3.4%
Green County, KY	5.8%	14.6%	42.7%	30.1%	5.8%
McCreary County, KY	0%	12.6%	41.2%	30.3%	14.3%
Pulaski County, KY	3.4%	24%	42.1%	23.2%	6.8%
Russell County, KY	5.4%	21.2%	41.1%	26.1%	4.6%
Taylor County, KY	4.2%	16.9%	38.8%	31.2%	8%
Wayne County, KY	3.9%	14.2%	40.7%	32.8%	6.4%

Source: LCDHD Community Health Assessment 2025

Why is Health Important to You?

Clinton County

Community Perspectives

“

Health is important to me because I want to be around to help others and experience life for as long as I can.

~Clinton County Resident

”

Pulaski County

Community Perspectives

“

Health is important to me because I want to live a long life and be an example.

~Pulaski County Resident

”

Russell County

Community Perspectives

“

Health is important to me because it is essential to our overall wellbeing and ability to thrive. Health, holistically, is tied to our ability to function properly.

~Russell County Resident

”

Russell County

Community Perspectives

“

Health is important to me because I have a family that I want to live for. Exercising is good for my health and it makes me feel better. Eating clean makes you feel better too.

~Russell County Resident

”

Community Perspectives



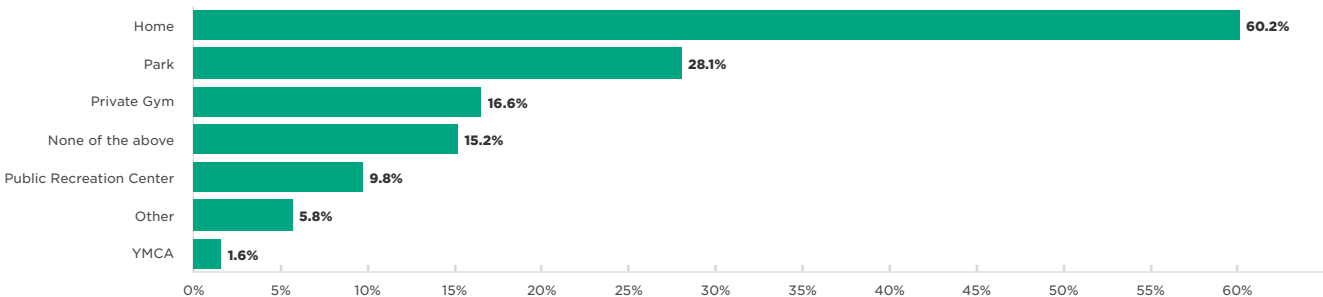
Health is important to me because it gives me strength, energy, and well-being to enjoy life, pursue goals, and be there for those I love and care for.

~Russell County Resident



Physical Activity

Where do you go to exercise or engage in physical activity?



Source: LCDHD Community Health Assessment 2025

Community Perspectives



People struggle making healthy choices because it is too easy and accessible to be unhealthy.

~McCreary County Resident



Community Health

Understanding what residents value and appreciate about their community is an important part of assessing overall community health. The strengths, assets, and positive experiences identified by residents provide insight into the factors that contribute to a sense of belonging, connection, and well-being. Community health data provides a comprehensive picture of the health status, concerns, and strengths of a population. These data include information on health outcomes, behaviors, social and environmental factors, and community perceptions, helping to identify trends, disparities, and areas for improvement. Examining both community challenges and strengths supports a more complete understanding of health, informs evidence-based decision-making, guides resource allocation, and helps shape programs and policies that improve health outcomes and advance health equity.

Perceptions of Health and The Community

Questions about perceived community risk factors and strengths provide valuable insight into how residents experience and understand the conditions that influence health and well-being. Community members often identify issues and assets that may not be fully captured through quantitative data alone. Reviewing these perspectives helps highlight priority concerns, existing resources, and opportunities to build on community strengths when planning programs, policies, and interventions.

What Do You Love Most About Your County?

Adair County

Community Perspectives

“

Our community pulls together to make things happen.

~ Adair County Resident

The people in Adair County are friendly and welcoming!

~ Adair County Resident

”

Pulaski County

Community Perspectives

“

My favorite thing about Pulaski County is that people are always willing to help during a crisis, that it is a beautiful area, and that we have a lot of stuff to do.

~Pulaski County Resident

”

Russell County

Community Perspectives

“

Russell County is special because we have that small town feeling. Everyone knows everyone and when you or your family go through something, you truly feel the love.

~Russell County Resident

”

Clinton County

Community Perspectives

“

My favorite thing about Clinton County is the sense of community that we have.

~Clinton County Resident

”

McCreary County

Community Perspectives

“

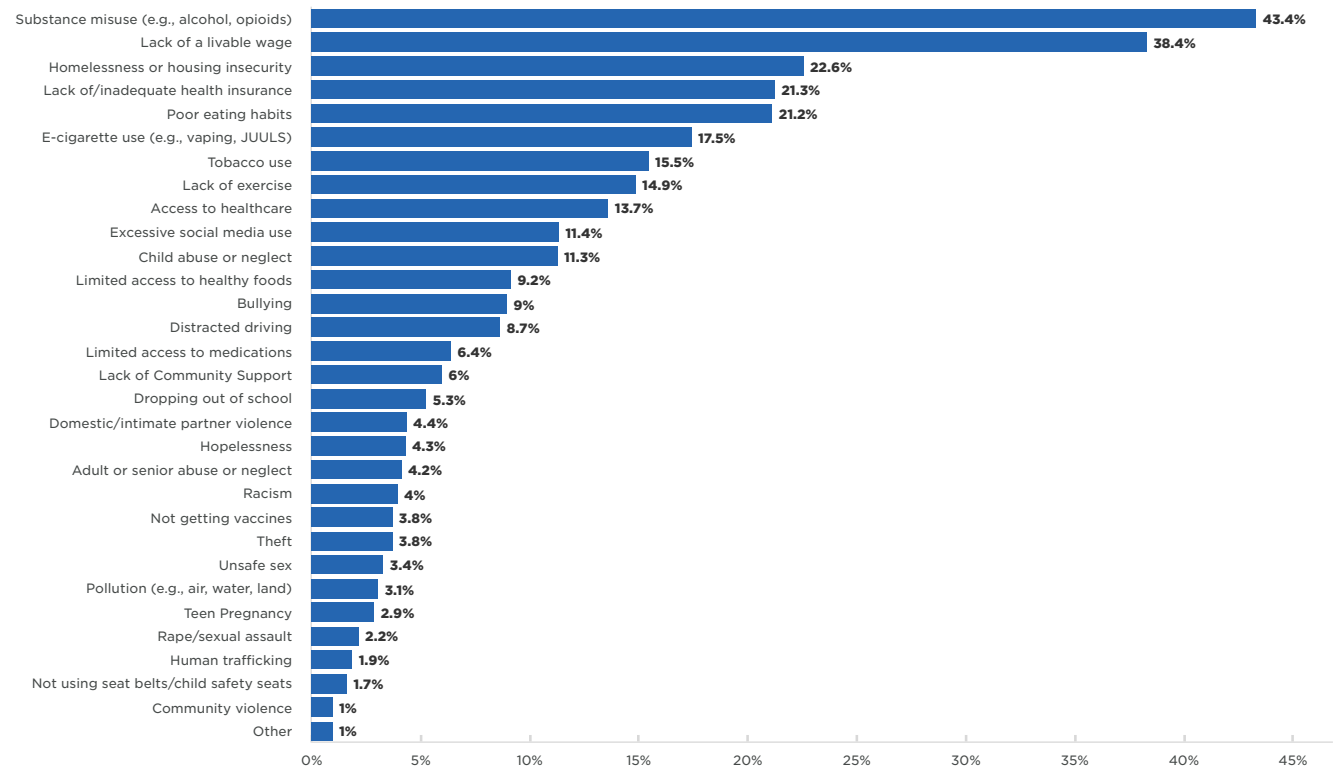
McCreary County is special because it is one of the most beautiful and scenic spots on Earth.

