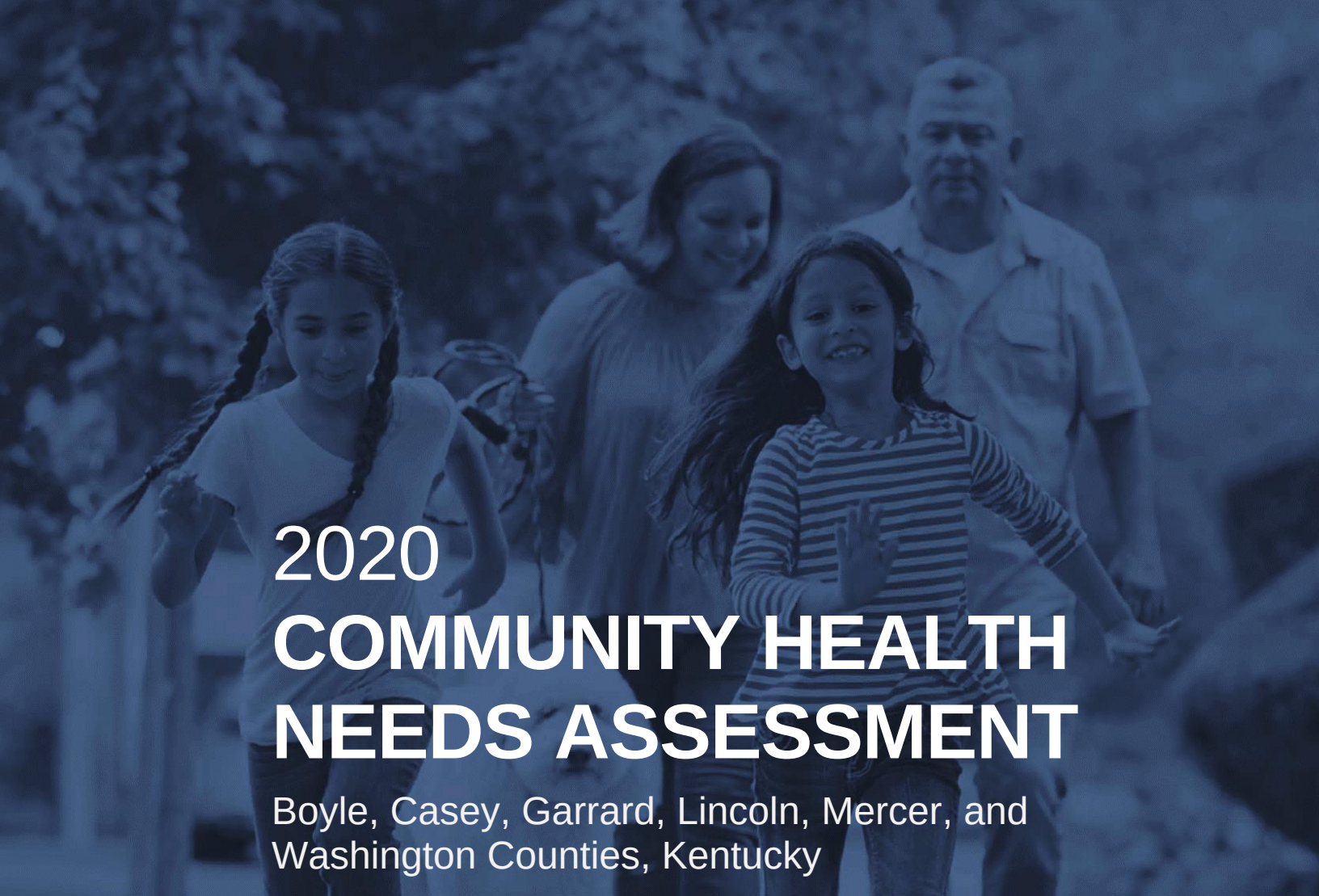




2020 COMMUNITY HEALTH NEEDS ASSESSMENT

Boyle, Casey, Garrard, Lincoln, Mercer, and
Washington Counties, Kentucky

Sponsored by
Ephraim McDowell Regional Medical Center



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PROJECT OVERVIEW

Project Goals

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 Regional Medical Center. 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 Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Ephraim McDowell Health 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

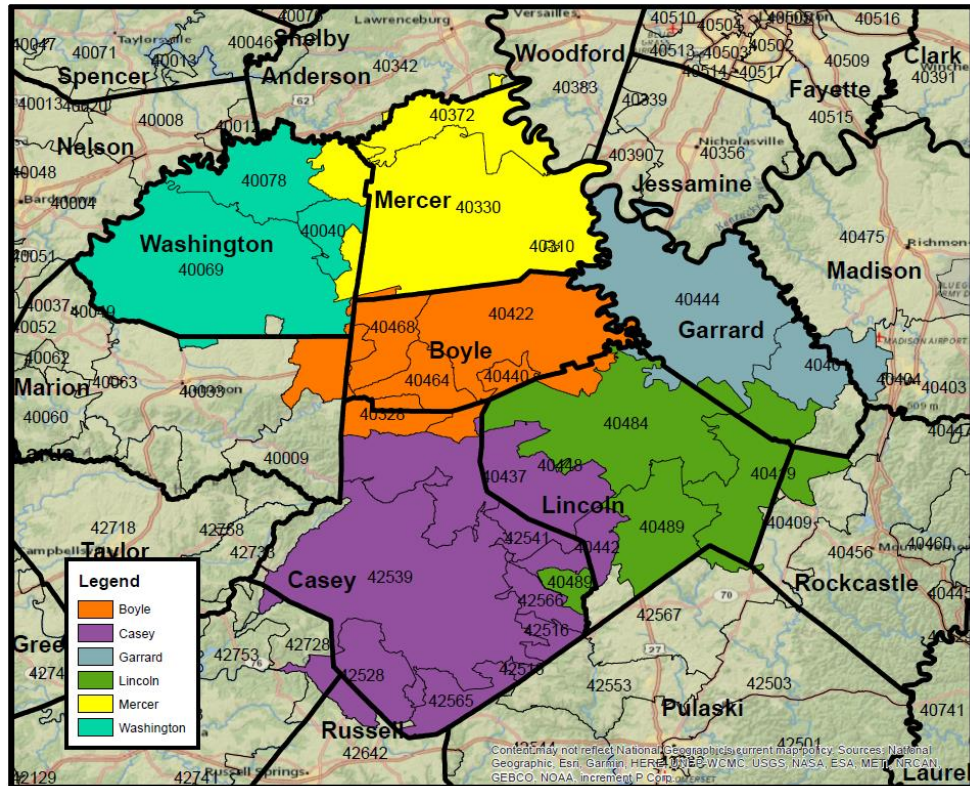
Survey Instrument

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 “Total Service Area” in this report) includes Boyle, Casey, Garrard, Lincoln, Mercer, and Washington counties in Kentucky. Ephraim McDowell Health is the predominant provider in these areas, and collectively these counties make up the known and accepted service area.



Sample Approach & Design

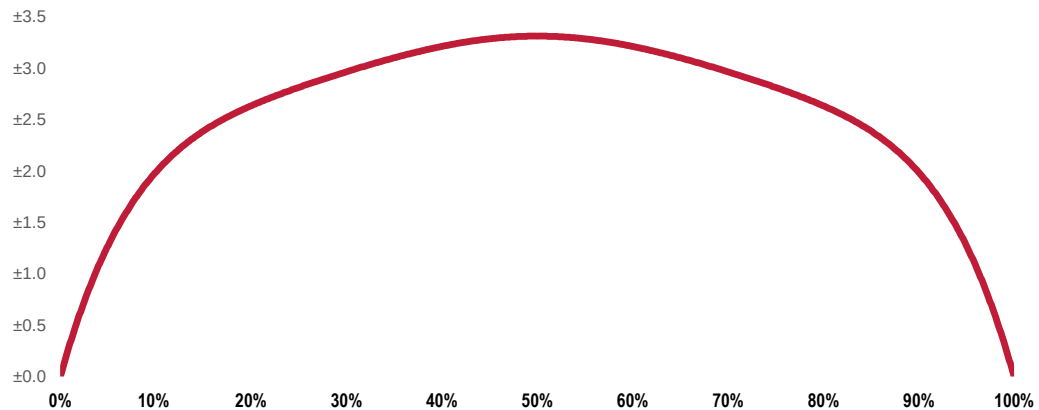
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — 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 stratified random sample of 907 individuals age 18 and older in the Total Service Area, including 342 in Boyle County; 129 in Casey County; 109 in Garrard County; 129 in Lincoln County; 130 in Mercer County; and 68 in Washington County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Total 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 907 respondents is $\pm 3.3\%$ at the 95 percent confidence level.

Expected Error Ranges for a Sample of 907 Respondents at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 907 respondents answered a certain question with a "yes," it can be asserted that between 8.0% and 12.0% ($10\% \pm 2.0\%$) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.7% and 53.3% ($50\% \pm 3.3\%$) of the total population would respond "yes" if asked this question.

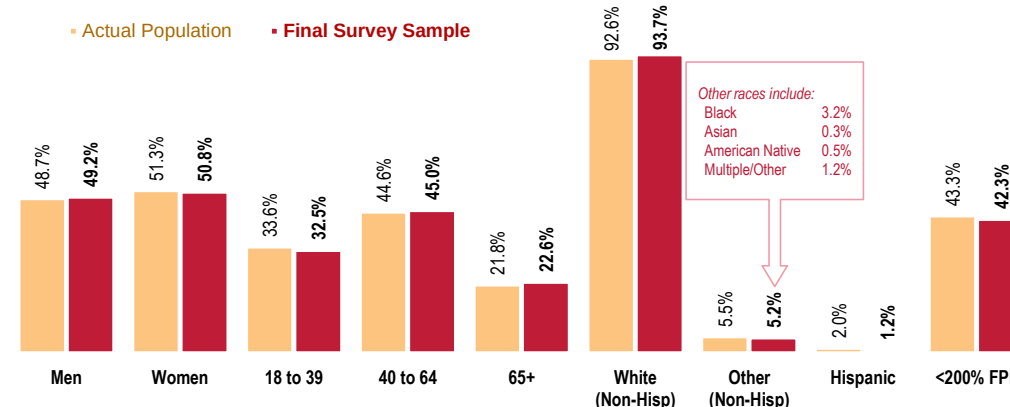
Sample Characteristics

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. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Total 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 (Total 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 ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

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 Health; 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. 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 Total 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 Total Service Area in 2011, 2014, and 2017 by PRC on behalf of Ephraim McDowell Health. 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.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

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 Health made its prior Community Health Needs Assessment (CHNA) report publicly available through 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 Health 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 Health 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	6
Part V Section B Line 3b	Demographics of the community	33
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	168
Part V Section B Line 3d	How data was obtained	6
Part V Section B Line 3e	The significant health needs of the community	14
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	16
Part V Section B Line 3h	The process for consulting with persons representing the community's interests	9
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 172



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	▪ Primary Care Physician Ratio ▪ Routine Medical Care (Children) ▪ Eye Exams ▪ Regular Dental Care [Adults]
CANCER	▪ Leading Cause of Death ▪ Cancer Deaths – Including Lung Cancer and Colorectal Cancer Deaths ▪ Cancer Incidence – 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	▪ Key Informants: Coronavirus/COVID-19 ranked as a top concern.
DIABETES	▪ Diabetes Deaths ▪ Kidney Disease Deaths ▪ Prevalence of Borderline/Pre-Diabetes ▪ Kidney Disease Prevalence ▪ Key Informants: Diabetes ranked as a top concern.
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ Heart Disease Prevalence ▪ Stroke Prevalence ▪ High Blood Pressure Prevalence ▪ High Blood Cholesterol Prevalence ▪ Overall Cardiovascular Risk
INFANT HEALTH & FAMILY PLANNING	▪ Infant Deaths ▪ Teen Births

—continued on the following page—



AREAS OF OPPORTUNITY IDENTIFIED (continued)

INJURY & VIOLENCE	▪ Unintentional Injury Deaths – Including Motor Vehicle Crash Deaths ▪ Firearm-Related Deaths
MENTAL HEALTH	▪ “Fair/Poor” Mental Health ▪ Diagnosed Depression ▪ Suicide Deaths
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Fruit/Vegetable Consumption ▪ Overweight & Obesity [Adults] ▪ Key Informants: Nutrition, physical activity, and weight ranked as a top concern.
POTENTIALLY DISABLING CONDITIONS	▪ Multiple Chronic Conditions ▪ Activity Limitations ▪ High-Impact Chronic Pain ▪ Alzheimer’s Disease Deaths ▪ Caregiving
RESPIRATORY DISEASE	▪ Lung Disease Deaths ▪ Pneumonia/Influenza Deaths ▪ Flu Vaccination [Age 65+] ▪ Chronic Obstructive Pulmonary Disease (COPD) Prevalence
SUBSTANCE ABUSE	▪ Unintentional Drug-Related Deaths ▪ Opioid Use ▪ Key Informants: Substance abuse ranked as a top concern.
TOBACCO USE	▪ Smoking Cessation ▪ 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 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 Health 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 previously, 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

Reading the Summary Tables

- In the following tables, Total Service Area results are shown in the larger, gray column.
- The columns to the left of the Total Service Area column provide comparisons among the six counties, identifying differences for each as “better than” (☀), “worse than” (☹), or “similar to” (☁) the combined opposing areas.
- The columns to the right of the Total Service Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether the Total 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 2011. Note that survey data reflect the ZIP Code-defined Total 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	DISPARITY AMONG SUBAREAS					
	Boyle County	Casey County	Garrard County	Lincoln County	Mercer County	Washington County
Linguistically Isolated Population (Percent)	 0.5	 1.4	 0.0	 0.8	 0.0	 1.2
Population in Poverty (Percent)	 14.8	 26.0	 16.1	 20.6	 12.8	 13.8
Children in Poverty (Percent)	 17.0	 35.0	 25.1	 29.7	 20.5	 19.5
No High School Diploma (Age 25+, Percent)	 12.9	 25.0	 20.1	 21.8	 14.8	 16.7
% Unable to Pay Cash for a \$400 Emergency Expense	 15.2	 27.0	 20.5	 27.8	 13.6	 21.5
% Worry/Stress Over Rent/Mortgage in Past Year	 18.1	 17.5	 19.2	 28.4	 18.8	 20.6
% Unhealthy/Unsafe Housing Conditions	 4.2	 5.2	 12.0	 6.6	 17.7	 1.9
% Food Insecure	 18.1	 19.0	 17.8	 22.0	 12.9	 13.6

Note: In the section above, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. KY	vs. US	vs. HP2030	TREND
0.6	 1.3	 4.4		
16.7	 16.7	 13.1	 8.0	
24.2	 24.4	 19.5	 8.0	
18.1	 14.3	 12.3		
20.2		 24.6		
20.5		 32.2		
8.0		 12.2		
17.6		 34.1		 20.5

 better
  similar
  worse

DISPARITY AMONG SUBAREAS

OVERALL HEALTH	Boyle County	Casey County	Garrard County	Lincoln County	Mercer County	Washington County
% "Fair/Poor" Overall Health	 28.8	 25.8	 11.7	 24.8	 21.8	 10.0

Note: In the section above, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. KY	vs. US	vs. HP2030	TREND
22.9	 23.5	 12.6		 24.9
	 better	 similar	 worse	

DISPARITY AMONG SUBAREAS

ACCESS TO HEALTH CARE	Boyle County	Casey County	Garrard County	Lincoln County	Mercer County	Washington County
% [Age 18-64] Lack Health Insurance	 5.0	 19.2	 5.7	 16.1	 3.3	 8.8
% Difficulty Accessing Health Care in Past Year (Composite)	 30.7	 44.0	 28.5	 28.1	 47.7	 43.7
% Cost Prevented Physician Visit in Past Year	 8.5	 10.2	 9.1	 9.5	 11.6	 22.1
% Cost Prevented Getting Prescription in Past Year	 9.8	 15.1	 10.6	 11.2	 11.8	 10.4
% Difficulty Getting Appointment in Past Year	 17.9	 13.0	 11.6	 8.5	 21.0	 18.8
% Inconvenient Hrs Prevented Dr Visit in Past Year	 5.6	 17.8	 9.9	 7.4	 9.4	 8.1
% Difficulty Finding Physician in Past Year	 9.1	 9.2	 5.8	 2.4	 15.0	 7.4

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. KY	vs. US	vs. HP2030	TREND
9.2	 8.8	 8.7	 7.9	 22.0
36.2		 35.0		 43.6
10.7	 12.6	 12.9		 20.0
11.4		 12.8		 23.1
15.3		 14.5		 15.0
9.1		 12.5		 14.9
8.4		 9.4		 11.8

ACCESS TO HEALTH CARE (continued)	DISPARITY AMONG SUBAREAS					
	Boyle County	Casey County	Garrard County	Lincoln County	Mercer County	Washington County
% Transportation Hindered Dr Visit in Past Year	 2.3	 9.3	 0.6	 10.4	 5.2	 0.9
% Language/Culture Prevented Care in Past Year	 0.4	 1.6	 0.5	 0.0	 0.0	 0.0
% Skipped Prescription Doses to Save Costs	 7.9	 17.2	 8.5	 10.5	 7.2	 7.5
% Difficulty Getting Child's Health Care in Past Year						
Primary Care Doctors per 100,000	 80.1	 6.3	 28.6	 32.7	 23.2	 33.5
% Have a Specific Source of Ongoing Care	 74.7	 76.4	 59.8	 80.6	 81.7	 83.4
% Have Had Routine Checkup in Past Year	 65.5	 68.0	 56.5	 73.9	 70.0	 62.8
% Child Has Had Checkup in Past Year						
% Two or More ER Visits in Past Year	 11.5	 10.4	 3.4	 10.1	 9.8	 3.4
% Eye Exam in Past 2 Years	 64.1	 66.9	 52.2	 41.3	 58.4	 48.5
% Rate Local Health Care "Fair/Poor"	 13.1	 8.8	 1.4	 6.3	 9.6	 3.9

Note: In the section above, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. KY	vs. US	vs. HP2030	TREND
5.2		 8.9		 9.2
0.4		 2.8		
9.7		 12.7		 25.2
1.4		 8.0		 1.9
38.8	 65.7	 76.6		
76.6		 74.2	 84.0	 77.5
67.2	 75.3	 70.5		 65.6
75.5		 77.4		 87.1
9.2		 10.1		 10.4
56.3		 61.0	 61.1	 58.8
8.5		 8.0		 19.8

 better
  similar
  worse

CANCER	DISPARITY AMONG SUBAREAS						Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Boyle County	Casey County	Garrard County	Lincoln County	Mercer County	Washington County		vs. KY	vs. US	vs. HP2030	TREND
Cancer (Age-Adjusted Death Rate)	 189.3	 171.8	 198.3	 217.7	 179.7	 231.7	195.9	 187.0	 152.5	 122.7	 205.8
Lung Cancer (Age-Adjusted Death Rate)							60.0	 56.9	 36.6	 25.1	
Prostate Cancer (Age-Adjusted Death Rate)							18.5	 19.1	 18.9	 16.9	
Female Breast Cancer (Age-Adjusted Death Rate)							22.5	 21.0	 19.9	 15.3	
Colorectal Cancer (Age-Adjusted Death Rate)							21.3	 16.8	 13.7	 8.9	
Cancer Incidence Rate (All Sites)	 510.2	 488.6	 549.1	 561.5	 562.9	 526.9	534.4	 519.6	 448.7		
Female Breast Cancer Incidence Rate	 138.4	 114.5	 119.3	 112.9	 130.6	 130.1	125.0	 126.7	 125.9		
Prostate Cancer Incidence Rate	 116.9	 94.6	 123.9	 100.2	 102.7	 120.1	109.1	 104.1	 104.5		
Lung Cancer Incidence Rate	 60.4	 100.4	 89.2	 109.7	 95.9	 83.9	88.7	 91.0	 58.3		
Colorectal Cancer Incidence Rate	 55.3	 45.4	 60.7	 54.2	 63.0	 63.3	56.8	 48.3	 38.4		

CANCER (continued)	DISPARITY AMONG SUBAREAS					
	Boyle County	Casey County	Garrard County	Lincoln County	Mercer County	Washington County
% Cancer	 13.2	 6.7	 12.9	 24.0	 9.4	 19.0
% [Women 50-74] Mammogram in Past 2 Years						
% [Women 21-65] Cervical Cancer Screening						
% [Age 50-75] Colorectal Cancer Screening						

Note: In the section above, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. KY	vs. US	vs. HP2030	TREND
14.1	 14.3	 10.0		
69.9	 77.6	 76.1	 77.1	 70.7
76.7	 80.3	 73.8	 84.3	 84.4
68.8	 69.6	 77.4	 74.4	 68.2



better



similar



worse

DIABETES	DISPARITY AMONG SUBAREAS					
	Boyle County	Casey County	Garrard County	Lincoln County	Mercer County	Washington County
Diabetes (Age-Adjusted Death Rate)						
% Diabetes/High Blood Sugar	 15.0	 17.8	 12.8	 20.5	 15.1	 15.4
% Borderline/Pre-Diabetes	 7.2	 7.8	 13.8	 5.0	 21.1	 5.2
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	 49.3	 47.0	 36.3	 50.5	 57.2	 50.1

Note: In the section above, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. KY	vs. US	vs. HP2030	TREND
28.9	 28.0	 21.3		 30.3
16.3	 13.7	 13.8		 13.6
10.0		 9.7		 5.3
49.2		 43.3		 53.1



better



similar



worse

DISPARITY AMONG SUBAREAS

HEART DISEASE & STROKE	Boyle County	Casey County	Garrard County	Lincoln County	Mercer County	Washington County
Diseases of the Heart (Age-Adjusted Death Rate)	 168.6	 171.9	 151.8	 197.2	 214.6	 154.6
% Heart Disease (Heart Attack, Angina, Coronary Disease)	 6.5	 13.8	 11.3	 6.5	 26.8	 5.8
Stroke (Age-Adjusted Death Rate)	 34.4	 44.4	 46.8	 42.7	 40.3	
% Stroke	 3.4	 7.5	 1.4	 8.2	 10.9	 2.6
% Told Have High Blood Pressure	 43.0	 49.9	 37.8	 64.7	 48.8	 37.7
% Told Have High Cholesterol	 37.7	 48.1	 38.4	 32.4	 32.7	 37.8
% 1+ Cardiovascular Risk Factor	 92.8	 94.1	 92.9	 98.7	 89.5	 96.2

