



2020 COMMUNITY HEALTH NEEDS ASSESSMENT

Casey, Garrard & Lincoln Counties, Kentucky

Sponsored by
Ephraim McDowell Fort Logan Hospital



TABLE OF CONTENTS

INTRODUCTION	3
PROJECT OVERVIEW	4
Methodology	4
IRS Form 990, Schedule H Compliance	10
SUMMARY OF FINDINGS	11
DATA CHARTS & KEY INFORMANT INPUT	26
COMMUNITY CHARACTERISTICS	27
Population Characteristics	27
Social Determinants of Health	29
HEALTH STATUS	34
Overall Health	34
Mental Health	36
DEATH, DISEASE & CHRONIC CONDITIONS	42
Leading Causes of Death	42
Cardiovascular Disease	44
Cancer	49
Respiratory Disease	55
Injury & Violence	60
Diabetes	65
Kidney Disease	68
Potentially Disabling Conditions	70
Caregiving	75
BIRTHS	76
Birth Outcomes & Risks	76
Family Planning	77
MODIFIABLE HEALTH RISKS	79
Nutrition	79
Physical Activity	81
Weight Status	84
Substance Abuse	88
Tobacco Use	93
Sexual Health	96
ACCESS TO HEALTH CARE	98
Lack of Health Insurance Coverage	98
Difficulties Accessing Health Care	99
Primary Care Services	103
Oral Health	105
LOCAL RESOURCES	107
Perceptions of Local Health Care Services	107
Resources Available to Address the Significant Health Needs	108
APPENDIX	110
EVALUATION OF PAST ACTIVITIES	111





INTRODUCTION

PROJECT OVERVIEW

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2011, 2014, and 2017, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the service area of Ephraim McDowell Fort Logan Hospital. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

This assessment was conducted on behalf of Ephraim McDowell Fort Logan Hospital by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

PRC Community Health Survey

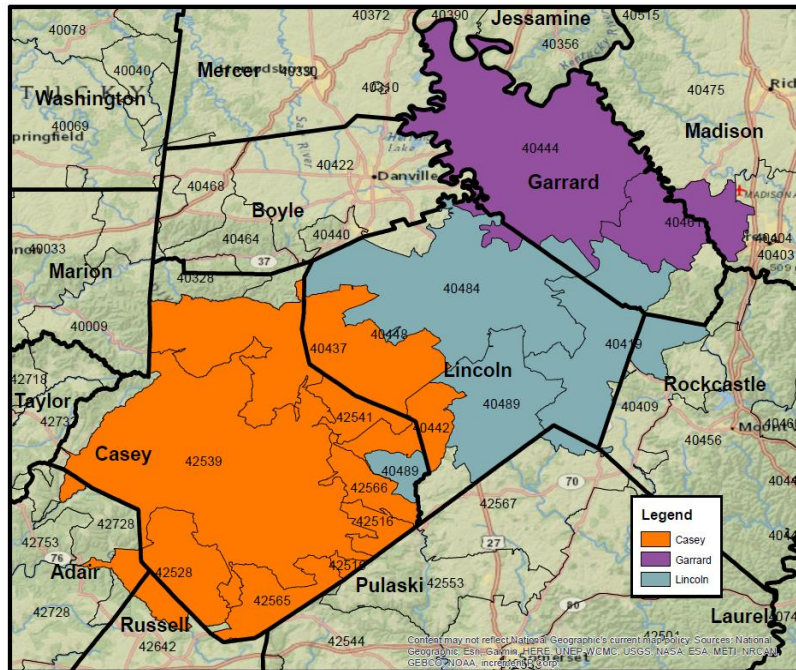
Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Ephraim McDowell Health and PRC and is similar to the previous surveys used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the “EMFLH Service Area” in this report) includes the principal residential ZIP Codes in Casey, Garrard, and Lincoln counties in Kentucky, comprising the service area of Ephraim McDowell Fort Logan Hospital. This community definition is illustrated in the following map.





Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 367 individuals age 18 and older in the EMFLH Service Area. Because this study is part of a larger effort involving multiple regions and hospital service areas, the surveys were distributed among various strata. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the EMFLH Service Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 367 respondents is $\pm 5.2\%$ at the 95 percent confidence level.

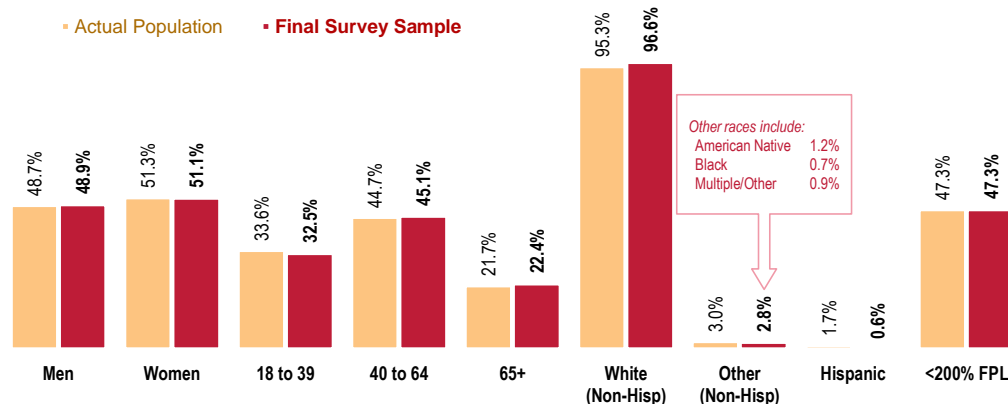
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias.

The following chart outlines the characteristics of the EMFLH Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s health care needs, and these children are not represented demographically in this chart.]



Population & Survey Sample Characteristics (EMFLH Service Area, 2020)



Sources: • US Census Bureau, 2011-2015 American Community Survey.
 • 2020 PRC Community Health Survey, PRC, Inc.
 Notes: • FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

INCOME & RACE/ETHNICITY

INCOME ► Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2020 guidelines place the poverty threshold for a family of four at \$26,200 annual household income or lower). In sample segmentation: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ► While the survey data are representative of the racial and ethnic makeup of the population, the samples for Hispanic and non-White race groups were not of sufficient size for independent analysis.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Ephraim McDowell Fort Logan Hospital; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.



Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. Note that stakeholder input was drawn from a more regional administration that also included Boyle, Mercer, and Washington counties. In all, 25 community stakeholders took part in the Online Key Informant Survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	4
Public Health Representatives	3
Community Leaders	18

Final participation included representatives of the organizations outlined below.

- Boyle County
- Casey County
- City of Danville
- City of Perryville
- Garrard County
- Lancaster City Council
- Lincoln County
- Lincoln County Health Department
- Mercer County
- Stanford City Council
- Washington County

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE ► These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the EMFLH Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)



- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Trending

Similar surveys were administered in the EMFLH Service Area in 2011, 2014, and 2017 by PRC on behalf of Ephraim McDowell Fort Logan Hospital. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Kentucky Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2020 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.



Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/ transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

Ephraim McDowell Fort Logan Hospital made its prior Community Health Needs Assessment (CHNA) report publicly available on its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Ephraim McDowell Fort Logan Hospital had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Ephraim McDowell Fort Logan Hospital will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.



IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H (2019)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	4
Part V Section B Line 3b Demographics of the community	27
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	107
Part V Section B Line 3d How data was obtained	4
Part V Section B Line 3e The significant health needs of the community	11
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	12
Part V Section B Line 3h The process for consulting with persons representing the community's interests	6
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	Pending 111



SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none"> ▪ Lack of Health Insurance ▪ Primary Care Physician Ratio ▪ Specific Source of Ongoing Medical Care ▪ Routine Medical Care (Adults) ▪ Eye Exams ▪ Regular Dental Care [Adults]
CANCER	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Cancer Deaths <ul style="list-style-type: none"> – Including Lung Cancer, Female Breast Cancer, Colorectal Cancer Deaths ▪ Cancer Incidence <ul style="list-style-type: none"> – Including Lung Cancer and Colorectal Cancer ▪ Cancer Prevalence ▪ Cervical Cancer Screening [Age 21-65] ▪ Colorectal Cancer Screening [Age 50-75] ▪ Key Informants: Cancer ranked as a top concern.
CORONAVIRUS DISEASE/COVID-19	<ul style="list-style-type: none"> ▪ Key Informants: Coronavirus disease/COVID-19 ranked as a top concern.
DIABETES	<ul style="list-style-type: none"> ▪ Blood Sugar Testing [Non-Diabetics] ▪ Kidney Disease Deaths ▪ Key Informants: Diabetes ranked as a top concern.
HEART DISEASE & STROKE	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Heart Disease Prevalence ▪ Stroke Deaths ▪ High Blood Pressure Prevalence ▪ High Blood Cholesterol Prevalence ▪ Overall Cardiovascular Risk
INFANT HEALTH & FAMILY PLANNING	<ul style="list-style-type: none"> ▪ Teen Births
INJURY & VIOLENCE	<ul style="list-style-type: none"> ▪ Unintentional Injury Deaths <ul style="list-style-type: none"> – Including Motor Vehicle Crash, Firearm-Related Deaths

—continued on the following page—



AREAS OF OPPORTUNITY (continued)

MENTAL HEALTH	<ul style="list-style-type: none"> ▪ Suicide Deaths ▪ Mental Health Provider Ratio
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none"> ▪ Fruit/Vegetable Consumption ▪ Overweight & Obesity [Adults] ▪ Key Informants: Nutrition, physical activity, and weight ranked as a top concern.
POTENTIALLY DISABLING CONDITIONS	<ul style="list-style-type: none"> ▪ Activity Limitations ▪ Multiple Chronic Conditions ▪ High-Impact Chronic Pain
RESPIRATORY DISEASE	<ul style="list-style-type: none"> ▪ Chronic Lower Respiratory Disease (CLRD) Deaths ▪ Chronic Obstructive Pulmonary Disease (COPD) Prevalence ▪ Pneumonia/Influenza Deaths ▪ Flu Vaccination [Age 65+]
SUBSTANCE ABUSE	<ul style="list-style-type: none"> ▪ Unintentional Drug-Related Deaths ▪ Key Informants: Substance abuse ranked as a top concern.
TOBACCO USE	<ul style="list-style-type: none"> ▪ Key Informants: Tobacco use ranked as a top concern.

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (“Areas of Opportunity” above) was a joint process with other regional Ephraim McDowell Health hospitals and determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Substance Abuse
2. Coronavirus Disease/COVID-19
3. Tobacco Use
4. Cancer
5. Diabetes
6. Nutrition, Physical Activity & Weight
7. Heart Disease & Stroke
8. Mental Health
9. Respiratory Disease
10. Potentially Disabling Conditions
11. Infant Health & Family Planning
12. Injury & Violence
13. Access to Health Care Services



Hospital Implementation Strategy

Ephraim McDowell Fort Logan Hospital will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.



Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the EMFLH Service Area, as well as trend data. These data are grouped by health topic.

Reading the Summary Tables

- In the following tables, EMFLH Service Area results are shown in the larger, gray column.
- The columns to the right of the EMFLH Service Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether the EMFLH Service Area compares favorably (☀️), unfavorably (🌪️), or comparably (⚖️) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

TREND SUMMARY

(Current vs. Baseline Data)

SURVEY DATA INDICATORS:

Trends for survey-derived indicators represent significant changes since YEAR1. Note that survey data reflect the ZIP Code-defined EMFLH Service Area.





OTHER (SECONDARY) DATA INDICATORS:

Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

Note that secondary data reflect county-level data.






SOCIAL DETERMINANTS
Linguistically Isolated Population (Percent)
Population in Poverty (Percent)
Children in Poverty (Percent)
No High School Diploma (Age 25+, Percent)
% Unable to Pay Cash for a \$400 Emergency Expense
% Worry/Stress Over Rent/Mortgage in Past Year
% Unhealthy/Unsafe Housing Conditions
% Food Insecure

EMFLH Service Area	EMFLH SERVICE AREA vs. BENCHMARKS			TREND
	vs. KY	vs. US	vs. HP2030	
0.7	 1.3	 4.4		
22.5	 16.7	 13.1	 8.0	
29.8	 24.4	 19.5	 8.0	
22.1	 14.3	 12.3		
25.7		 24.6		
22.7		 32.2		
7.4		 12.2		
20.0		 34.1		

 better
  similar
  worse

OVERALL HEALTH
% "Fair/Poor" Overall Health








EMFLH Service Area	EMFLH SERVICE AREA vs. BENCHMARKS			TREND
	vs. KY	vs. US	vs. HP2030	
22.0	 23.5	 12.6		 31.8




 better
  similar
  worse

ACCESS TO HEALTH CARE
% [Age 18-64] Lack Health Insurance
% Difficulty Accessing Health Care in Past Year (Composite)
% Cost Prevented Physician Visit in Past Year
% Cost Prevented Getting Prescription in Past Year
% Difficulty Getting Appointment in Past Year
% Inconvenient Hrs Prevented Dr Visit in Past Year
% Difficulty Finding Physician in Past Year
% Transportation Hindered Dr Visit in Past Year
% Language/Culture Prevented Care in Past Year
% Skipped Prescription Doses to Save Costs
% Difficulty Getting Child's Health Care in Past Year
Primary Care Doctors per 100,000
% Have a Specific Source of Ongoing Care
% Have Had Routine Checkup in Past Year
% Child Has Had Checkup in Past Year







EMFLH Service Area	EMFLH SERVICE AREA vs. BENCHMARKS			TREND
	vs. KY	vs. US	vs. HP2030	
14.5	 8.8	 8.7	 7.9	 24.8
33.4		 35.0		 51.2
9.6	 12.6	 12.9		 13.9
12.3		 12.8		 15.4
10.7		 14.5		 17.2
11.4		 12.5		 16.9
5.4		 9.4		 8.4
7.7		 8.9		 8.0
0.6		 2.8		
12.2		 12.7		
2.4		 8.0		 1.0
24.2	 65.7	 76.6		
74.3		 74.2	 84.0	 82.2
67.8	 75.3	 70.5		 64.3
68.2		 77.4		 88.5

ACCESS TO HEALTH CARE (continued)
% Two or More ER Visits in Past Year
% Eye Exam in Past 2 Years
% Rate Local Health Care "Fair/Poor"

















EMFLH Service Area	EMFLH SERVICE AREA vs. BENCHMARKS			TREND
	vs. KY	vs. US	vs. HP2030	
8.6		 10.1		 10.8
52.3		 61.0	 61.1	 57.7
5.9		 8.0		 19.9

 better
  similar
  worse

CANCER
Cancer (Age-Adjusted Death Rate)
Lung Cancer (Age-Adjusted Death Rate)
Prostate Cancer (Age-Adjusted Death Rate)
Female Breast Cancer (Age-Adjusted Death Rate)
Colorectal Cancer (Age-Adjusted Death Rate)
Cancer Incidence Rate (All Sites)
Female Breast Cancer Incidence Rate
Prostate Cancer Incidence Rate
Lung Cancer Incidence Rate











EMFLH Service Area	EMFLH SERVICE AREA vs. BENCHMARKS			TREND
	vs. KY	vs. US	vs. HP2030	
198.5	 187.0	 152.5	 122.7	 218.3
61.0	 56.9	 36.6	 25.1	
16.1	 19.1	 18.9	 16.9	
28.3	 21.0	 19.9	 15.3	
16.8	 16.8	 13.7	 8.9	
537.4	 519.6	 448.7		
115.3	 126.7	 125.9		
105.7	 104.1	 104.5		
101.0	 91.0	 58.3		

CANCER (continued)
Colorectal Cancer Incidence Rate
% Cancer
% [Women 50-74] Mammogram in Past 2 Years
% [Women 21-65] Cervical Cancer Screening
% [Age 50-75] Colorectal Cancer Screening

EMFLH Service Area	EMFLH SERVICE AREA vs. BENCHMARKS			TREND
	vs. KY	vs. US	vs. HP2030	
53.7	 48.3	 38.4		
15.7	 14.3	 10.0		
67.8	 77.6	 76.1	 77.1	 69.9
52.9	 80.3	 73.8	 84.3	 87.1
68.7	 69.6	 77.4	 74.4	 67.9























 better
  similar
  worse




DIABETES
Diabetes (Age-Adjusted Death Rate)
% Diabetes/High Blood Sugar
% Borderline/Pre-Diabetes
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years

EMFLH Service Area	EMFLH SERVICE AREA vs. BENCHMARKS			TREND
	vs. KY	vs. US	vs. HP2030	
22.5	 28.0	 21.3		 30.1
17.8	 13.7	 13.8		 16.1
8.0		 9.7		 8.6
45.7		 43.3		 55.2














 better
  similar
  worse




HEART DISEASE & STROKE
Diseases of the Heart (Age-Adjusted Death Rate)
% Heart Disease (Heart Attack, Angina, Coronary Disease)
Stroke (Age-Adjusted Death Rate)
% Stroke
% Told Have High Blood Pressure
% Told Have High Cholesterol
% 1+ Cardiovascular Risk Factor

EMFLH Service Area	EMFLH SERVICE AREA vs. BENCHMARKS			TREND
	vs. KY	vs. US	vs. HP2030	
176.2	 199.1	 164.7	 127.4	 188.5
10.1	 10.1	 6.1		 13.7
44.7	 40.4	 37.3	 33.4	 37.8
6.4	 4.6	 4.3		 4.9
53.4	 39.4	 36.9	 27.7	 46.4
39.0		 32.7		 39.9
95.8		 84.6		 88.8
























 better
  similar
  worse

INFANT HEALTH & FAMILY PLANNING
No Prenatal Care in First Trimester (Percent)
Low Birthweight Births (Percent)
Infant Death Rate
Births to Adolescents (Percent)
Births to Adolescents Age 15 to 19 (Rate per 1,000)

EMFLH Service Area	EMFLH SERVICE AREA vs. BENCHMARKS			TREND
	vs. KY	vs. US	vs. HP2030	
	 21.1	 22.7		
9.4	 9.1	 8.2		
6.6	 6.4	 5.7	 5.0	 9.3
	 7.5	 5.1		
46.6	 33.7	 22.7	 31.4	







 better
  similar
  worse

INJURY & VIOLENCE
Unintentional Injury (Age-Adjusted Death Rate)
Motor Vehicle Crashes (Age-Adjusted Death Rate)
[65+] Falls (Age-Adjusted Death Rate)
% "Always" Wear a Seat Belt
Firearm-Related Deaths (Age-Adjusted Death Rate)
Homicide (Age-Adjusted Death Rate)
Violent Crime Rate
% Victim of Violent Crime in Past 5 Years
% Victim of Intimate Partner Violence

EMFLH Service Area	EMFLH SERVICE AREA vs. BENCHMARKS			TREND
	vs. KY	vs. US	vs. HP2030	
89.9	 70.2	 48.3	 43.2	 74.3
30.5	 17.4	 11.5	 10.1	
31.5	 46.2	 63.4	 63.4	
71.2				 75.7
18.4	 16.9	 11.9	 10.7	
3.6	 6.9	 6.1	 5.5	
31.4	 226.5	 416.0		
1.0		 6.2		 3.8
8.9		 13.7		 14.7

 better
  similar
  worse

KIDNEY DISEASE
Kidney Disease (Age-Adjusted Death Rate)
% Kidney Disease

EMFLH Service Area	EMFLH SERVICE AREA vs. BENCHMARKS			TREND
	vs. KY	vs. US	vs. HP2030	
26.6	 19.5	 13.0		 25.9
6.2	 4.2	 5.0		 3.5

 better
  similar
  worse

MENTAL HEALTH
% "Fair/Poor" Mental Health
% Diagnosed Depression
% Symptoms of Chronic Depression (2+ Years)
% Typical Day Is "Extremely/Very" Stressful
Suicide (Age-Adjusted Death Rate)
Mental Health Providers per 100,000
% Taking Rx/Receiving Mental Health Trtmt
% Unable to Get Mental Health Svcs in Past Yr