~McCreary County Resident

”

Risk Factors

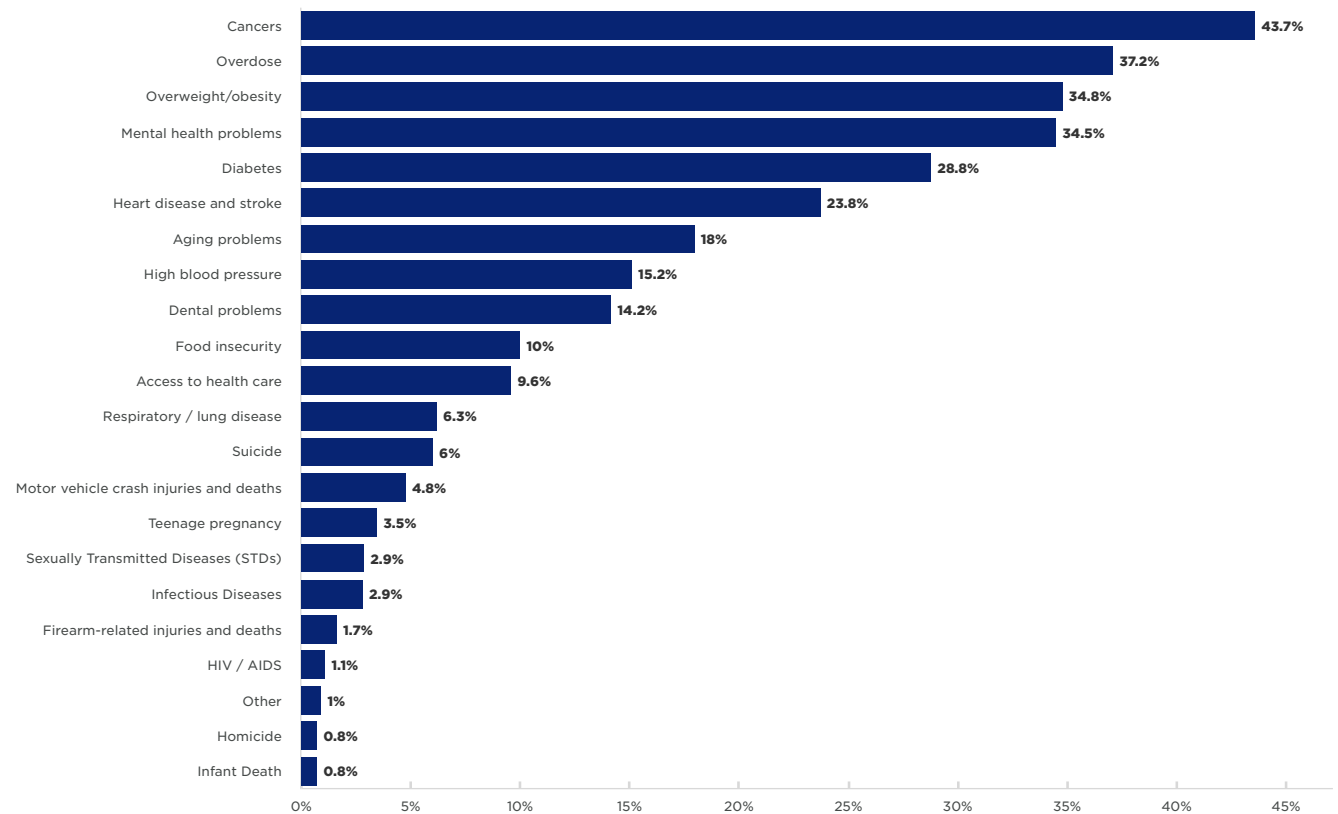
In your opinion, what are the risk factors in our community that have the most negative impact on our quality of health?



Source: LCDHD Community Health Assessment 2025

Health Problems

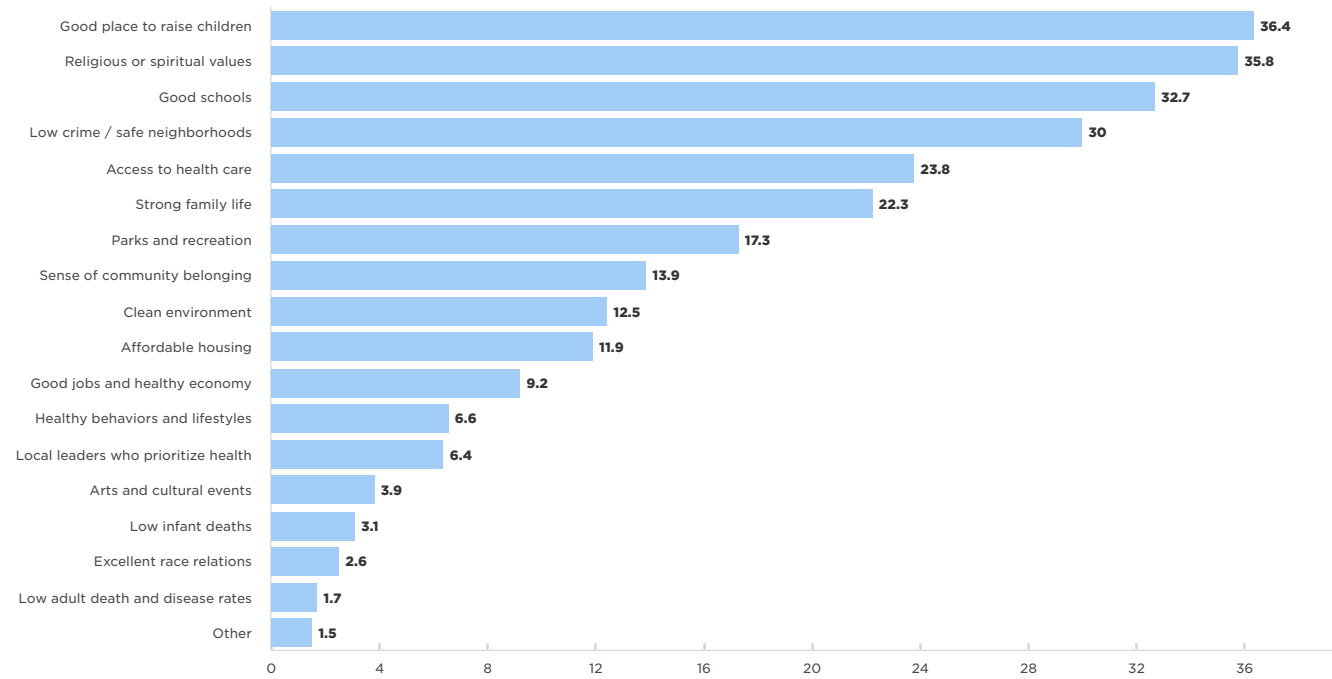
In your opinion, what are the most important health problems in our community?



Source: LCDHD Community Health Assessment 2025

Community Strengths

In your opinion what are the strengths of our community that can help our citizens be healthier?

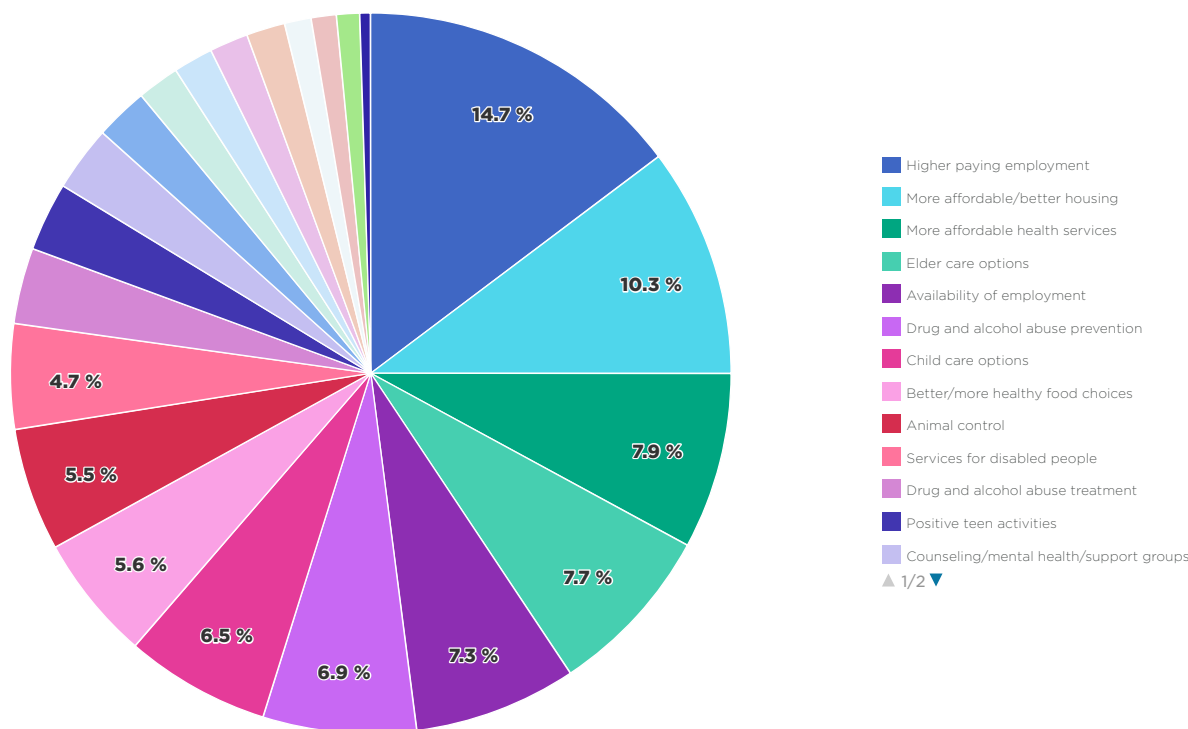


Source: LCDHD Community Health Assessment 2025

Community Services

Understanding which services community members believe need the most improvement provides valuable insight into gaps between available resources and community needs. These perceptions help identify priority areas for action, highlight opportunities to strengthen existing services, and inform planning efforts that are responsive to lived experiences within the community.