Note: In the section above, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. KY	vs. US	vs. HP2030	TREND
178.1	 199.1	 164.7	 127.4	 193.7
11.8	 10.1	 6.1		 10.7
40.7	 40.4	 37.3	 33.4	 40.0
6.0	 4.6	 4.3		 3.5
48.3	 39.4	 36.9	 27.7	 41.0
37.4		 32.7		 36.9
93.8		 84.6		 86.6

 better
  similar
  worse

INFANT HEALTH & FAMILY PLANNING	DISPARITY AMONG SUBAREAS					
	Boyle County	Casey County	Garrard County	Lincoln County	Mercer County	Washington County
Low Birthweight Births (Percent)	 8.3	 9.0	 10.4	 9.1	 8.1	 7.1
Infant Death Rate						
Births to Adolescents Age 15 to 19 (Rate per 1,000)	 30.0	 51.6	 38.5	 48.8	 36.4	 28.1

Note: In the section above, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. KY	vs. US	vs. HP2030	TREND
8.7	 9.1	 8.2		
7.6	 6.4	 5.7	 5.0	 6.0
38.3	 33.7	 22.7	 31.4	

 better
  similar
  worse

INJURY & VIOLENCE	DISPARITY AMONG SUBAREAS					
	Boyle County	Casey County	Garrard County	Lincoln County	Mercer County	Washington County
Unintentional Injury (Age-Adjusted Death Rate)	 67.3	 89.8	 78.9	 97.8	 77.6	 66.7
Motor Vehicle Crashes (Age-Adjusted Death Rate)						
% "Always" Wear a Seat Belt	 79.4	 65.0	 89.8	 65.6	 71.3	 88.2
[65+] Falls (Age-Adjusted Death Rate)						
Firearm-Related Deaths (Age-Adjusted Death Rate)						

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. KY	vs. US	vs. HP2030	TREND
79.7	 70.2	 48.3	 43.2	 66.3
26.2	 17.4	 11.5	 10.1	
74.9				 76.6
50.2	 46.2	 63.4	 63.4	
15.2	 16.9	 11.9	 10.7	

INJURY & VIOLENCE (continued)	DISPARITY AMONG SUBAREAS					
	Boyle County	Casey County	Garrard County	Lincoln County	Mercer County	Washington County
Homicide (Age-Adjusted Death Rate)						
Violent Crime Rate	 107.4	 8.4	 52.4	 31.5	 73.2	 49.4
% Victim of Violent Crime in Past 5 Years	 1.0	 0.6	 0.0	 1.9	 4.4	 0.5
% Victim of Intimate Partner Violence	 15.2	 4.2	 8.3	 12.9	 19.5	 5.1

Note: In the section above, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	vs. KY	vs. US	vs. HP2030	
3.1	 6.9	 6.1	 5.5	
59.5	 226.5	 416.0		
1.6		 6.2		 3.2
12.3		 13.7		 13.7



better



similar



worse

KIDNEY DISEASE	DISPARITY AMONG SUBAREAS					
	Boyle County	Casey County	Garrard County	Lincoln County	Mercer County	Washington County
Kidney Disease (Age-Adjusted Death Rate)						
% Kidney Disease	 3.9	 6.0	 2.3	 8.6	 5.7	 2.9

Note: In the section above, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	vs. KY	vs. US	vs. HP2030	
22.2	 19.5	 13.0		 24.2
5.2	 4.2	 5.0		 3.3



better



similar



worse

MENTAL HEALTH	DISPARITY AMONG SUBAREAS					
	Boyle County	Casey County	Garrard County	Lincoln County	Mercer County	Washington County
% "Fair/Poor" Mental Health	 20.3	 13.7	 7.7	 26.5	 18.8	 15.6
% Diagnosed Depression	 30.2	 18.8	 24.0	 23.3	 25.2	 39.1
% Symptoms of Chronic Depression (2+ Years)	 33.7	 26.8	 32.3	 37.3	 26.3	 28.4
% Typical Day Is "Extremely/Very" Stressful	 9.7	 9.4	 4.5	 13.7	 22.6	 11.2
Suicide (Age-Adjusted Death Rate)						
Mental Health Providers per 100,000	 106.8	 19.0	 17.2	 4.1	 120.4	 16.8
% Taking Rx/Receiving Mental Health Trtmt	 26.4	 20.0	 19.3	 13.9	 19.1	 18.2
% Unable to Get Mental Health Svcs in Past Yr	 5.2	 1.9	 6.8	 3.3	 1.3	 4.5

Note: In the section above, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. KY	vs. US	vs. HP2030	TREND
18.5		 13.4		 15.6
26.3	 24.0	 20.6		 22.8
31.4		 30.3		 34.7
12.4		 16.1		 12.2
20.6	 17.1	 13.9	 12.8	 17.8
55.3	 40.8	 42.6		
20.2		 16.8		
3.7		 7.8		 3.6

 better
  similar
  worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	DISPARITY AMONG SUBAREAS					
	Boyle County	Casey County	Garrard County	Lincoln County	Mercer County	Washington County
Population With Low Food Access (Percent)	 16.7	 4.4		 15.4	 11.4	 17.3
% "Very/Somewhat" Difficult to Buy Fresh Produce	 18.2	 23.3	 11.9	 20.2	 11.5	 6.6
% 5+ Servings of Fruits/Vegetables per Day	 28.0	 33.6	 18.6	 23.3	 35.7	 30.8
% No Leisure-Time Physical Activity	 34.7	 34.8	 19.5	 43.7	 25.9	 27.1
% Meeting Physical Activity Guidelines	 16.4	 17.2	 32.4	 14.5	 25.3	 29.4
% Child [Age 2-17] Physically Active 1+ Hours per Day						
% Healthy Weight (BMI 18.5-24.9)	 21.3	 18.3	 17.1	 24.3	 16.7	 9.0
% Overweight (BMI 25+)	 77.7	 81.2	 81.7	 74.4	 81.8	 90.6
% Obese (BMI 30+)	 49.5	 39.5	 28.5	 46.7	 51.5	 43.5
% Children [Age 5-17] Healthy Weight						
% Children [Age 5-17] Overweight (85th Percentile)						
% Children [Age 5-17] Obese (95th Percentile)						

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. KY	vs. US	vs. HP2030	TREND
11.5	 18.0	 22.4		
16.5		 21.1		 23.6
28.5		 32.7		 48.5
32.6	 32.4	 31.3	 21.2	 28.5
20.7	 16.8	 21.4	 28.4	 19.3
50.7		 33.0		 56.3
19.1	 30.0	 34.5		
79.8	 68.5	 61.0		 66.5
45.1	 36.6	 31.3	 36.0	 30.8
53.0		 47.6		
37.7		 32.3		 36.8
24.7		 16.0	 15.5	 24.3

DISPARITY AMONG SUBAREAS

ORAL HEALTH	Boyle County	Casey County	Garrard County	Lincoln County	Mercer County	Washington County
% Have Dental Insurance	 69.3	 58.2	 71.3	 62.4	 81.0	 49.1
% [Age 18+] Dental Visit in Past Year	 54.4	 42.8	 67.8	 44.2	 63.4	 55.7
% Child [Age 2-17] Dental Visit in Past Year						

Note: In the section above, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. KY	vs. US	vs. HP2030	TREND
67.0		 68.7	 59.8	 50.9
54.1	 61.9	 62.0	 45.0	 58.6
76.1		 72.1	 45.0	 76.4

 better  similar  worse

DISPARITY AMONG SUBAREAS

POTENTIALLY DISABLING CONDITIONS	Boyle County	Casey County	Garrard County	Lincoln County	Mercer County	Washington County
% 3+ Chronic Conditions	 41.3	 46.2	 42.0	 49.5	 44.8	 45.0
% Activity Limitations	 27.0	 24.9	 25.1	 36.7	 26.5	 16.3
% With High-Impact Chronic Pain	 19.4	 25.0	 16.7	 34.5	 27.7	 10.1
Alzheimer's Disease (Age-Adjusted Death Rate)	 49.7		 43.6	 47.5	 38.3	 40.6
% Caregiver to a Friend/Family Member	 24.6	 23.1	 19.4	 20.5	 36.6	 52.5

Note: In the section above, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. KY	vs. US	vs. HP2030	TREND
44.7		 32.5		
27.4		 24.0		 23.3
23.6		 14.1	 7.0	
40.2	 34.2	 30.6		 44.2
27.6		 22.6		 30.2

 better  similar  worse

DISPARITY AMONG SUBAREAS						
RESPIRATORY DISEASE	Boyle County	Casey County	Garrard County	Lincoln County	Mercer County	Washington County
CLRD (Age-Adjusted Death Rate)	 50.3	 85.8	 78.7	 76.2	 86.7	
Pneumonia/Influenza (Age-Adjusted Death Rate)						
% [Age 65+] Flu Vaccine in Past Year	 66.0	 52.3	 52.1	 55.1	 75.7	 71.9
% [Adult] Asthma	 9.2	 8.8	 12.8	 3.5	 6.3	 3.8
% [Child 0-17] Asthma						
% COPD (Lung Disease)	 10.7	 14.0	 8.3	 11.2	 10.2	 8.2

Note: In the section above, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. KY	vs. US	vs. HP2030	TREND
68.3	 64.3	 40.4		 67.4
18.7	 17.9	 14.2		 22.8
62.8	 59.4	 71.0		 72.5
7.4	 11.5	 12.9		 7.8
4.1		 7.8		 9.1
10.7	 12.1	 6.4		 13.0

 better
  similar
  worse

DISPARITY AMONG SUBAREAS						
SEXUAL HEALTH	Boyle County	Casey County	Garrard County	Lincoln County	Mercer County	Washington County
Chlamydia Incidence Rate	 310.8	 165.1	 325.3	 298.5	 418.2	 321.6
Gonorrhea Incidence Rate	 90.2	 63.5	 68.5	 118.6	 88.3	 82.5

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. KY	vs. US	vs. HP2030	TREND
311.6	 436.4	 539.9		
88.2	 167.7	 179.1		

DISPARITY AMONG SUBAREAS

SUBSTANCE ABUSE	Boyle County	Casey County	Garrard County	Lincoln County	Mercer County	Washington County
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)						
% Excessive Drinker	 15.5	 4.9	 8.9	 11.5	 18.9	 18.2
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)						
% Illicit Drug Use in Past Month	 3.6	 0.2	 4.3	 0.0	 1.4	 4.7
% Used an Opioid Drug in Past Year	 20.2	 22.5	 10.8	 14.5	 8.0	 19.0
% Ever Sought Help for Alcohol or Drug Problem	 3.3	 0.7	 1.2	 8.5	 2.3	 4.0
% Personally Impacted by Substance Abuse	 35.3	 20.6	 27.7	 49.1	 28.0	 51.5

Note: In the section above, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. KY	vs. US	vs. HP2030	TREND
9.5	 12.7	 10.9	 10.9	 11.9
13.3	 15.9	 27.2		 12.3
31.3	 31.7	 18.1		 15.6
2.2		 2.0	 12.0	 2.4
16.1		 12.9		
3.6		 5.4		 3.2
35.0		 35.8		

 better
  similar
  worse

TOBACCO USE	DISPARITY AMONG SUBAREAS					
	Boyle County	Casey County	Garrard County	Lincoln County	Mercer County	Washington County
% Current Smoker	 18.4	 14.3	 11.0	 19.4	 18.6	 10.5
% Someone Smokes at Home	 12.3	 9.1	 9.9	 12.1	 11.4	 11.8
% [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	 1.8	 0.0	 3.3	 11.3	 1.4	 3.3

Note: In the section above, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. KY	vs. US	vs. HP2030	TREND
16.6	 23.4	 17.4	 5.0	 21.3
11.3		 14.6		 21.7
7.8		 17.4		 17.7
38.2	 54.5	 42.8	 65.7	 48.8
66.3		 59.6	 66.6	 64.6
3.6	 6.1	 8.9		 4.5

 better
  similar
  worse



COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

The Total Service Area, the focus of this Community Health Needs Assessment, encompasses 1,733.57 square miles and houses a total population of 121,030 residents, according to latest census estimates.

Total Population
(Estimated Population, 2014–2018)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Boyle County	29,913	180.35	165.86
Casey County	15,796	444.24	35.56
Garrard County	17,328	230.10	75.31
Lincoln County	24,458	332.84	73.48
Mercer County	21,516	249.06	86.39
Washington County	12,019	296.97	40.47
Total Service Area	121,030	1,733.57	69.82
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).

Population Change 2000-2010

A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

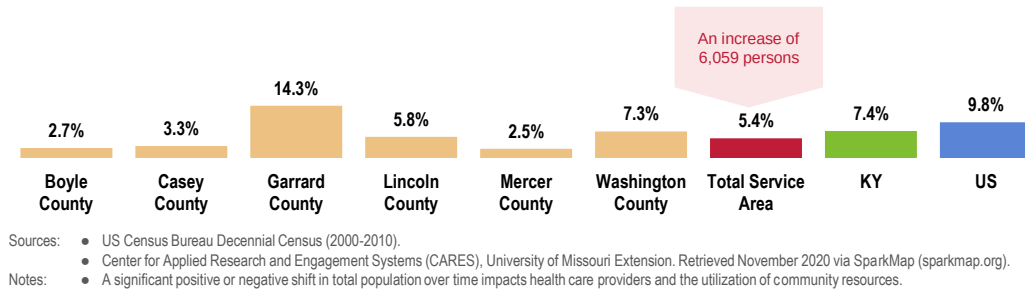
Between the 2000 and 2010 US Censuses, the population of the Total Service Area increased by about 6,000 persons, or 5.4%.

BENCHMARK ► Lower than the state and US percentages.

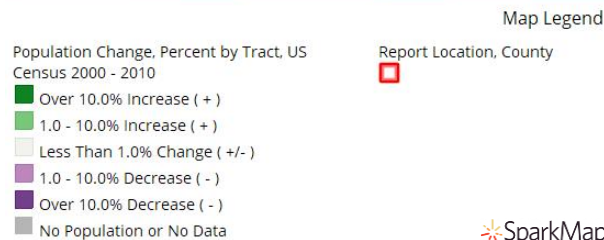
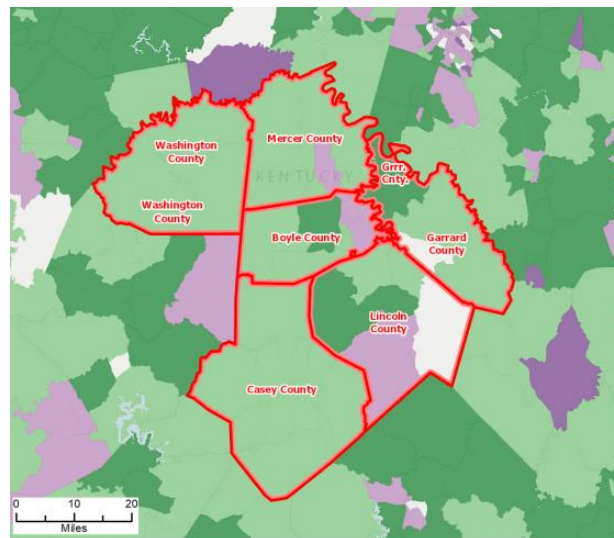
DISPARITY ► The percentage increase is notably higher in Garrard County.



Change in Total Population (Percentage Change Between 2000 and 2010)



This map shows the areas of greatest increase or decrease in population between 2000 and 2010.



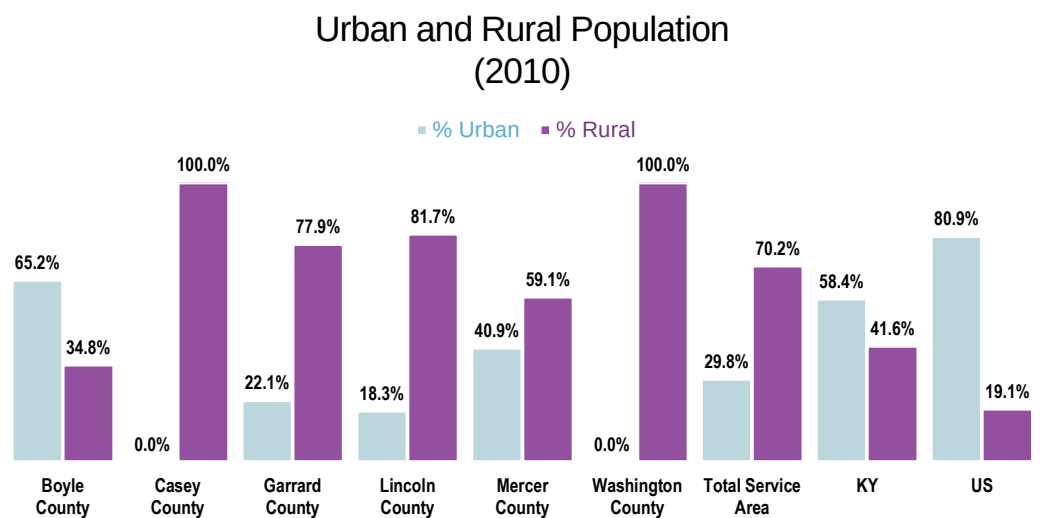
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

The Total Service Area is predominantly rural, with 70.2% of the population living in areas designated as urban.

BENCHMARK ► A much larger rural population proportionally than the Kentucky and US populations.

DISPARITY ► Note that Casey and Washington counties are both entirely rural; in contrast, Boyle County houses a majority urban population.



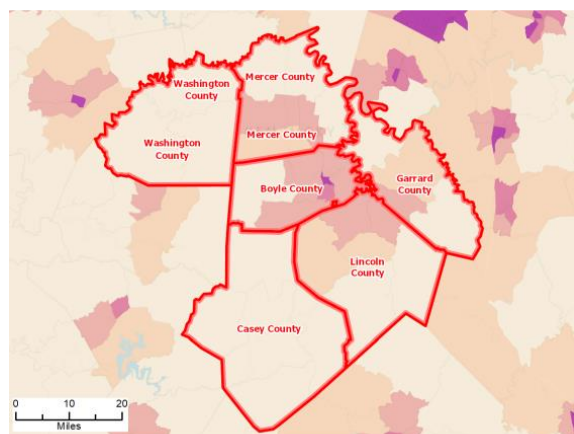
Sources: • US Census Bureau Decennial Census.

• 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 population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Note the following map, outlining the urban population in the Total Service Area.





Age

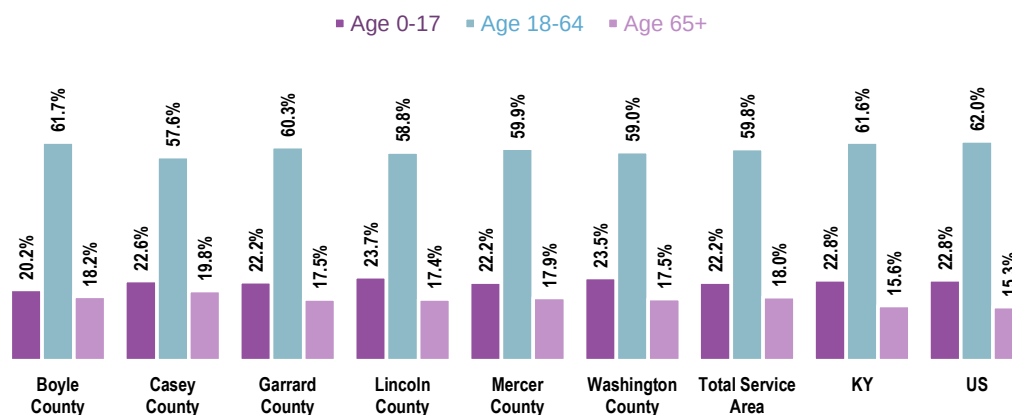
It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In the Total Service Area, 22.2% of the population are children age 0-17; another 59.8% are age 18 to 64, while 18.0% are age 65 and older.

BENCHMARK ► The proportion of older residents is higher than found statewide and nationally.

DISPARITY ► Note that one in five residents in Casey County is age 65 and older.

Total Population by Age Groups
(2014–2018)



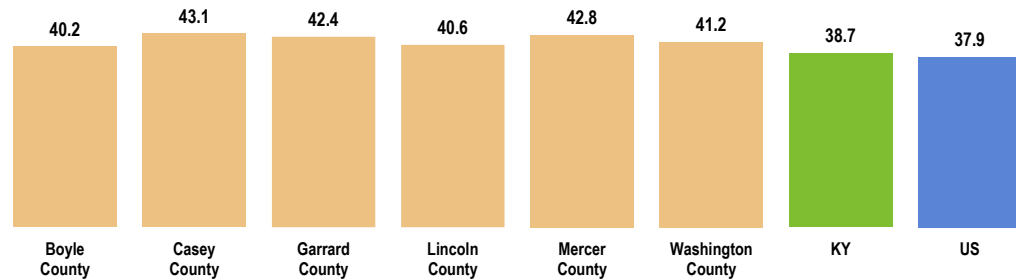
Sources: ● US Census Bureau American Community Survey 5-year estimates.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2020 via SparkMap (sparkmap.org).



Median Age

The Total Service Area is “older” than the state and the nation in that the median age is higher.