EMFLH Service Area	EMFLH SERVICE AREA vs. BENCHMARKS			TREND
	vs. KY	vs. US	vs. HP2030	
17.8		13.4		20.6
22.0	24.0	20.6		27.5
32.7		30.3		40.2
10.1		16.1		
25.5	17.1	13.9	12.8	13.0
12.1	40.8	42.6		
17.2		16.8		
3.7		7.8		4.8

better
 similar
 worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT
Population With Low Food Access (Percent)
% "Very/Somewhat" Difficult to Buy Fresh Produce
% 5+ Servings of Fruits/Vegetables per Day
% No Leisure-Time Physical Activity

EMFLH Service Area	EMFLH SERVICE AREA vs. BENCHMARKS			TREND
	vs. KY	vs. US	vs. HP2030	
7.8	18.0	22.4		
19.2		21.1		34.6
25.4		32.7		47.8
35.0	32.4	31.3	21.2	32.4

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	
% Meeting Physical Activity Guidelines	
% Child [Age 2-17] Physically Active 1+ Hours per Day	
% Healthy Weight (BMI 18.5-24.9)	
% Overweight (BMI 25+)	
% Obese (BMI 30+)	
% Children [Age 5-17] Healthy Weight	
% Children [Age 5-17] Overweight (85th Percentile)	
% Children [Age 5-17] Obese (95th Percentile)	

EMFLH Service Area	EMFLH SERVICE AREA vs. BENCHMARKS			TREND
	vs. KY	vs. US	vs. HP2030	
19.7	16.8	21.4	28.4	17.0
49.2		33.0		59.8
20.7	30.0	34.5		
78.3	68.5	61.0		71.3
40.1	36.6	31.3	36.0	34.1
42.4		47.6		
47.7		32.3		40.0
24.5		16.0	15.5	25.6

better
 similar
 worse











ORAL HEALTH	
% Have Dental Insurance	
% [Age 18+] Dental Visit in Past Year	
% Child [Age 2-17] Dental Visit in Past Year	




EMFLH Service Area	EMFLH SERVICE AREA vs. BENCHMARKS			TREND
	vs. KY	vs. US	vs. HP2030	
63.2		68.7	59.8	47.5
49.6	61.9	62.0	45.0	54.8
64.3		72.1	45.0	71.1

better
 similar
 worse

POTENTIALLY DISABLING CONDITIONS


















% 3+ Chronic Conditions
% Activity Limitations
% With High-Impact Chronic Pain
Alzheimer's Disease (Age-Adjusted Death Rate)
% Caregiver to a Friend/Family Member




EMFLH Service Area	EMFLH SERVICE AREA vs. BENCHMARKS			TREND
	vs. KY	vs. US	vs. HP2030	
46.6		 32.5		
30.1		 24.0		 28.8
27.1		 14.1	 7.0	
34.9	 34.2	 30.6		 38.1
21.1		 22.6		 32.5

 better
  similar
  worse





RESPIRATORY DISEASE

CLRD (Age-Adjusted Death Rate)
Pneumonia/Influenza (Age-Adjusted Death Rate)
% [Age 65+] Flu Vaccine in Past Year
% [Adult] Asthma
% [Child 0-17] Asthma
% COPD (Lung Disease)

EMFLH Service Area	EMFLH SERVICE AREA vs. BENCHMARKS			TREND
	vs. KY	vs. US	vs. HP2030	
79.6	 64.3	 40.4		 70.9
17.7	 17.9	 14.2		 24.5
53.4	 59.4	 71.0		 69.3
7.4	 11.5	 12.9		 8.2
4.3		 7.8		 10.5
11.4	 12.1	 6.4		 14.2


















 better
  similar
  worse

SEXUAL HEALTH
Chlamydia Incidence Rate
Gonorrhea Incidence Rate

EMFLH Service Area	EMFLH SERVICE AREA vs. BENCHMARKS			TREND
	vs. KY	vs. US	vs. HP2030	
270.2	 436.4	 539.9		
88.3	 167.7	 179.1		



















 better
  similar
  worse




SUBSTANCE ABUSE
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)
% Excessive Drinker
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)
% Illicit Drug Use in Past Month
% Used an Opioid Drug in Past Year
% Ever Sought Help for Alcohol or Drug Problem
% Personally Impacted by Substance Abuse

EMFLH Service Area	EMFLH SERVICE AREA vs. BENCHMARKS			TREND
	vs. KY	vs. US	vs. HP2030	
8.6	 12.7	 10.9	 10.9	 11.9
8.7	 15.9	 27.2		 16.9
36.2	 31.7	 18.1		 20.4
1.1		 2.0	 12.0	 3.3
16.2		 12.9		
4.2		 5.4		 2.9
34.6		 35.8		

 better
  similar
  worse

TOBACCO USE
% Current Smoker
% Someone Smokes at Home
% [Household With Children] Someone Smokes in the Home
% [Smokers] Have Quit Smoking 1+ Days in Past Year
% [Smokers] Received Advice to Quit Smoking
% Currently Use Vaping Products

EMFLH Service Area	EMFLH SERVICE AREA vs. BENCHMARKS			TREND
	vs. KY	vs. US	vs. HP2030	
15.7	 23.4	 17.4	 5.0	 21.3
10.6		 14.6		 21.0
7.8		 17.4		 24.3
41.3	 54.5	 42.8	 65.7	 54.2
57.1		 59.6	 66.6	 73.1
5.7	 6.1	 8.9		 5.5

 better
  similar
  worse



DATA CHARTS & KEY INFORMANT INPUT

The following sections present data from multiple sources, including the population-based PRC Community Health Survey, public health and other existing data sets (secondary data), as well as qualitative input from the Online Key Informant Survey.

Data indicators from these sources are intermingled and organized by health topic. To better understand the source data for specific indicators, please refer to the footnotes accompanying each chart.

COMMUNITY CHARACTERISTICS

Population Characteristics

Land Area, Population Size & Density

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

Total Population
(Estimated Population, 2014–2018)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
EMFLH Service Area	57,582	1,007.18	57.17
Kentucky	4,440,204	39,485.23	112.45
United States	322,903,030	3,532,068.58	91.42

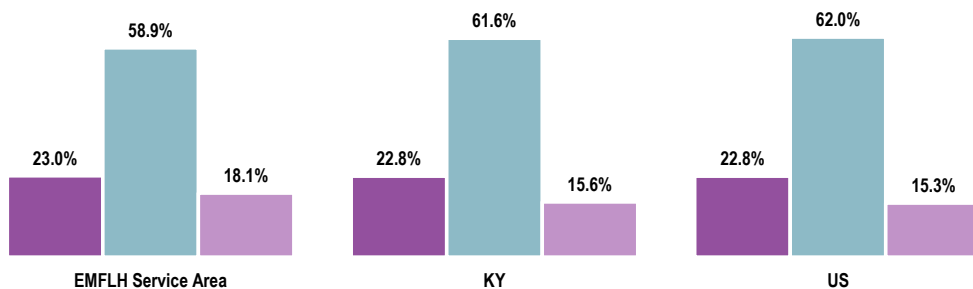
Sources: • US Census Bureau American Community Survey 5-year estimates.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2020 via SparkMap (sparkmap.org).

Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

Total Population by Age Groups
(2014–2018)

■ Age 0-17 ■ Age 18-64 ■ Age 65+



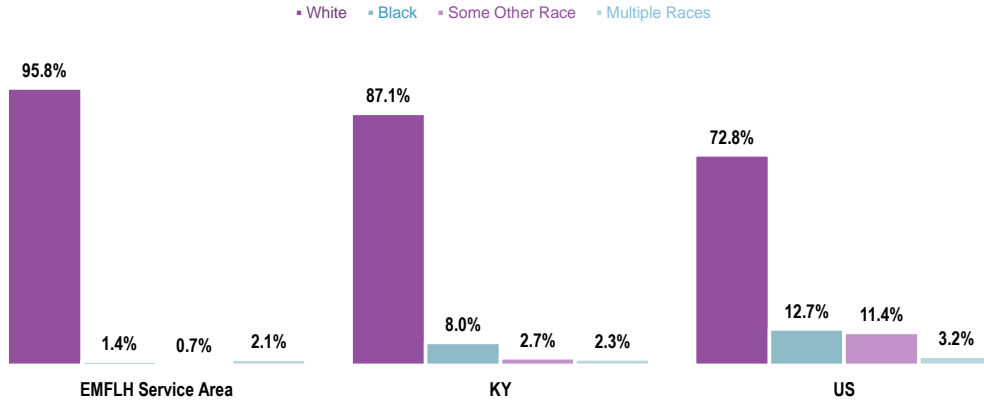
Sources: • US Census Bureau American Community Survey 5-year estimates.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2020 via SparkMap (sparkmap.org).



Race & Ethnicity

The following charts illustrate the racial and ethnic makeup of our community. Note that ethnicity (Hispanic or Latino) can be of any race.

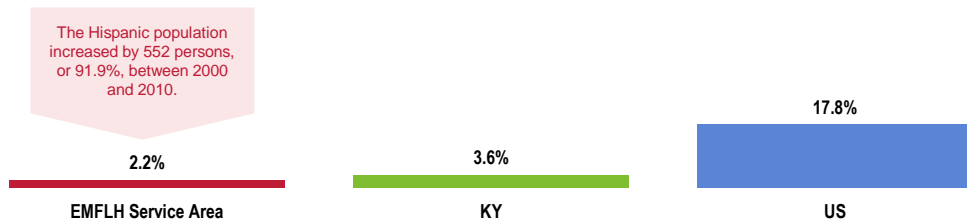
Total Population by Race Alone (2014–2018)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2020 via SparkMap (sparkmap.org).

Hispanic Population (2014–2018)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2020 via SparkMap (sparkmap.org).

 Notes:

- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.



Social Determinants of Health

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

- Healthy People 2030 (<https://health.gov/healthypeople>)

Income & Poverty

Poverty

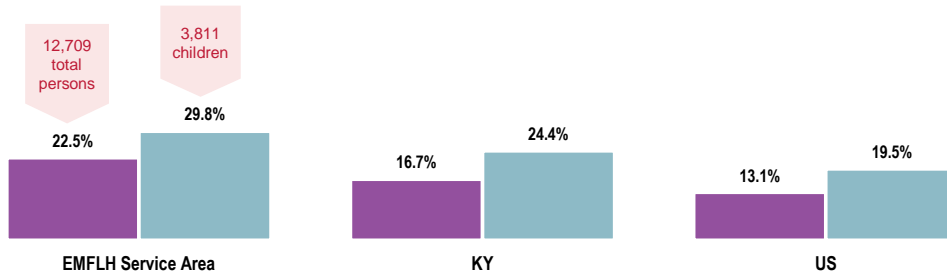
The following chart outlines the proportion of our population below the federal poverty threshold, as well as below 200% of the federal poverty level, in comparison to state and national proportions.



Population in Poverty (Populations Living Below the Poverty Level; 2014–2018)

Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2020 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

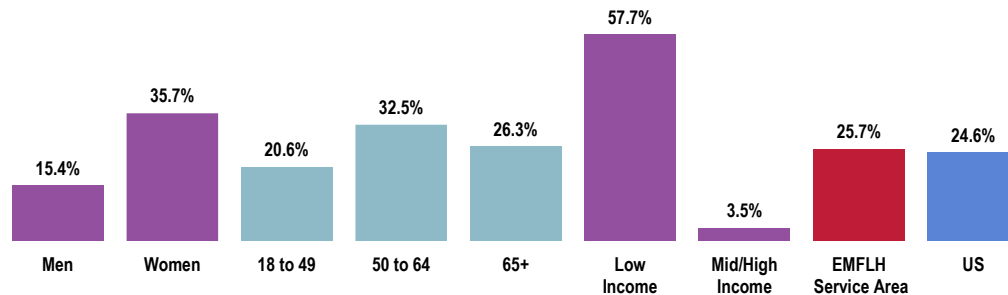
Notes:

- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Financial Resilience

“Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?”

Do Not Have Cash on Hand to Cover a \$400 Emergency Expense (EMFLH Service Area, 2020)



Sources:

- 2020 PRC Community Health Survey, PRC, Inc. [Item 63]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:

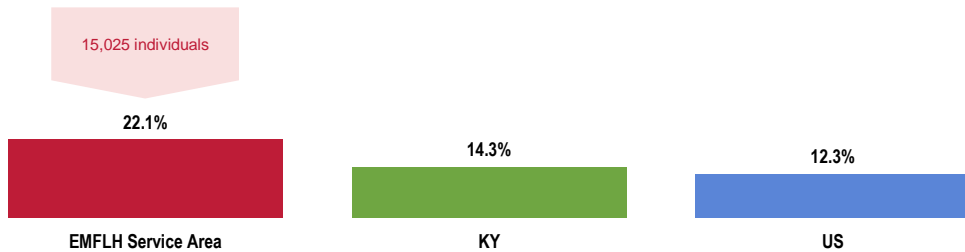
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.



Education

Education levels are reflected in the proportion of our population without a high school diploma.

Population With No High School Diploma (Population Age 25+ Without a High School Diploma or Equivalent, 2014–2018)



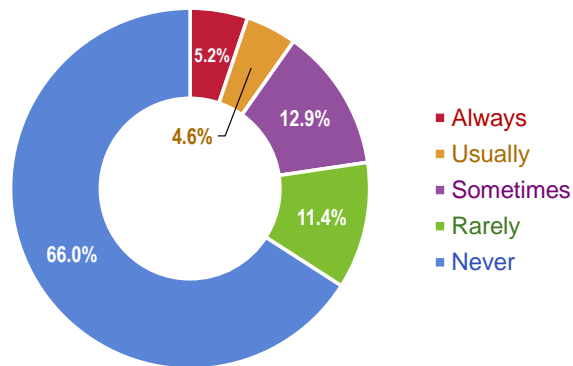
- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2020 via SparkMap (sparkmap.org).
- Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

Housing

Housing Insecurity

“In the past 12 months, how often were you worried or stressed about having enough money to pay your rent or mortgage? Would you say you were worried or stressed: always, usually, sometimes, rarely, or never?”

Frequency of Worry or Stress About Paying Rent or Mortgage in the Past Year (EMFLH Service Area, 2020)



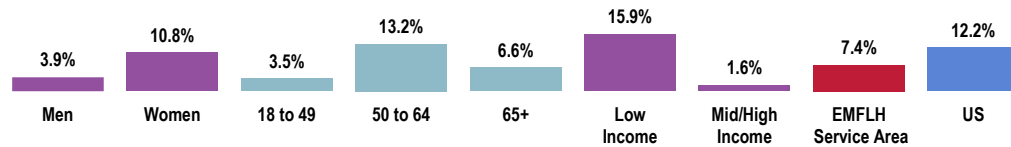
- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 65]
- Notes:
- Asked of all respondents.



Unhealthy or Unsafe Housing

“Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?”

Unhealthy or Unsafe Housing Conditions in the Past Year (EMFLH Service Area, 2020)



Sources:

- 2020 PRC Community Health Survey, PRC, Inc. [Item 65]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents.

- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Food Insecurity

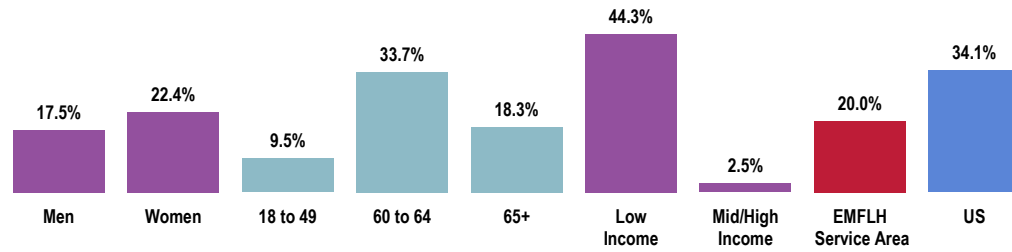
“Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was ‘often true,’ ‘sometimes true,’ or ‘never true’ for you in the past 12 months.

- The first statement is: ‘I worried about whether our food would run out before we got money to buy more.’
- The next statement is: ‘The food that we bought just did not last, and we did not have money to get more.’”

Agreement with either or both of these statements (“often true” or “sometimes true”) defines food insecurity for respondents.



Food Insecurity (EMFLH Service Area, 2020)



Sources:

- 2020 PRC Community Health Survey, PRC, Inc. [Item 112]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

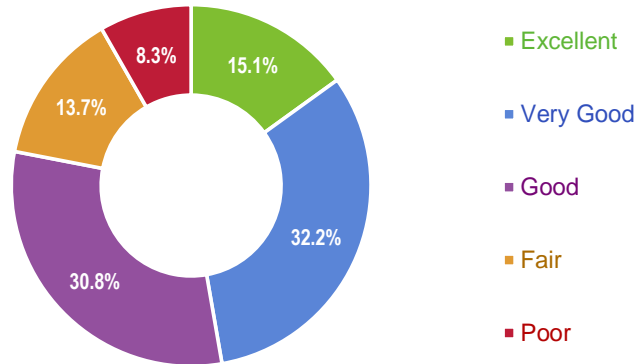


HEALTH STATUS

Overall Health

“Would you say that in general your health is: excellent, very good, good, fair, or poor?”

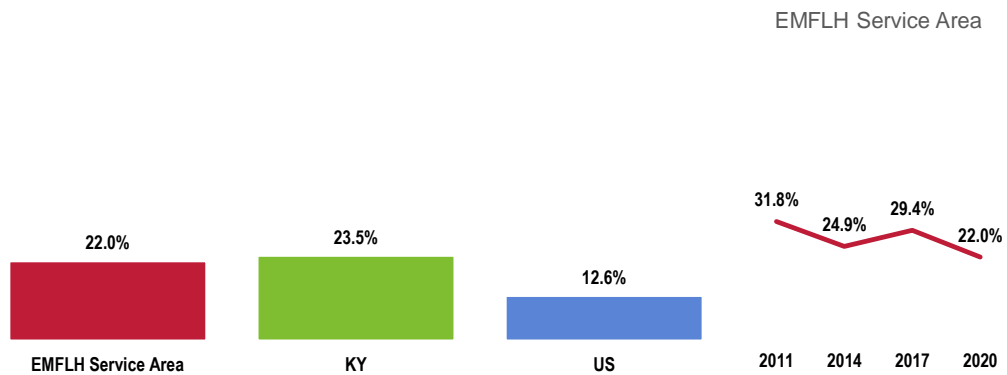
Self-Reported Health Status
(EMFLH Service Area, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

The following charts further detail “fair/poor” overall health responses in the EMFLH Service Area in comparison to benchmark data, as well as by basic demographic characteristics (namely by sex, age groupings, and income [based on poverty status]).

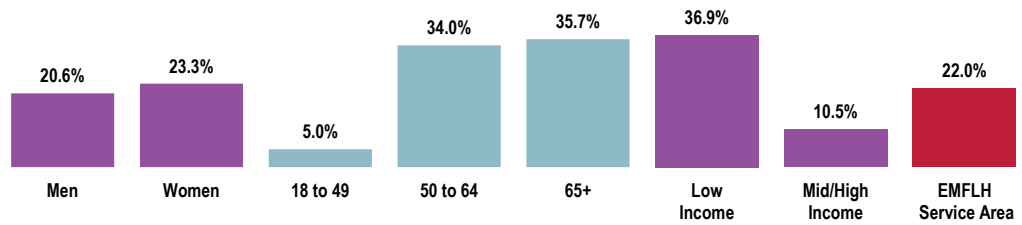
Experience “Fair” or “Poor” Overall Health



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2018 Kentucky data.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Experience “Fair” or “Poor” Overall Health (EMFLH Service Area, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.



Mental Health

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. ...Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

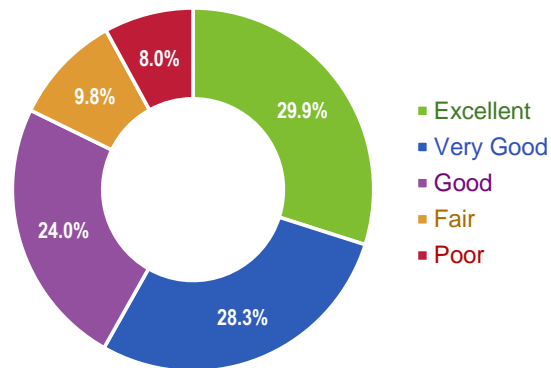
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Mental Health Status

“Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair, or poor?”