In your opinion, which one of the following services needs the most improvement in your neighborhood or community?



Source: LCDHD Community Health Assessment 2025

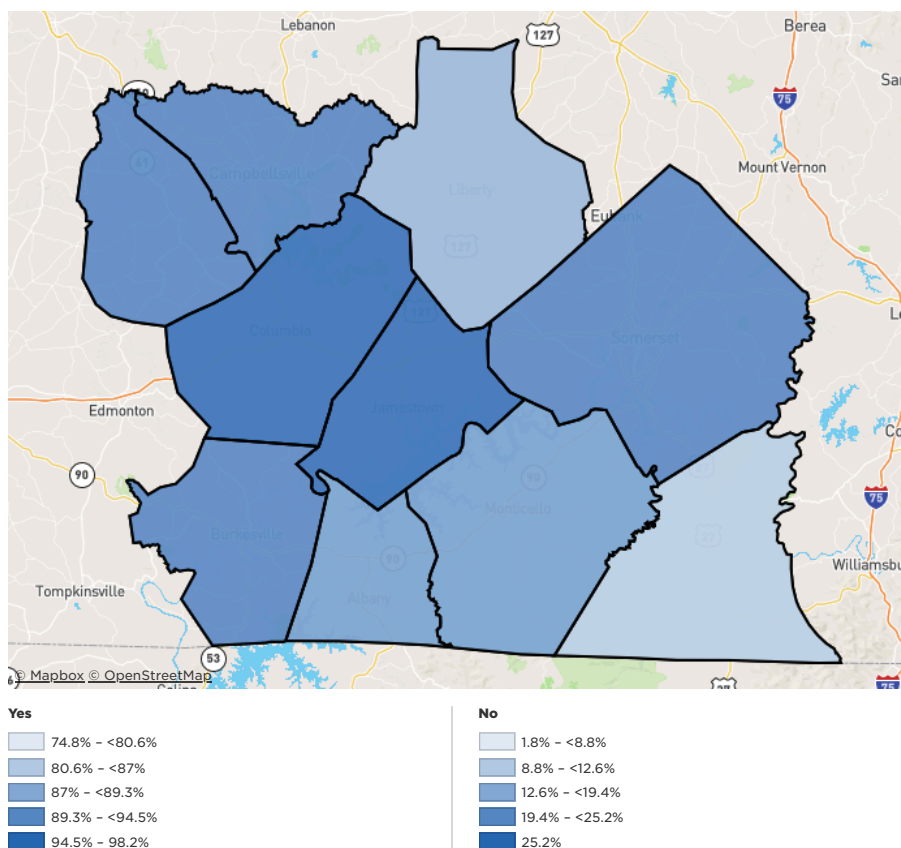
County	Top Concern	Second Concern	Third Concern
Adair County	Higher paying em...	Availability of emp...	Elder care options ...
Casey County	More affordable/b...	Higher paying em...	Drug and alcohol a...
Clinton County	Higher paying em...	Animal control (10...	Child care options ...
Cumberland County	Availability of emp...	Higher paying em...	Drug and alcohol a...
Green County	Higher paying em...	Child care options ...	Availability of emp...
McCreary County	Availability of emp...	More affordable/b...	Elder care options ...
Pulaski County	More affordable/b...	Higher paying em...	More affordable he...
Russell County	Higher paying em...	More affordable he...	Animal control (7...
Taylor County	Higher paying em...	More affordable/b...	More affordable he...
Wayne County	Higher paying em...	Drug and alcohol a...	Elder care options ...

Source: LCDHD Community Health Assessment 2025

Family Life

Evaluating whether a county is a good place to live provides important insight into overall quality of life and community well-being. When rating their county, residents may consider factors such as safety, access to health care, housing, employment opportunities, education, transportation, and availability of community resources. These perceptions help contextualize health and social data, highlight community strengths and challenges, and inform efforts to improve livability and long-term outcomes for residents.

Is this a good county to raise children in?



Source: LCDHD Community Health Assessment 2025



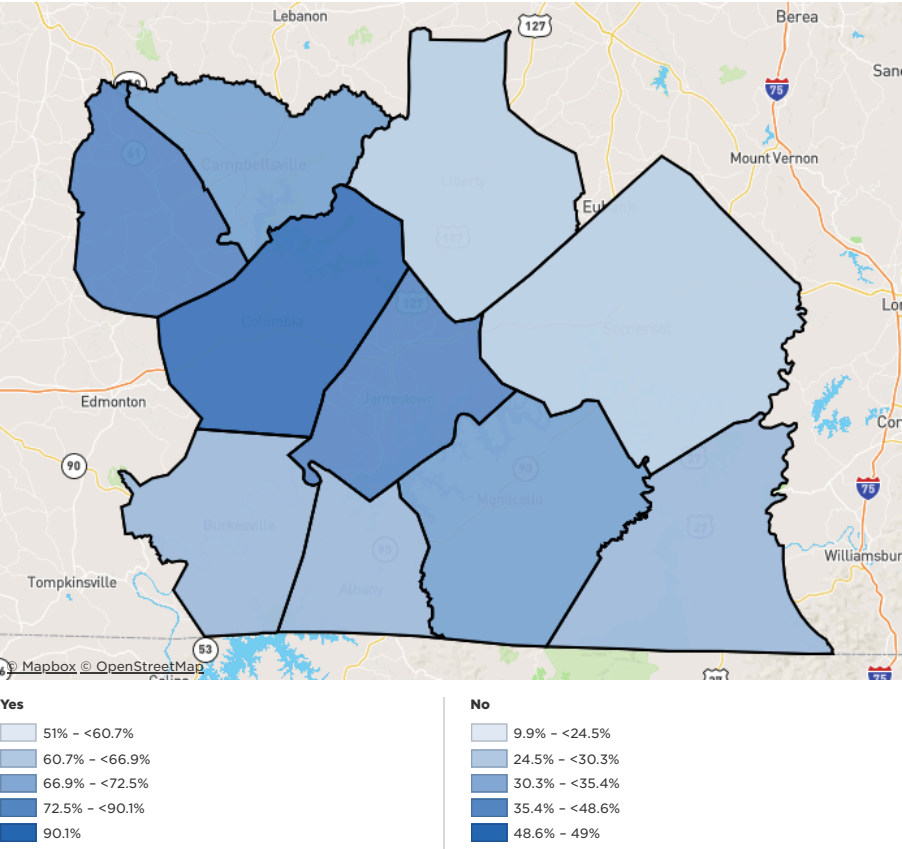
A banner created by children and adults in Cumberland County as part of the Cumberland County Health Coalition's Longest Day of Play Activities.



Community members working on the "What We Love About Cumberland County" Banner at the Cumberland County Health Coalition's Longest Day of Play event.

Healthcare Satisfaction

Are you satisfied with the healthcare in your county?