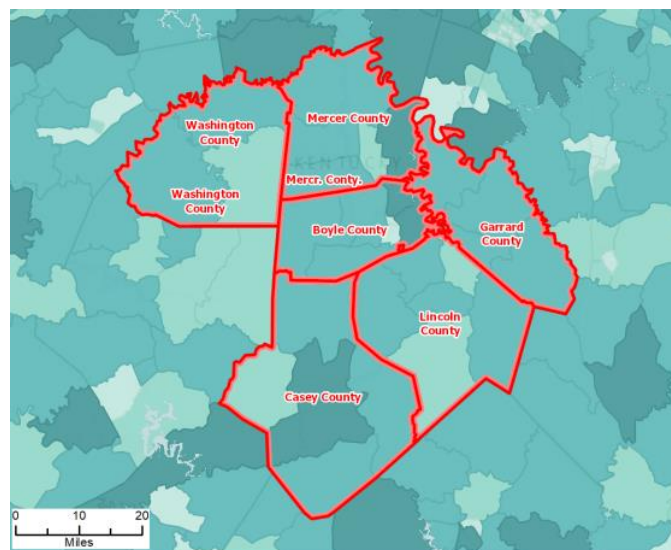
Median Age (2014–2018)



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).

The following map provides an illustration of the median age in the Total Service Area.



Map Legend

Median Age by Tract, ACS 2014-18

- Over 45.0
- 40.1 - 45.0
- 35.1 - 40.0
- Under 35.1
- No Data or Data Suppressed

Report Location, County



SparkMap



Race & Ethnicity

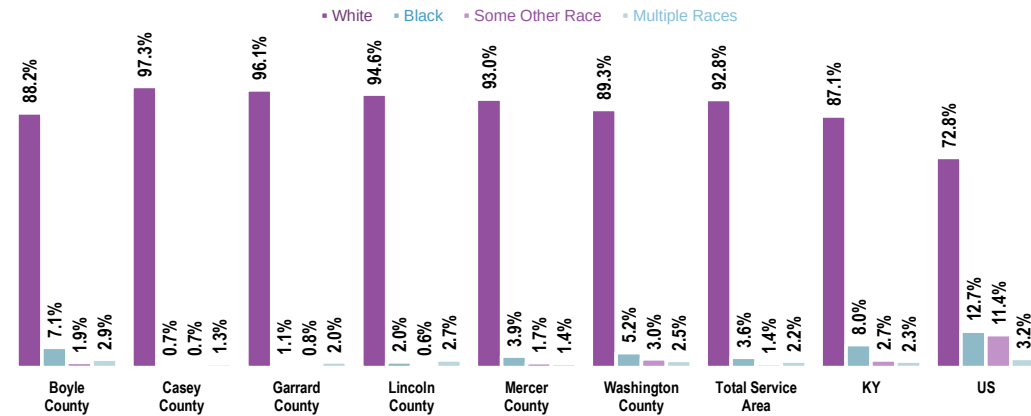
Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 92.8% of residents of the Total Service Area are White and 3.6% are Black.

BENCHMARK ► A less-diverse population than found in Kentucky and the US overall.

DISPARITY ► Boyle County houses the most diverse population among the six counties.

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).

Ethnicity

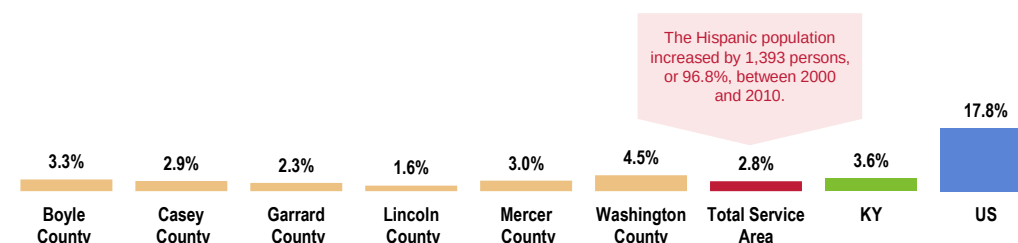
A total of 2.8% of Total Service Area residents are Hispanic or Latino.

BENCHMARK ► Dramatically lower than the US percentage.

DISPARITY ► The population is proportionally largest in Washington County.



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.

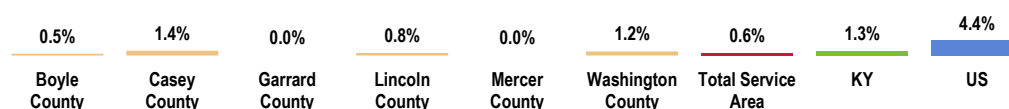
Linguistic Isolation

Less than one percent of the Total Service Area population age 5 and older lives in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English “very well”).

BENCHMARK ► Below the state and (especially) national percentage.

DISPARITY ► Higher in Casey, Lincoln, and Washington counties.

Linguistically Isolated Population (2014–2018)



Sources:

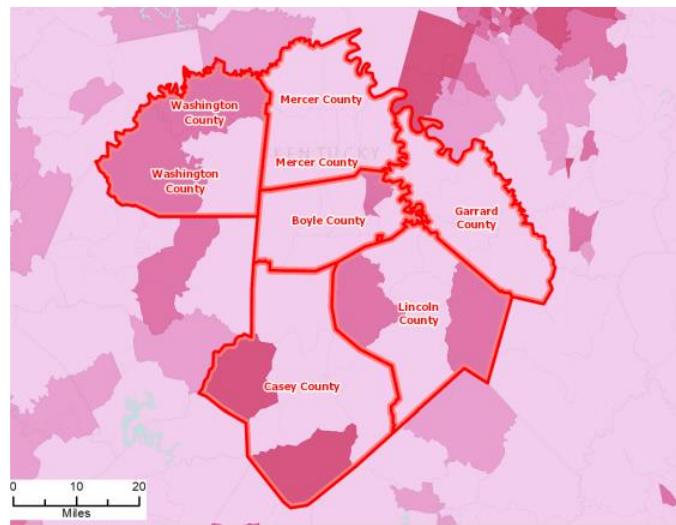
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2020 via SparkMap (sparkmap.org).

Notes:

- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English “very well.”



Note the following map illustrating linguistic isolation throughout the Total Service Area.



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>)

Poverty

The latest census estimate shows 16.7% of the Total Service Area total population living below the federal poverty level.

Among just children (ages 0 to 17), this percentage in the Total Service Area is 24.2% (representing an estimated 6,283 children).

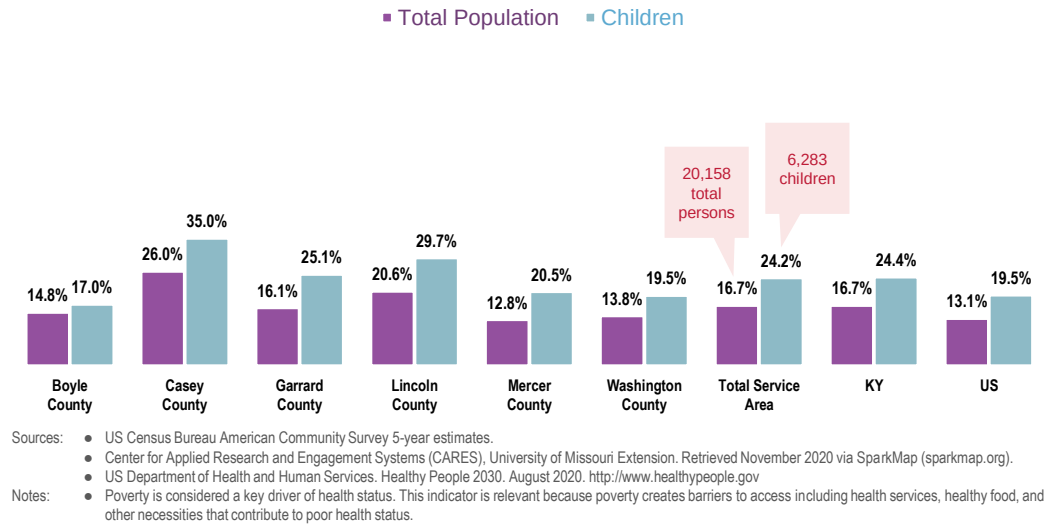
BENCHMARK ► Both figures are above the related US percentage and fail to satisfy the Healthy People 2030 objective.

DISPARITY ► Both percentages are unfavorably high in Casey and Lincoln counties.

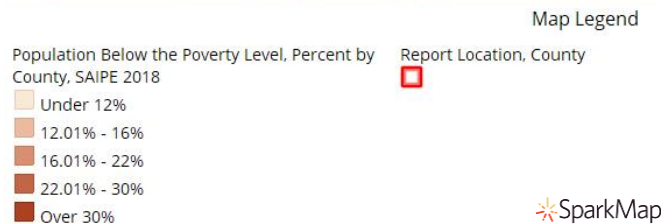
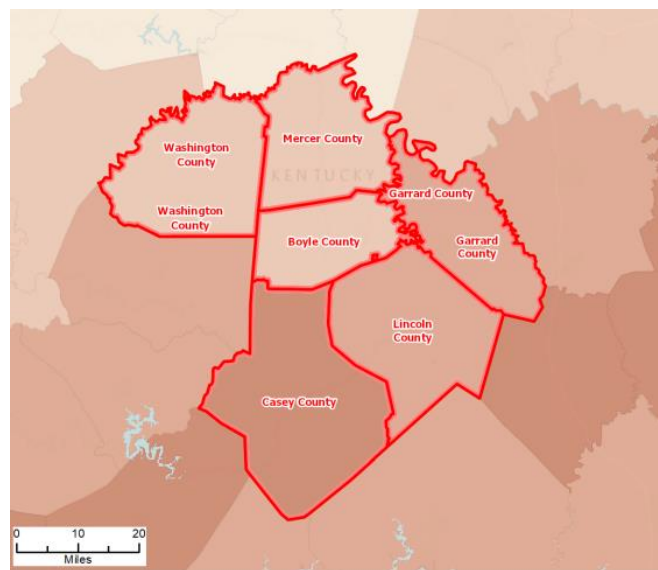


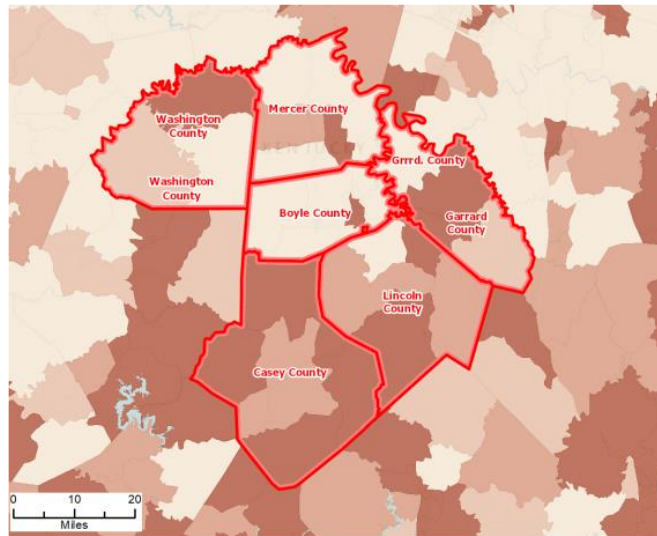
Population in Poverty (Populations Living Below the Poverty Level; 2014–2018)

Healthy People 2030 = 8.0% or Lower



The following maps highlight concentrations of persons living below the federal poverty level.





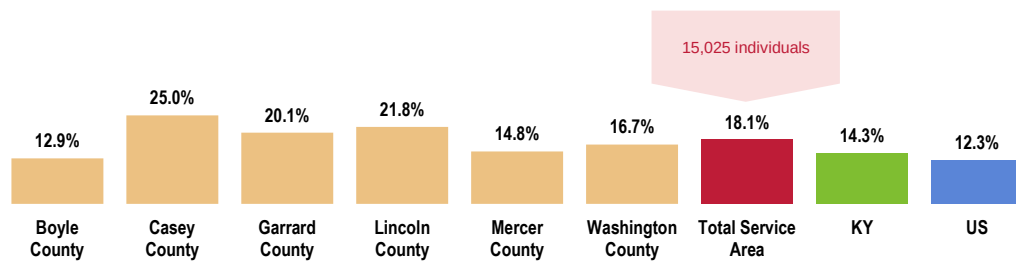
Education

Among the Total Service Area population age 25 and older, an estimated 18.1% (over 15,000 people) do not have a high school education.

BENCHMARK ► Well above the Kentucky and US percentages.

DISPARITY ► Highest in Casey and Lincoln counties.

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



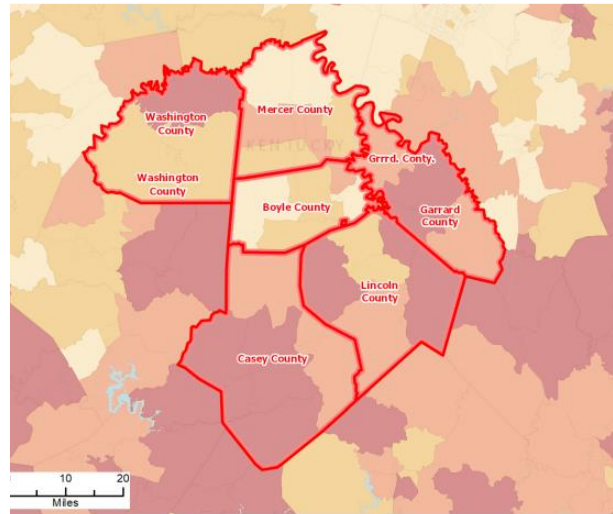
Sources:

- 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.





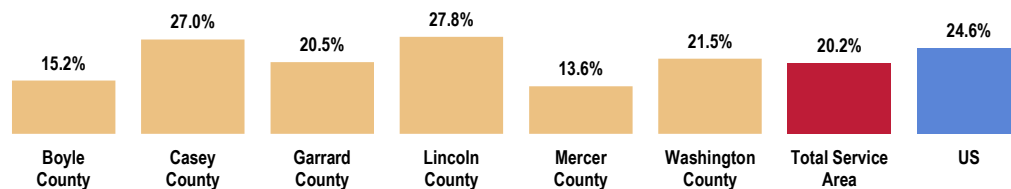
Financial Resilience

A total of 20.2% of Total Service Area residents would not be able to afford an unexpected \$400 expense without going into debt.

BENCHMARK ► Below the US percentage.

DISPARITY ► Unfavorably high in Lincoln County. By demographics: highest among women, adults age 40 and older, and especially residents in low-income homes.

Do Not Have Cash on Hand to Cover a \$400 Emergency Expense



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.

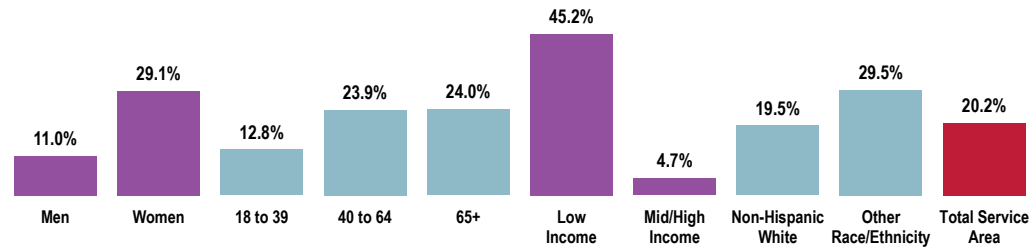


Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by sex, age groupings, income (based on poverty status), and race/ethnicity.

Here, “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.

In addition, all Hispanic respondents are grouped, regardless of identity with any other race group. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

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



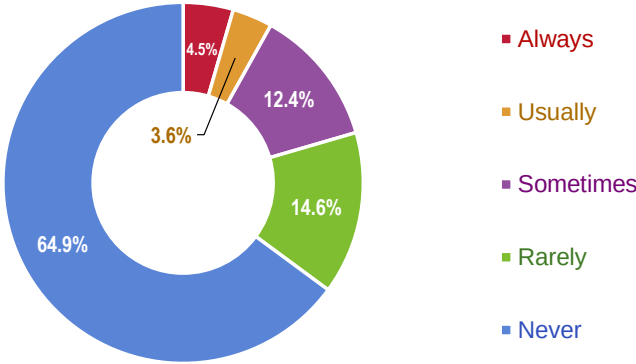
Sources: 2020 PRC Community Health Survey, PRC, Inc. [Item 63]
Notes: Asked of all respondents.
Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Housing

Housing Insecurity

Most surveyed adults rarely, if ever, worry about the cost of housing.

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



Sources: 2020 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: Asked of all respondents.

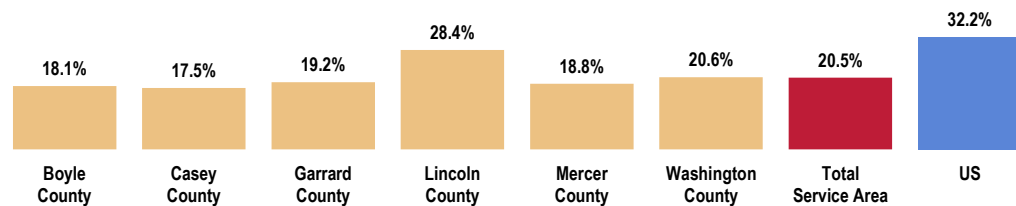


However, one in five (20.5%) reports that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

BENCHMARK ► Well below the national prevalence.

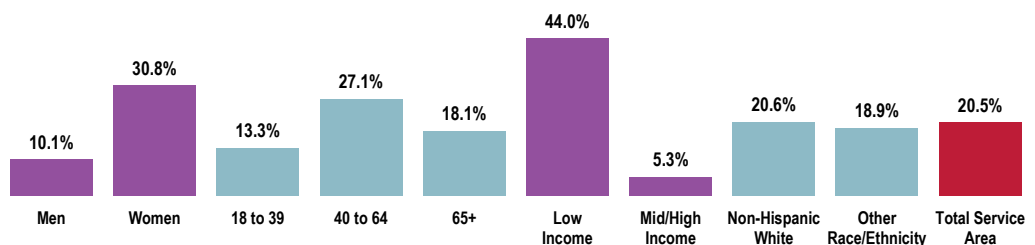
DISPARITY ► Higher among residents of Lincoln County. Reported more often among women, adults age 40 to 64, and low-income residents (especially).

“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 66]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year (Total Service Area, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: • Asked of all respondents.



Unhealthy or Unsafe Housing

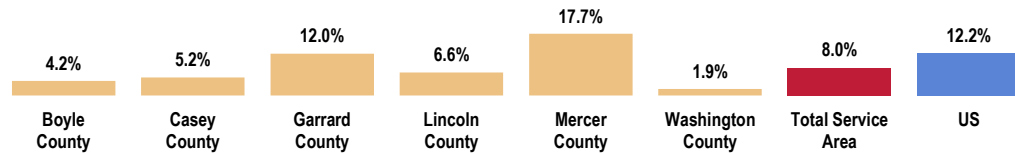
A total of 8.0% of Total Service Area residents report living unhealthy or unsafe housing conditions during the past year.

BENCHMARK ► Lower than the US figure.

DISPARITY ► Considerably higher among respondents in Mercer County. Reported more often among women, low-income residents, and Communities of color.

Respondents were asked: "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?"

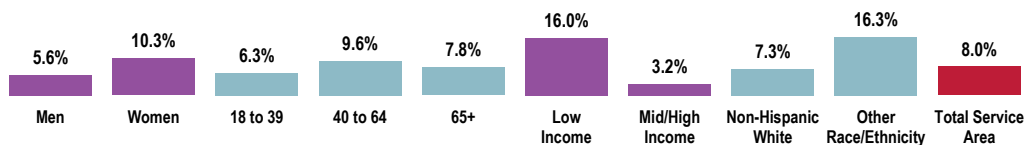
Unhealthy or Unsafe Housing Conditions in the Past Year



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.

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



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 65]

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 Access

Low Food Access

US Department of Agriculture data show that 11.5% of the Total Service Area population (representing about 13,700 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

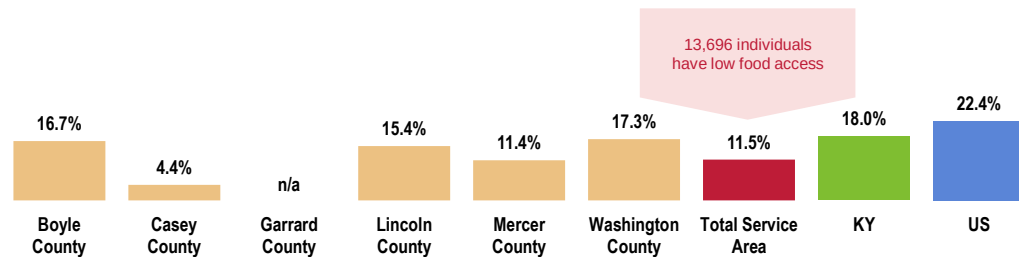
BENCHMARK ► Well below the state and national figures.

DISPARITY ► Favorably low in Casey and Mercer counties.

Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

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

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

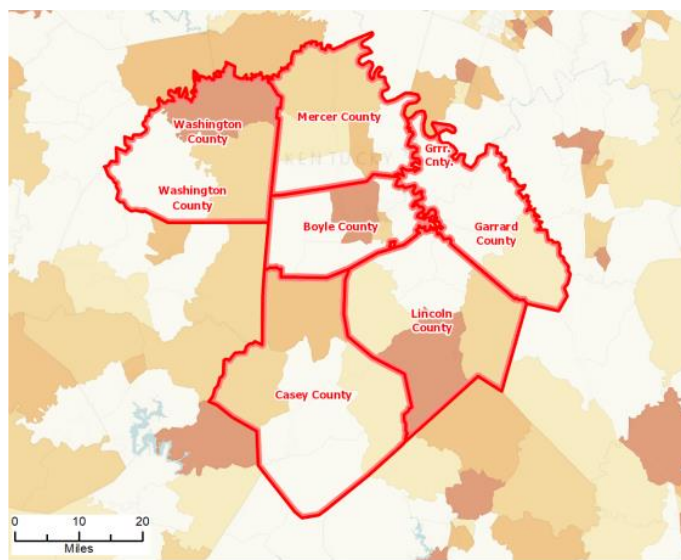


Sources: • US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).