Self-Reported Mental Health Status
(EMFLH Service Area, 2020)

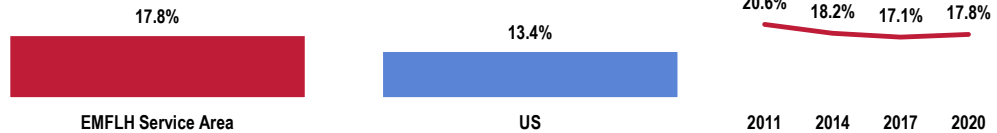


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 90]
Notes: • Asked of all respondents.



Experience “Fair” or “Poor” Mental Health

EMFLH Service Area



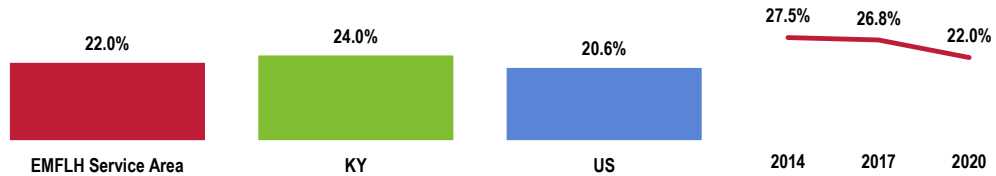
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 90]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Depression

DIAGNOSED DEPRESSION ▶ “Has a doctor or other healthcare provider ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?”

Have Been Diagnosed With a Depressive Disorder

EMFLH Service Area

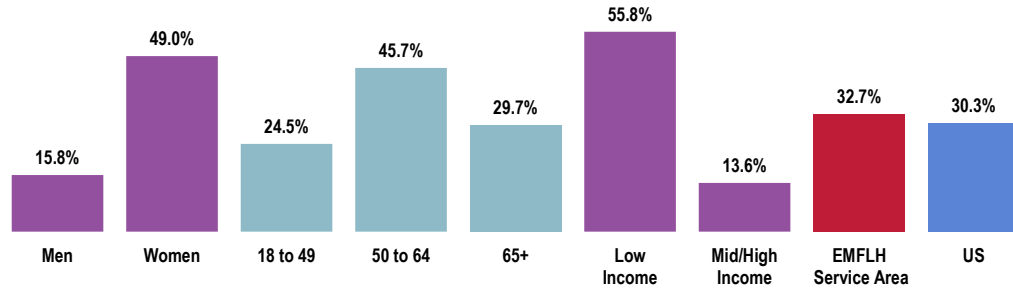


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 93]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Kentucky data.
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.



SYMPTOMS OF CHRONIC DEPRESSION ▶ “Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?”

Have Experienced Symptoms of Chronic Depression
(EMFLH Service Area, 2020)

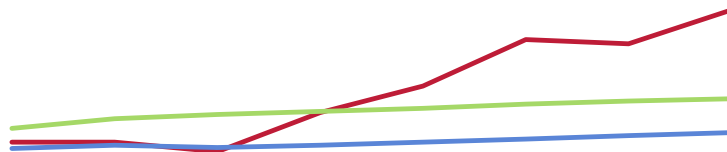


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 91]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Suicide

The following chart outlines the most current age-adjusted mortality rates attributed to suicide in our population (refer to “Leading Causes of Death” for an explanation of the use of age-adjusting for these rates).

Suicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
EMFLH Service Area	13.0	13.0	12.1	15.8	18.3	22.7	22.3	25.5
KY	14.3	15.2	15.6	15.9	16.2	16.6	16.9	17.1
US	12.4	12.7	12.5	12.7	13.0	13.3	13.6	13.9

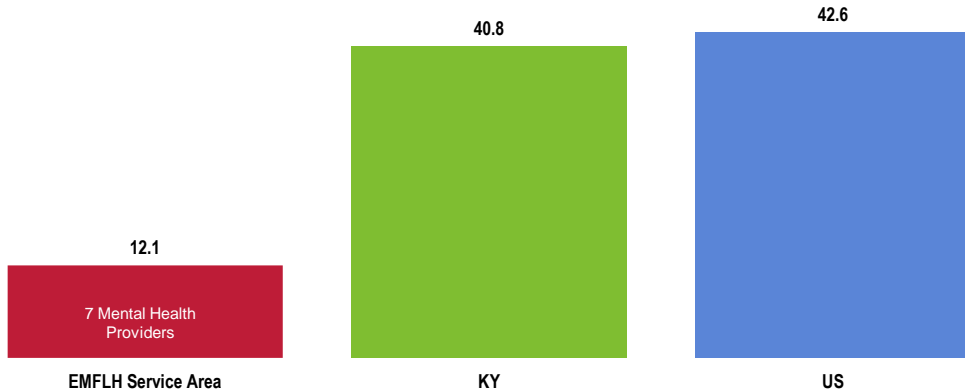
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2020.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Mental Health Treatment

The following chart outlines access to mental health providers, expressed as the number of providers (psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care) per 100,000 residents.

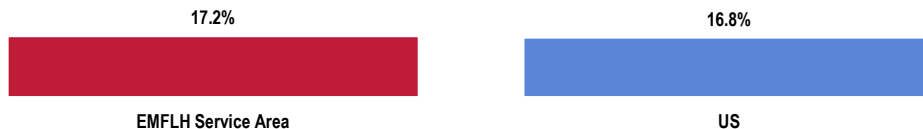
Access to Mental Health Providers
(Number of Mental Health Providers per 100,000 Population, 2020)



- Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2020 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

“Are you now taking medication or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?”

Currently Receiving Mental Health Treatment

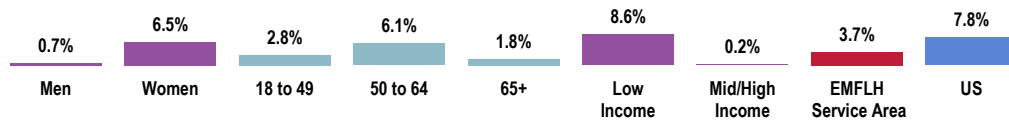


- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 94]
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - “Treatment” can include taking medications for mental health.



“Was there a time in the past 12 months when you needed mental health services but were not able to get them?”

Unable to Get Mental Health Services When Needed in the Past Year (EMFLH Service Area, 2020)

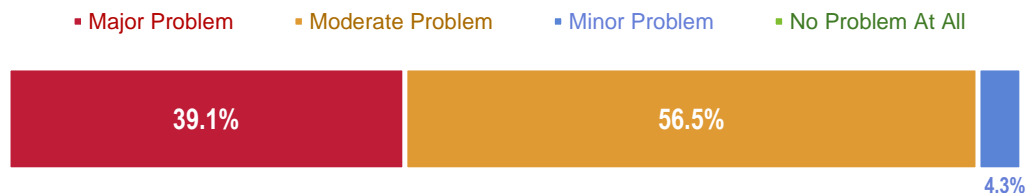


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 95]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Mental Health

The following chart outlines key informants’ perceptions of the severity of *Mental Health* as a problem in the community:

Perceptions of Mental Health as a Problem in the Community (Key Informants, 2020)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

- Access to inpatient and outpatient facilities, therapy options (variety of specialists), ABA models. – Community Leader
- Lack of mental health providers. – Physician
- Lack of resources to help address a serious problem in the community. Physicians not attentive enough to the patients’ needs. – Physician



Contributing Factors

Lack of income. Drug abuse. No hope. – Community Leader

Drug abuse and homelessness. – Community Leader

A lack of education and family support. – Community Leader

Incidence/Prevalence

Mental health is a major concern in the community, state, and nation. As a school, we have doubled the number of mental health professionals in our buildings but need much more than we have. Most issues we deal with are mental health issues, not behavior issues. – Community Leader

Isolation

Isolating themselves and not seeking assistance, feeling alone. – Public Health Representative



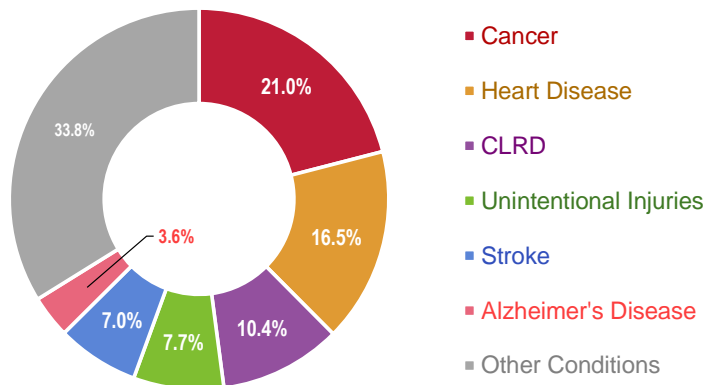
DEATH, DISEASE & CHRONIC CONDITIONS

Leading Causes of Death

Distribution of Deaths by Cause

Cancers and heart disease are leading causes of death in the community.

Leading Causes of Death
(EMFLH Service Area, 2018)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2020.
Notes: • Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

In order to compare mortality in the region with other localities (in this case, Kentucky and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

The following chart outlines annual average age-adjusted death rates per 100,000 population for selected causes of death in the EMFLH Service Area.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Age-Adjusted Death Rates for Selected Causes (2016–2018 Deaths per 100,000 Population)

	EMFLH Service Area	Kentucky	US	HP2030
Malignant Neoplasms (Cancers)	198.5	187.0	152.5	122.7
Diseases of the Heart	176.2	199.1	164.7	127.4*
Unintentional Injuries	89.9	70.2	48.3	43.2
Chronic Lower Respiratory Disease (CLRD)	79.6	64.3	40.4	—
Cerebrovascular Disease (Stroke)	44.7	40.4	37.3	33.4
Unintentional Drug-Related Deaths	36.2	31.7	18.1	—
Alzheimer's Disease	34.9	34.2	30.6	—
Falls [Age 65+]**	31.5	46.2	63.4	63.4
Motor Vehicle Deaths	30.5	17.4	11.5	10.1
Kidney Disease	26.6	19.5	13.0	—
Intentional Self-Harm (Suicide)	25.5	17.1	13.9	12.8
Diabetes	22.5	28.0	21.3	—
Firearm-Related	18.4	16.9	11.9	10.7
Pneumonia/Influenza	17.7	17.9	14.2	—
Cirrhosis/Liver Disease**	8.6	12.7	10.9	10.9
Homicide/Legal Intervention	3.6	6.9	6.1	5.5

- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2020.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>.
- Notes:
- *The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.
 - ** The EMFLH Service Area AADR represents 2009-2018 data for falls and 2014-2018 data for cirrhosis.



Cardiovascular Disease

ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. ...Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

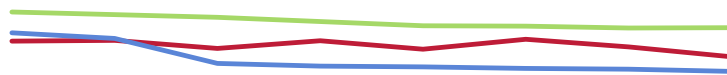
Age-Adjusted Heart Disease & Stroke Deaths

The greatest share of cardiovascular deaths is attributed to heart disease. The following charts outline age-adjusted mortality rates for heart disease and for stroke in our community.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 127.4 or Lower (Adjusted)



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
EMFLH Service Area	188.5	189.3	182.7	189.0	182.1	190.0	184.0	176.2
KY	211.5	209.4	207.2	204.0	200.6	200.4	198.9	199.1
US	195.1	190.7	171.1	168.9	168.4	167.0	166.3	164.7

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2020.

• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.



Stroke: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
EMFLH Service Area	37.8	39.7	37.3	37.3	35.8	33.7	38.0	44.7
KY	45.1	44.4	43.6	42.6	41.4	41.0	40.2	40.4
US	42.3	41.2	36.8	36.3	36.8	37.1	37.5	37.3

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2020.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Prevalence of Heart Disease & Stroke

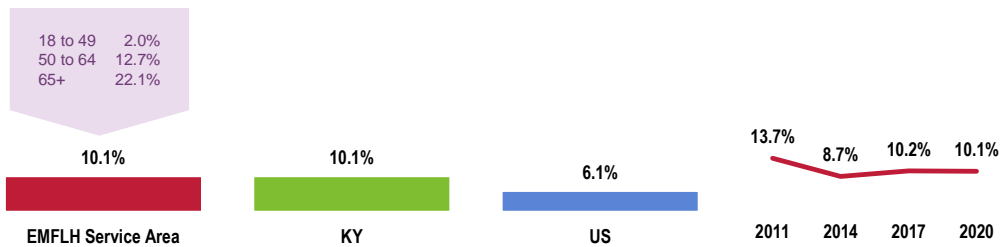
“Has a doctor, nurse, or other health professional ever told you that you had:

- A heart attack, also called a myocardial infarction?
- Angina or coronary heart disease?”

Heart disease prevalence here is a calculated prevalence that includes those responding affirmatively to either.

Prevalence of Heart Disease

EMFLH Service Area



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 114]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Kentucky data.
• 2020 PRC National Health Survey, PRC, Inc.

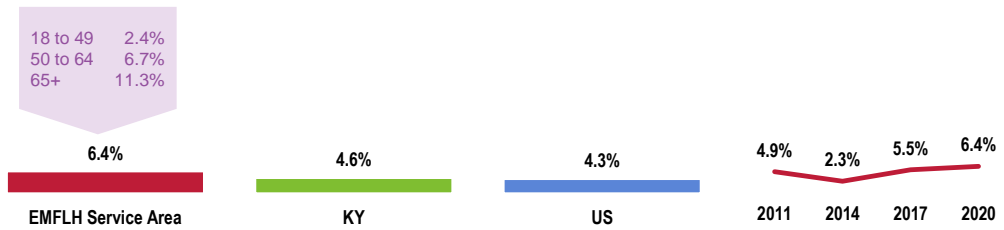
Notes: • Asked of all respondents.
• Includes diagnoses of heart attack, angina, or coronary heart disease.



“Has a doctor, nurse, or other health professional ever told you that you had a stroke?”

Prevalence of Stroke

EMFLH Service Area



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 29]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Kentucky data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

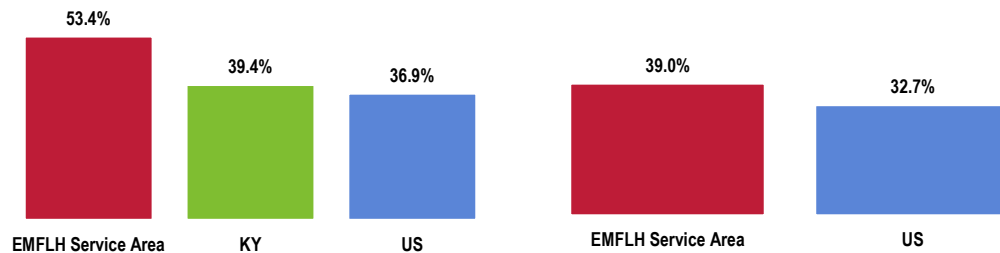
“Have you ever been told by a doctor, nurse, or other health care professional that you had high blood pressure?”

“Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?”

Prevalence of High Blood Pressure

Healthy People 2020 = 27.7% or Lower

Prevalence of High Blood Cholesterol



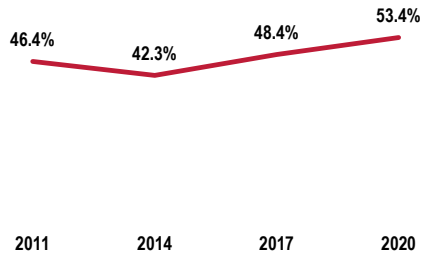
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 35, 36]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Kentucky data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.

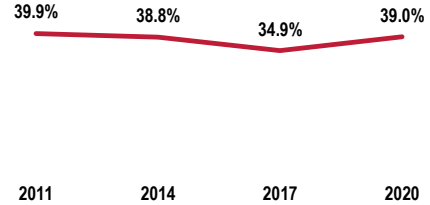


Prevalence of High Blood Pressure (EMFLH Service Area)

Healthy People 2020 = 27.7% or Lower



Prevalence of High Blood Cholesterol (EMFLH Service Area)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 35, 36]
 • US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.

Total Cardiovascular Risk

RELATED ISSUE
 See also *Nutrition, Physical Activity & Weight and Tobacco Use* in the **Modifiable Health Risks** section of this report.

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

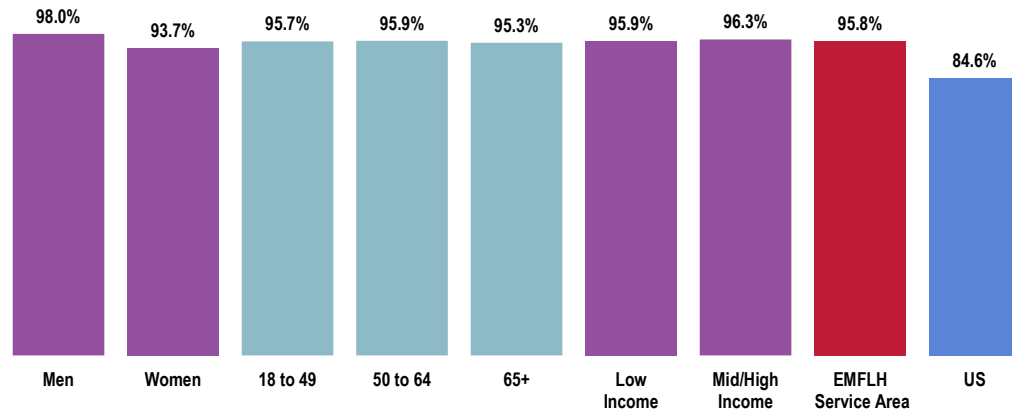
- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

The following chart reflects the percentage of adults in the EMFLH Service Area who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol.



Present One or More Cardiovascular Risks or Behaviors (EMFLH Service Area, 2020)

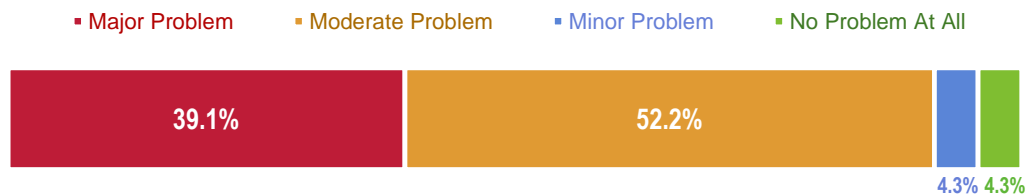


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 115]
 Notes: • Reflects all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

The following chart outlines key informants' perceptions of the severity of *Heart Disease & Stroke* as a problem in the community:

Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2020)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Lifestyle

- Lifestyle choices, family norms, lack knowledge of signs and symptoms. – Public Health Representative
- Lifestyle, diet, lack of exercise. – Community Leader
- Poor diet, smoking, lack of exercise. – Community Leader
- Body weight and improper nutrition. – Community Leader
- Smoking and obesity. – Community Leader

Incidence/Prevalence

- Statistics confirm heart disease to be the number-one killer in our area. Exasperated by prominent obesity and smoking. – Community Leader
- Many people are affected by it. – Community Leader



Very common problem all over Kentucky. Good program in existence but patients are not familiar with the level of care that can be provided. Organization does not invest enough in expanding the program and improve accessibility. – Physician

Cancer

ABOUT CANCER

Cancer is the second leading cause of death in the United States. ...The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

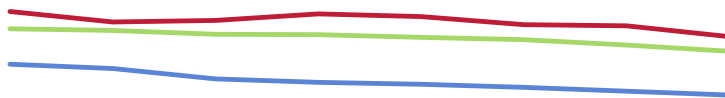
Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Cancer Deaths

The following chart illustrates age-adjusted cancer mortality (all types) in the EMFLH Service Area.

Cancer: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
EMFLH Service Area	218.3	210.0	211.3	216.4	214.4	207.8	206.9	198.5
KY	204.7	203.5	200.5	199.9	198.0	196.2	191.8	187.0
US	176.8	173.3	165.1	162.5	161.0	158.5	155.6	152.5

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2020.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Lung cancer is by far the leading cause of cancer deaths in the EMFLH Service Area.