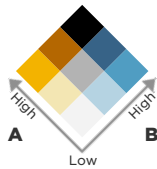
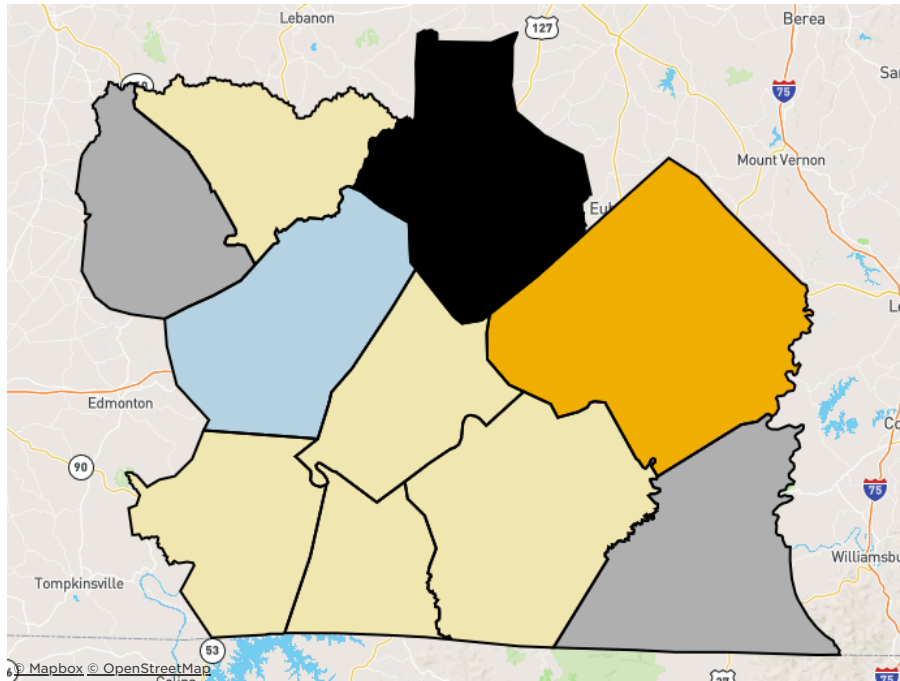
Source: LCDHD Community Health Assessment 2025

**1.42**
Times

More likely to be satisfied with healthcare
Adair County, KY

*compared to other counties in the district

Are you satisfied with the healthcare in your county?



- **A** No
- **B** Primary Care Physician Ratio

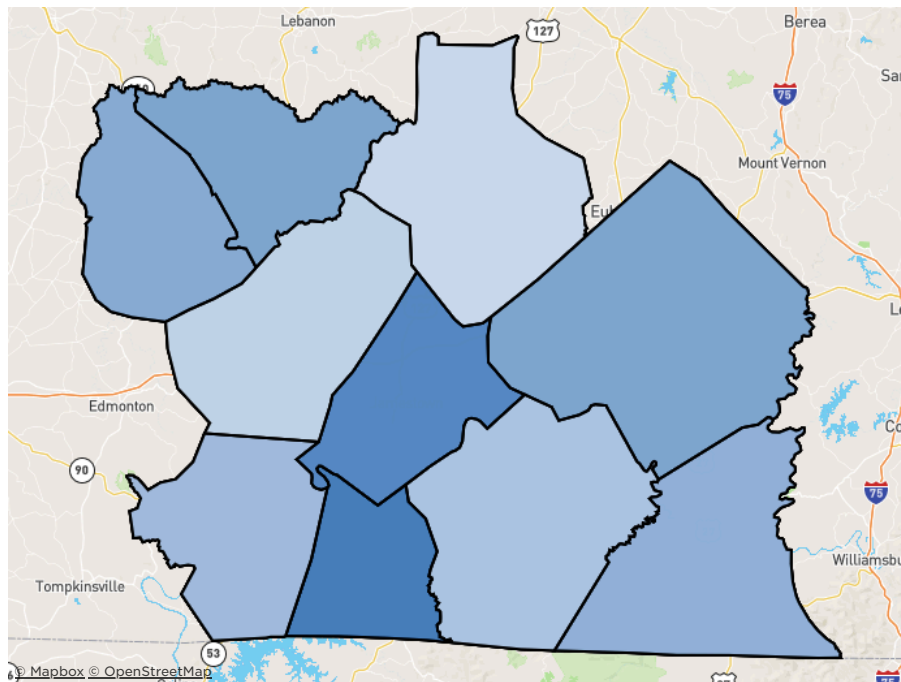
Sources: NPPES NPI 2025

Source: LCDHD Community Health Assessment 2025

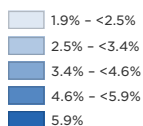
Healthy Communities

Perceptions of how healthy or unhealthy a community is reflect a combination of individual experiences, available resources, and broader environmental and social conditions. Factors such as satisfaction with health care services, access to care, and overall livability—including safety, housing, and community resources—play an important role in shaping these views. Reviewing these perceptions alongside other health indicators helps provide a more complete understanding of community well-being and areas for improvement.

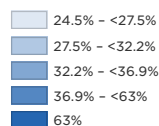
How healthy or unhealthy would you say our community is?



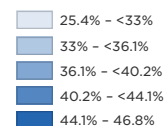
Very Healthy



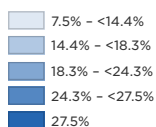
Somewhat Healthy



Somewhat Unhealthy



Very Unhealthy



Source: LCDHD Community Health Assessment 2025



3.28
Times

More Likely to report positive community health
Adair County, KY

**compared to other counties in the district*



33%

Less likely to report positive community health
Clinton County and McCreary County, KY

**compared to other counties in the district*



30%

Less likely to report positive community health
Wayne County, KY

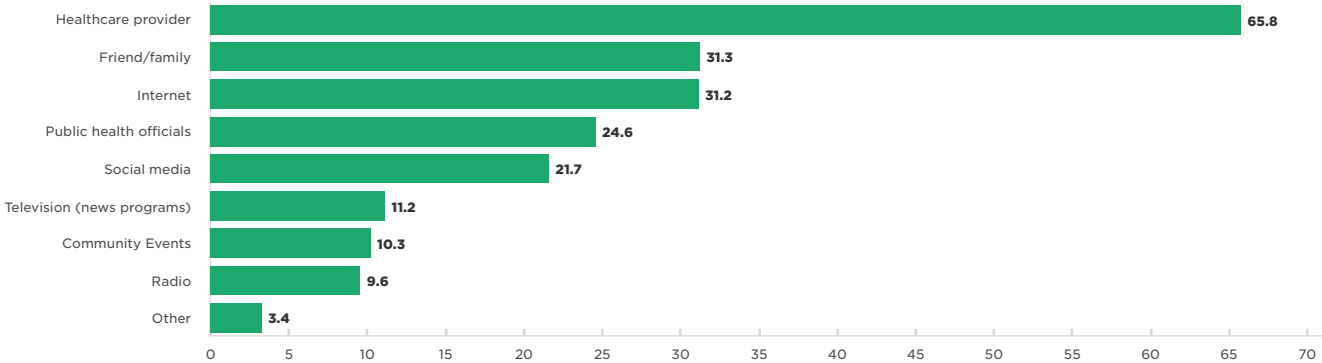
**compared to other counties in the district*

Visit our website for county specific information [LCDHD Data and Reports.](#)

Health Information and Communication

Understanding where community members receive health information is essential for ensuring accurate, timely, and trusted communication. Sources of health information influence how individuals perceive risk, make health decisions, and engage in preventive behaviors. Identifying these sources helps assess the reach and effectiveness of public health messaging and highlights the role of health departments and public health officials as trusted, evidence-based providers of information. This insight supports stronger communication strategies and reinforces the importance of public health leadership in promoting community health and safety.

Who or what do you rely on most often for health information?



Source: LCDHD Community Health Assessment 2025



1.79
Times

More likely to rely on public health officials for health information
LGBTQ Respondents

**compared to heterosexual respondents*



2.53
Times

More likely to rely on public health officials for health information
Taylor County, KY

**compared to other counties in the district*



46%

Less likely to rely on public health officials for health information
Adair County, KY

**compared to other counties in the district*

Community Perspectives

“

I enjoy working in our community because there are so many people who truly care and want to make this county better.

~ McCreary County Resident

”

Health Department Engagement

Which of the following health department services are you familiar with or have you utilized?