• 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.





Food Insecurity

Overall, 17.6% of community residents are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food.

BENCHMARK ► Well below the US percentage.

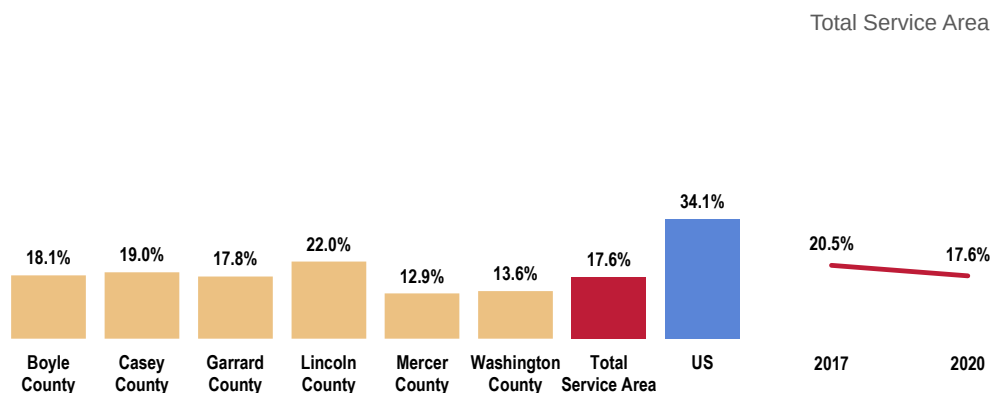
DISPARITY ► Highest among women, adults age 40 to 64, and those in low-income households especially.

Surveyed adults were asked: “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:

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

Those answering “Often” or “Sometimes True” for either statement are considered to be food insecure.

Food Insecurity

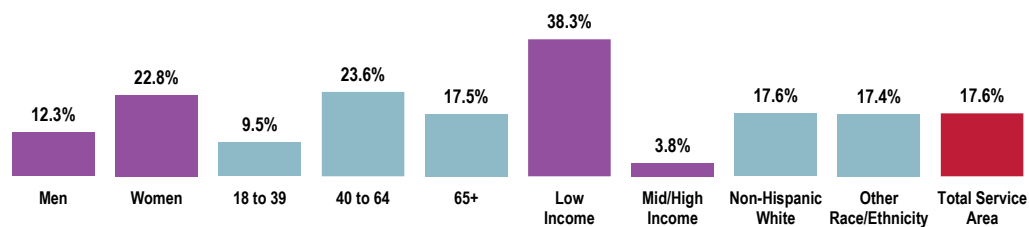


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 112]
• 2020 PRC National Health Survey, PRC, Inc.

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.



Food Insecurity (Total Service Area, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 112]

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.





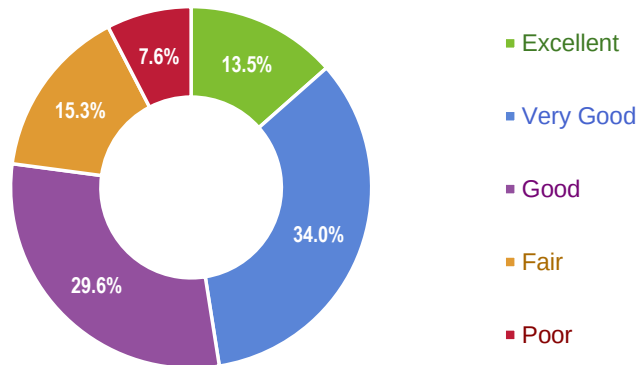
HEALTH STATUS

OVERALL HEALTH STATUS

The initial inquiry of the PRC Community Health Survey asked: "Would you say that in general your health is: Excellent, Very Good, Good, Fair, or Poor?"

Most Total Service Area residents rate their overall health favorably (responding "excellent," "very good," or "good").

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



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

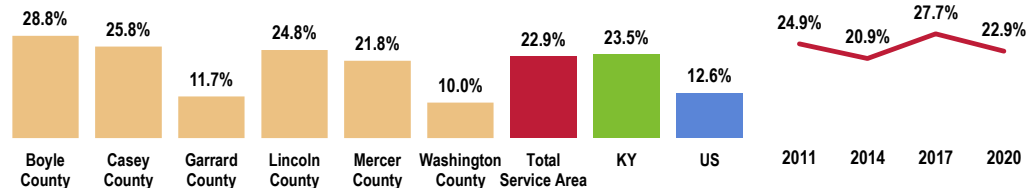
However, 22.9% of Total Service Area adults believe that their overall health is "fair" or "poor."

BENCHMARK ► Nearly twice the national prevalence.

DISPARITY ► Highest among Boyle County residents. Correlates with age and is highest among low-income adults.

Experience "Fair" or "Poor" Overall Health

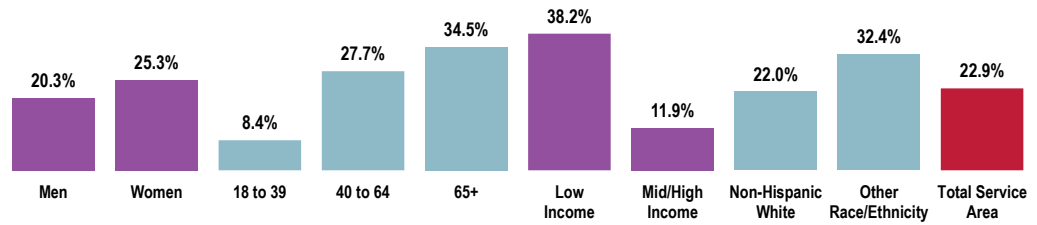
Total Service Area



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 (Total 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.

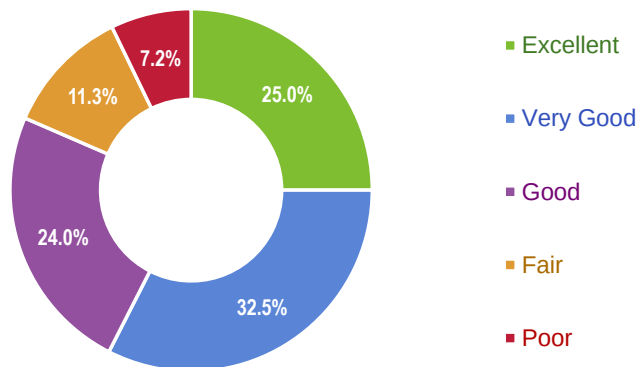
– Healthy People 2030 (<https://health.gov/healthypeople>)

Mental Health Status

Most Total Service Area adults rate their overall mental health favorably (“excellent,” “very good,” or “good”).

“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
(Total Service Area, 2020)



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

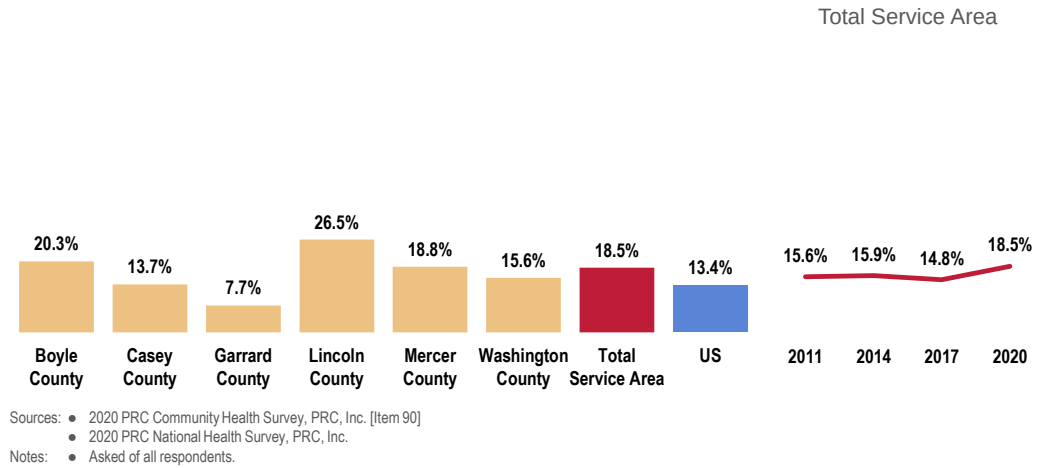
However, 18.5% believe that their overall mental health is “fair” or “poor.”

BENCHMARK ► Above the US figure.

DISPARITY ► Highest in Lincoln County.



Experience “Fair” or “Poor” Mental Health



Depression

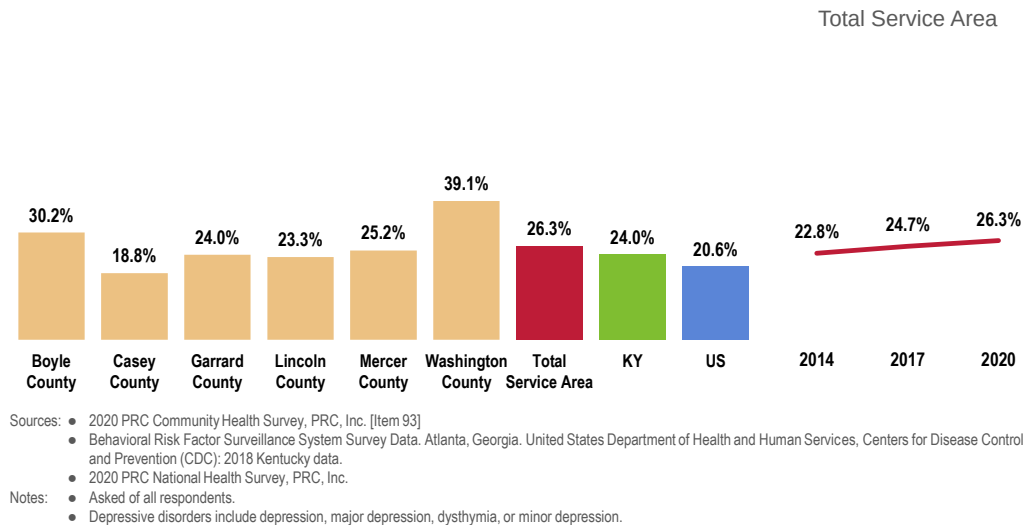
Diagnosed Depression

A total of 26.3% of Total Service Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Above the national percentage.

DISPARITY ► Considerably higher in Washington County.

Have Been Diagnosed With a Depressive Disorder

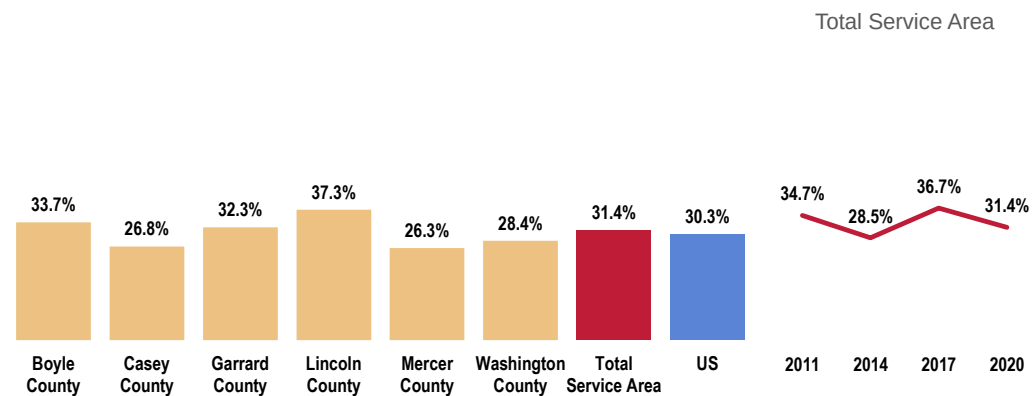


Symptoms of Chronic Depression

A total of 31.4% of Total Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

DISPARITY ► Mentioned more often among women, adults age 40 to 64, and low-income residents.

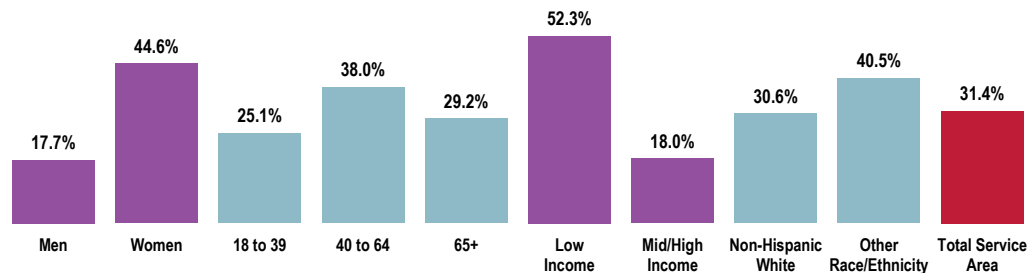
Have Experienced Symptoms of Chronic Depression



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.

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



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 91]

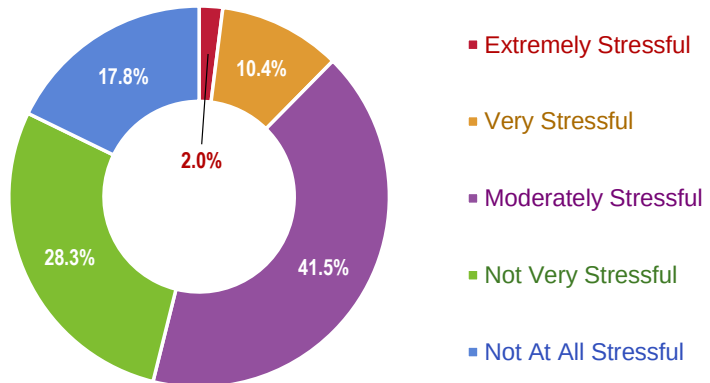
Notes: • Asked of all respondents.
• Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.



Stress

A majority of surveyed adults characterize most days as no more than “moderately” stressful.

Perceived Level of Stress On a Typical Day
(Total Service Area, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: • Asked of all respondents.

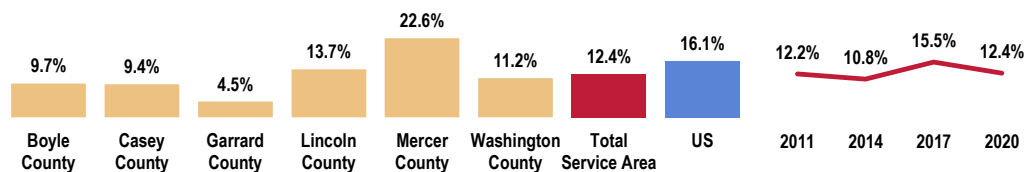
In contrast, 12.4% of Total Service Area adults feel that most days for them are “very” or “extremely” stressful.

BENCHMARK ► Lower than the national percentage.

DISPARITY ► Considerably higher in Mercer County. Mentioned more often among women, adults age 40 to 64, and low-income residents.

Perceive Most Days As “Extremely” or “Very” Stressful

Total Service Area



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 92]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Perceive Most Days as “Extremely” or “Very” Stressful (Total Service Area, 2020)



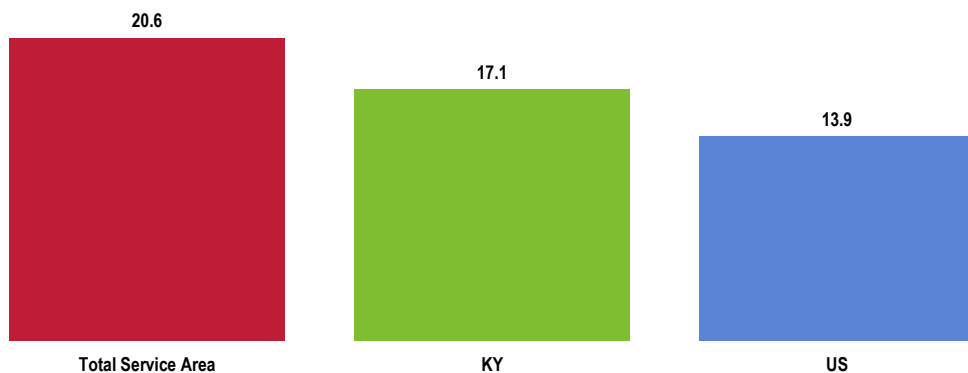
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: • Asked of all respondents.

Suicide

In the Total Service Area, there were 20.6 suicides per 100,000 population (2016-2018 annual average age-adjusted rate).

BENCHMARK ► Well above the state and national rates. Fails to satisfy the Healthy People 2030 objective.

Suicide: Age-Adjusted Mortality (2016–2018 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 12.8 or Lower

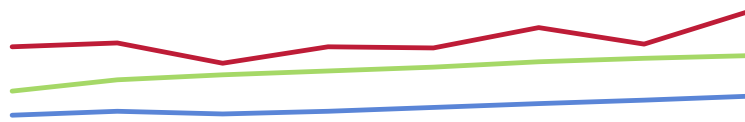


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2020.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



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
Total Service Area	17.8	18.1	16.5	17.8	17.7	19.3	18.0	20.6
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

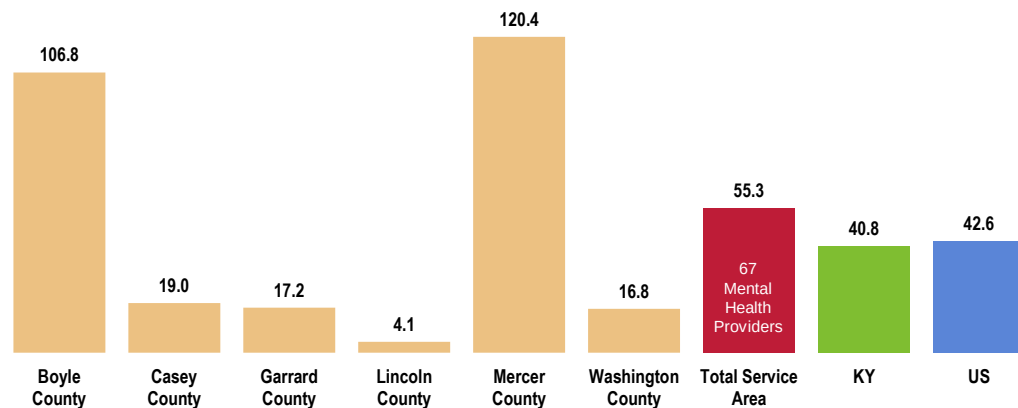
Mental Health Providers

In the Total Service Area, there are 55.3 mental health providers for every 100,000 population.

BENCHMARK ► Well above the Kentucky and US ratios.

DISPARITY ► Lowest in Lincoln County.

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.



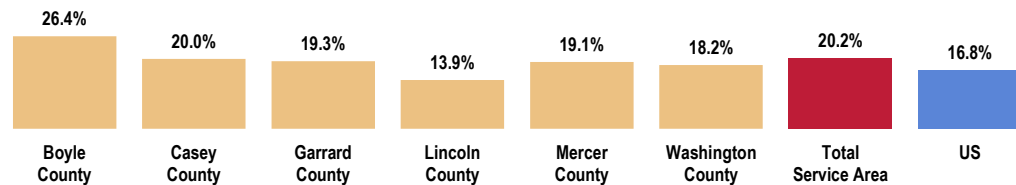
Currently Receiving Treatment

A total of 20.2% are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

DISPARITY ► The prevalence is highest in Boyle County.

Currently Receiving Mental Health Treatment

Among respondents ever diagnosed with a depressive disorder, 66.1% are currently receiving 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.

Difficulty Accessing Mental Health Services

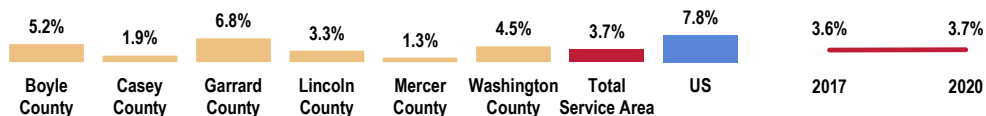
A total of 3.7% of Total Service Area adults report a time in the past year when they needed mental health services but were not able to get them.

BENCHMARK ► Half the US prevalence.

DISPARITY ► Highest among women, adults age 40 to 64, and low-income respondents.