Age-Adjusted Cancer Death Rates by Site (2016–2018 Annual Average Deaths per 100,000 Population)

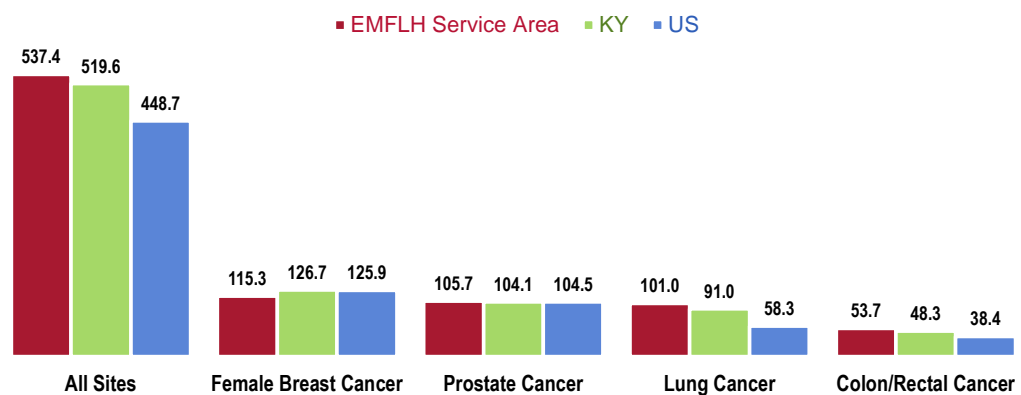
	EMFL Service Area	Kentucky	US	HP2030
ALL CANCERS	198.5	187.0	152.5	122.7
Lung Cancer	61.0	56.9	36.6	25.1
Female Breast Cancer	28.3	21.0	19.9	15.3
Colorectal Cancer	16.8	16.8	13.7	8.9
Prostate Cancer	16.1	19.1	18.9	16.9

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2020.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Cancer Incidence

“Incidence rate” or “case rate” is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

Cancer Incidence Rates by Site (Annual Average Age-Adjusted Incidence per 100,000 Population, 2013–2017)



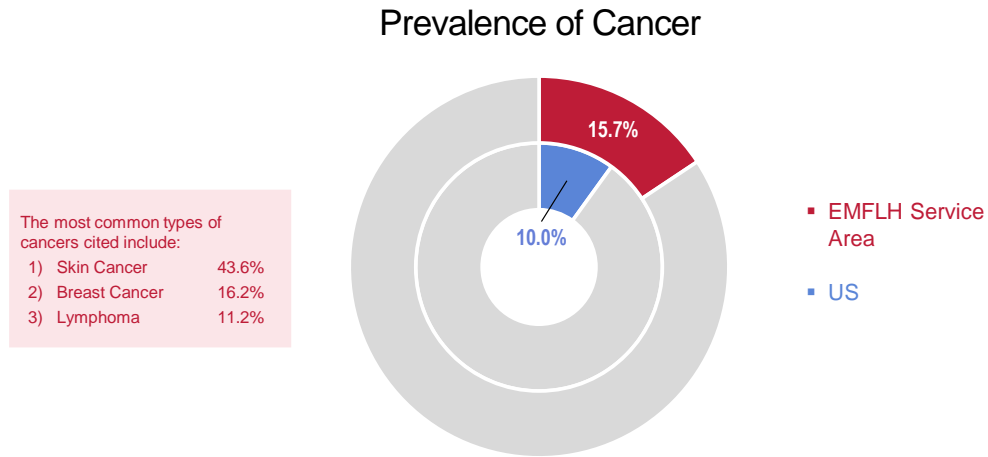
Sources: • State Cancer Profiles.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2020 via SparkMap (sparkmap.org).
Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.



Prevalence of Cancer

“Have you ever suffered from or been diagnosed with cancer?”

“Which type of cancer were you diagnosed with? (If more than one past diagnosis, respondent was asked about the most recent.)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 25-26]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Reflects all respondents.

ABOUT CANCER RISK

Reducing the nation’s cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
 - According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

RELATED ISSUE
 See also *Nutrition, Physical Activity & Weight and Tobacco Use* in the **Modifiable Health Risks** section of this report.



Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

BREAST CANCER SCREENING ▶ “A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?”

Breast cancer screening is calculated here among women age 50 to 74 who indicate mammography within the past 2 years.

CERVICAL CANCER SCREENING ▶ “A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?”

[If Pap test in the past five years] “HPV, or the human papillomavirus, is a common infection that can cause several types of cancer. When you received your last Pap test, were you screened for HPV?”

“Have you ever had a hysterectomy?”

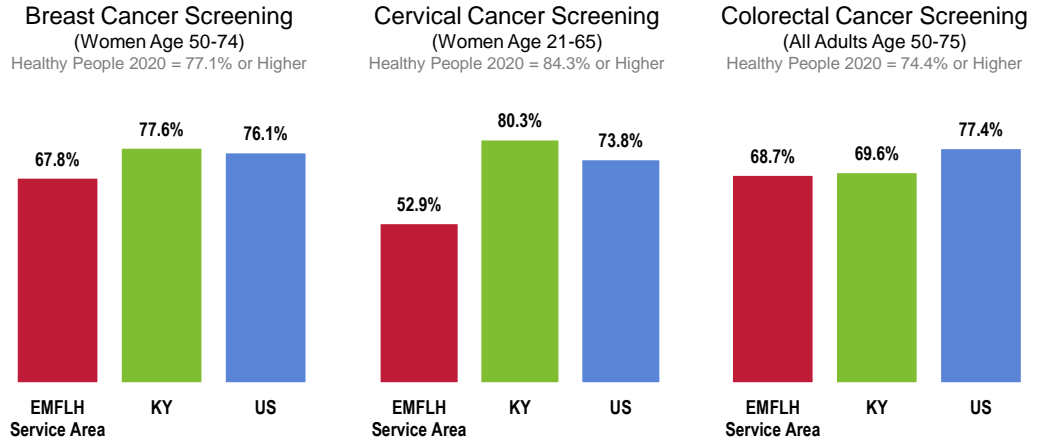
“Appropriate cervical cancer screening” includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65. Women 21 to 65 with hysterectomy are excluded.



COLORECTAL CANCER SCREENING ▶ “Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?”

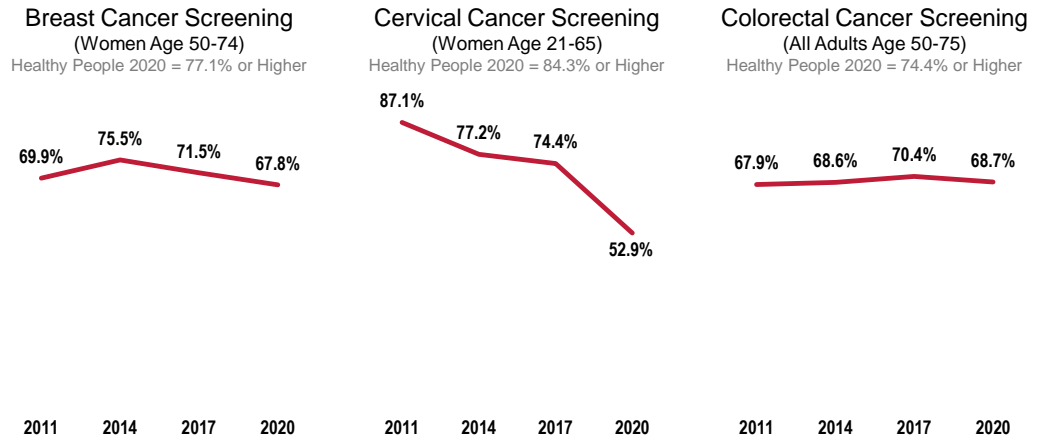
“A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?”

“Appropriate colorectal cancer screening” is calculated here among men and women age 50 to 75 years who have had a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 116-118]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Kentucky data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>

Notes: • Each indicator is shown among the gender and/or age group specified.



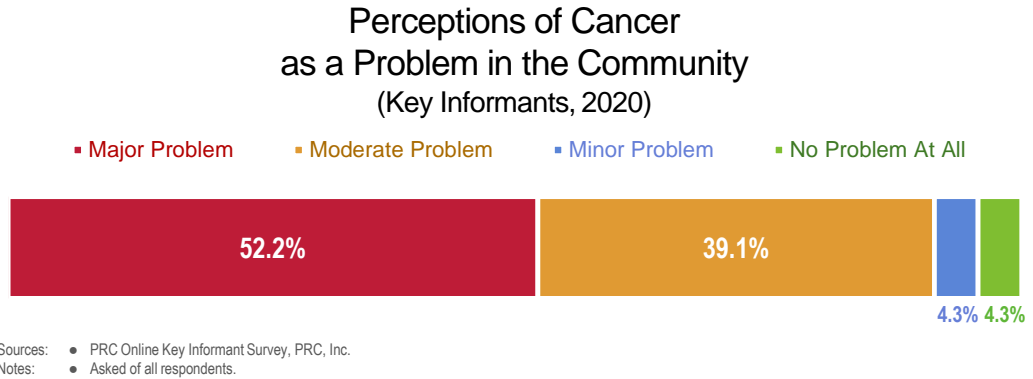
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 116-118]
 • US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>

Notes: • Each indicator is shown among the gender and/or age group specified.



Key Informant Input: Cancer

The following chart outlines key informants' perceptions of the severity of *Cancer* as a problem in the community:



Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

- I see or hear of people dying from cancer on a weekly basis. – Community Leader
- Everyday I hear or I am touch by someone who has cancer young and old. – Community Leader
- Too many people need treatment for various cancers. – Community Leader
- High incidence of lung, colon, breast cancer. – Physician
- Because there are so many people I know who end up having cancer at some point in their lives. – Community Leader

Contributing Factors

- Unhealthy habits contribute to higher cancer rates. – Community Leader
- Lifestyle choices and community norms (tobacco use, substance use, nutrition, lack of physical activity). – Public Health Representative
- Healthy living decisions and hereditary. – Community Leader
- Lack of education and prevention. – Community Leader
- Tobacco use. – Community Leader



Respiratory Disease

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. ...More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

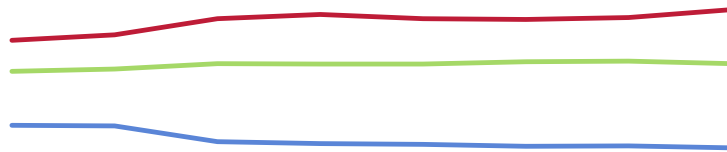
– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Respiratory Disease Deaths

Chronic lower respiratory diseases (CLRD) are diseases affecting the lungs; the most deadly of these is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Mortality for CLRD is illustrated in the charts that follow.

Pneumonia and influenza mortality is also illustrated.

CLRD: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



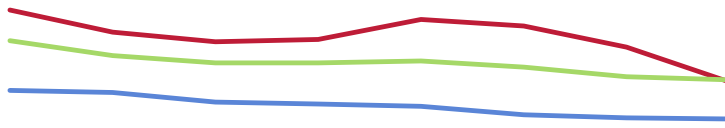
	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
EMFLH Service Area	70.9	72.5	77.0	78.2	77.0	76.8	77.4	79.6
KY	62.1	62.8	64.3	64.2	64.2	64.8	65.0	64.3
US	46.8	46.6	42.2	41.6	41.4	40.9	41.0	40.4

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2020.

Notes: • CLRD is chronic lower respiratory disease.



Pneumonia/Influenza: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
EMFLH Service Area	24.5	22.4	21.5	21.7	23.6	23.0	21.0	17.7
KY	21.6	20.2	19.5	19.5	19.7	19.1	18.2	17.9
US	16.9	16.7	15.8	15.6	15.4	14.6	14.3	14.2

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2020.

Prevalence of Respiratory Disease

Asthma

ADULTS ▶ “Have you ever been told by a doctor, nurse, or other health professional that you had asthma?” and “Do you still have asthma?” (Calculated here as a prevalence of all adults who have ever been diagnosed with asthma and who still have asthma.)

CHILDREN ▶ “Has a doctor or other health professional ever told you that this child had asthma?” and “Does this child still have asthma?” (Calculated here as a prevalence of all children who have ever been diagnosed with asthma and who still have asthma.)

Prevalence of Asthma

EMFLH Service Area



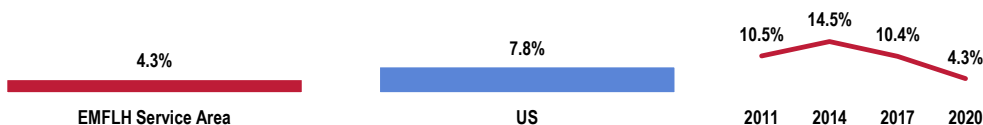
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 119]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2018 Kentucky data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Includes those who have ever been diagnosed with asthma and report that they still have asthma.



Prevalence of Asthma in Children (Parents of Children Age 0-17)

EMFLH Service Area



- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 120]
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents with children 0 to 17 in the household.
 - Includes children who have ever been diagnosed with asthma and are reported to still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

“Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?”

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

EMFLH Service Area

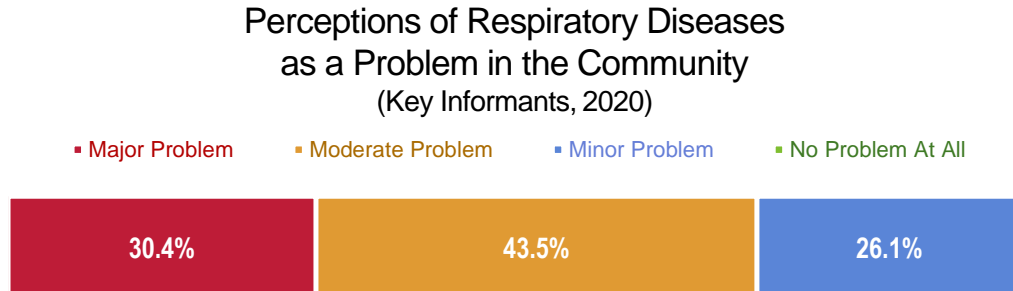


- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 23]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Kentucky data.
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
 - In prior data, the term “chronic lung disease” was used, which also included bronchitis or emphysema.



Key Informant Input: Respiratory Disease

The following chart outlines key informants' perceptions of the severity of *Respiratory Disease* as a problem in the community:



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Tobacco Use

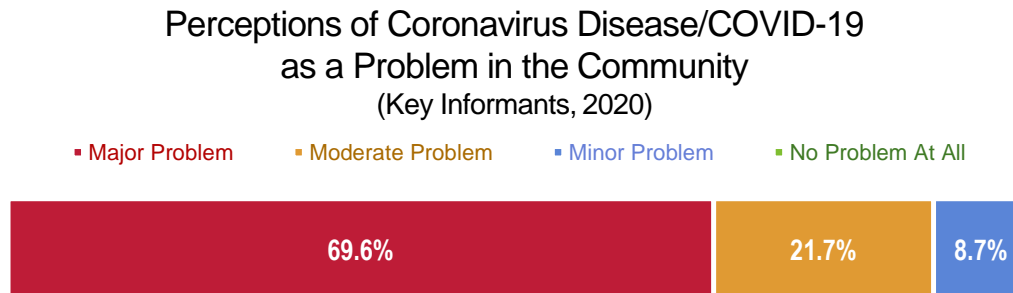
- Smoking. – Community Leader
- Tobacco use. – Public Health Representative
- Heavy smoking and COPD. – Physician
- COPD and lung cancer are very common, high rates of smoking. Poor patient care and satisfaction with existing clinic. Not providing enough screening for cancer prevention. – Physician
- Smoking. – Community Leader
- Smoking and obesity. – Community Leader

Contributing Factors

- Work environment. Inherited. – Community Leader

Key Informant Input: Coronavirus Disease/COVID-19

The following chart outlines key informants' perceptions of the severity of *Coronavirus Disease/COVID-19* as a problem in the community:



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.



Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

- Hospital over-populated with Covid patients. County in the “red” zone. – Community Leader
- I know more people who have been diagnosed and our numbers have continued to climb. – Community Leader
- We have so many cases right now and people hospitalized. People have fatigue from all the restrictions. Many won't wear masks or believe in social distancing. – Community Leader
- It is very widespread and poses a health risk to those who try to remain safe because it is so widespread. – Community Leader
- We are dealing with a significant increase in cases with limited resources and hospital beds. Covid has greatly injured our local economy and is definitely the number-one health concern in our community. – Physician
- Large numbers with high admission rates that is overwhelming the system. The hospital doesn't have the resources and was not adequately prepared to deal with second wave despite all the warnings by the health experts over the past 6 months. – Physician
- The explosion and spread and spike in Covid-19 in our community, state, and nation. – Community Leader
- It is now the number one cause of deaths and hospitalizations. – Community Leader
- It is well documented that the coronavirus disease is a major problem statewide, nationwide, and worldwide. This region is not immune from that. – Community Leader

Awareness/Education

- Unfortunately, far too many fail to accept the reality of the danger Covid presents. I can only attribute this to the total failure of the Trump administration and the President's downplaying of the severity due to political game-playing. – Community Leader
- Lincoln County is a very conservative area. Many believe President Trump and his statements that COVID-19 is not really a danger. There is very limited use of masks. – Community Leader
- A lack of education, a lack of trust; some still think this isn't real. – Community Leader

Not Following Recommended Guidelines

- Lack of following CDC guidelines, misinformation from various sources. – Public Health Representative
- Because too many people are ignoring the guidelines. The major problem is letting the bars open too soon; people in bars do not follow any guidelines, and it certainly isn't a necessary business in the way a grocery store is. – Community Leader

Economic Impact

- Red zone and businesses shut down. Huge burden with job losses. – Physician



Injury & Violence

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. ...Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. ...Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

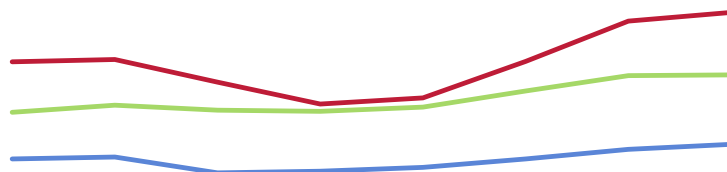
– Healthy People 2030 (<https://health.gov/healthypeople>)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

The following chart outlines age-adjusted mortality rates for unintentional injury in the area.

Unintentional Injuries: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
EMFLH Service Area	74.3	75.0	67.9	61.0	62.9	74.5	87.2	89.9
KY	58.4	60.7	59.1	58.7	60.0	65.1	70.0	70.2
US	43.7	44.3	39.3	39.8	41.0	43.7	46.7	48.3

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2020.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

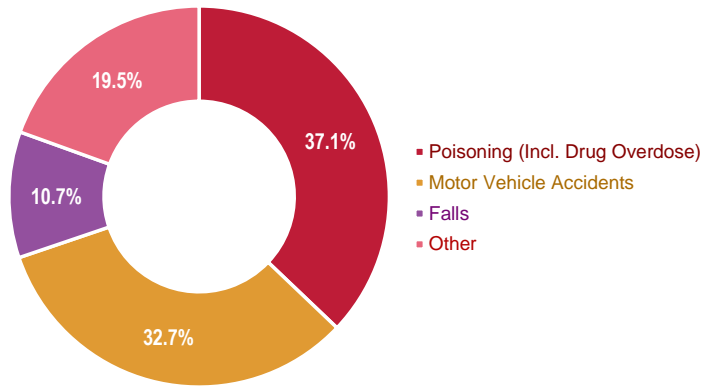


Leading Causes of Unintentional Injury Deaths

Leading causes of accidental death in the area include the following:

RELATED ISSUE
For more information about unintentional drug-related deaths, see also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

Leading Causes of Unintentional Injury Deaths (EMFLH Service Area, 2016–2018)

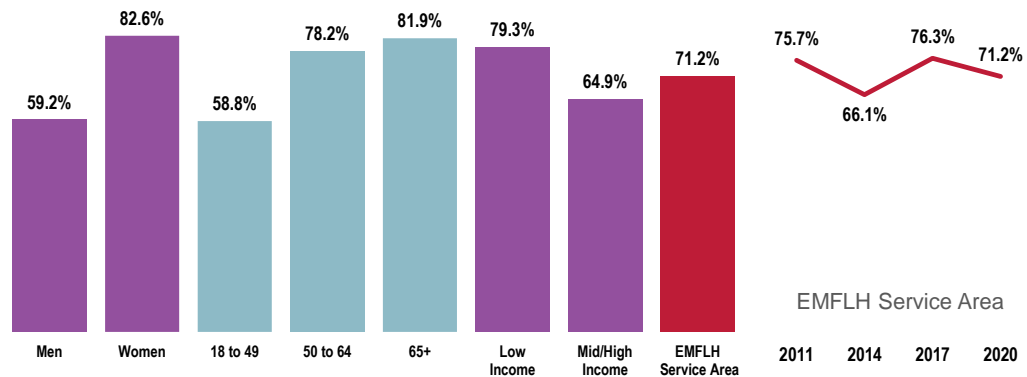


Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2020.