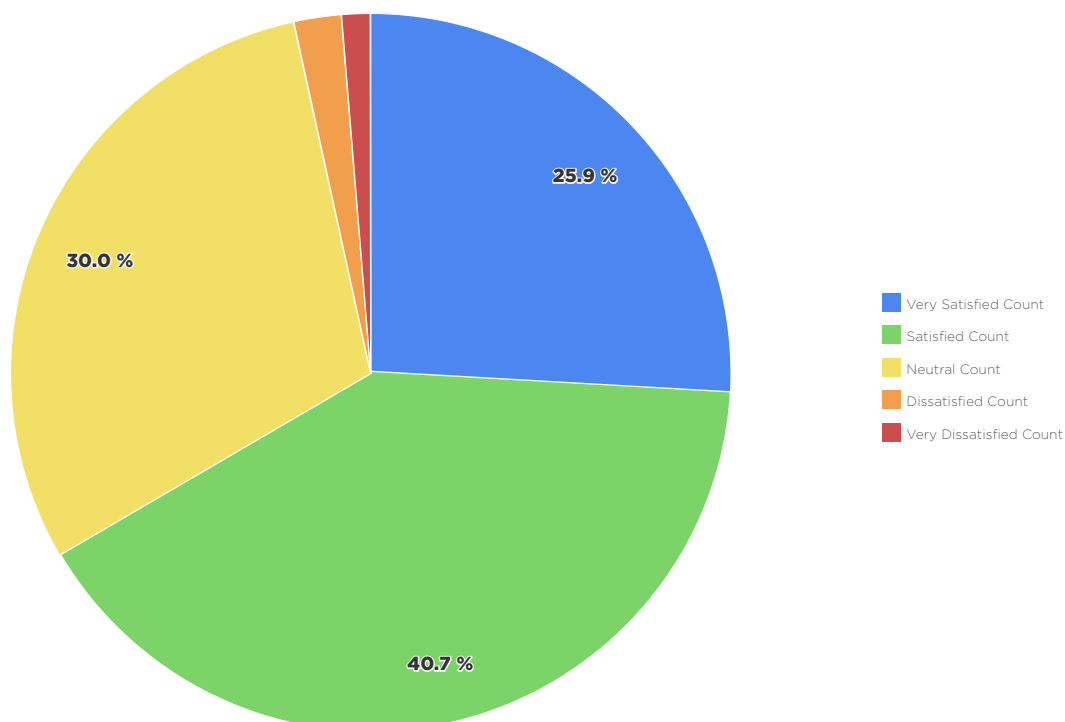
LCDHD

AIDS/HIV screen and/or other counseling	10.6%
Birth Control/ Family Planning/ Pregnancy	28.4%
Breastfeeding/ Peer Counseling/ Lactation Program	11.7%
Cancer Screening (e.g., pap/mammogram services)	17.9%
Childcare Health Consultant (CCHC)	6.5%
Community Group Meetings	9.6%
Diabetes Education	23.1%
Environmental Health Complaints (e.g., rats, mosquitoes, sewage)	9.1%
Flu Shot	34.2%
Food Safety (training, permit to operation, inspections)	14.4%
HANDS Services	19.4%
Immunizations (e.g., tetanus shot, pertussis vaccination, etc.)	42.1%
Medical Records	14.2%
On-Site Sewage Disposal System	3.8%
Physical Activity Programs	6.8%
Ryan White Part B Services	3.3%
Sexually Transmitted Infections (e.g., testing, counseling, treatment)	10.7%
Syringe Exchange Program (SEP)	11.2%
Tobacco/Vaping Cessation Education (e.g., quit smoking programs)	13.5%
Tuberculosis (e.g., screening/treatment/counseling, etc.)	10.6%
Vital Statistics (e.g., birth and death certificates)	10.7%
WIC (women, infants, and children)	33.6%
None of the above	18.5%
Other	2.7%

Source: LCDHD Community Health Assessment 2025

*Percentages may add up to over 100% as respondents chose all that applied

How satisfied are you that your local health department has made a positive impact on your community?



Source: LCDHD Community Health Assessment 2025

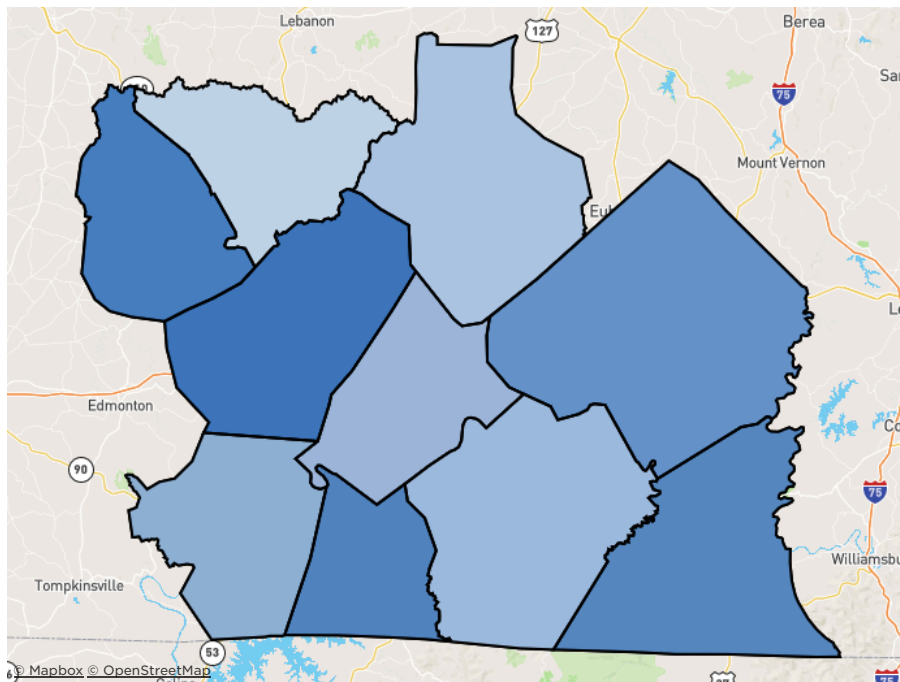


20.9%

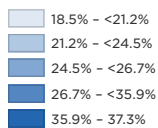
Increase in overall health department satisfaction
Lake Cumberland District

**Since last Community Health Assessment*

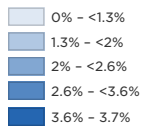
How satisfied are you that your local health department has made a positive impact on your community?



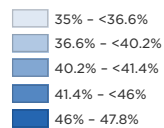
Very Satisfied



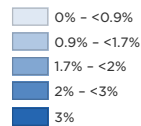
Dissatisfied



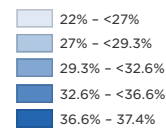
Satisfied



Very Dissatisfied



Neutral



Source: LCDHD Community Health Assessment 2025

Visit our website for county specific information [LCDHD Data and Reports](#).

Needs and Access

Understanding health care needs and access is essential for identifying barriers that may prevent individuals from receiving timely and appropriate care. Factors such as housing insecurity, ability to pay for services, transportation, provider availability, and other structural or financial challenges can significantly affect health outcomes.

The geographic characteristics of the Lake Cumberland District also play an important role in access to health and social services. All 10 counties in the district—Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor, and Wayne—are identified as rural health areas according to the Health Resources and Services Administration (HRSA) Rural Health Grants Eligibility Analyzer. Nine of the district’s 10 counties are also designated as Appalachian by the Appalachian Regional Commission (ARC), with Taylor County being the exception. Rural and Appalachian communities may experience greater challenges related to healthcare availability, transportation, workforce shortages, and access to other essential resources. These geographic factors can compound financial and social barriers and make it more difficult for residents to obtain timely and appropriate care.

Examining these needs and barriers helps highlight gaps in access, inform resource allocation, and guide strategies to improve healthcare availability and reduce barriers across the community.

For more information on rural health areas (HRSA): [HRSA Rural Health Areas](#)[↗]

For more information on Appalachian counties (ARC): [ARC Kentucky Counties](#)[↗]

Community Perspectives

“

It’s hard for people to be healthy in McCreary County because generational influences make it difficult for future generations to modify behavior.

~*McCreary County Resident*

”

Unmet Service Needs

The rural and Appalachian context of the Lake Cumberland District is important when considering the unmet needs reported by residents. Limited availability of services, transportation challenges, financial constraints, and other barriers can make it difficult for individuals and families to obtain needed health and social services. The CHA identified several areas in which residents reported being unable to access services when they were needed.

In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Please select all that apply.

LCDHD

Addiction Services	5.9%
Adult educational services	2.9%
Child Care	7.4%
Clothing	5%
Domestic Violence Assistance	3%
Elder Care	10.8%
Employment	11.5%
Food	10.9%
Health Care	10.3%
Housing	10.7%
Mental health care services	10%
Transportation	7.6%
Utilities	8.7%
Other	0.7%
None of the above	50.8%
Prefer not to answer	8.7%

Source: LCDHD Community Health Assessment 2025

Community Perspectives

“

People struggle making healthy choices because there are not enough healthy convenient food options.