Unable to Get Mental Health Services When Needed in the Past Year

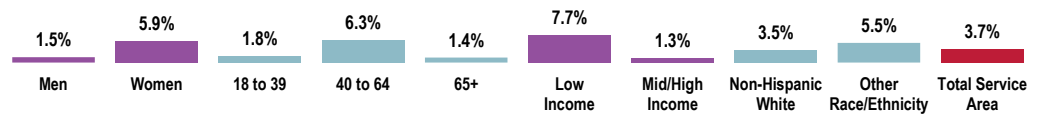
Total Service Area



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



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



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

Key Informant Input: Mental Health

The greatest share of key informants taking part in an online survey characterized *Mental Health* as a “moderate 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

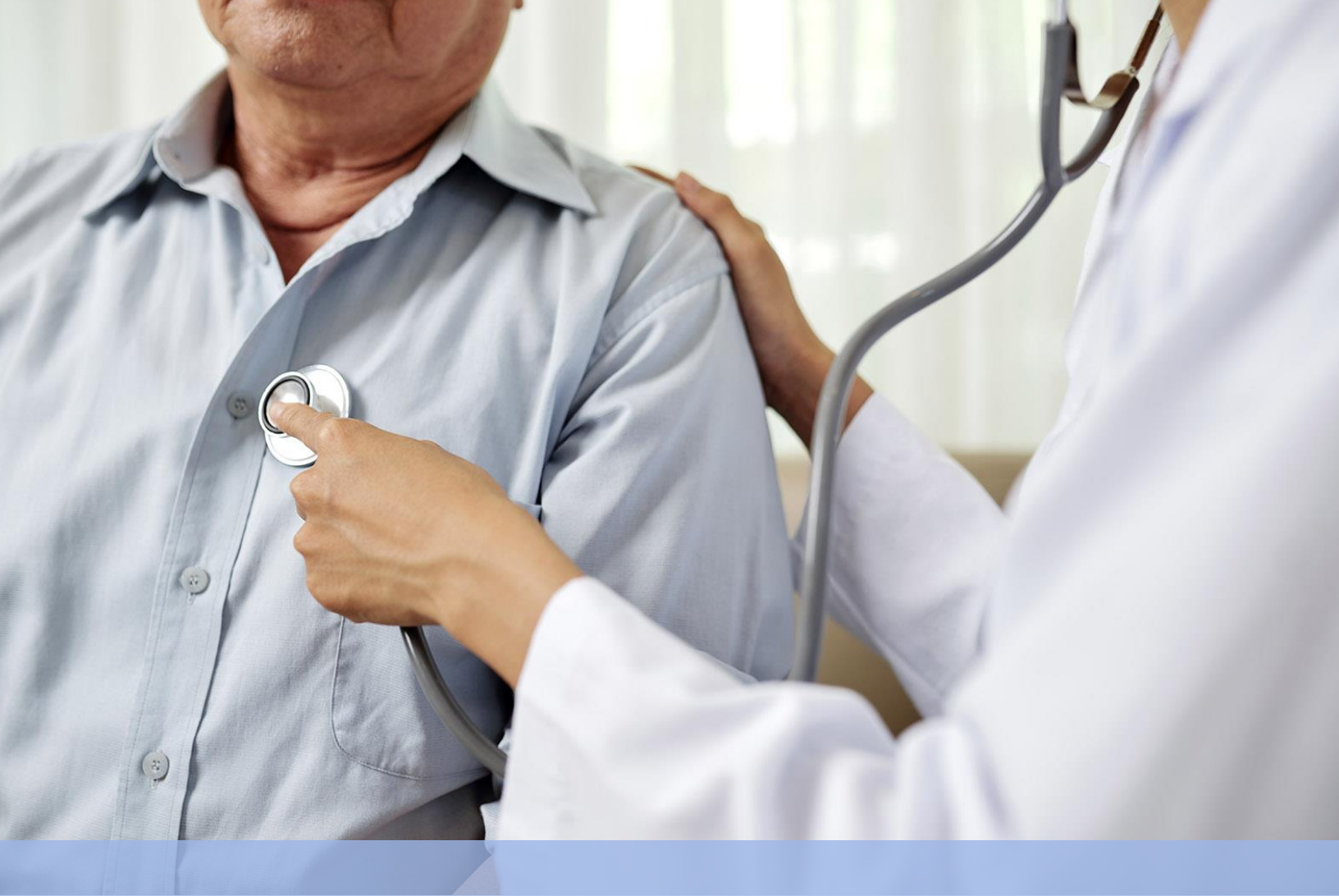
Incidence/Prevalence

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





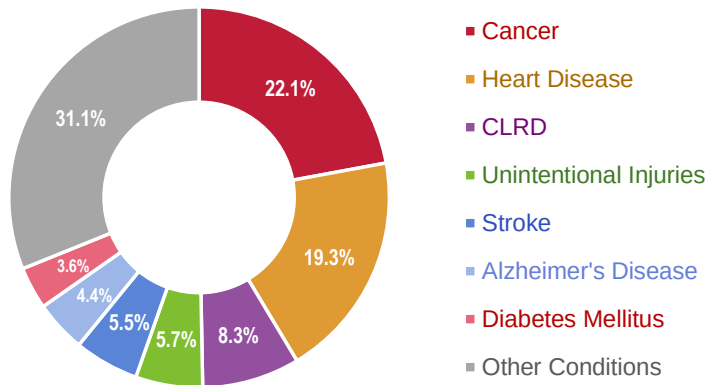
DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for just over four in 10 deaths in the Total Service Area in 2018.

Leading Causes of Death
(Total 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.

Note that deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.



The following chart outlines 2016-2018 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Total Service Area.

Each of these is discussed in greater detail in subsequent sections of this report.

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)

	Total Service Area	Kentucky	US	HP2030
Malignant Neoplasms (Cancers)	195.9	187.0	152.5	122.7
Diseases of the Heart	178.1	199.1	164.7	127.4*
Unintentional Injuries	79.7	70.2	48.3	43.2
Chronic Lower Respiratory Disease (CLRD)	68.3	64.3	40.4	—
Falls [Age 65+]	50.2	46.2	63.4	63.4
Cerebrovascular Disease (Stroke)	40.7	40.4	37.3	33.4
Alzheimer's Disease	40.2	34.2	30.6	—
Unintentional Drug-Related Deaths	31.3	31.7	18.1	—
Diabetes	28.9	28.0	21.3	—
Motor Vehicle Deaths	26.2	17.4	11.5	10.1
Kidney Disease	22.2	19.5	13.0	—
Intentional Self-Harm (Suicide)	20.6	17.1	13.9	12.8
Pneumonia/Influenza	18.7	17.9	14.2	—
Firearm-Related	15.2	16.9	11.9	10.7
Cirrhosis/Liver Disease	9.5	12.7	10.9	10.9
Homicide/Legal Intervention	3.1	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>.

Note: ● *The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.



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

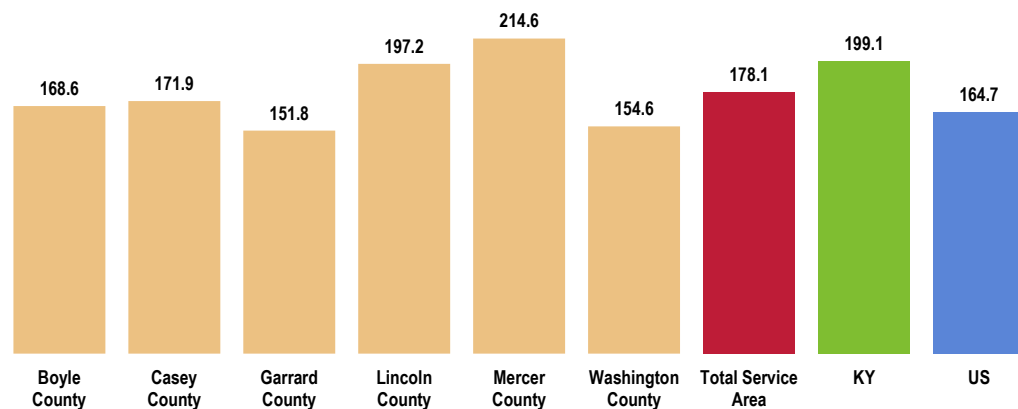
Heart Disease Deaths

Between 2016 and 2018, there was an annual average age-adjusted heart disease mortality rate of 178.1 deaths per 100,000 population in the Total Service Area.

BENCHMARK ► Far from satisfying the Healthy People 2030 objective.

DISPARITY ► Highest in Mercer County.

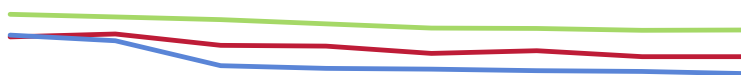
Heart Disease: Age-Adjusted Mortality
(2016–2018 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)



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.



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
Total Service Area	193.7	196.0	187.1	186.5	180.6	182.7	178.1	178.1
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.

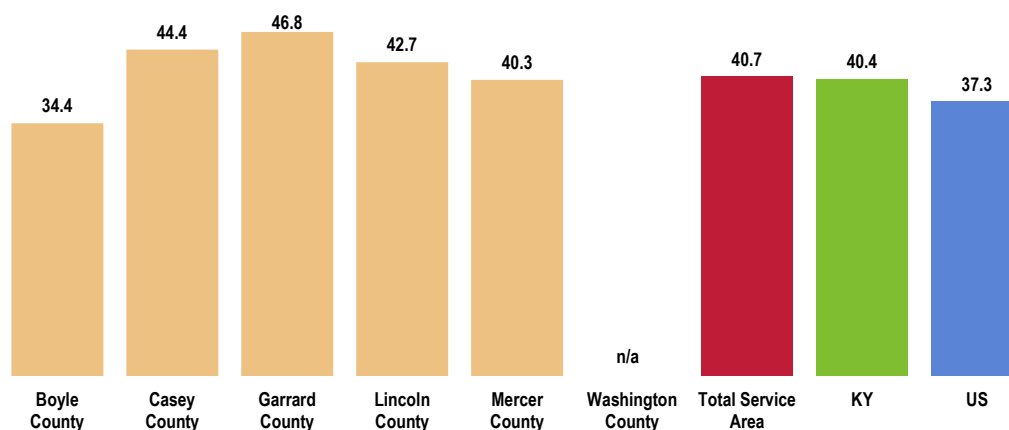
Stroke Deaths

Between 2016 and 2018, there was an annual average age-adjusted stroke mortality rate of 40.7 deaths per 100,000 population in the Total Service Area.

BENCHMARK ► Fails to satisfy the Healthy People 2030 goal.

DISPARITY ► Lowest in Boyle County.

Stroke: Age-Adjusted Mortality (2016–2018 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 33.4 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>



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
Total Service Area	40.0	40.9	39.1	38.7	37.9	36.2	36.7	40.7
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

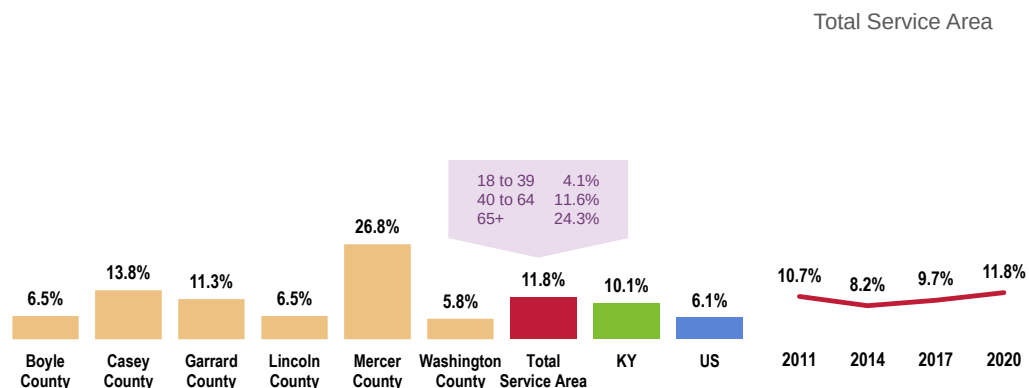
Prevalence of Heart Disease

A total of 11.8% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

BENCHMARK ► Nearly twice the national prevalence.

DISPARITY ► Dramatically higher in Mercer County. Correlates with age among survey respondents.

Prevalence of Heart Disease



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.



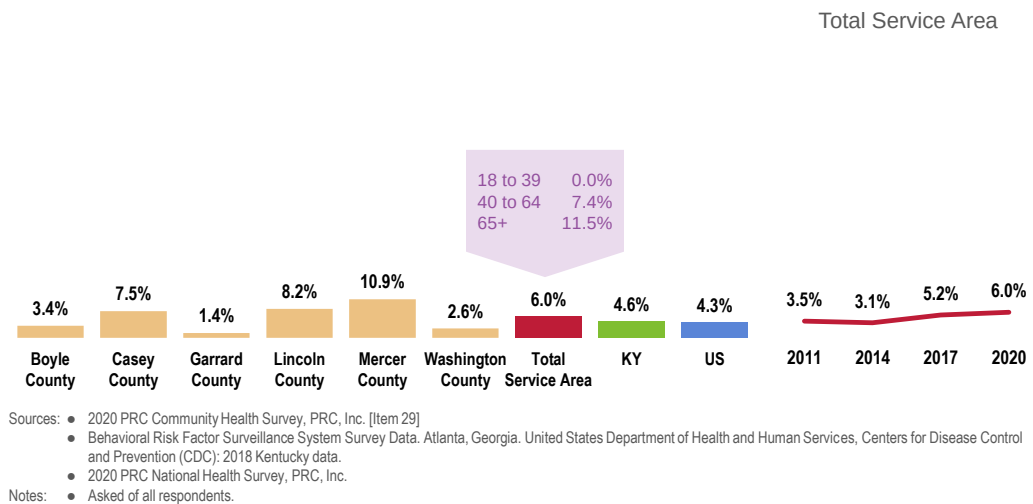
Prevalence of Stroke

A total of 6.0% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

TREND ► Denotes a statistically significant increase from 2011 survey findings.

DISPARITY ► Highest in Mercer County. Increases with age in the Total Service Area.

Prevalence of Stroke



Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 48.3% of Total Service Area adults have been told by a health professional at some point that their **blood pressure** was high.

BENCHMARK ► Much higher than state and national figures. Far from satisfying the Healthy People 2030 objective.

TREND ► Marks a statistically significant increase over time.

DISPARITY ► Considerably higher in Lincoln County (not shown).

A total of 37.4% of adults have been told by a health professional that their **cholesterol level** was high.

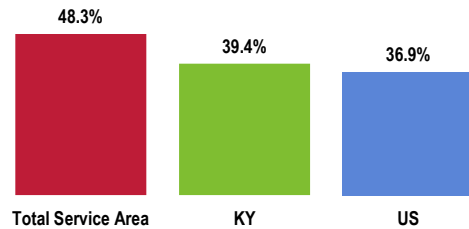
BENCHMARK ► Worse than the US prevalence.

DISPARITY ► Highest in Casey County (not shown).

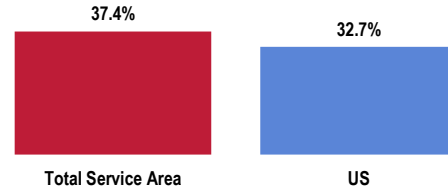


Prevalence of High Blood Pressure

Healthy People 2030 = 27.7% or Lower



Prevalence of High Blood Cholesterol

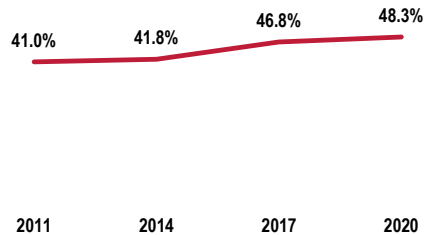


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 35, 36]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Kentucky data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

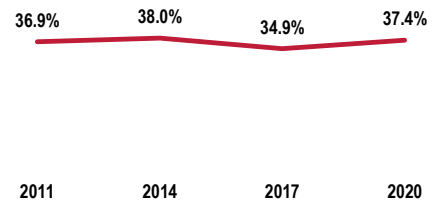
Notes: • Asked of all respondents.

Prevalence of High Blood Pressure (Total Service Area)

Healthy People 2030 = 27.4% or Lower



Prevalence of High Blood Cholesterol (Total Service Area)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 35, 36]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.



Total Cardiovascular Risk

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.

A total of 93.8% of Total Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

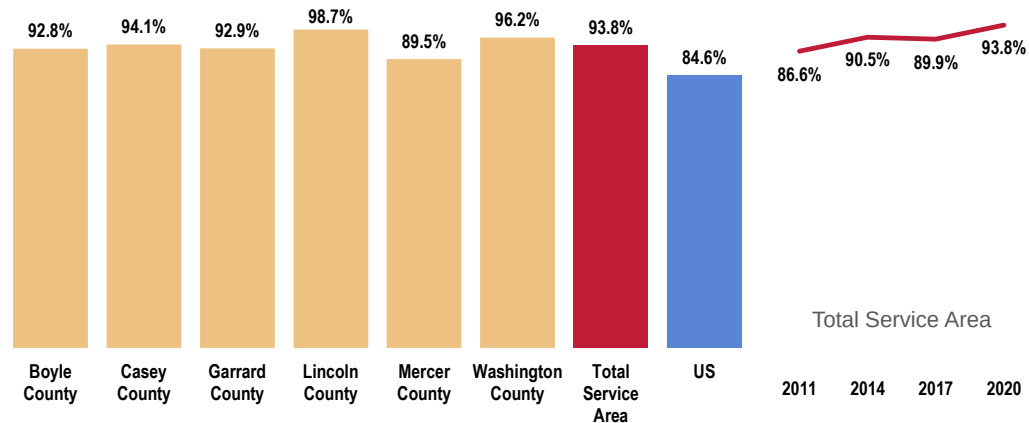
BENCHMARK ► Well above the national benchmark.

TREND ► Marks a statistically significant increase since 2011.

DISPARITY ► Highest among Lincoln County respondents. Represents nearly all male survey respondents in the Total Service Area.

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

Present One or More Cardiovascular Risks or Behaviors



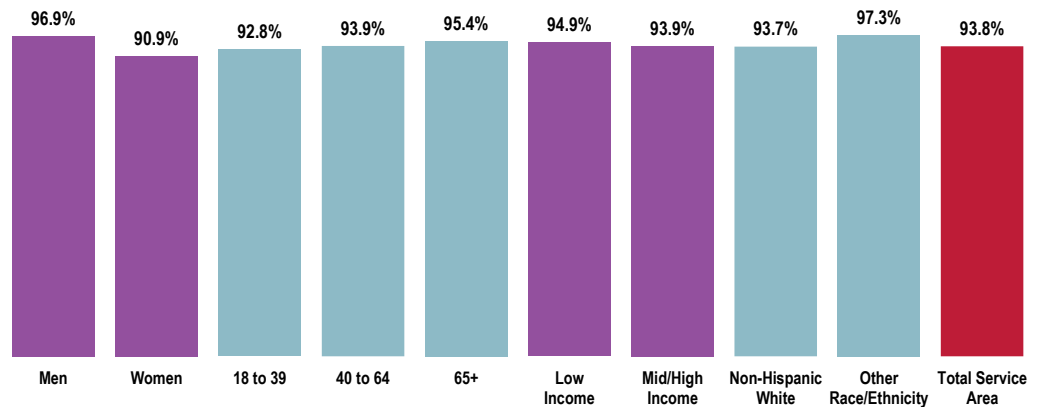
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 115]
• 2020 PRC National Health Survey, PRC, Inc.

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.



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

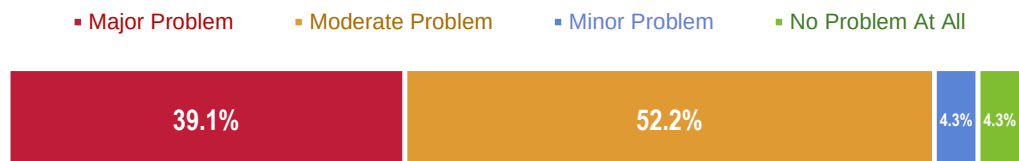


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 115]
 Notes: • Reflects all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol;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

Key Informant Input: Heart Disease & Stroke

Over half of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a “moderate 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

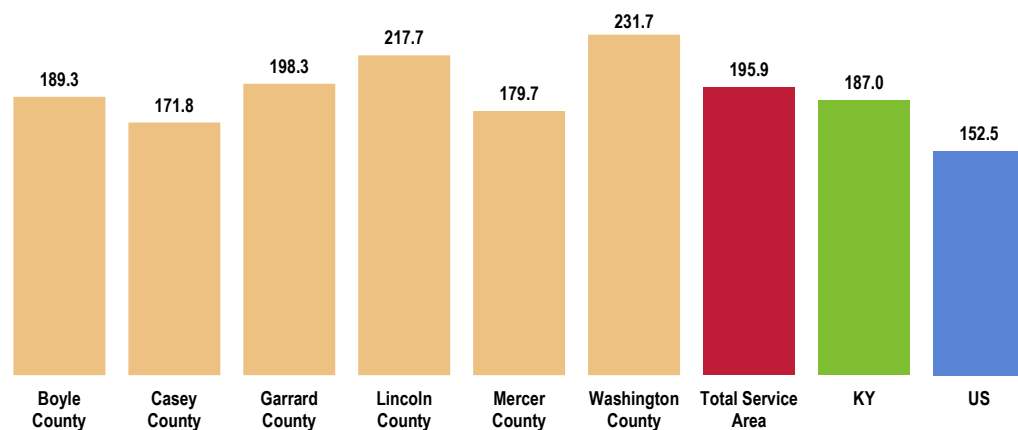
All Cancer Deaths

Between 2016 and 2018, there was an annual average age-adjusted cancer mortality rate of 195.9 deaths per 100,000 population in the Total Service Area.

BENCHMARK ► Much worse than the US figure. Far from satisfying the Healthy People 2030 goal.

DISPARITY ► Highest in Washington County.

Cancer: Age-Adjusted Mortality
(2016–2018 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower



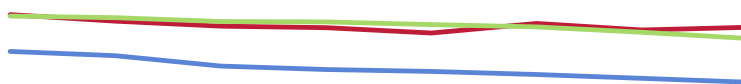
Sources:

- 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>



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
Total Service Area	205.8	200.7	196.8	195.4	191.3	198.9	193.6	195.9
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>

Cancer Deaths by Site

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

Other leading sites include female breast cancer, colorectal cancer (both sexes), and prostate cancer.

BENCHMARK

Lung Cancer ► Higher than the national rate. Fails to satisfy the Healthy People 2030 objective.

Female Breast Cancer ► Fails to satisfy the Healthy People 2030 objective.

Colorectal Cancer ► Higher than both state and national rates. Fails to satisfy the Healthy People 2030 objective.

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

	Total Service Area	Kentucky	US	HP2030
ALL CANCERS	195.9	187.0	152.5	122.7
Lung Cancer	60.0	56.9	36.6	25.1
Female Breast Cancer	22.5	21.0	19.9	15.3
Colorectal Cancer	21.3	16.8	13.7	8.9
Prostate Cancer	18.5	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.