Seat Belt Usage

“Thinking about your personal safety, how often do you use seat belts when you drive or ride in a car? Would you say: always, nearly always, sometimes, seldom, or never?”

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle (EMFLH Service Area, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: • Asked of all respondents.

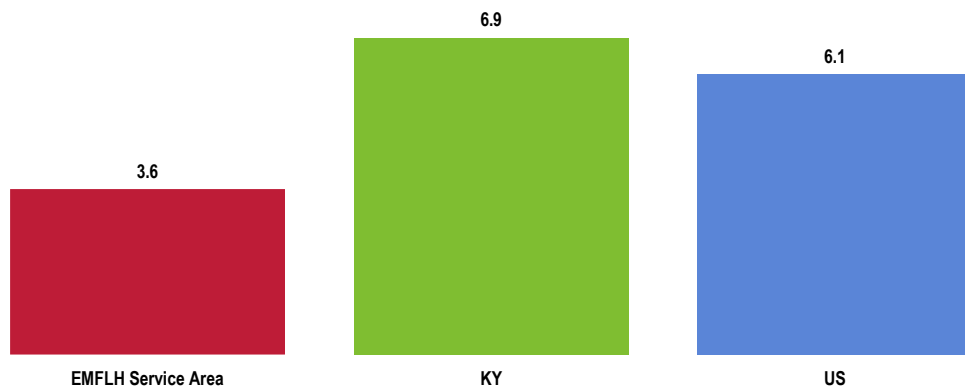


Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

Age-adjusted mortality attributed to homicide is shown in the following chart.

Homicide: Age-Adjusted Mortality
(2009–2018 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower



Sources:

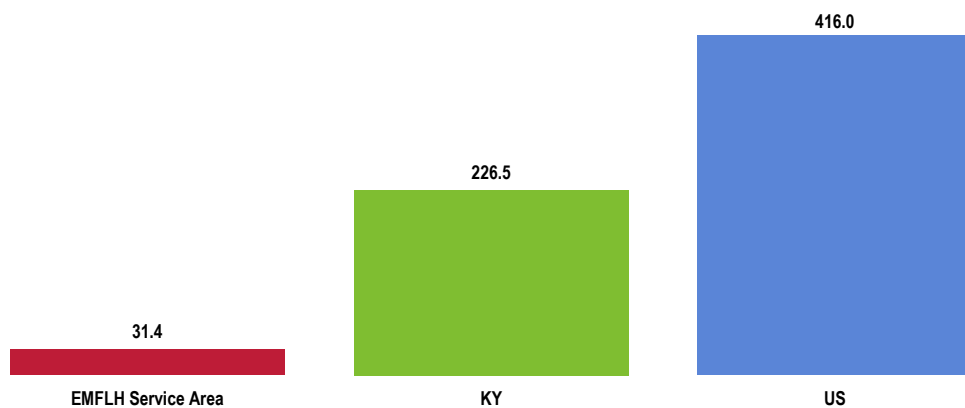
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Violent Crime

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Violent Crime
(Rate per 100,000 Population, 2015–2017)



Sources:

- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2020 via SparkMap (sparkmap.org).

Notes:

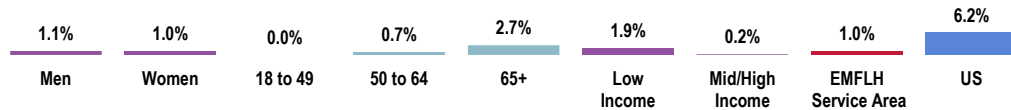
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

RELATED ISSUE
See also *Mental Health (Suicide)* in the **General Health Status** section of this report.



VIOLENT CRIME EXPERIENCE ▶ “Have you been the victim of a violent crime in your area in the past 5 years?”

**Victim of a Violent Crime in the Past Five Years
(EMFLH Service Area, 2020)**

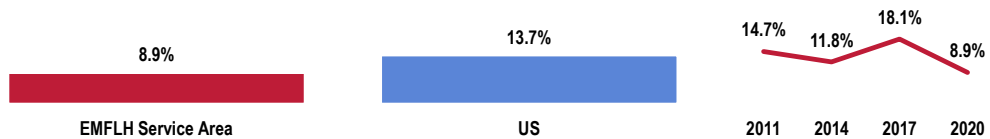


Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 38]
 ● 2020 PRC National Health Survey, PRC, Inc.
 Notes: ● Asked of all respondents.

INTIMATE PARTNER VIOLENCE ▶ “The next questions are about different types of violence in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with, would also be considered an intimate partner. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt in any way?”

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

EMFLH Service Area

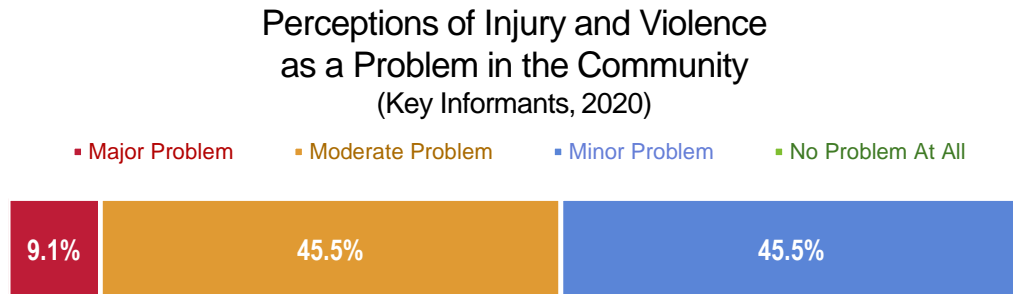


Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 39]
 ● 2020 PRC National Health Survey, PRC, Inc.
 Notes: ● Asked of all respondents.



Key Informant Input: Injury & Violence

The following chart outlines key informants' perceptions of the severity of *Injury & Violence* as a problem in the community:



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Alcohol/Drug Use

■ Substance use/abuse, accidents by taking chances. – Public Health Representative

Domestic/Family Violence

■ Domestic violence and abuse. – Community Leader



Diabetes

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. ...Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

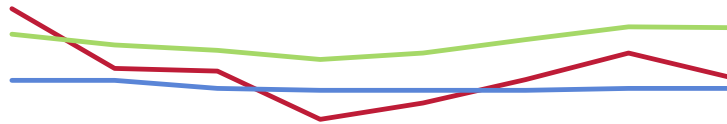
Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Diabetes Deaths

Age-adjusted diabetes mortality for the area is shown in the following chart.

Diabetes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
EMFLH Service Area	30.1	23.5	23.2	17.9	19.7	22.3	25.2	22.5
KY	27.3	26.1	25.5	24.5	25.2	26.7	28.1	28.0
US	22.2	22.2	21.3	21.1	21.1	21.1	21.3	21.3

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2020.



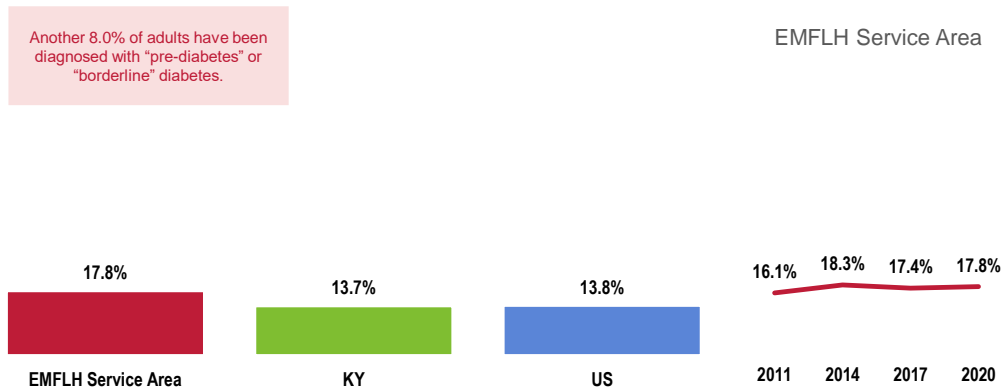
Prevalence of Diabetes

“Have you ever been told by a doctor, nurse, or other health professional that you have diabetes? (If female, add: not counting diabetes only occurring during pregnancy?)”

“Have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes? (If female, add: other than during pregnancy?)”

[Adults who do not have diabetes] “Have you had a test for high blood sugar or diabetes within the past three years?”

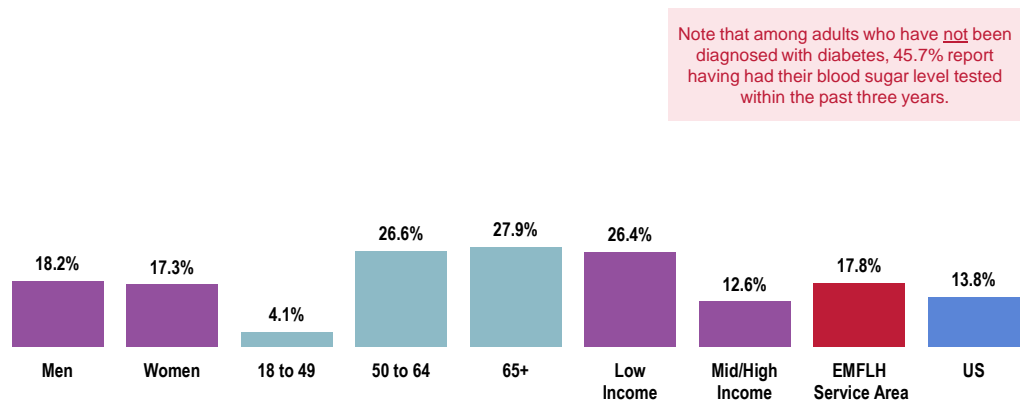
Prevalence of Diabetes



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 121]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Kentucky data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Prevalence of Diabetes (EMFLH Service Area, 2020)

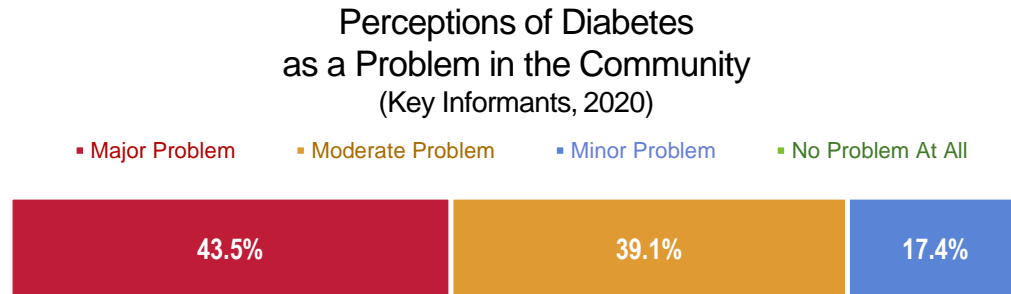


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 33, 121]
 Notes: • Asked of all respondents.
 • Excludes gestational diabetes (occurring only during pregnancy).



Key Informant Input: Diabetes

The following chart outlines key informants' perceptions of the severity of *Diabetes* as a problem in the community:



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Lifestyle

- Change of lifestyle. – Community Leader
- Not a resource issue. It is a lifestyle issue. – Community Leader
- Poor eating habits and lack of exercise. – Community Leader
- Poor nutrition that results in diabetes too often. – Community Leader

Awareness/Education

- Lack of knowledge, lifestyle choices, family norms. – Public Health Representative
- I think we have adequate diabetic care. What may be needed is better education on avoiding diabetes. – Community Leader

Lack of Providers

- Enough primary care physicians to access. – Physician
- No available endocrinologist to help manage the complicated cases. Most patients are managed by APRNs who do not have the experience to provide good care. – Physician

Affordable Care/Services

- Affordable healthcare. – Community Leader



Kidney Disease

ABOUT KIDNEY DISEASE

More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it. ...People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk factors like diabetes and high blood pressure can help prevent or delay CKD. Strategies to make sure more people with CKD are diagnosed early can help people get the treatment they need.

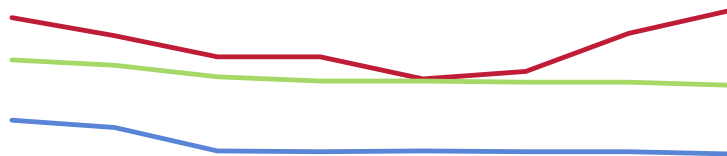
Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve quality of life.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Kidney Disease Deaths

Age-adjusted kidney disease mortality is described in the following chart.

Kidney Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
EMFLH Service Area	25.9	24.2	22.2	22.2	20.1	20.8	24.4	26.6
KY	21.9	21.4	20.3	19.9	19.9	19.8	19.8	19.5
US	16.2	15.5	13.3	13.2	13.3	13.2	13.2	13.0

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2020.



Prevalence of Kidney Disease

“Would you please tell me if you have ever suffered from or been diagnosed with kidney disease?”

Prevalence of Kidney Disease

EMFLH Service Area



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 24]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Kentucky data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Key Informant Input: Kidney Disease

The following chart outlines key informants’ perceptions of the severity of *Kidney Disease* as a problem in the community:

Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2020)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Awareness/Education

• A lack of education and insurance. – Community Leader

Incidence/Prevalence

• Very common problem. Excellent nephrologists in the community. Private practice that work separately and no investment by the organization to streamline the patient flow and management. – Physician



Potentially Disabling Conditions

Multiple Chronic Conditions

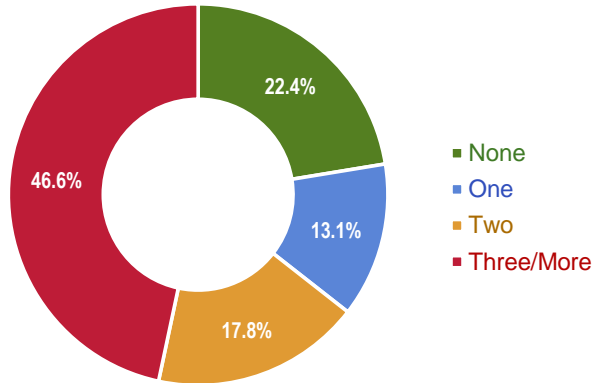
The following charts outline the prevalence of multiple chronic conditions among surveyed adults, taking into account all of the various conditions measured in the survey.

For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart attack/angina
- High blood cholesterol
- High blood pressure
- Kidney disease
- Lung disease
- Obesity
- Stroke

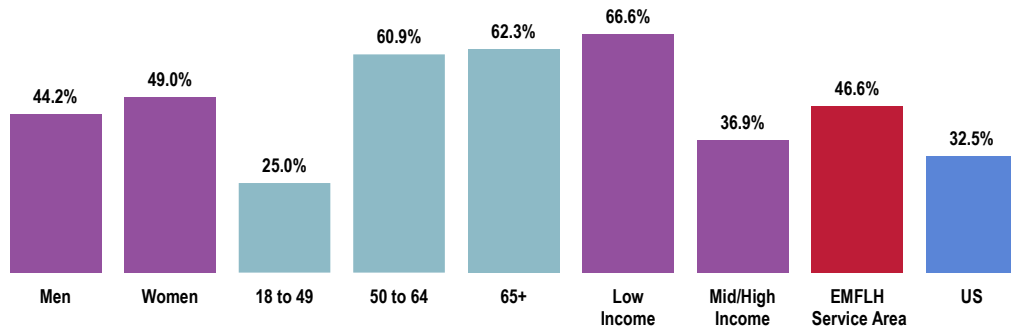
Multiple chronic conditions are concurrent conditions.

Number of Current Chronic Conditions
(EMFLH Service Area, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 123]
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Currently Have Three or More Chronic Conditions
(EMFLH Service Area, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 123]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.



Activity Limitations

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

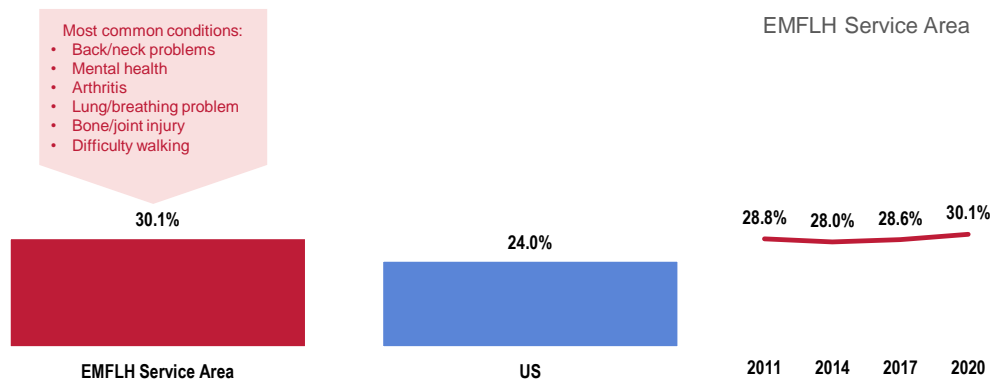
In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (<https://health.gov/healthypeople>)

“Are you limited in any way in any activities because of physical, mental, or emotional problems?”

[Adults with activity limitations] **“What is the major impairment or health problem that limits you?”**

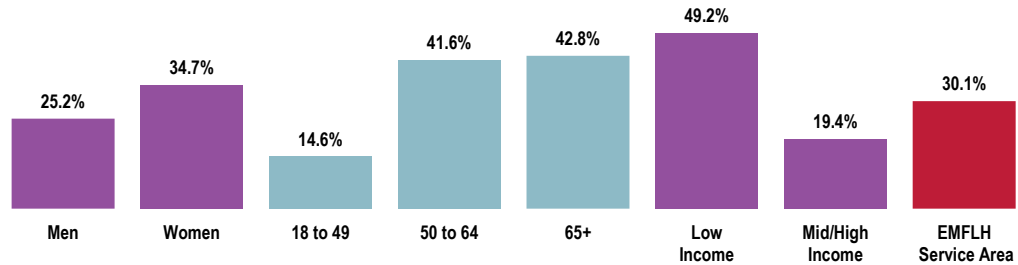
Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 96-97]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (EMFLH Service Area, 2020)



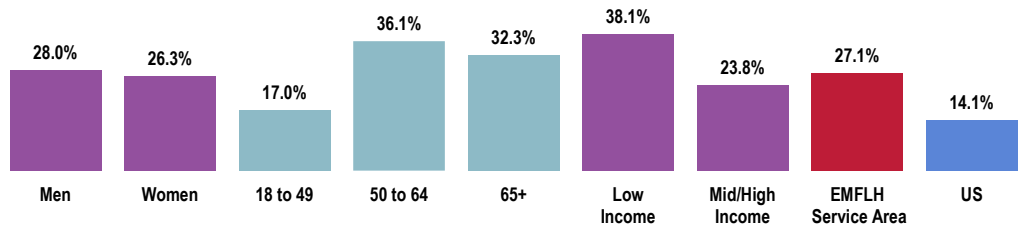
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 97]
Notes: • Asked of all respondents.