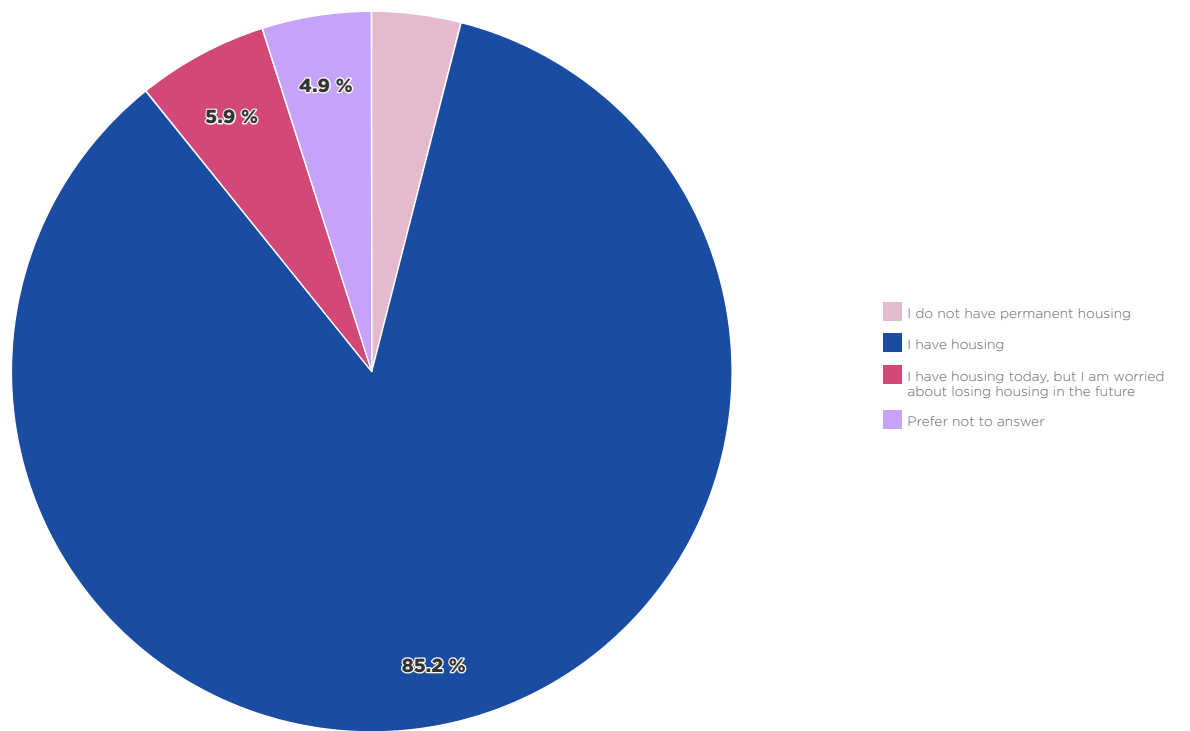
~Russell County Resident

”

 **54%**
Less likely to have unmet service needs
Adair County, KY

*compared to other counties in the district

What is your housing situation today?



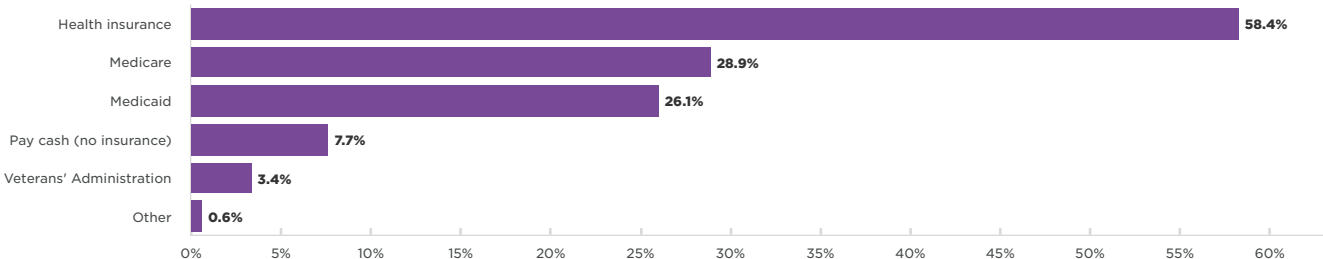


63%

Less likely to face housing insecurity
Adair County, KY

**compared to other counties in the district*

How do you pay for your health care?

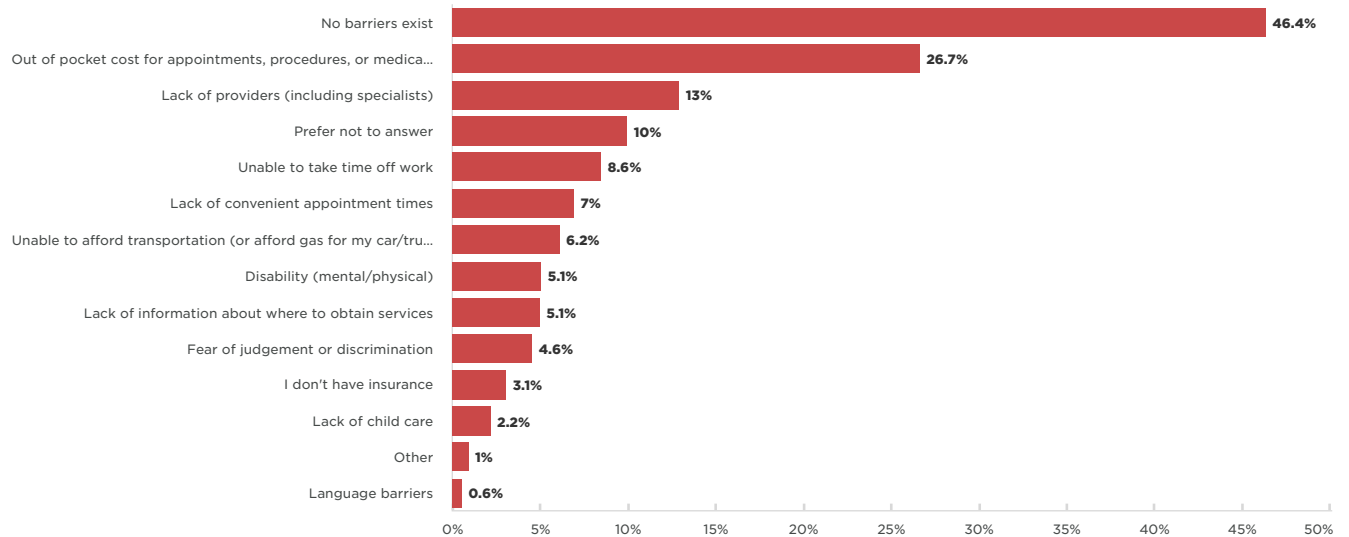


Source: LCDHD Community Health Assessment 2025

**Percentages may add up to over 100% as respondents chose all that applied*

The data highlight several barriers residents face when accessing health and social services. Cost, lack of providers, and transportation challenges are significant concerns, while scheduling conflicts and other practical barriers can further limit access to care. These challenges are particularly important within a predominantly Appalachian and entirely rural district, where residents may face longer travel distances, fewer available providers and services, and transportation limitations. Addressing these barriers will require strategies that consider both individual needs and the geographic and structural factors that influence access across the Lake Cumberland District. Community leaders and policymakers should consider opportunities to expand provider availability, improve transportation options, reduce financial barriers, and increase the availability of services in rural communities.

What barriers exist that prevent you from receiving health services?



Source: LCDHD Community Health Assessment 2025



39%

More likely to face healthcare barriers
Clinton County, KY

Community Perspectives

“

I think people struggle with making healthier choices because of how expensive things are and [the] lack of support.

~Clinton County Resident

”

To review disparities regarding needs and access, visit our [Health Inequities Page](#).[🔗]

Visit our website for county specific information [LCDHD Data and Reports](#).[🔗]

Preparedness

Emergency preparedness is essential for protecting the health and safety of individuals and communities during natural disasters, public health emergencies, and other crises. Preparedness includes having plans, resources, and communication systems in place to respond effectively and reduce harm. Understanding community readiness helps identify gaps, strengthen coordination, and ensure residents are better equipped to respond to and recover from emergencies.

Emergency Supplies

Having essential emergency supplies on hand is a critical part of preparedness and can help households respond safely during emergencies such as severe weather, power outages, or other unexpected events. Items like food, water, medications, and first aid supplies support short-term self-sufficiency when access to services may be limited. In addition, working smoke alarms and carbon monoxide detectors are vital home safety measures that provide early warning of fire or hazardous gas exposure, helping prevent injury or loss of life. Households should also be aware of radon, a naturally occurring radioactive gas that can accumulate indoors, and consider periodic radon testing to help identify potential long-term health risks. Together, these measures play an important role in protecting household and community safety.

Does your family have a basic emergency supply kit?