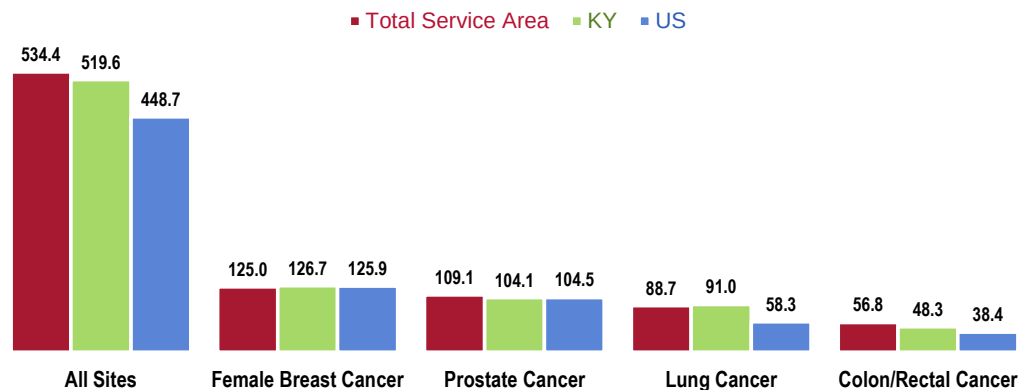
The highest cancer incidence rates are for female breast cancer and prostate cancer.

BENCHMARK

Lung Cancer ► Higher than the national rate.

Colorectal Cancer ► Higher than the national rate.

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

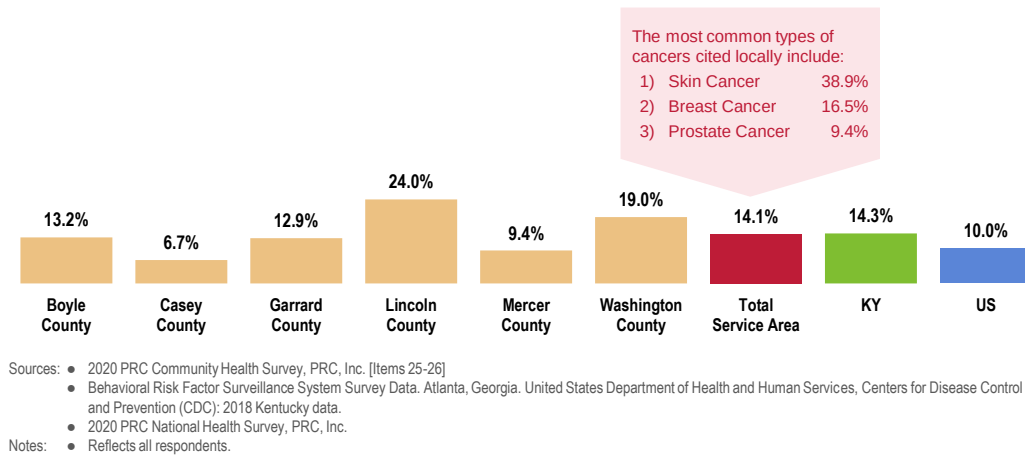
A total of 14.1% of surveyed Total Service Area adults report having ever been diagnosed with cancer. The most common types include skin cancer, breast cancer, and prostate cancer.

BENCHMARK ► Worse than the national figure.

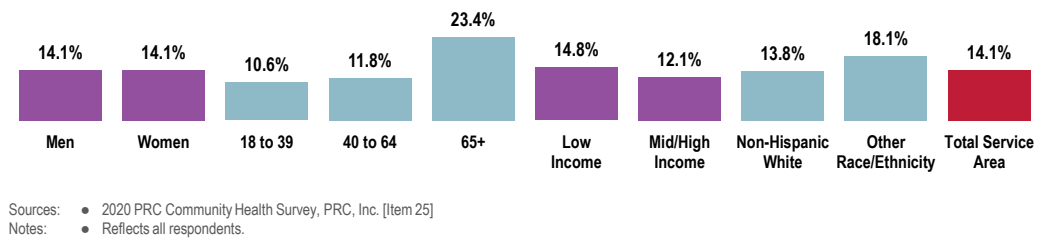
DISPARITY ► Considerably higher in Lincoln County. The percentage is highest among adults age 65 and older.



Prevalence of Cancer



Prevalence of Cancer (Total Service Area, 2020)



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

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

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.

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/HPV testing); and colorectal cancer (colonoscopy/sigmoidoscopy and fecal occult blood testing).

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.



Among women age 50-74, 69.9% have had a mammogram within the past 2 years.

BENCHMARK ► Below the Kentucky percentage. Fails to satisfy the Healthy People 2030 objective.

Among Total Service Area women age 21 to 65, 76.7% have had appropriate cervical cancer screening.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► Marks a statistically significant decrease from 2011 survey findings.

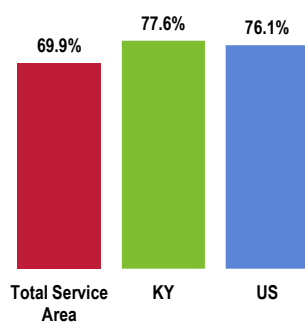
Among all adults age 50-75, 68.8% have had appropriate colorectal cancer screening.

BENCHMARK ► Lower than the US figure and failing to reach the Healthy People 2030 objective.

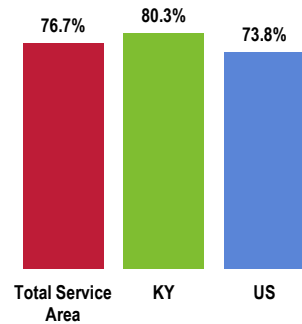
"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65. Women 21 to 65 with hysterectomy are excluded.

blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

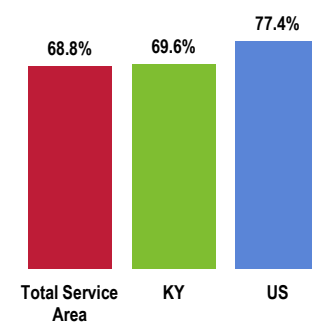
Breast Cancer Screening
(Women Age 50-74)
Healthy People 2030 = 77.1% or Higher



Cervical Cancer Screening
(Women Age 21-65)
Healthy People 2030 = 84.3% or Higher



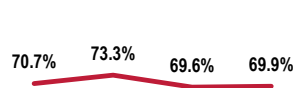
Colorectal Cancer Screening
(All Adults Age 50-75)
Healthy People 2030 = 74.4% or Higher



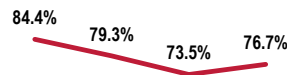
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 116–118]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Kentucky data.
• 2020 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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

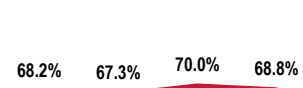
Breast Cancer Screening
(Women Age 50-74)
Healthy People 2030 = 77.1% or Higher



Cervical Cancer Screening
(Women Age 21-65)
Healthy People 2030 = 84.3% or Higher



Colorectal Cancer Screening
(All Adults Age 50-75)
Healthy People 2030 = 74.4% or Higher



2011 2014 2017 2020

2011 2014 2017 2020

2011 2014 2017 2020

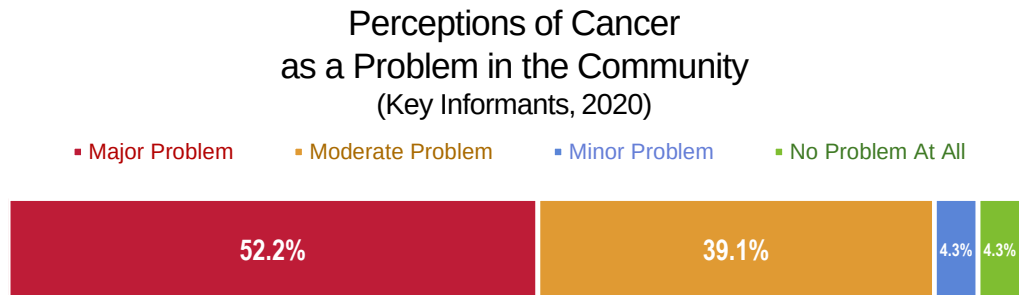
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 116–118]
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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



Key Informant Input: Cancer

Over half of key informants taking part in an online survey characterized *Cancer* as a “major 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

- 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

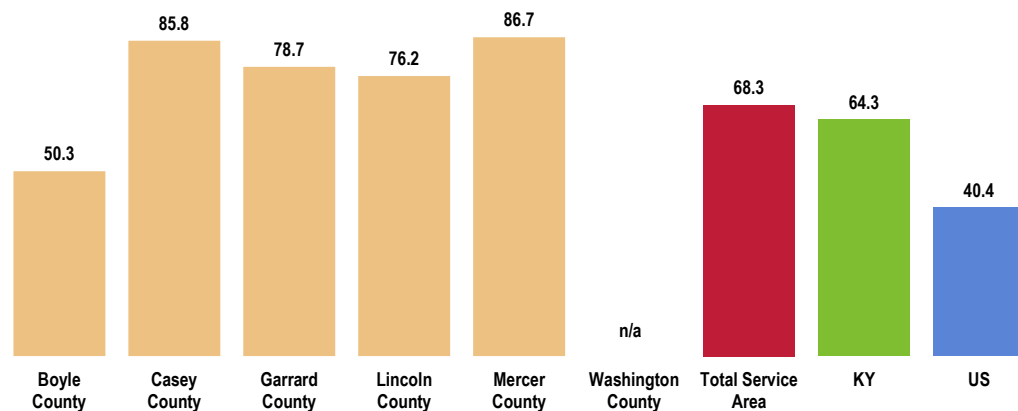
Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2016 and 2018, there was an annual average age-adjusted CLRD mortality rate of 68.3 deaths per 100,000 population in the Total Service Area.

BENCHMARK ► Well above the national rate.

DISPARITY ► Lowest in Boyle County.

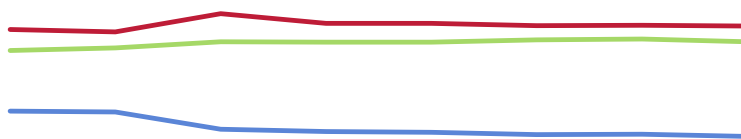
CLRD: Age-Adjusted Mortality
(2016–2018 Annual Average Deaths per 100,000 Population)



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.



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
Total Service Area	67.4	66.8	71.4	69.0	69.0	68.4	68.5	68.3
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.

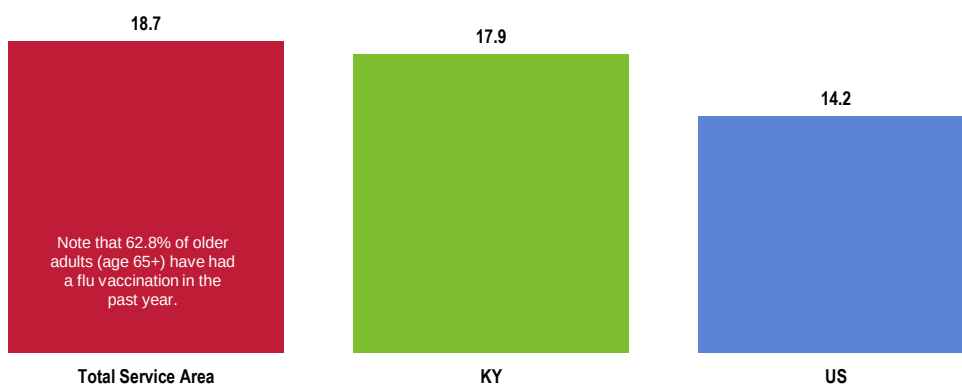
Pneumonia/Influenza Deaths

Between 2016 and 2018, the Total Service Area reported an annual average age-adjusted pneumonia influenza mortality rate of 18.7 deaths per 100,000 population.

BENCHMARK ► Worse than the US death rate.

TREND ► The mortality rate has decreased over time in the Total Service Area, in keeping with state and national trends.

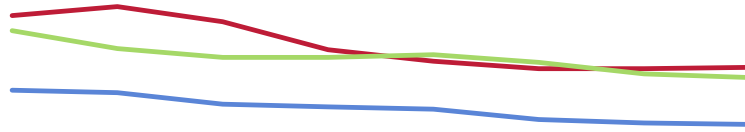
Pneumonia/Influenza: Age-Adjusted Mortality (2016–2018 Annual Average Deaths per 100,000 Population)



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.



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
Total Service Area	22.8	23.5	22.3	20.1	19.2	18.6	18.6	18.7
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

A total of 7.4% of Total Service Area adults currently suffer from asthma.

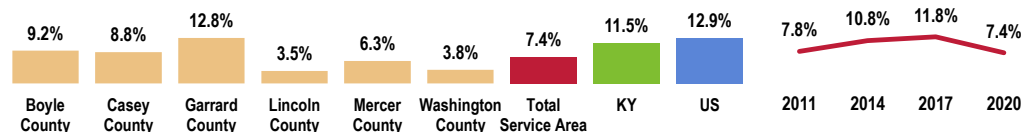
BENCHMARK ► Below the state and national percentages.

DISPARITY ► Reported more often among women, adults age 40 and older, and non-Hispanic Whites.

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

Prevalence of Asthma

Total Service Area

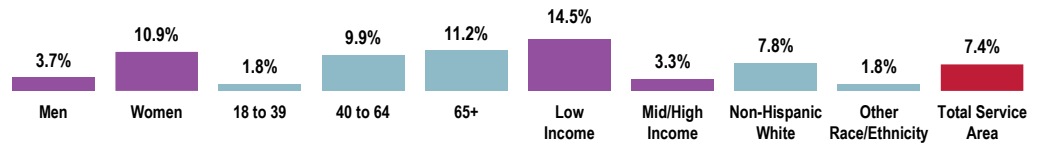


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 119]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Kentucky data.
 • 2020 PRC National Health Survey,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



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 119]
 Notes: • Asked of all respondents.
 • Includes those who have ever been diagnosed with asthma and report that they still have asthma.

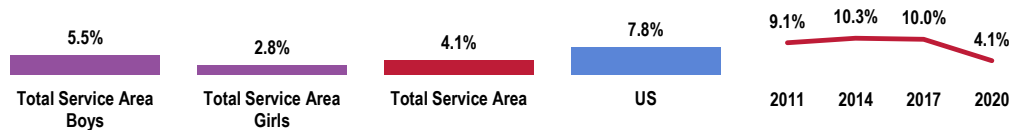
Children

Among Total Service Area children under age 18, 4.1% currently have asthma.

TREND ► Marks a statistically significant improvement from previous survey findings.

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

Total 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.



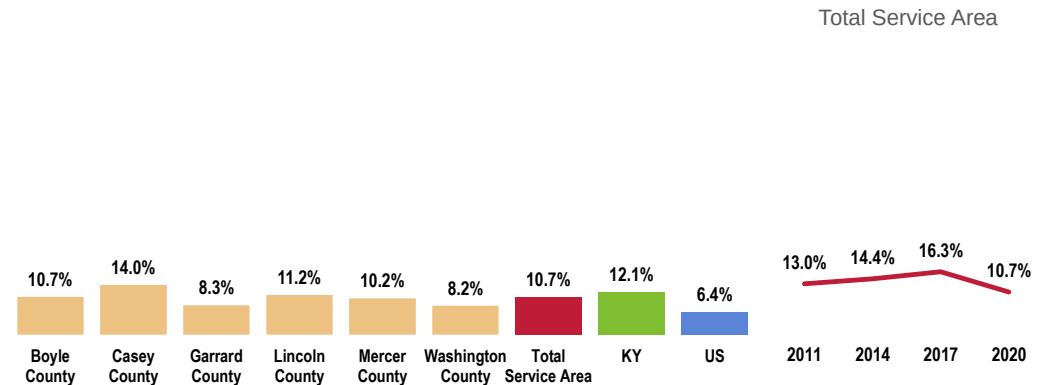
Chronic Obstructive Pulmonary Disease (COPD)

A total of 10.7% of Total Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

BENCHMARK ► Worse than the US percentage.

Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



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.

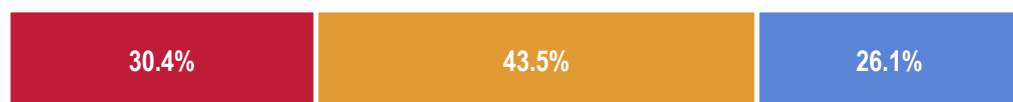
Notes: • Asked of all respondents.
 • Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
 • In prior data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a "moderate problem" in the community.

Perceptions of Respiratory Diseases 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:

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 greatest share of key informants taking part in an online survey characterized *Coronavirus Disease/COVID-19* as a “major problem” in the community.

Perceptions of Coronavirus Disease/COVID-19 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

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

Between 2016 and 2018, there was an annual average age-adjusted unintentional injury mortality rate of 79.7 deaths per 100,000 population in the Total Service Area.

BENCHMARK ► Well above the national mortality rate and far from satisfying the Healthy People 2030 objective.

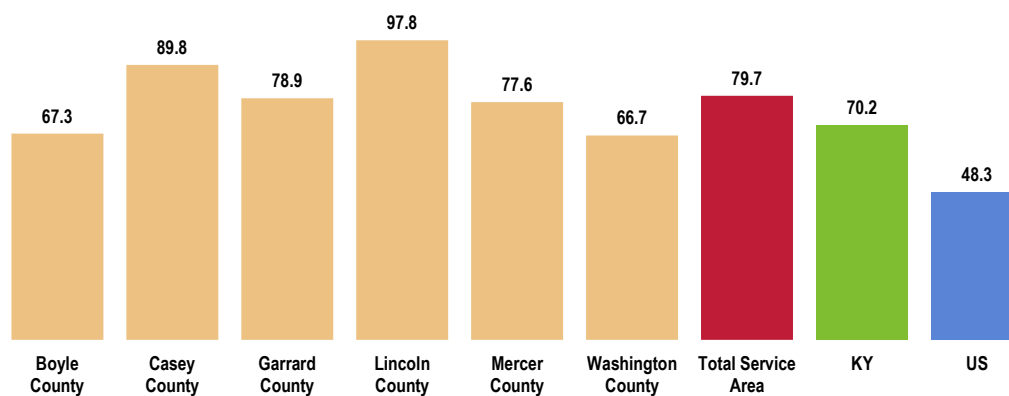
TREND ► The rate has increased considerably in recent years.

DISPARITY ► Unfavorably high in Lincoln County.



Unintentional Injuries: Age-Adjusted Mortality (2016–2018 Annual Average Deaths per 100,000 Population)

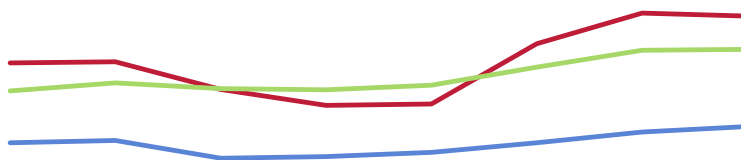
Healthy People 2030 = 43.2 or Lower



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>

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

Healthy People 2030 = 43.2 or Lower



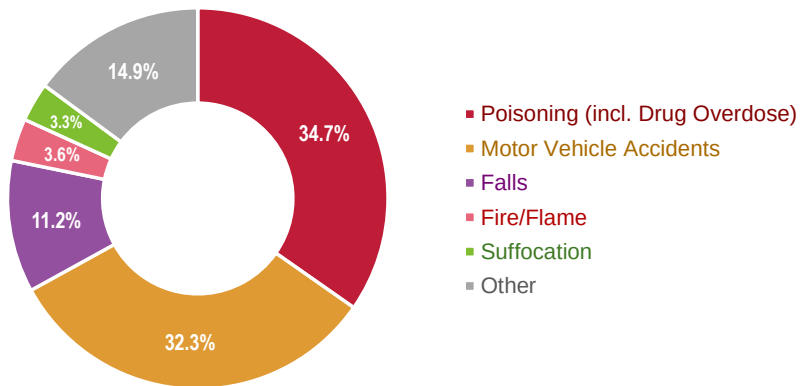
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2020.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Leading Causes of Unintentional Injury Deaths

Poisoning (including unintentional drug overdose), motor vehicle accidents, falls, fire/flame, and suffocation accounted for most unintentional injury deaths in the Total Service Area between 2016 and 2018.

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



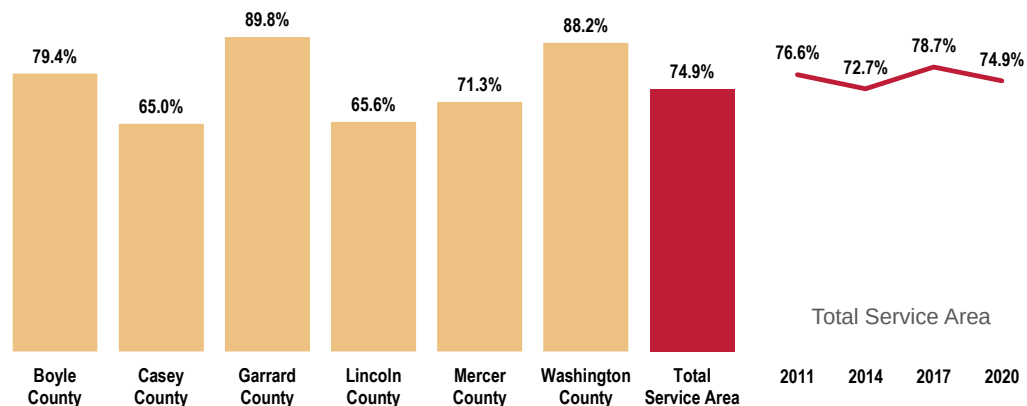
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2020.

Seat Belts

Three in four survey respondents (74.9%) report “always” wearing a seat belt when driving or riding in a vehicle.

DISPARITY ► Lowest in Casey and Lincoln counties. Reported less often among men, young adults, and residents in the higher income category.