High-Impact Chronic Pain

“Over the past six months, how often did physical pain limit your life or work activities? Would you say: never, some days, most days, or every day?” (Reported here among those responding “most days” or “every day.”)

Experience High-Impact Chronic Pain (EMFLH Service Area, 2020)

Healthy People 2020 = 7.0% or Lower

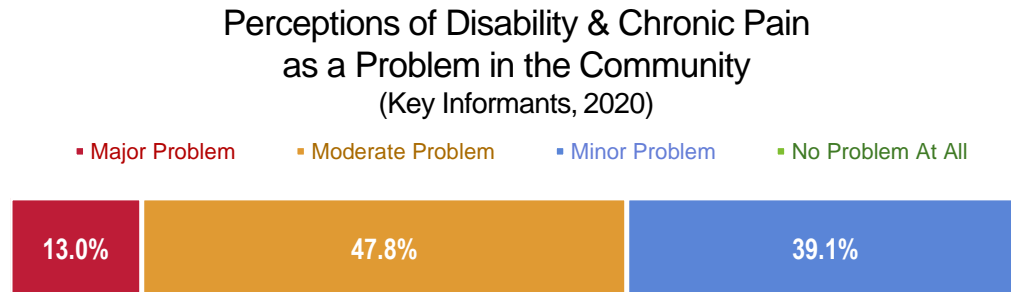


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 37]
• 2020 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>
Notes: • Asked of all respondents.
• High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.



Key Informant Input: Disability & Chronic Pain

The following chart outlines key informants' perceptions of the severity of *Disability & Chronic Pain* as a problem in the community:



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

Chronic pain is everywhere ... especially back pain, arthritic pain. – Physician

Alzheimer’s Disease

ABOUT DEMENTIA

Alzheimer’s disease is the most common cause of dementia and the sixth leading cause of death in U.S. adults.¹ Nearly 6 million people in the United States have Alzheimer’s, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there’s no cure for Alzheimer’s disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

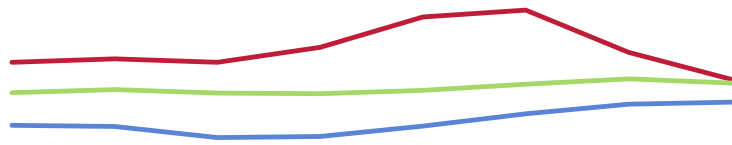
– Healthy People 2030 (<https://health.gov/healthypeople>)



Age-Adjusted Alzheimer's Disease Deaths

Age-adjusted Alzheimer's disease mortality is outlined in the following chart.

Alzheimer's Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
EMFLH Service Area	38.1	38.8	38.1	41.0	46.7	48.0	40.0	34.9
KY	32.4	33.0	32.3	32.2	32.8	34.0	35.0	34.2
US	26.2	26.0	23.9	24.1	26.1	28.4	30.2	30.6

Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2020.

Key Informant Input: Dementia/Alzheimer's Disease

The following chart outlines key informants' perceptions of the severity of *Dementia, Including Alzheimer's Disease* as a problem in the community:

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2020)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

Hear about people in the community with it. – Community Leader

Lots of it here. – Community Leader

This is my personal biggest fear and more frightening than death to me. Personal experience with patients and friends of parents who have it. – Community Leader



Awareness/Education

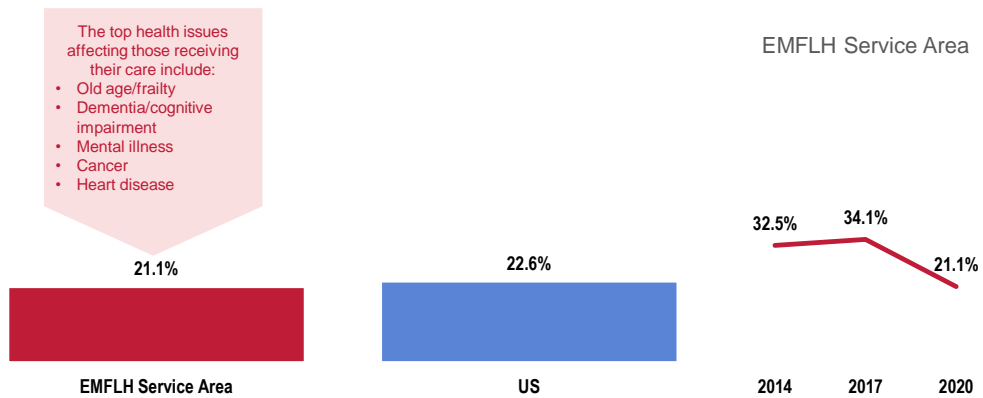
People do not recognize the signs at the beginning. Lack of knowledge. Ignore the signs due to it being a loved one. – Public Health Representative

Caregiving

“People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past 30 days, did you provide any such care or assistance to a friend or family member?”

[Among those providing care] **“What is the main health problem, long-term illness, or disability that the person you care for has?”**

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 98-99]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



BIRTHS

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women’s health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants’ health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

– Healthy People 2030 (<https://health.gov/healthypeople>)

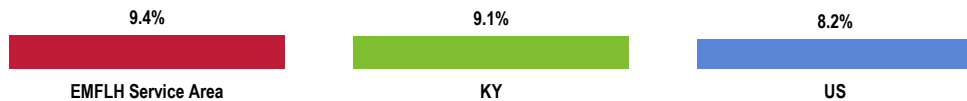
Birth Outcomes & Risks

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-Weight Births
(Percent of Live Births, 2006–2012)



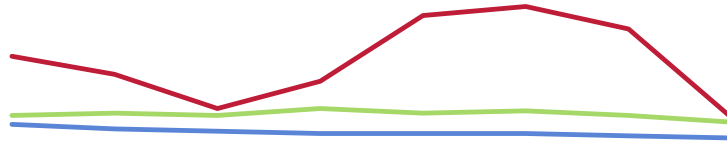
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted November 2020.
Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.



Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births. These rates are outlined in the following chart.

Infant Mortality Trends
(Annual Average Infant Deaths per 1,000 Live Births)
Healthy People 2030 = 5.0 or Lower



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
EMFLH Service Area	9.3	8.5	7.0	8.2	11.1	11.5	10.5	6.6
KY	6.7	6.8	6.7	7.0	6.8	6.9	6.7	6.4
US	6.3	6.1	6.0	5.9	5.9	5.9	5.8	5.7

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted November 2020.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Family Planning

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. ...Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

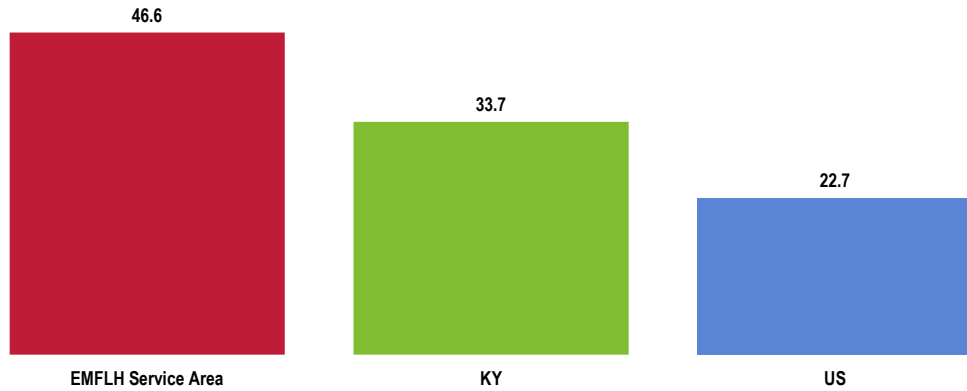
– Healthy People 2030 (<https://health.gov/healthypeople>)



Births to Adolescent Mothers

The following chart describes births to adolescent mothers under the age of 20 years.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2012–2018)
Healthy People 2030 = 31.4 or Lower

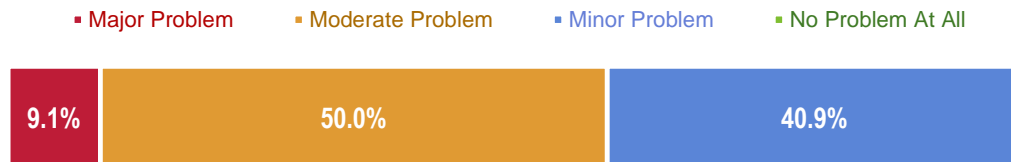


- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
 - Retrieved from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Infant Health & Family Planning

The following chart outlines key informants’ perceptions of the severity of *Infant Health and Family Planning* as a problem in the community:

**Perceptions of Infant Health and Family Planning
as a Problem in the Community**
(Key Informants, 2020)



- Sources:
- PRC Online Key Informant Survey, PRC, Inc.
- Notes:
- Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Alcohol/Drug Use

Substance use/abuse, financial gains, family norm. – Public Health Representative

Unplanned Pregnancy

Unwanted pregnancies. Children in foster care and single-parent homes. – Community Leader



MODIFIABLE HEALTH RISKS

Nutrition

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. ...People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Daily Recommendation of Fruits/Vegetables

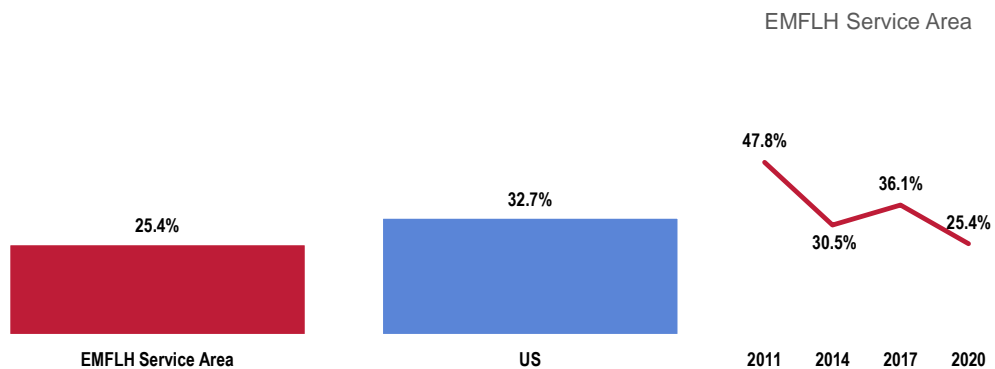
To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

“Now I would like you to think about the foods you ate or drank yesterday. Include all the foods you ate, both at home and away from home. How many servings of fruit or fruit juices did you have yesterday?”

“How many servings of vegetables did you have yesterday?”

The questions above are used to calculate daily fruit/vegetable consumption for respondents. The proportion reporting having 5 or more servings per day is shown here.

Consume Five or More Servings of Fruits/Vegetables Per Day



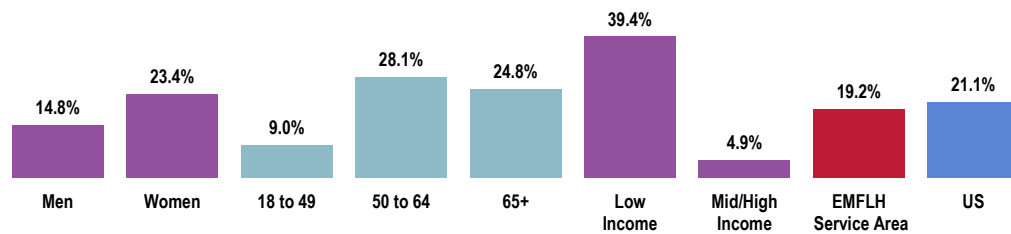
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 125]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• For this issue, respondents were asked to recall their food intake on the previous day.



Access to Fresh Produce

“How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford — would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?”

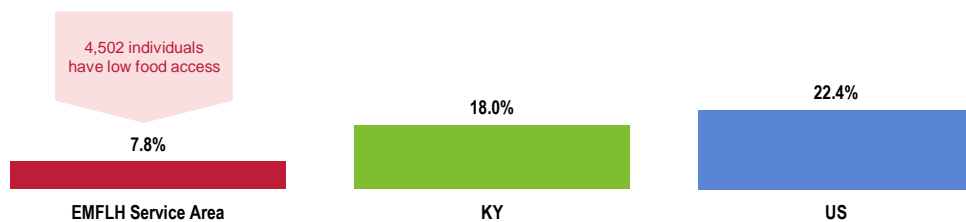
Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (EMFLH Service Area, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 79]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This related chart is based on US Department of Agriculture data.

Population With Low Food Access (Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)



Sources: • US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2020 via SparkMap (sparkmap.org).
Notes: • This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.



Physical Activity

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (<https://health.gov/healthypeople>)

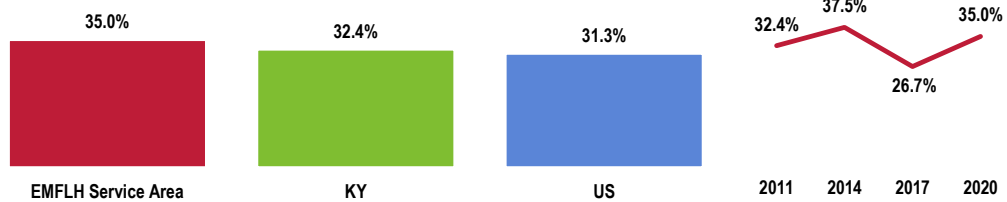
Leisure-Time Physical Activity

“During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?”

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 = 21.2% or Lower

EMFLH Service Area



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 82]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Kentucky data.
• 2020 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.



Meeting Physical Activity Recommendations

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services.
www.cdc.gov/physicalactivity

To measure physical activity frequency, duration and intensity, respondents were asked:

“During the past month, what type of physical activity or exercise did you spend the most time doing?”

“And during the past month, how many times per week or per month did you take part in this activity?”

“And when you took part in this activity, for how many minutes or hours did you usually keep at it?”

Respondents could answer the above series for up to two types of physical activity. The specific activities identified (e.g., jogging, basketball, treadmill, etc.) determined the intensity values assigned to that respondent when calculating total aerobic physical activity hours/minutes.

Respondents were also asked about strengthening exercises:

“During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? Do not count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups, or push-ups, and those using weight machines, free weights, or elastic bands.”

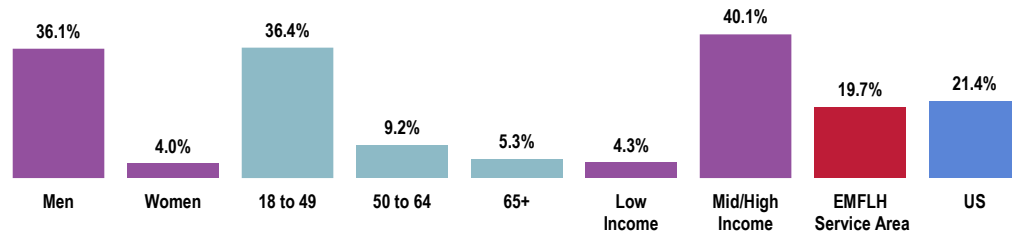
“Meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activity:

- Aerobic activity is at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous physical activity, or an equivalent combination of both;
- Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.



Meets Physical Activity Recommendations (EMFLH Service Area, 2020)

Healthy People 2020 = 28.4% or Higher



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 126]
 • US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.
 • Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

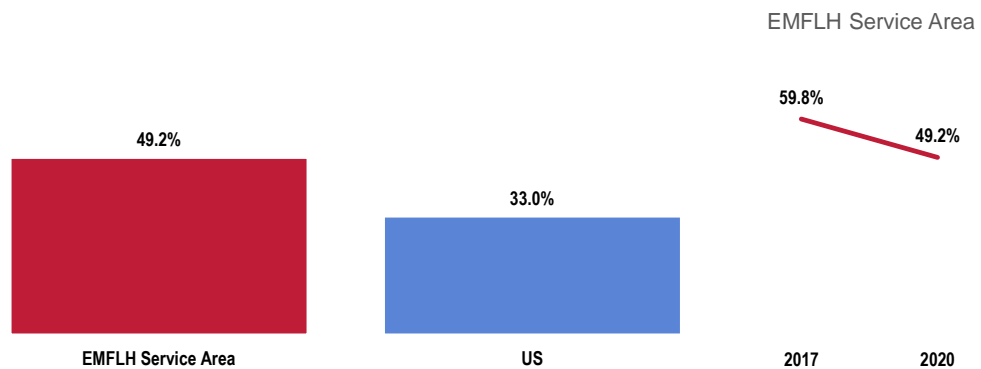
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services.
www.cdc.gov/physicalactivity

Children’s Physical Activity

“During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?”

Child Is Physically Active for One or More Hours per Day (Parents of Children Age 2-17)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 109]
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.



Weight Status

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

- Healthy People 2030 (<https://health.gov/healthypeople>)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥30 kg/m², mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m².

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m ²)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

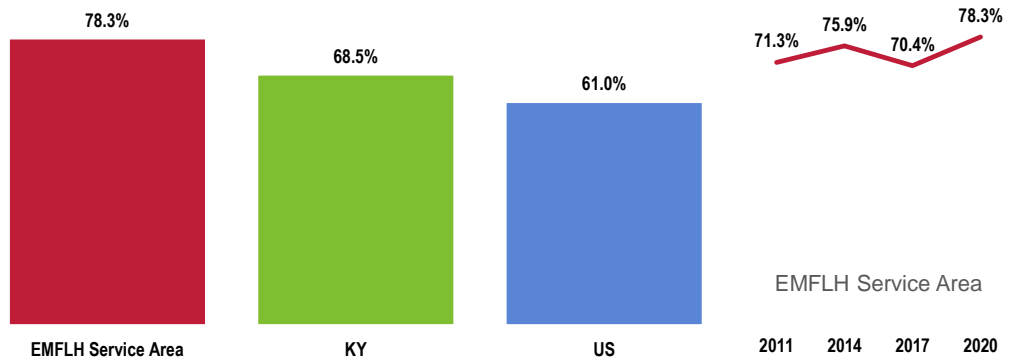
“About how much do you weigh without shoes?”

“About how tall are you without shoes?”

Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).



Prevalence of Total Overweight (Overweight and Obese)

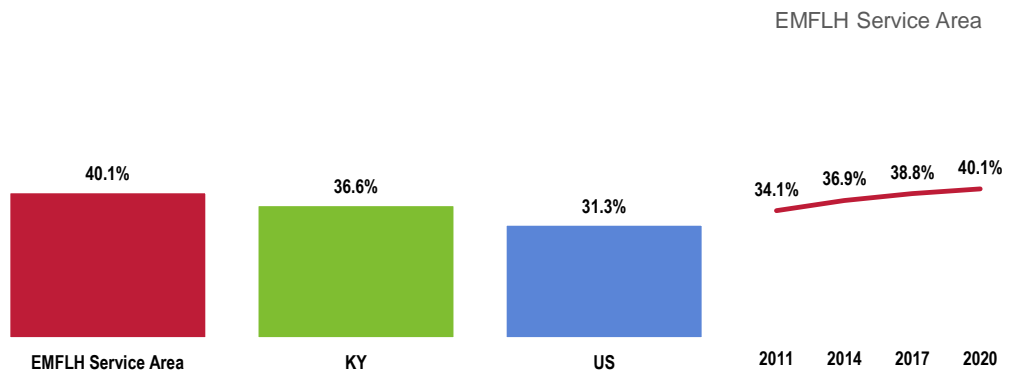


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 128]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Kentucky data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Prevalence of Obesity

Healthy People 2020 = 36.0% or Lower



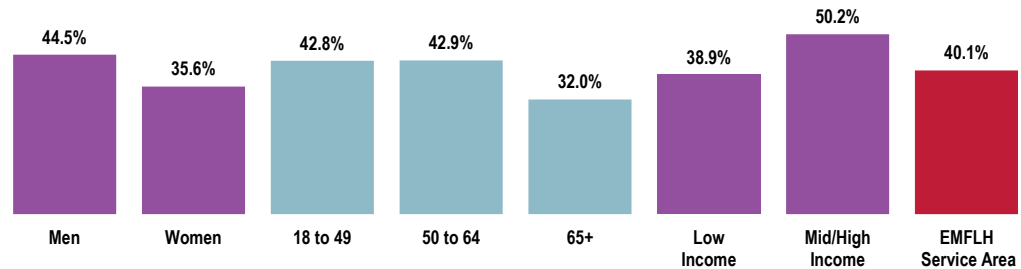
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 128]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Kentucky data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>

Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.