54.3%
Yes



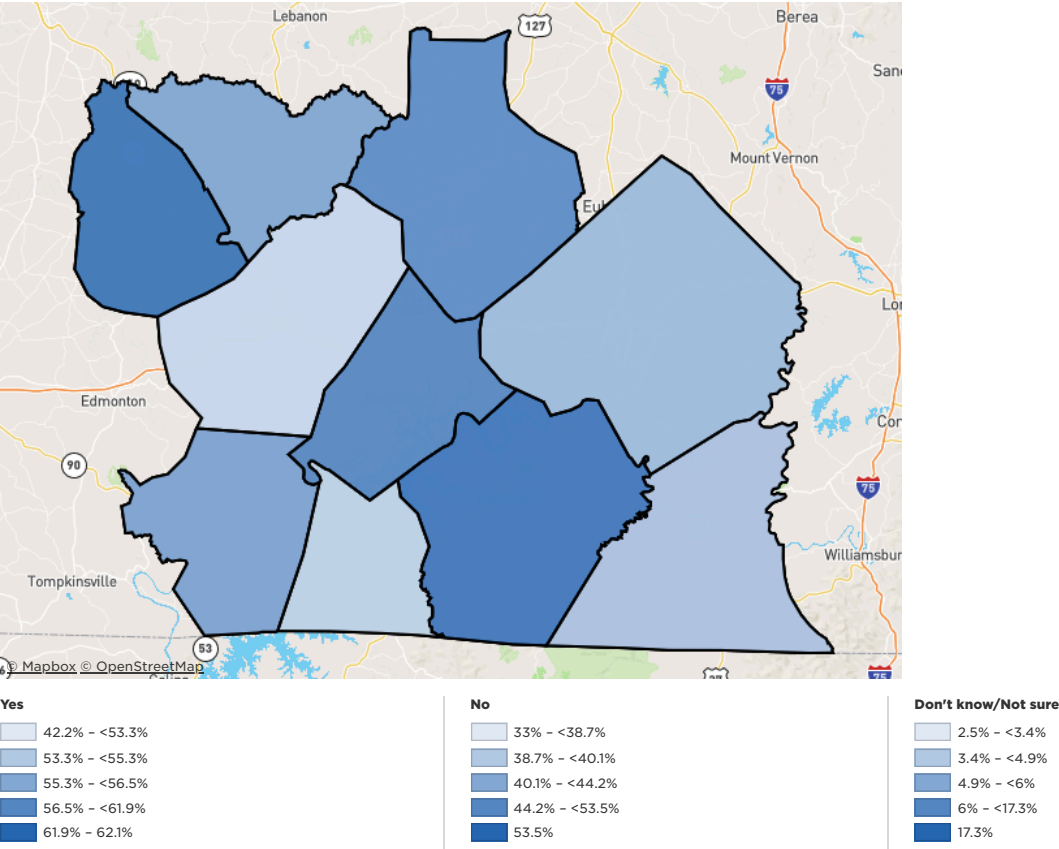
40.6%
No



5.1%
Don't know/Not sure

Source: LCDHD Community Health Assessment 2025

Does your family have a basic emergency supply kit?



Source: LCDHD Community Health Assessment 2025



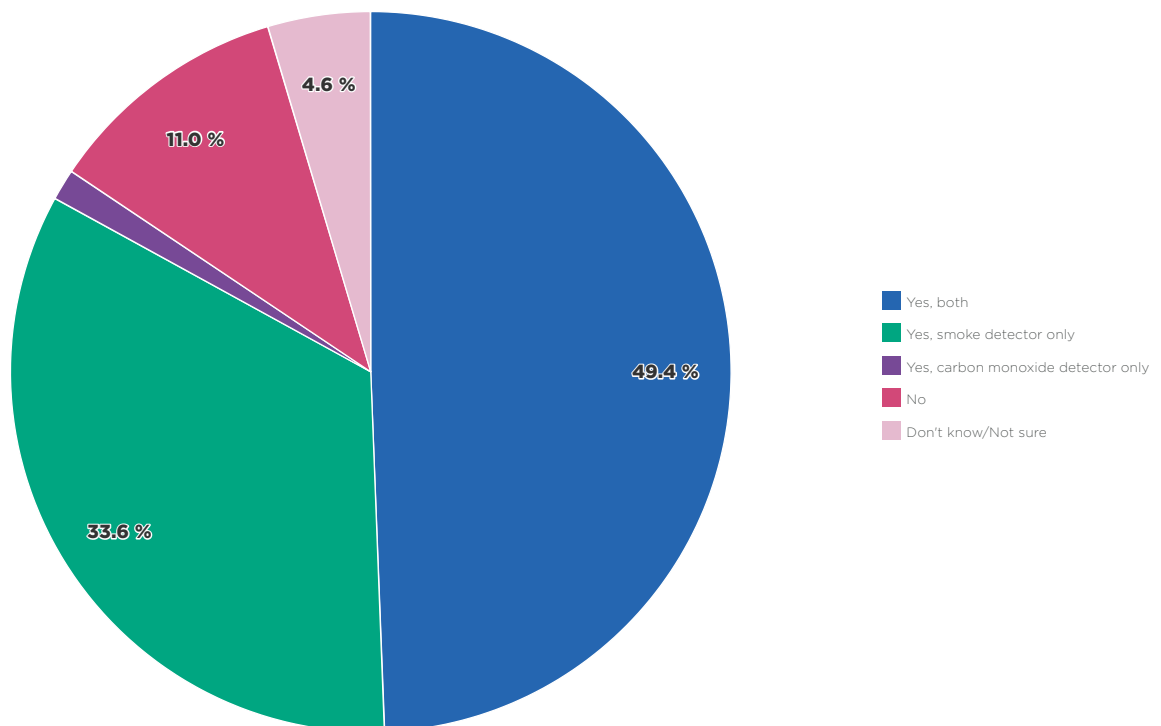
17.8
Days

How many days do you have emergency supplies for?
Lake Cumberland District Average



Judge Executive Marshall Todd joins members of the Pulaski County WOW Health Coalition as he signs a proclamation declaring January 2026 as Radon Action Month in Pulaski County. The proclamation highlights the importance of radon awareness and encourages all Pulaski County residents to test their homes for radon — the leading cause of lung cancer among non-smokers. By testing and mitigating elevated radon levels, families can take an important step toward protecting the health and safety of everyone in their home.

Does your household have working smoke and carbon monoxide detectors?



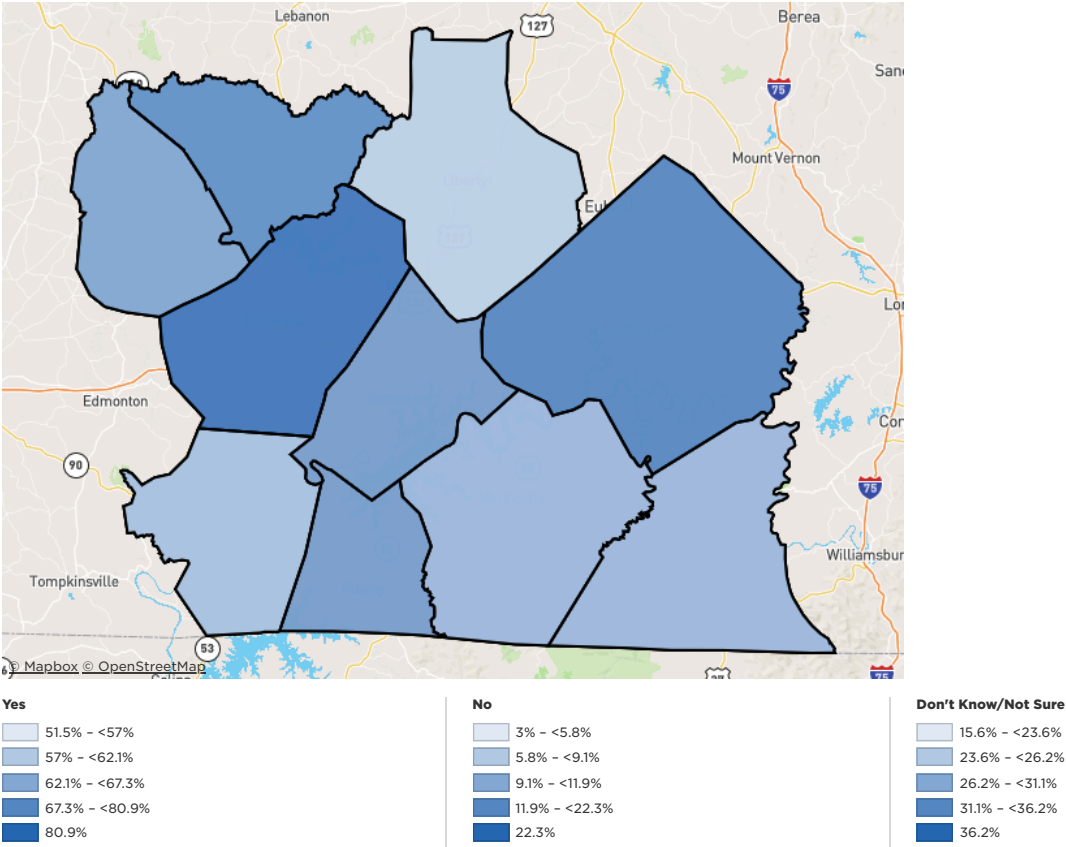
Source: LCDHD Community Health Assessment 2025

Emergency Evacuations

Emergency evacuation planning is a critical component of community safety and preparedness. Knowing when and how to evacuate, having a plan in place, and understanding available routes and shelters can reduce confusion and risk during emergencies such as natural disasters, fires, or hazardous events. Assessing community awareness and potential barriers

for evacuation helps identify gaps, improve communication, and ensure residents can respond quickly and safely when evacuation is necessary.