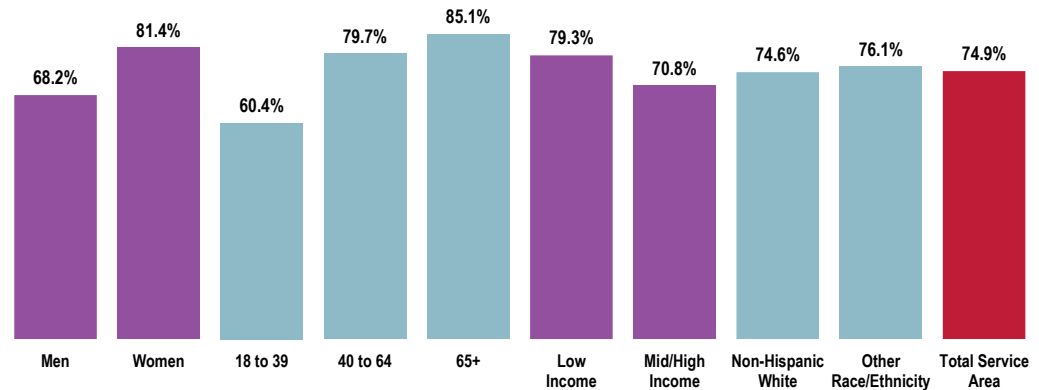
“Always” Wear a Seat Belt When Driving or Riding in a Vehicle



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



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



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

Intentional Injury (Violence)

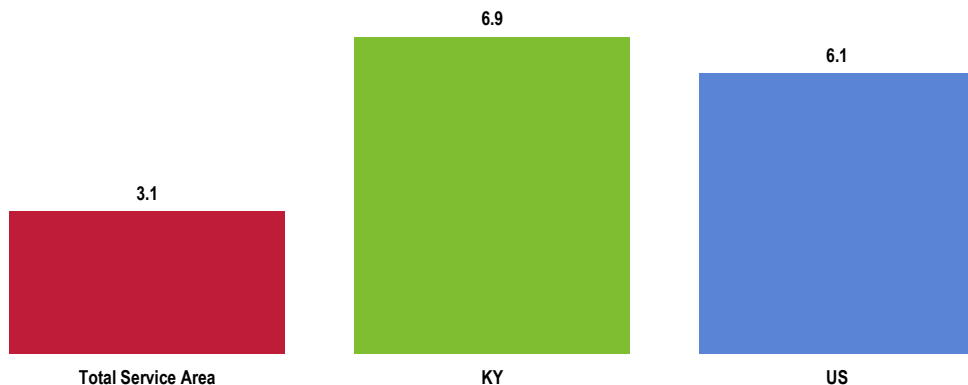
Age-Adjusted Homicide Deaths

In the Total Service Area, there were **3.1 homicides per 100,000 population** (2009-2018 annual average age-adjusted rate).

BENCHMARK ► Well below the state and national homicide rates. Satisfies the related Healthy People 2030 objective.

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

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 Rates

Between 2015 and 2017, there were a reported 59.5 violent crimes per 100,000 population in the Total Service Area.

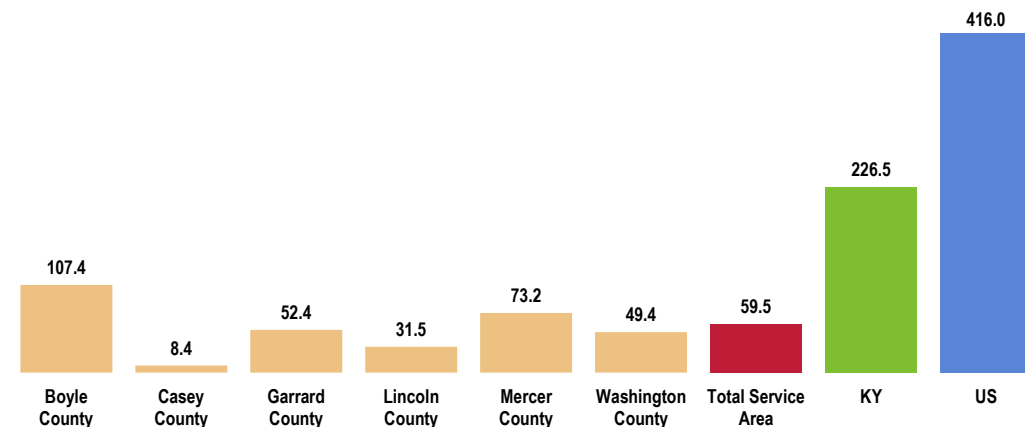
BENCHMARK ► Dramatically lower than the state and national violent crime rates.

DISPARITY ► Highest in Boyle and Mercer counties.

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.

Community Violence

A total of 1.6% of surveyed Total Service Area adults acknowledge being the victim of a violent crime in the area in the past five years.

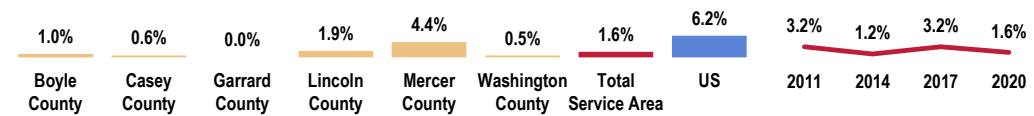
BENCHMARK ► Well below the US figure.

TREND ► Despite fluctuations, the prevalence marks a significant improvement since 2011..



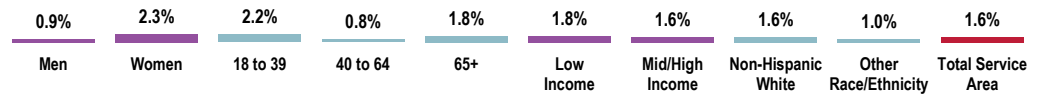
Victim of a Violent Crime in the Past Five Years

Total Service Area



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

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



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



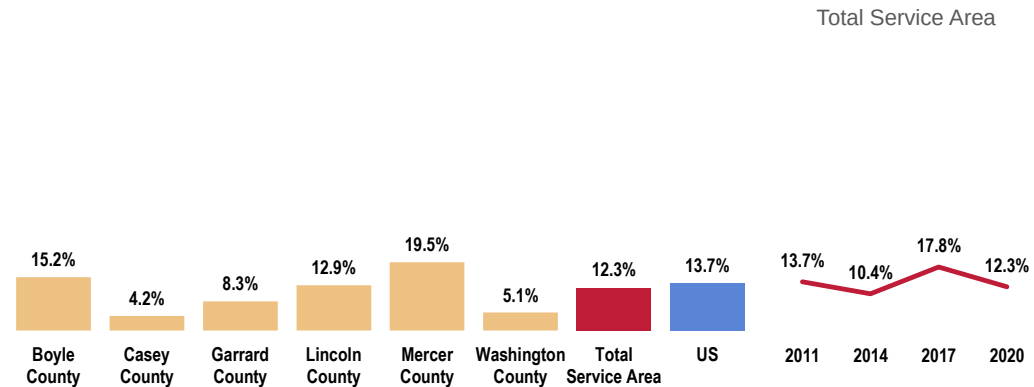
Family Violence

Respondents were read: "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."

A total of 12.3% of Total Service Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

DISPARITY ► Unfavorably high in Mercer County.

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



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 39]

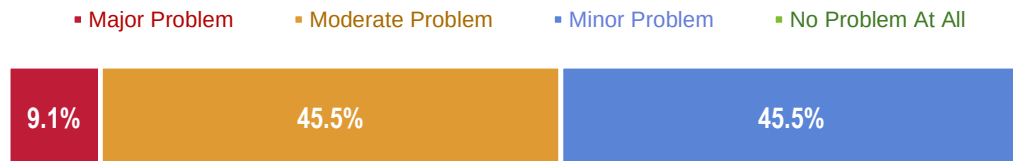
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Key Informant Input: Injury & Violence

Key informants were equally likely to characterize *Injury & Violence* as a “moderate problem” and a “minor problem” in the community.

Perceptions of Injury and Violence 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, 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.

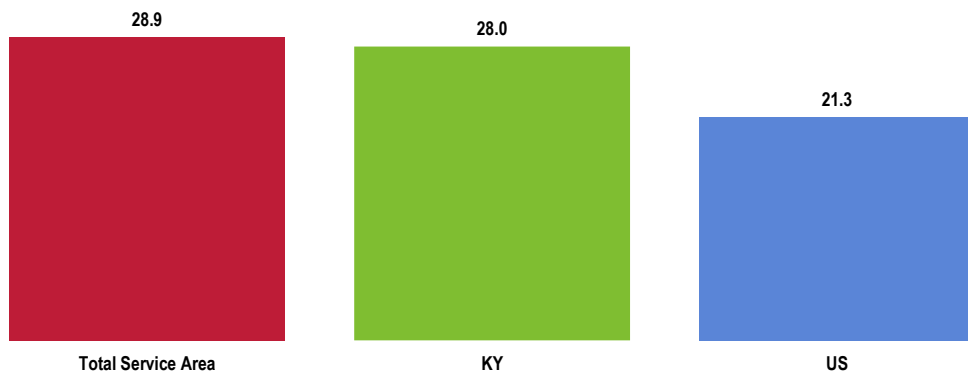
– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Diabetes Deaths

Between 2016 and 2018, there was an annual average age-adjusted diabetes mortality rate of 28.9 deaths per 100,000 population in the Total Service Area.

BENCHMARK ► Worse than the national death rate.

Diabetes: Age-Adjusted Mortality
(2016–2018 Annual Average Deaths per 100,000 Population)



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.



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
— Total Service Area	30.3	28.1	27.6	23.8	26.0	27.1	29.9	28.9
— 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

A total of 16.3% of Total Service Area adults report having been diagnosed with diabetes.

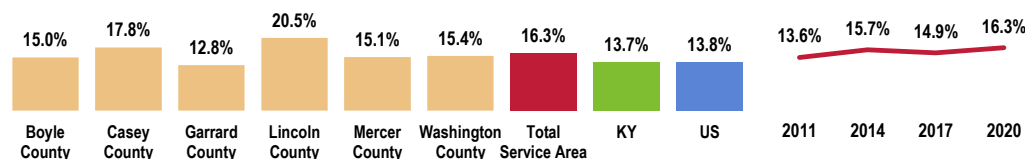
BENCHMARK ► Worse than the state percentage.

DISPARITY ► Correlates with age and is reported among one in four low-income respondents.

Prevalence of Diabetes

Another 10.0% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

Total Service Area



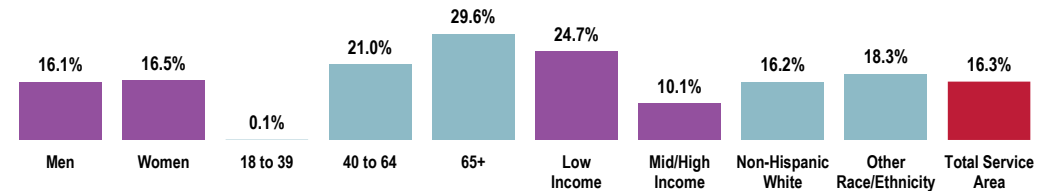
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 121]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Kentucky data.
• 2020 PRC National Health Survey,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

Notes: • Asked of all respondents.



Prevalence of Diabetes (Total Service Area, 2020)

Note that among adults who have not been diagnosed with diabetes, 49.2% report having had their blood sugar level tested within the past three years.

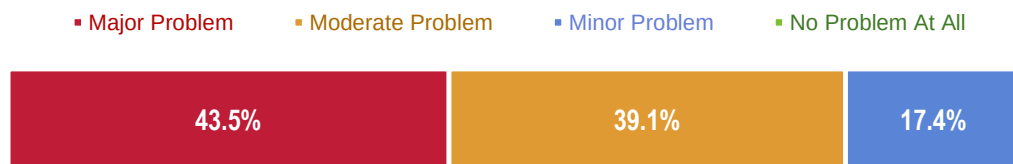


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 33, 121]
 Notes: • Asked of all respondents.
 • Excludes gestational diabetes (occurring only during pregnancy).

Key Informant Input: Diabetes

A high percentage of key informants taking part in an online survey characterized *Diabetes* as a “major problem” in the community.

Perceptions of Diabetes 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

- 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.

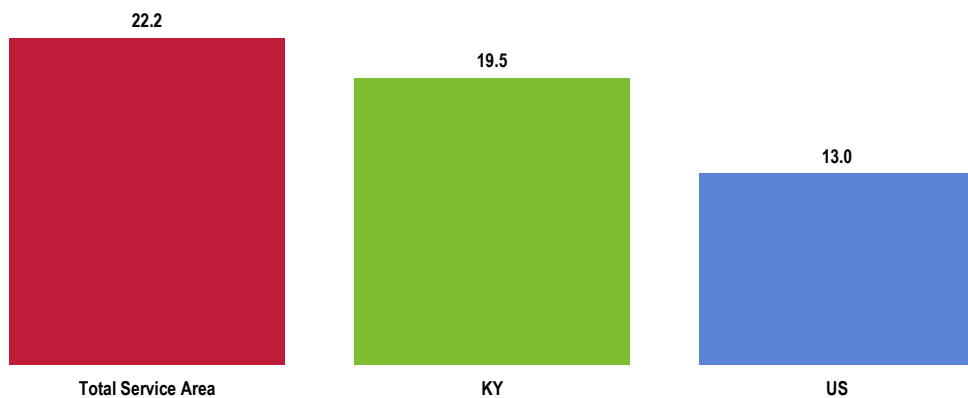
— Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Kidney Disease Deaths

Between 2016 and 2018, there was an annual average age-adjusted kidney disease mortality rate of 22.2 deaths per 100,000 population in the Total Service Area.

BENCHMARK ► Worse than the US rate.

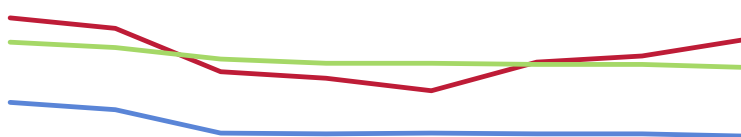
Kidney Disease: Age-Adjusted Mortality
(2016–2018 Annual Average Deaths per 100,000 Population)



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.



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
Total Service Area	24.2	23.2	19.1	18.5	17.3	20.0	20.6	22.2
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

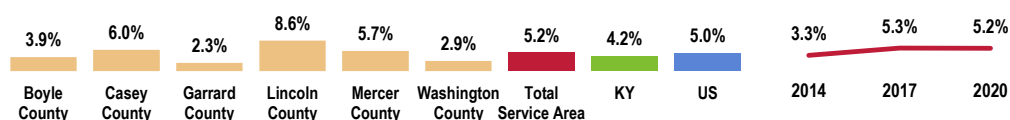
A total of 5.2% of Total Service Area adults report having been diagnosed with kidney disease.

TREND ► Marks a statistically significant increase since 2014.

DISPARITY ► Increases with age and is more often reported among residents in low-income households.

Prevalence of Kidney Disease

Total Service Area

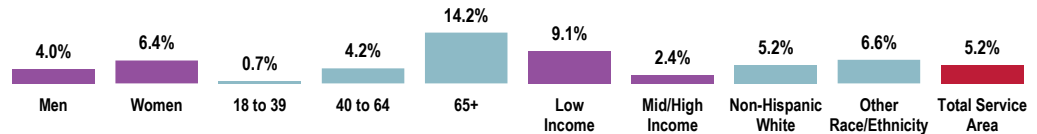


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 24]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Kentucky data.
• 2020 PRC National Health Survey,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

Notes: • Asked of all respondents.



Prevalence of Kidney Disease (Total Service Area, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 24]
Notes: • Asked of all respondents.

Key Informant Input: Kidney Disease

Key informants taking part in an online survey generally characterized *Kidney Disease* as a “minor 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

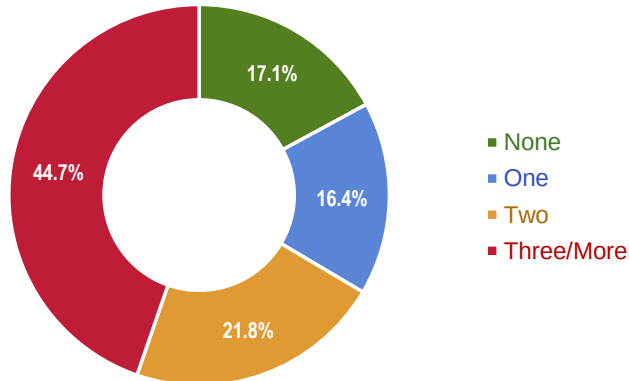
For the purposes of this assessment, chronic conditions include:

- 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.

Among Total Service Area survey respondents, most report currently having at least one chronic health condition.

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



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 123]

Notes: • Asked of all respondents.

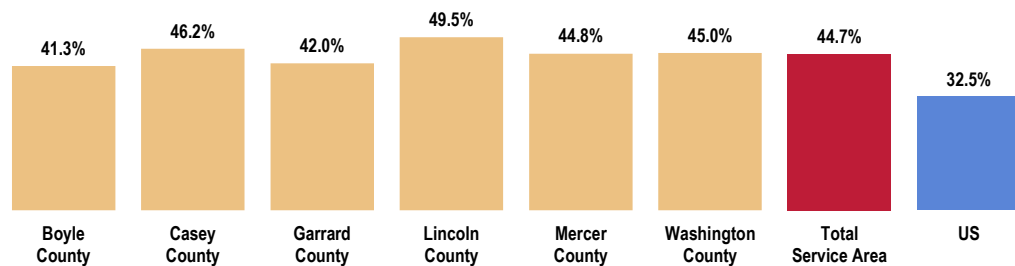
• In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, chronic pain, and/or diagnosed depression.

In fact, 44.7% of Total Service Area adults report having three or more chronic conditions.

BENCHMARK ► Well above the US prevalence.

DISPARITY ► Worse among women, adults age 40+, low-income residents, and Whites.

Currently Have Three or More Chronic Conditions



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 123]

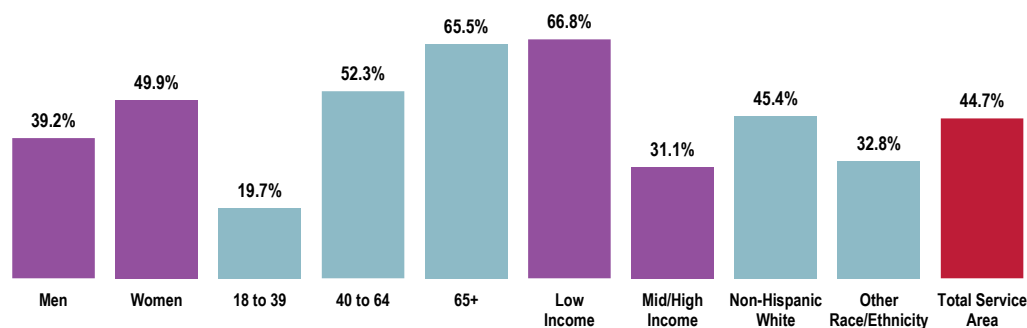
• 2020 PRC National Health Survey, PRC, Inc.

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, chronic pain, and/or diagnosed depression.



Currently Have Three or More Chronic Conditions (Total 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, chronic pain, 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>)

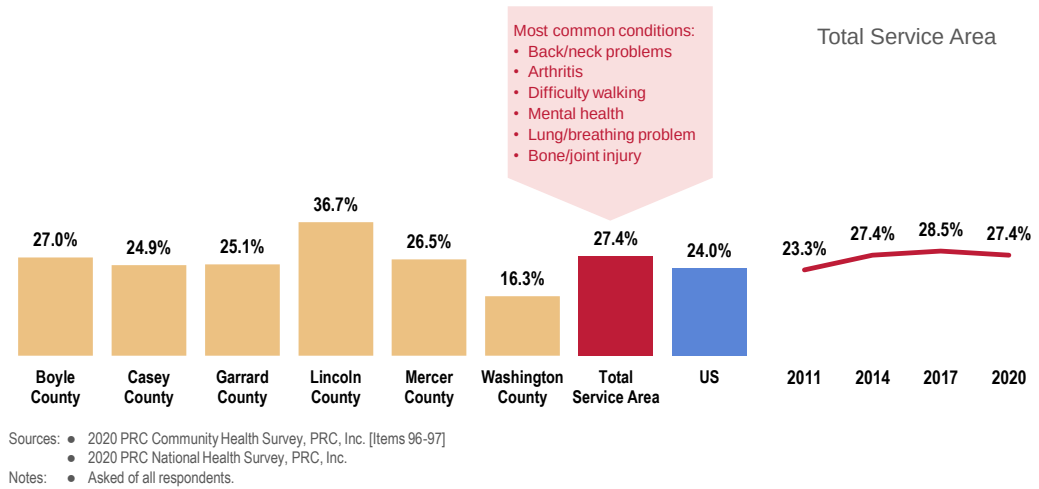
A total of 27.4% of Total Service Area adults are limited in some way in some activities due to a physical, mental, or emotional problem.

TREND ► Marks a statistically significant increase from 2011 survey findings.

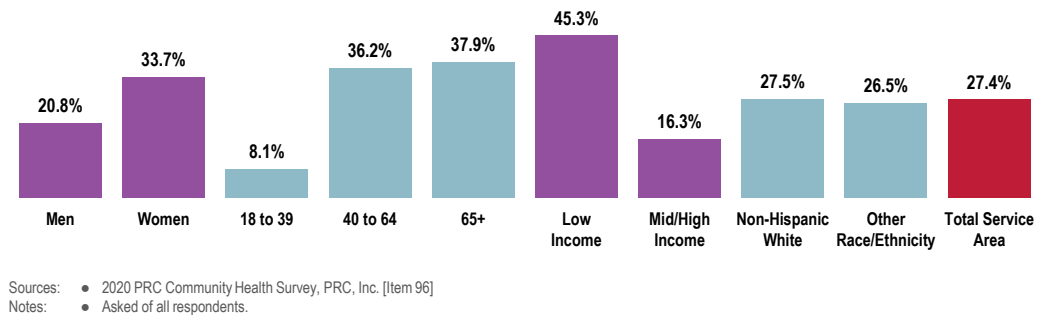
DISPARITY ► Unfavorably high in Lincoln County. Especially notable among women, adults age 40 and older, and residents in low-income households.