Prevalence of Obesity (EMFLH Service Area, 2020)

Healthy People 2020 = 36.0% or Lower



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 128]
 • US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>

Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Children’s Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child’s BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention

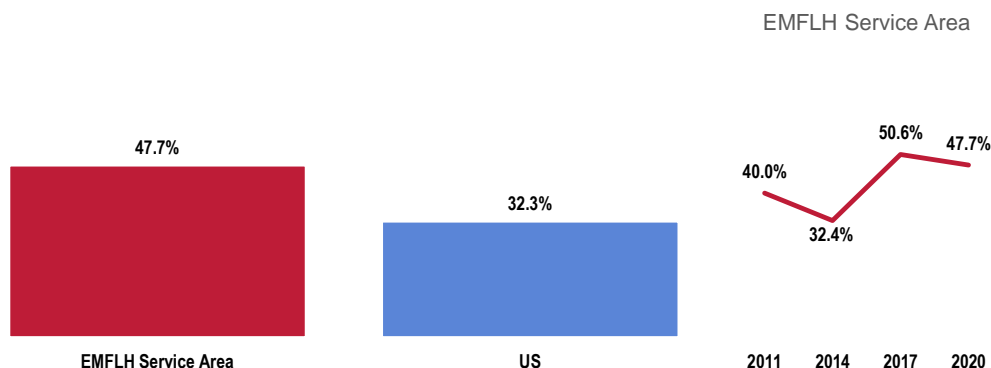
The following questions were used to calculate a BMI value (and weight classification as noted above) for each child represented in the survey:

“How much does this child weigh without shoes?”

“About how tall is this child?”



Prevalence of Overweight in Children (Parents of Children Age 5-17)



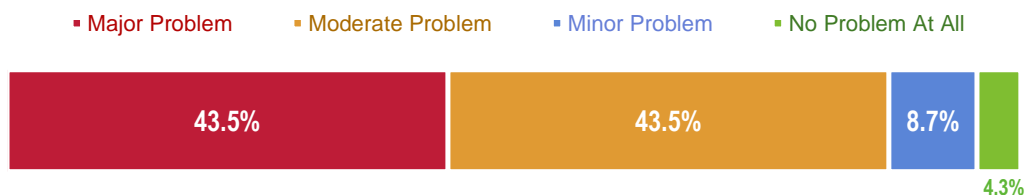
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 131]
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children age 5-17 at home.
 • Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

The following chart outlines key informants' perceptions of the severity of *Nutrition, Physical Activity & Weight* as a problem in the community:

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community (Key Informants, 2020)



Sources: • PRC Online Key Informant Survey, PRC, Inc.

Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Awareness/Education

Lack of education, income and healthy habits. – Community Leader

Education and environment. We have on an average an educated and active community, but there are those that need more education on nutrition. And there are those that are stuck in an environment of their own making that are not thinking about physical activity and recreation. – Community Leader

A lack of education and affordable insurance. – Community Leader

Obesity

Obesity is the number-one commodity in our community. – Physician



Poor personal health care. Overweight and obesity are major problems. Complicating other medical issues including diabetes and CV care. – Physician

High obesity/diabetes rate, lack of motivation for the public in general to become physically fit, lack of awareness of personal health numbers (BP, cholesterol, etc). – Public Health Representative

Contributing Factors

Getting people to change their behaviors. – Community Leader

Lack of motivation, lack of available of healthy food. – Public Health Representative

Few well-balanced meals. Too much consumption of fast foods. – Community Leader

Substance Abuse

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. ...Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (<https://health.gov/healthypeople>)

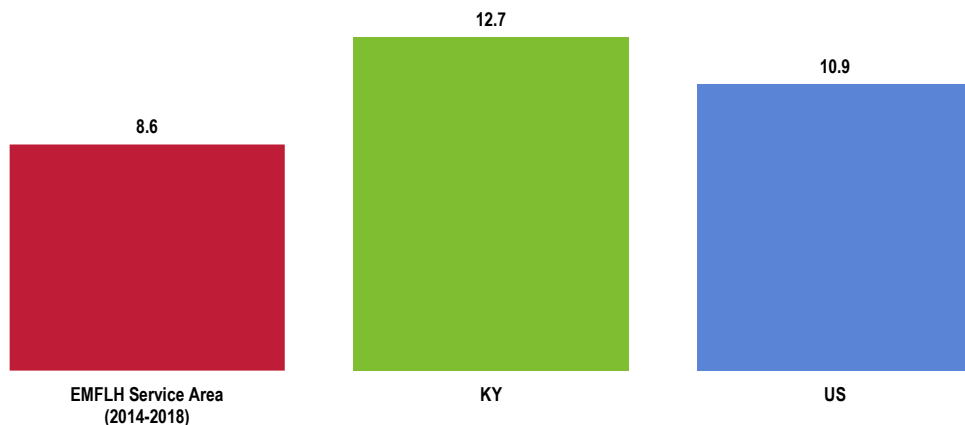
Alcohol

Age-Adjusted Cirrhosis/Liver Disease Deaths

Heavy alcohol use contributes to a significant share of liver disease, including cirrhosis. The following chart outlines age-adjusted mortality for cirrhosis/liver disease in the area.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends (2016-2018 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 10.9 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2020.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

- **HEAVY DRINKERS** ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **BINGE DRINKERS** ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

“During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?”

“On the day(s) when you drank, about how many drinks did you have on the average?”

“Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (if male)/4 (if female) or more drinks on an occasion?”

Excessive Drinkers

EMFLH Service Area



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 136]
• 2020 PRC National Health Survey, PRC, Inc.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2018 Kentucky data.
• US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>
Notes: • Asked of all respondents.
• Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

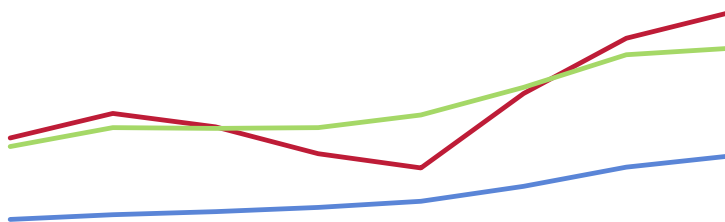
Drugs

Age-Adjusted Unintentional Drug-Related Deaths

Unintentional drug-related deaths include all deaths, other than suicide, for which drugs are the underlying cause. A “drug” includes illicit or street drugs (e.g., heroin and cocaine), as well as legal prescription and over-the-counter drugs; alcohol is not included. The following chart outlines local age-adjusted mortality for unintentional drug-related deaths.



Unintentional Drug-Related Deaths: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
EMFLH Service Area	20.4	23.5	21.8	18.4	16.6	26.0	33.0	36.2
KY	19.3	21.7	21.6	21.7	23.3	26.8	30.9	31.7
US	10.1	10.7	11.1	11.6	12.4	14.3	16.7	18.1

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2020.

Illicit Drug Use

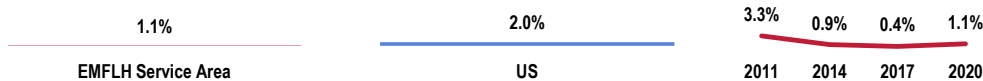
”During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?”

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Illicit Drug Use in the Past Month

Healthy People 2020 = 12.0% or Lower

EMFLH Service Area



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 49]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.

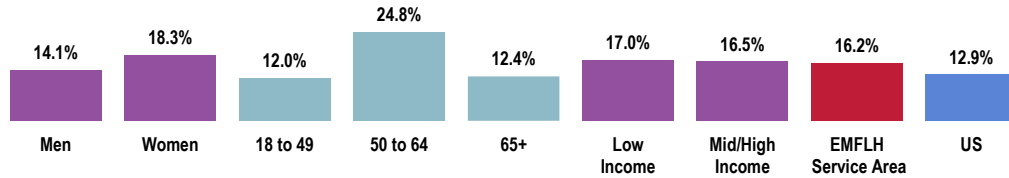


Use of Prescription Opioids

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

”Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. In the past year, have you used any of these prescription opiates?”

Used an Opiate or Opioid Drug in the Past Year (EMFLH Service Area, 2020)

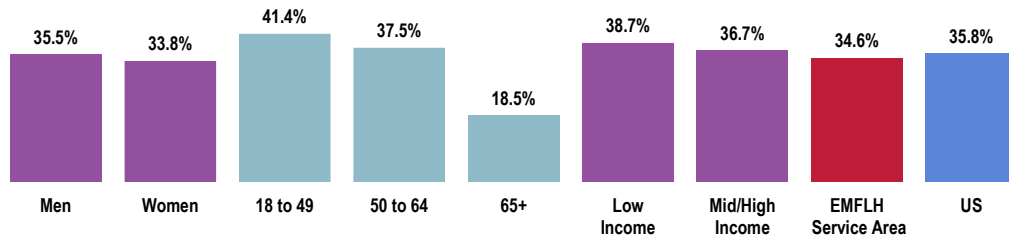


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 50]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Personal Impact From Substance Abuse

“To what degree has your life been negatively affected by your own or someone else’s substance abuse issues, including alcohol, prescription, and other drugs? Would you say: a great deal, somewhat, a little, or not at all?”

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (EMFLH Service Area, 2020)

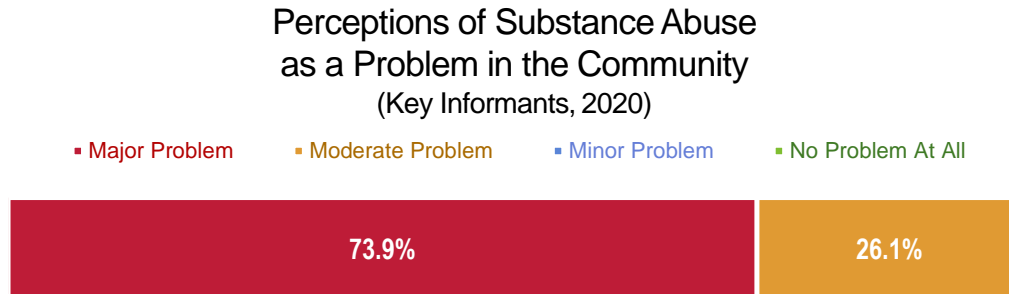


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 52]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes response of “a great deal,” “somewhat,” and “a little.”



Key Informant Input: Substance Abuse

The following chart outlines key informants' perceptions of the severity of *Substance Abuse* as a problem in the community:



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

- Availability of treatment centers. – Public Health Representative
- We have no programs except AA for individual counseling. The people in Washington County have to drive a distance to CommuniCare, etc. – Community Leader
- Lack of rehab facilities. – Community Leader
- Lack of services and social stigma. – Physician
- Not enough money or resources available. – Community Leader
- Transportation and health insurance. – Community Leader
- Funding and access. – Community Leader
- Treatment facilities, education. – Community Leader
- After-business-hours services, services for non-insured people and in the areas where they live, in-home services. – Public Health Representative

Contributing Factors

- I think the mental health and the substance abuse go hand in hand. – Community Leader
- Social and economic issues. Peer pressure. – Community Leader
- People make the wrong choices. – Community Leader
- Fear of judgment and jail. No support system. – Community Leader

Impact

- Drug use. It is affecting the lives of the users, the lives of their family, the lives of their friends, and it affects our community as a whole. – Community Leader



Tobacco Use

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

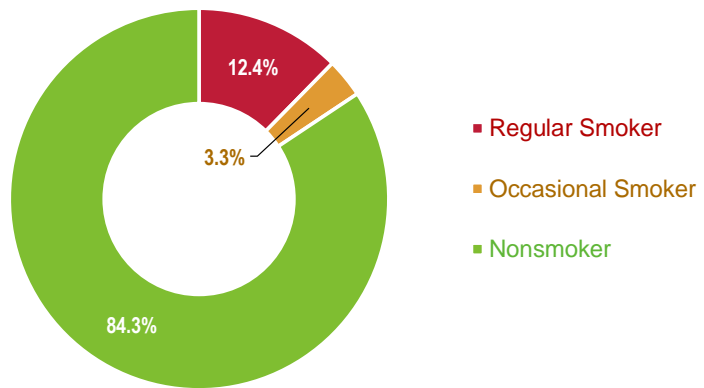
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Cigarette Smoking

“Do you now smoke cigarettes every day, some days, or not at all?” (“Current smokers” include those smoking “every day” or on “some days.”)

Cigarette Smoking Prevalence
(EMFLH Service Area, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: • Asked of all respondents.



Current Smokers

Healthy People 2020 = 5.0% or Lower

EMFLH Service Area



- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 40]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2018 Kentucky data.
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
 - Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

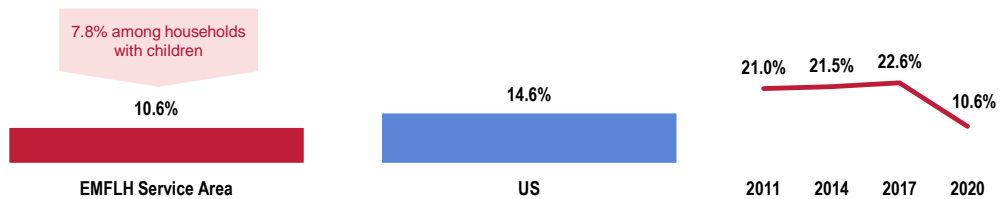
Environmental Tobacco Smoke

“In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars or pipes anywhere in your home on an average of four or more days per week?”

The following chart details these responses among the total sample of respondents, as well as among only households with children (age 0-17).

Member of Household Smokes at Home

EMFLH Service Area



- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Items 43, 134]
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - “Smokes at home” refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.



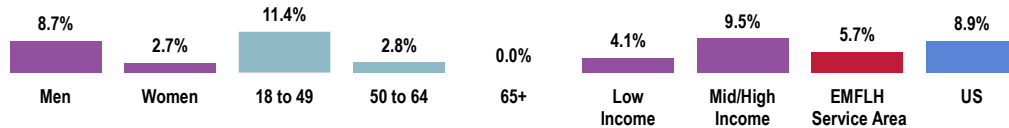
Use of Vaping Products

“The next questions are about electronic vaping products, such as electronic cigarettes, also known as e-cigarettes. These are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. The cartridge or liquid “e-juice” used in these devices produces vapor and comes in a variety of flavors. Have you ever used an electronic vaping product, such as an e-cigarette, even just one time in your entire life?”

“Do you now use electronic vaping products, such as e-cigarettes, “every day,” “some days,” or “not at all”?”

“Current use” includes use “every day” or on “some days.”

Currently Use Vaping Products (EMFLH Service Area, 2020)



- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 135]
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

The following chart outlines key informants’ perceptions of the severity of *Tobacco Use* as a problem in the community:

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2020)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



- Sources:
- PRC Online Key Informant Survey, PRC, Inc.
- Notes:
- Asked of all respondents.



Among those rating this issue as a “major problem,” reasons related to the following:

Social Norms/Community Attitude

- Family norm, community acceptance. – Public Health Representative
- Just a norm for Kentucky. – Community Leader
- Because it’s legal. – Community Leader
- Lincoln County is a farming community that previously farmed large amounts of tobacco. It is accepted in this community. – Community Leader
- Tradition of smoking in our community. – Community Leader

Generational

- First, we are much better than we were some years ago. And although it is a culture for many, tobacco use is well documented in contributing to health problems. The major problem is that the youth will pick up the habit and suffer the consequences of it. – Community Leader
- Generational habit and peer pressure in our children. – Community Leader
- Learned behaviors. – Community Leader

Co-Occurrences

- Significantly complicates other health issues. – Physician

Incidence/Prevalence

- Lots of smokers and smoker-related illnesses. – Physician

Sexual Health

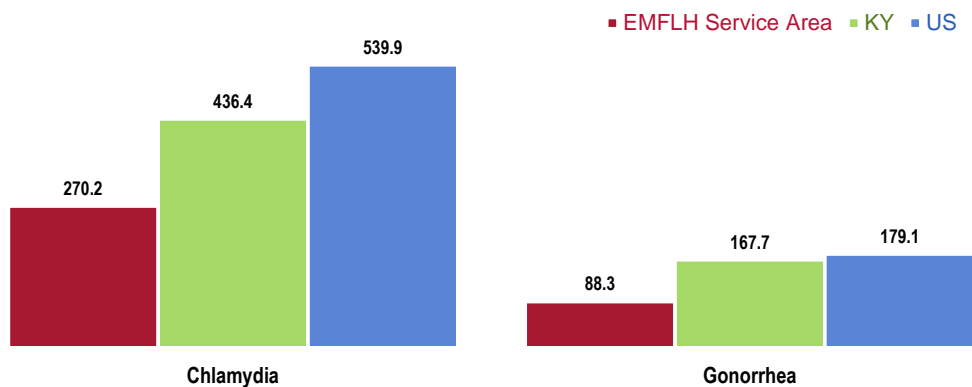
Sexually Transmitted Infections (STIs)

CHLAMYDIA ► Chlamydia is the most commonly reported STI in the United States; most people who have chlamydia are unaware, since the disease often has no symptoms.

GONORRHEA ► Anyone who is sexually active can get gonorrhea. Gonorrhea can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.

The following chart outlines local incidence for these STIs.

Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2018)

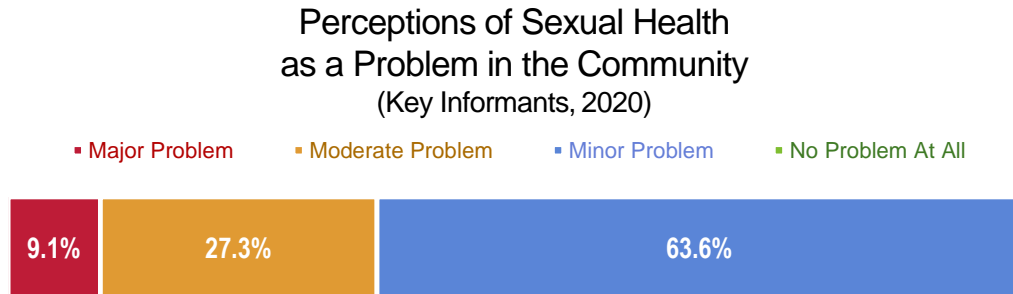


Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2020 via SparkMap (sparkmap.org).
Notes: ● This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.



Key Informant Input: Sexual Health

The following chart outlines key informants' perceptions of the severity of *Sexual Health* as a problem in the community:



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.



ACCESS TO HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Lack of Health Insurance Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

“Do you have any government-assisted healthcare coverage, such as Medicare, Medicaid (or another state-sponsored program), or VA/military benefits?”

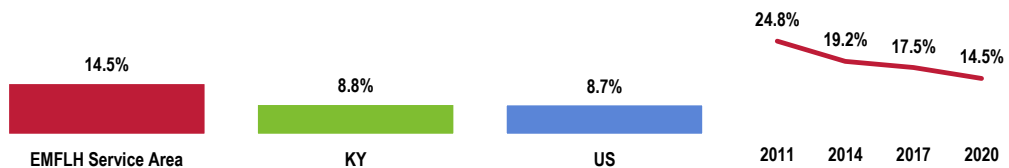
“Do you currently have: health insurance you get through your own or someone else’s employer or union; health insurance you purchase yourself; or, you do not have health insurance and pay for health care entirely on your own?”