If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?



Source: LCDHD Community Health Assessment 2025

Community Perspectives

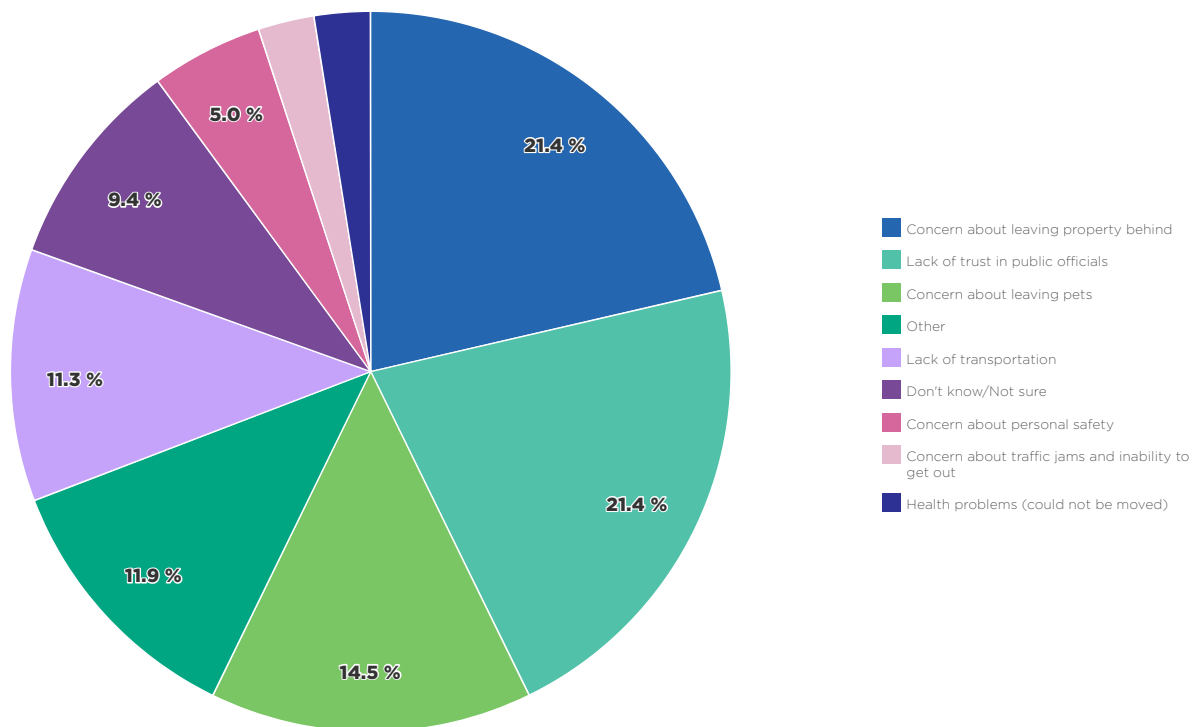
“

I am thankful for our Law Enforcement, Ambulance Service, Hospital, [and] ALL of our healthcare workers.

~ Adair County Resident

”

What would be the main reason you might not evacuate if asked to do so?



Source: LCDHD Community Health Assessment 2025

Health Inequities

Health equity focuses on ensuring that all individuals have a fair opportunity to achieve their best possible health, regardless of personal or social characteristics. Examining health disparities—differences in health outcomes, access to care, and experiences within health systems—helps identify populations that may face greater barriers to good health. These disparities are often associated with factors such as LGBTQ+ status, race and ethnicity, age, gender, disability status, and other social or economic conditions that shape access to resources and opportunities.

For example, LGBTQ+ individuals may experience stigma or limited access to affirming care, older adults may face challenges related to chronic conditions or mobility, and racial and ethnic communities may be affected by long-standing structural barriers impacting housing, education, employment, and health care access. Gender-related differences can also influence health risks and use of preventive services across the lifespan.

The geographic characteristics of the Lake Cumberland District also contribute to the health inequities experienced throughout the region. All 10 counties in the district—Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor, and Wayne—are identified as rural health areas and are eligible for rural health grant opportunities according to the HRSA Rural Health Grants Eligibility Analyzer. In addition, nine of the district’s 10 counties are designated as Appalachian by the Appalachian Regional Commission (ARC), with Taylor County being the exception. Rural and Appalachian communities can face challenges related to healthcare availability, transportation, workforce shortages, and access to other health-supporting resources, which can contribute to differences in health outcomes and access to care. These geographic factors intersect with social and economic conditions and can compound existing disparities among populations experiencing other barriers to health.

Understanding these patterns through a health equity and disparities lens supports the identification of unmet needs, informs community health planning, and guides the development of targeted, inclusive strategies aimed at improving health outcomes and overall well-being for all residents.

For more information on rural health areas (HRSA): [HRSA Rural Health Areas](#)[↗]

For more information on Appalachian counties (ARC): [ARC Kentucky Counties](#)[↗]

Discrimination

Discrimination can negatively affect health by contributing to stress, limiting access to services, and creating barriers to safe and supportive environments. Experiences of discrimination based on factors such as race, ethnicity, gender, age, or LGBTQ+ status can influence both physical and mental health outcomes. Understanding the presence and impact of discrimination helps inform efforts to promote equity, inclusion, and improved health for all community members.

Survey respondents ranked the following categories based on how often they were discriminated against: race, religion, age, gender, sexual orientation, ability, body type.

Top 3 Categories by Frequency Ratings:

1. Gender
2. Age
3. Body Type

Our Findings

Health status and health behavior data in the region highlight several key challenges, including notable disparities across gender, race/ethnicity, sexual orientation, and housing stability. Overall, women were less likely to report good community health compared to other groups, suggesting differences in how safe, supported, or healthy they perceive

their environments. Additionally, people of color (POC) were more likely to report poor personal health, indicating persistent inequities in health outcomes that may be linked to both chronic disease burden and unequal access to care and prevention services.

Housing insecurity also emerged as a significant disparity, with LGBTQ individuals, males, and POC more likely to report unstable or inadequate housing. Housing instability is closely tied to both physical and mental health outcomes, as it can increase stress, limit access to consistent care, and make it more difficult to manage chronic conditions. In addition, LGBTQ respondents were more likely to report barriers to accessing care, which may include discrimination, lack of culturally competent providers, or limited availability of affirming services.

Several factors contribute to these disparities. Structural inequities such as systemic racism, discrimination, and historical disinvestment in communities of color can lead to reduced access to quality healthcare, healthy housing, and economic opportunities. For LGBTQ individuals, barriers may be driven by stigma, lack of provider training in inclusive care, and fear of negative experiences within healthcare settings. Gender differences in reported community health may reflect variations in social roles, caregiving responsibilities, safety perceptions, and access to supportive resources.

Across all groups, social determinants of health—including housing affordability, income stability, transportation access, and healthcare availability—play a significant role in shaping both health behaviors and outcomes, reinforcing inequities across subpopulations. The rural and Appalachian nature of much of the district can further intensify these challenges, particularly when residents must travel greater distances to access healthcare, transportation, employment, and other essential resources.



28%

Less likely to report good community health

Female respondents

**compared to male respondents*



1.51
times

More likely to report bad personal health

Respondents of Color

**compared to white respondents*



3.01
times

More likely to report housing insecurity

LGBTQ respondents

**compared to heterosexual respondents*



1.72
times

More likely to report housing insecurity

Male respondents

**compared to female respondents*



2.41
Times

More likely to report housing insecurity

African American respondents

**compared to white respondents*



1.74

Times

More likely to report housing insecurity

Respondents of Color

**compared to white respondents*



4.38

Times

More likely to say their county was not a good place to raise children

LGBTQ respondents

**compared to heterosexual respondents*



1.86

Times

More likely to say their county was not a good place to raise children

Respondents of Color

**compared to white respondents*



48%

More likely to report barriers to care

LGBTQ respondents

**compared to heterosexual respondents*