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus excluding the Medicare population), who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Lack of Health Care Insurance Coverage (Adults Age 18-64)

Healthy People 2020 = 7.9% or Lower

EMFLH Service Area

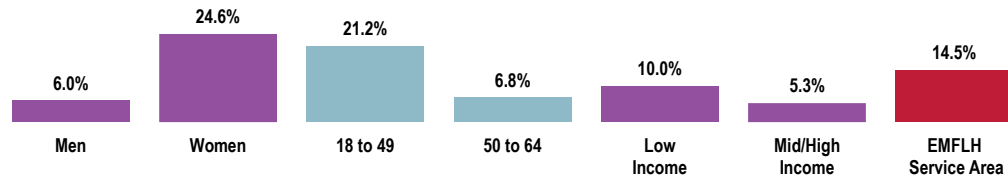


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 137]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Kentucky data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents under the age of 65.



Lack of Health Care Insurance Coverage (Adults Age 18-64; EMFLH Service Area, 2020) Healthy People 2020 = 0.0% (Universal Coverage)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 137]
• US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov> [Objective AHS-1]

Notes: • Asked of all respondents under the age of 65.

Difficulties Accessing Health Care

Barriers to Health Care Access

To better understand healthcare access barriers, survey participants were asked whether any of the following barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

“Was there a time in the past 12 months when you needed medical care, but had **difficulty finding a doctor?**”

“Was there a time in the past 12 months when you had **difficulty getting an appointment to see a doctor?**”

“Was there a time in the past 12 months when you **needed to see a doctor, but could not because of the cost?**”

“Was there a time in the past 12 months when a **lack of transportation** made it difficult or prevented you from seeing a doctor or making a medical appointment?”

“Was there a time in the past 12 months when you were not able to see a doctor because the **office hours were not convenient?**”

“Was there a time in the past 12 months when you **needed a prescription medicine, but did not get it because you could not afford it?**”

“Was there a time in the past 12 months when you were not able to see a doctor due to **language or cultural differences?**”

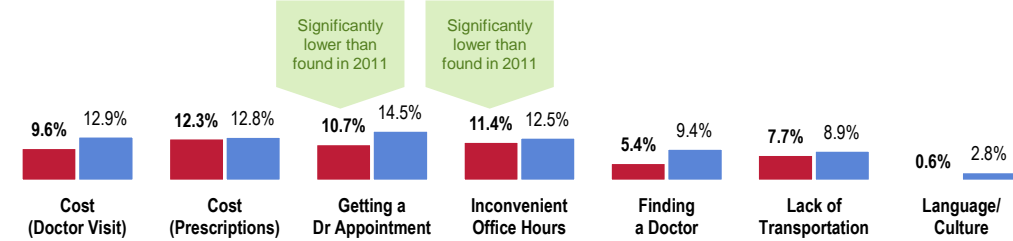
The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.



Barriers to Access Have Prevented Medical Care in the Past Year

■ EMFLH Service Area ■ US

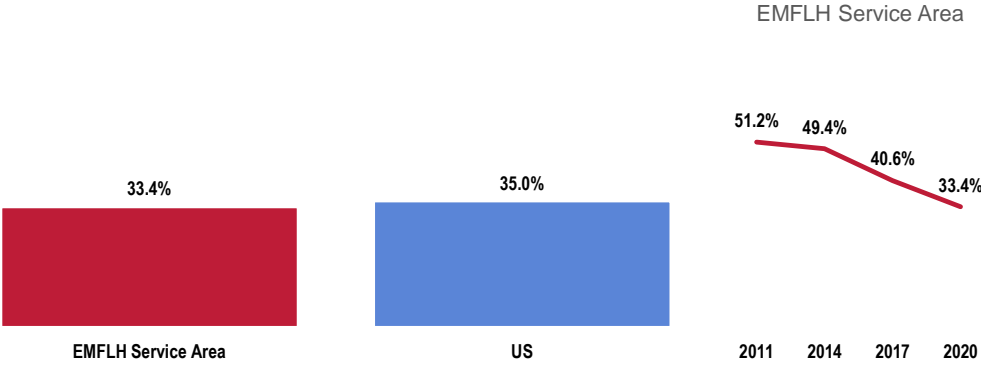
In addition, 12.2% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 7-14]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

The following charts reflect the composite percentage of the total population experiencing problems accessing healthcare in the past year (indicating one or more of the aforementioned barriers or any other problem not specifically asked), again regardless of whether they needed or sought care.

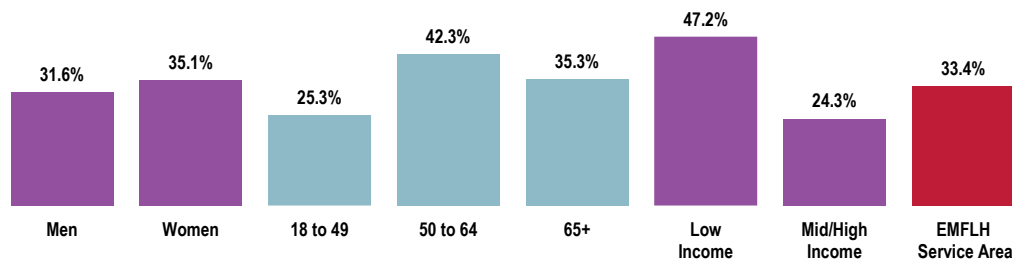
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 140]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.



Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (EMFLH Service Area, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 140]
 Notes: • Asked of all respondents.
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

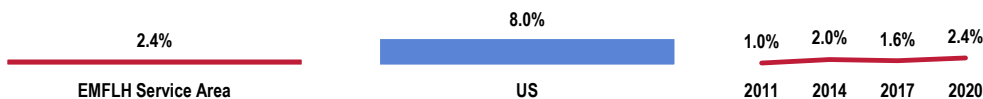
Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

“Was there a time in the past 12 months when you needed medical care for this child, but could not get it?”

Had Trouble Obtaining Medical Care for Child in the Past Year (Parents of Children 0-17)

EMFLH Service Area

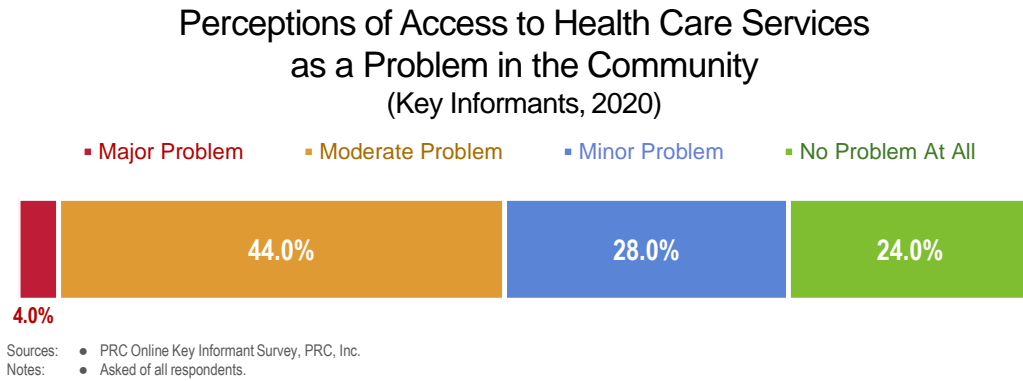


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 104]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.



Key Informant Input: Access to Health Care Services

The following chart outlines key informants' perceptions of the severity of *Access to Health Care Services* as a problem in the community:



Among those rating this issue as a “major problem,” reasons related to the following:

Barriers

- Access to evening and weekend clinics/urgent care; most facilities are Monday through Friday 9 to 5 and we all know illnesses occur outside these times/days. – Community Leader
- A lack of insurance. – Community Leader



Primary Care Services

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

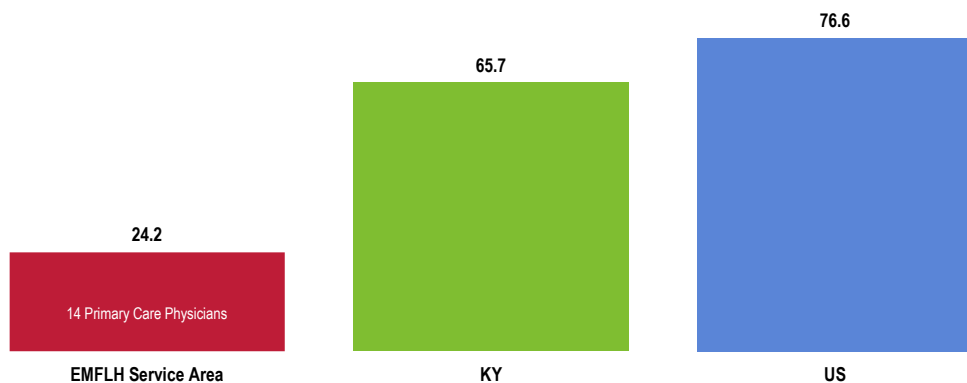
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Access to Primary Care

This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2017)



Sources: • US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2020 via SparkMap (sparkmap.org).
Notes: • Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

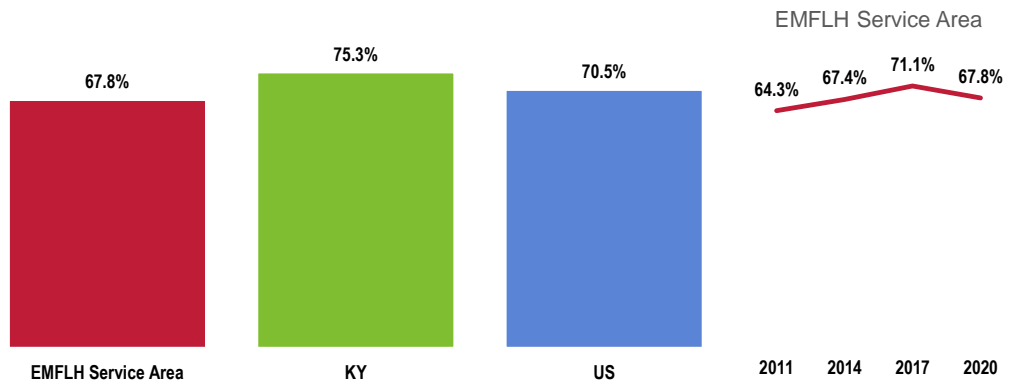


Utilization of Primary Care Services

ADULTS ▶ “A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?”

CHILDREN ▶ ”About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?”

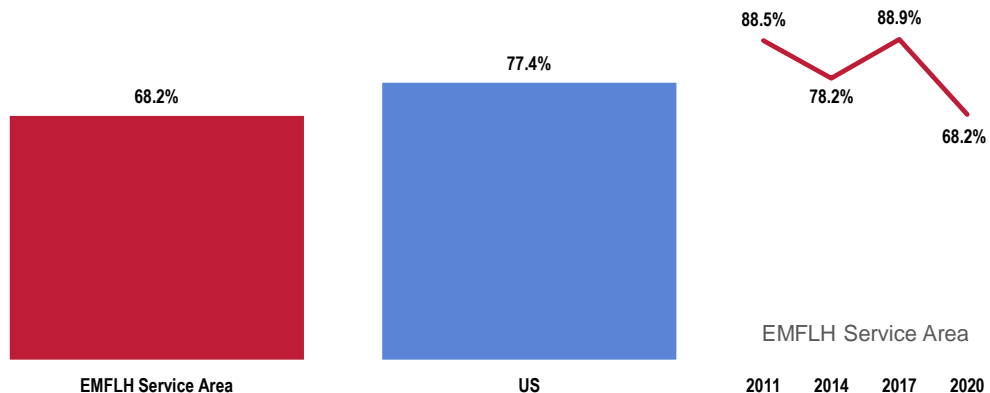
Have Visited a Physician for a Checkup in the Past Year



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 18]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Kentucky data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Parents of Children 0-17)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 105]
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children 0 to 17 in the household.



Oral Health

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (<https://health.gov/healthypeople>)

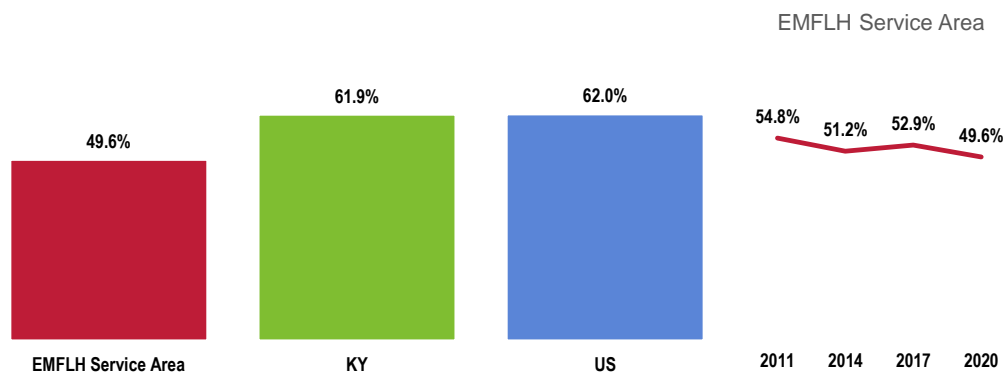
Dental Care

ADULTS ▶ “About how long has it been since you last visited a dentist or a dental clinic for any reason?”

CHILDREN AGE 2-17 ▶ “About how long has it been since this child visited a dentist or dental clinic?”

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 = 45.0% or Higher



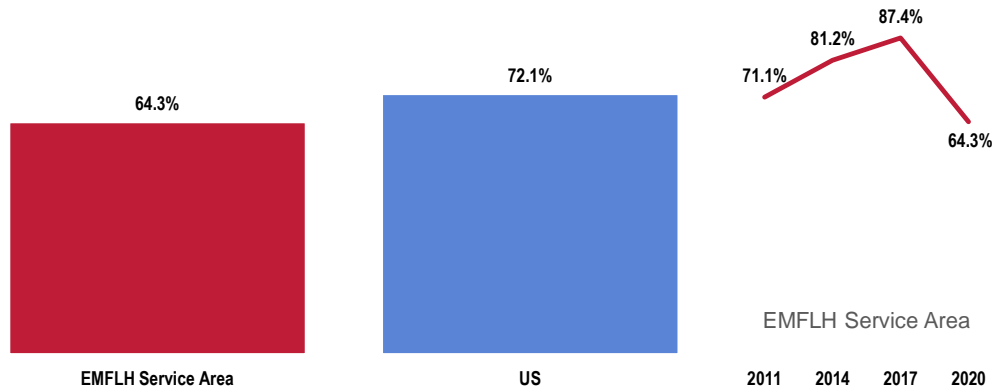
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 20]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2018 Kentucky data.
• 2020 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.



Child Has Visited a Dentist or Dental Clinic Within the Past Year (Parents of Children Age 2-17)

Healthy People 2020 = 45.0% or Higher

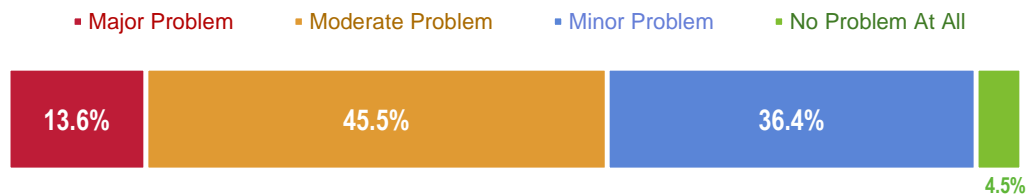


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 108]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

The following chart outlines key informants' perceptions of the severity of *Oral Health* as a problem in the community:

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2020)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Access for Medicare/Medicaid Patients

Dental care is a large issue in this community for the patients with Medicare/Medicaid, the uninsured, and the under-insured. – Physician

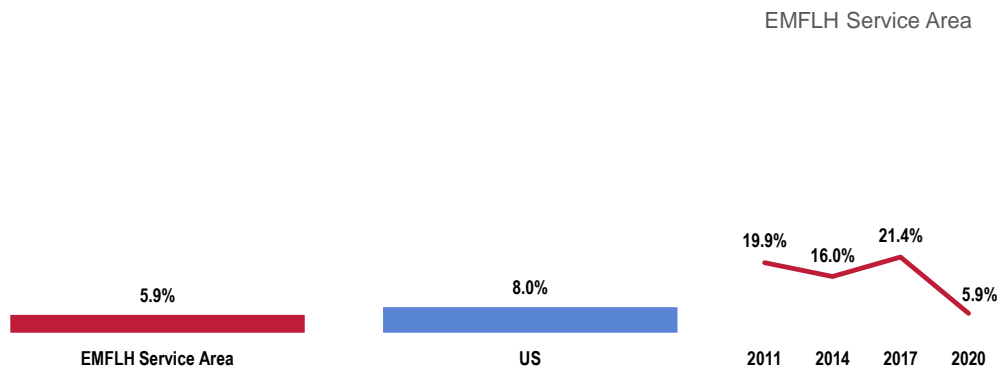


LOCAL RESOURCES

Perceptions of Local Health Care Services

“How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?”

Perceive Local Health Care Services as “Fair/Poor”



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 6]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- ASAP
- Ephraim McDowell Regional Medical Center
- Family Services
- Salvation Army
- Senior Citizens Agency

Cancer

- Cancer Support Groups
- Cancer Treatment Centers
- Central Kentucky Cancer Program
- Educational Programs
- Ephraim McDowell James B. Haggin Hospital
- Ephraim McDowell Regional Medical Center
- Health Department
- Home Health
- Hospice
- Public Health Department
- Radiation Oncology
- Relay for Life
- Smoking Cessation Programs
- Walk-In Clinics

Coronavirus

- Bates, Miller and Sims
- Boyle County Health Department
- CASA
- Covid Testing Sites
- Danville Pediatrics
- Emergency Management
- Ephraim McDowell Fort Logan Hospital
- Ephraim McDowell Health
- Ephraim McDowell James B. Haggin Hospital
- Ephraim McDowell Regional Medical Center
- First Care
- Kentucky Covid Website
- Lincoln County Health Department
- Newspapers, Government, Public/Private Officials
- Rapid Testing
- Shepherd's House

Dementia/Alzheimer's Disease

- Long-Term Care Facilities

Diabetes

- Boyle County Health Department
- Educational Programs
- Endocrinology Centers
- Ephraim McDowell Health
- Ephraim McDowell Regional Medical Center
- Fresenius Dialysis Clinic
- Health Department
- McDowell Wellness Center
- Support Groups
- Wellness Centers

Disabilities

- Chiropractor Services
- Ephraim McDowell Regional Medical Center
- McDowell Wellness Center

Family Planning

- Health Department
- MCO Baby Showers

Heart Disease

- Boyle County Health Department
- Cath Lab
- Ephraim McDowell Regional Medical Center
- STEMI Program

Injury and Violence

- Law Enforcement

Kidney Disease

- Ephraim McDowell Regional Medical Center
- Health Department



Mental Health

Adanta
Bluegrass Impact
Chris Whitsell
CommuniCare
Cumberland Family Medical Center
Danville Counseling Center
Ephraim McDowell James B. Haggin Hospital
Ephraim McDowell Regional Medical Center
Health Department
Mercer County Schools
Rehabilitation Centers
Social Services

Nutrition, Physical Activity, and Weight

24-Hour Fitness
Boyle County Health Department
Cross-Fit
Ephraim McDowell Health
Ephraim McDowell Regional Medical Center
Fitness Centers/Gyms
Health Department
McDowell Wellness Center
Parks and Recreation
School System
Weight Loss Community Programs
Wellness Centers

Oral Health

Dentist's Offices
Educational Programs
Federally Qualified Health Centers

Respiratory Disease

Cancer Programs
Ephraim McDowell Regional Medical Center
Health Department
Home Health
Respiratory Care Centers
Smoking Cessation Programs

Substance Abuse

AA/NA
Adanta
ASAP
Community Action
Ephraim McDowell Regional Medical Center
Faith-Based Programs
Fort Logan Hospital
Garrard Health Department
Hope Network
Isaiah House
Lincoln County Health Department
New Vista
Rehabilitation Centers
School System
Shepherd's House
Suboxone Clinic

Tobacco Use

Adanta
Anti-Smoking Advertising
Boyle County Health Department
Cancer Treatment Centers
Ephraim McDowell Health
Ephraim McDowell Regional Medical Center
Home Health
Lincoln County Health Department





APPENDIX

EVALUATION OF PAST ACTIVITIES

PENDING