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



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



Chronic Pain

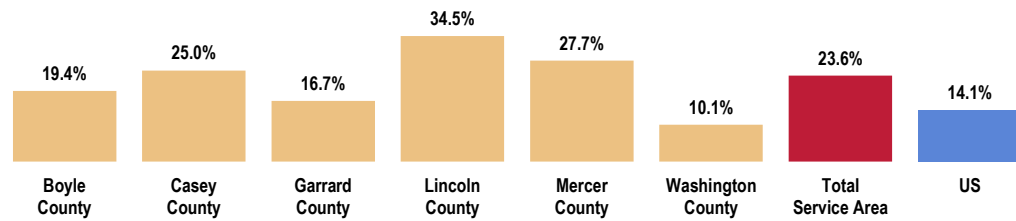
A total of 23.6% of Total Service Area adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities “every day” or “most days” during the past six months.

BENCHMARK ► Well above the US figure and three times the Healthy People 2030 objective.

DISPARITY ► Reported by over one-third of Lincoln County respondents. Higher among women, adults age 40+, and low-income adults.

Experience High-Impact Chronic Pain

Healthy People 2030 = 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 2030. August 2020. <http://www.healthypeople.gov>

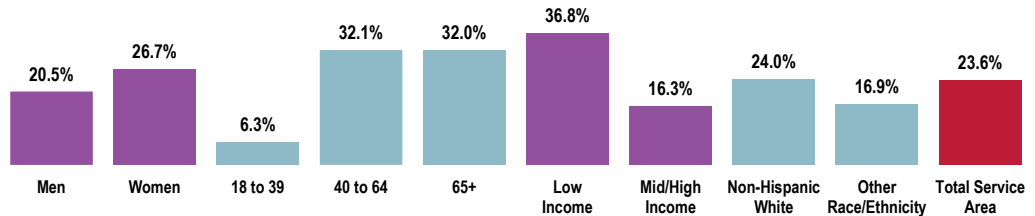
Notes:

- 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.

Experience High-Impact Chronic Pain

(Total Service Area, 2020)

Healthy People 2030 = 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 2030. August 2020. <http://www.healthypeople.gov>

Notes:

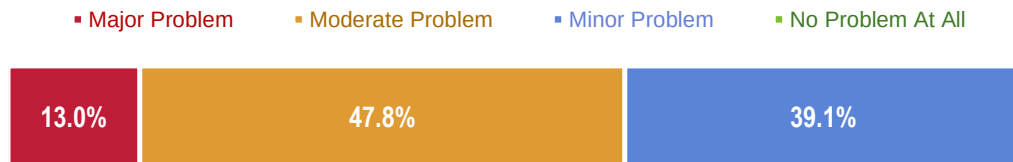
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.



Key Informant Input: Disability & Chronic Pain

Key informants taking part in an online survey most often characterized *Disability & Chronic Pain* as a “moderate problem” in the community.

Perceptions of Disability & Chronic Pain 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:

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>)

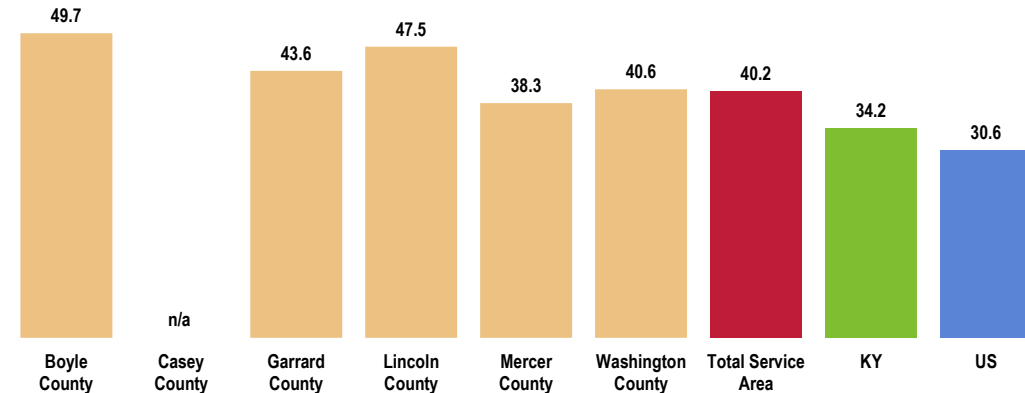


Age-Adjusted Alzheimer's Disease Deaths

Between 2016 and 2018, there was an annual average age-adjusted Alzheimer's disease mortality rate of 40.2 deaths per 100,000 population in the Total Service Area.

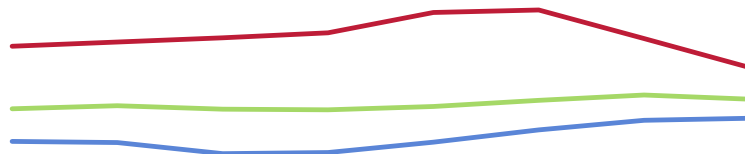
BENCHMARK ► Worse than the national mortality rate.

Alzheimer's Disease: Age-Adjusted Mortality
(2016–2018 Annual Average Deaths per 100,000 Population)



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.

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
Total Service Area	44.2	45.0	45.8	46.8	50.6	51.1	45.7	40.2
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

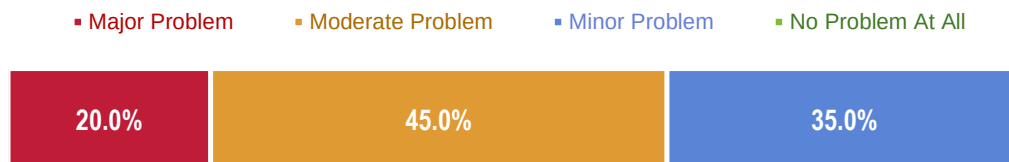
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2020.



Key Informant Input: Dementia/Alzheimer's Disease

Key informants taking part in an online survey most often characterized *Dementia/Alzheimer's Disease* as a “moderate problem” in the community.

Perceptions of Dementia/Alzheimer's 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:

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

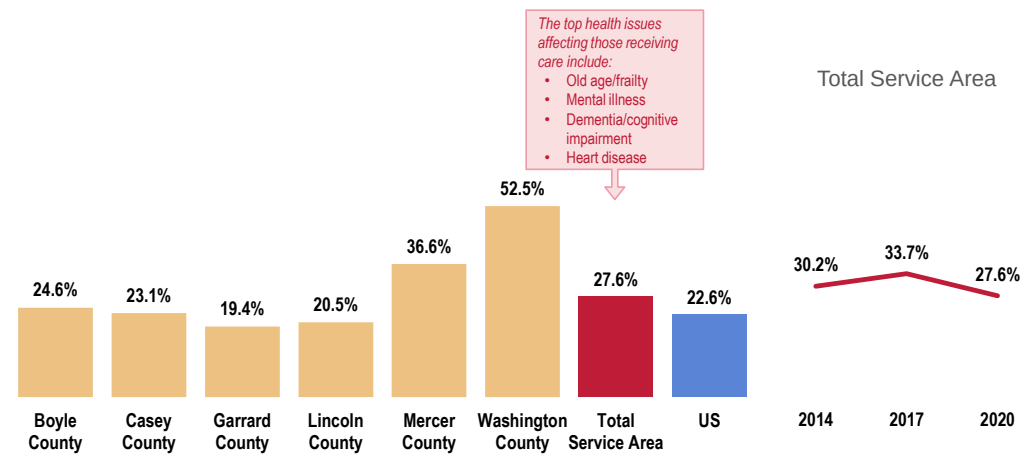
A total of 27.6% of Total Service Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

BENCHMARK ► Above the US prevalence.

DISPARITY ► Considerably higher in Mercer and Washington counties.

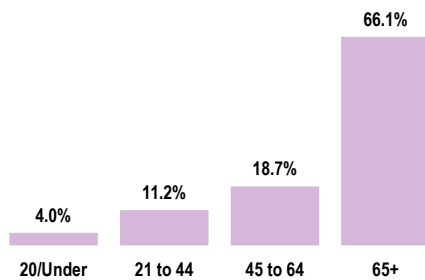
Among caregivers, two in three (66.1%) indicate that the person receiving care is age **65 or older**. The largest share of caregivers reports that they are providing care for a **parent**.

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

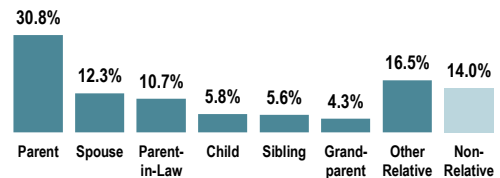


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 98-99]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Age of Person Receiving Care (Among Total Service Area Caregivers, 2020)



Relationship to Person Receiving Care (Among Total Service Area Caregivers, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 306-307]
 Notes: • Asked of those respondents who provide regular care or assistance to a friend or family member who has a health problem, illness, or long-term disability.





BIRTHS

BIRTH OUTCOMES & RISKS

Low-Weight Births

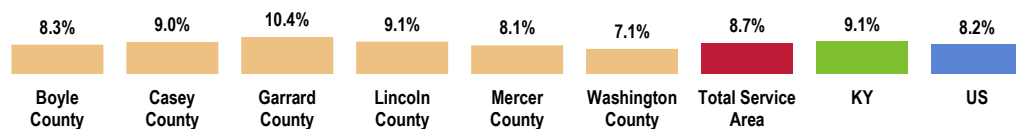
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

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

A total of 8.7% of 2006-2012 Total Service Area births were low-weight.

DISPARITY ► Highest in Garrard County.

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.

Between 2016 and 2018, there was an annual average of 7.6 infant deaths per 1,000 live births.

BENCHMARK ► Worse than the Kentucky and US death rates. Fails to meet the Healthy People 2030 objective.

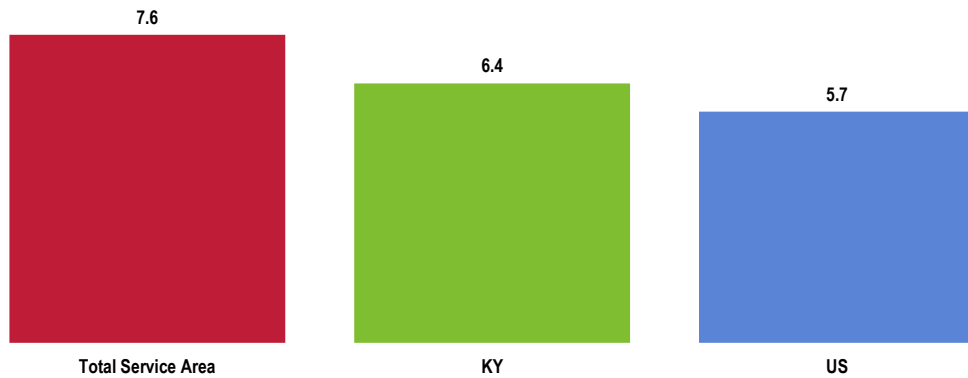
TREND ► Though decreasing recently, the area's infant death rate has trended upward over much of the past decade.



Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2016–2018)

Healthy People 2030 = 5.0 or Lower



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

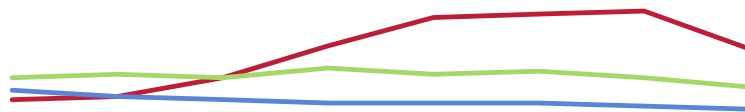
Notes:

- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

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
Total Service Area	6.0	6.1	6.7	7.7	8.6	8.7	8.8	7.6
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>)

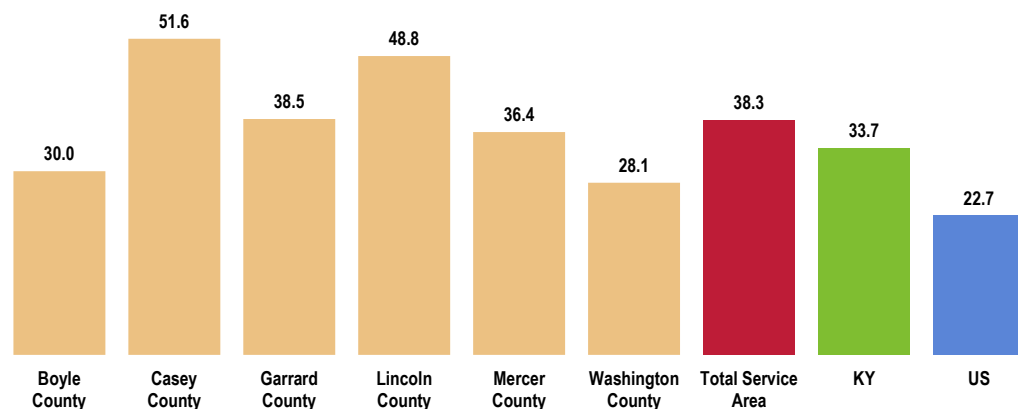
Births to Adolescent Mothers

Between 2012 and 2018, there were 38.3 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in the Total Service Area.

BENCHMARK ► Well above the state rate and failing to satisfy the Healthy People 2030 objective.

DISPARITY ► Unfavorably high in Casey and Lincoln counties.

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>

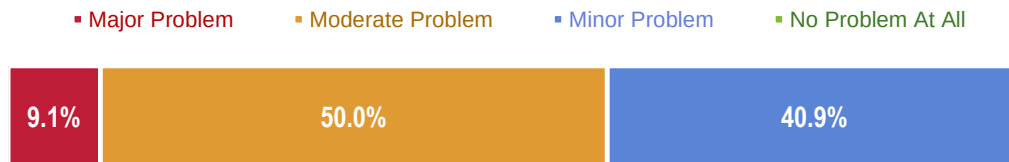
Notes: • This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.



Key Informant Input: Infant Health & Family Planning

Half of key informants taking part in an online survey characterized *Infant Health & Family Planning* as a “moderate 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

A total of 28.5% of Total Service Area adults report eating five or more servings of fruits and/or vegetables per day.

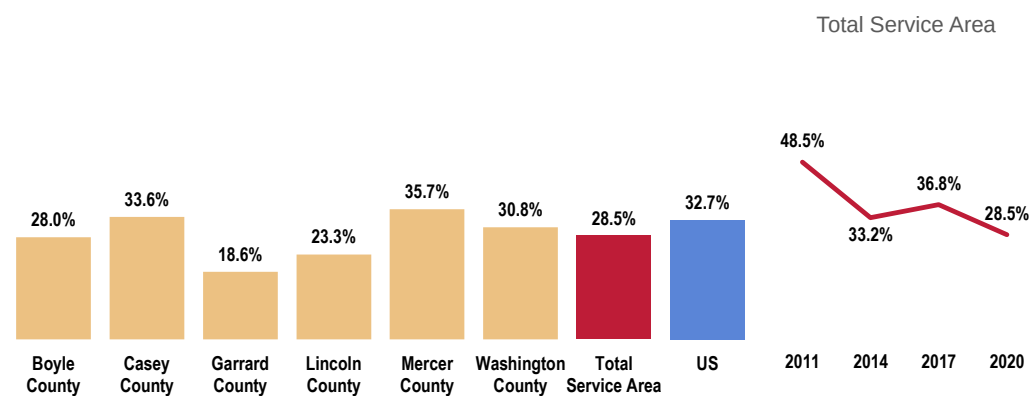
BENCHMARK ► Below the national prevalence.

TREND ► Marks a statistically significant decrease from 2011 survey results.

DISPARITY ► Lowest among Garrard County respondents.

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.

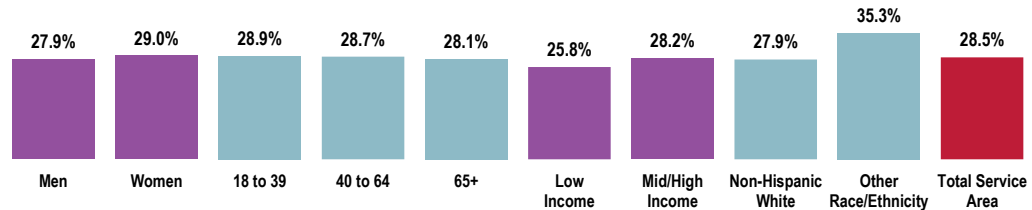
Consume Five or More Servings of Fruits/Vegetables Per Day



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.



Consume Five or More Servings of Fruits/Vegetables Per Day (Total Service Area, 2020)

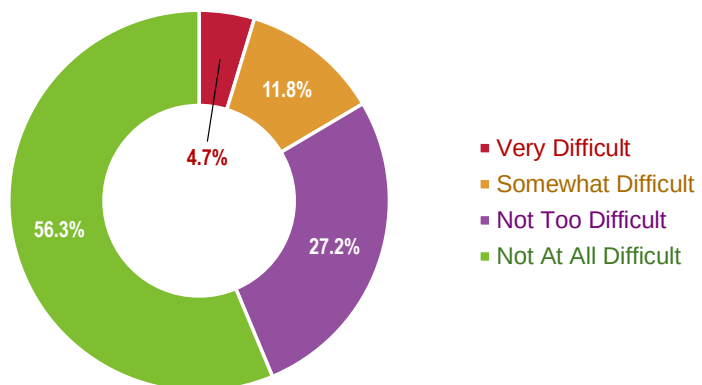


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 125]
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

Difficulty Accessing Fresh Produce

Most Total Service Area adults report little or no difficulty buying fresh produce at a price they can afford.

Level of Difficulty Finding Fresh Produce at an Affordable Price (Total Service Area, 2020)



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

Respondents were asked: "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?"

RELATED ISSUE
 See also *Food Access* in the **Social Determinants of Health** section of this report.



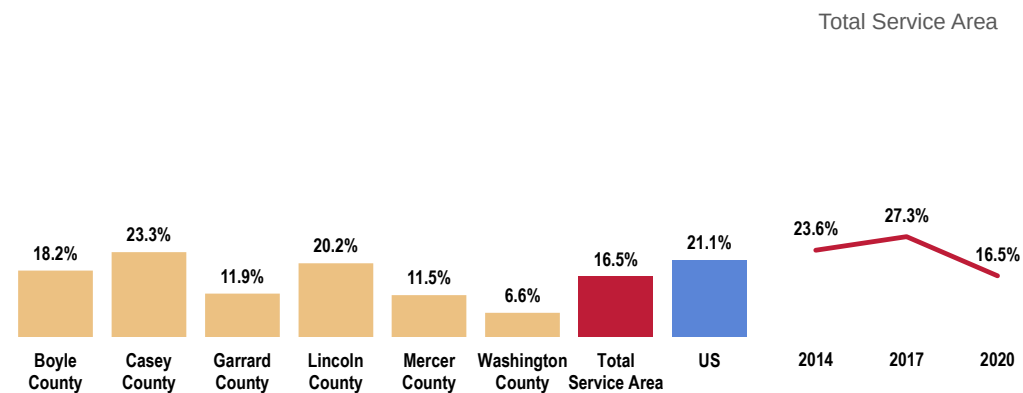
However, 16.5% of Total Service Area adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.

BENCHMARK ► Lower than the national figure.

TREND ► Denotes a statistically significant improvement from previous survey findings.

DISPARITY ► Unfavorably high in Casey County. Increases with age and is higher among women and especially low-income adults.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce



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

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



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



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

A total of 32.6% of Total Service Area adults report no leisure-time physical activity in the past month.

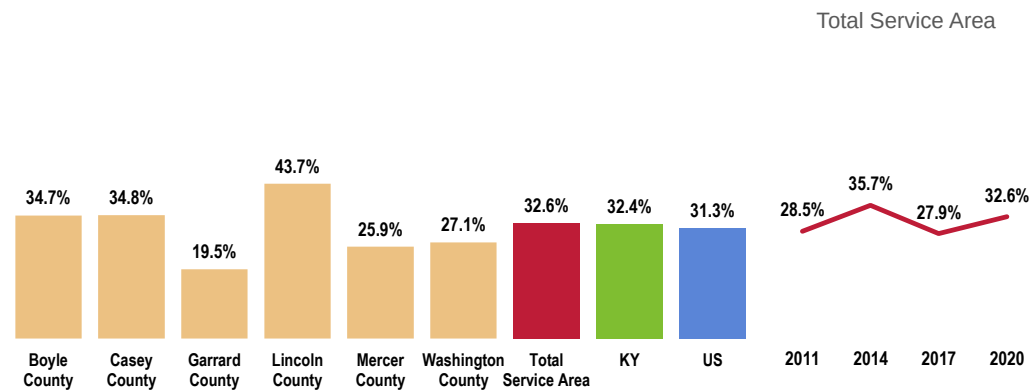
BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Unfavorably high in Lincoln County.

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.2% or Lower



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 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.



Activity Levels

Adults

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

A total of 20.7% of Total Service Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

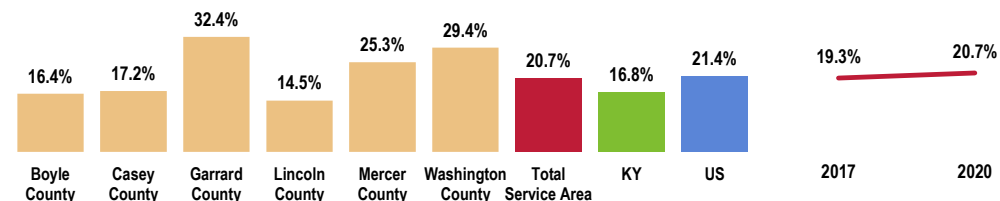
BENCHMARK ► More favorable than the Kentucky prevalence but fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Unfavorably low in Boyle and Lincoln counties. Reported less often among women, adults age 40 and older, and respondents in low-income households.

Meets Physical Activity Recommendations

Healthy People 2030 = 28.4% or Higher

Total Service Area



- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 126]
 - 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 2030. 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.

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

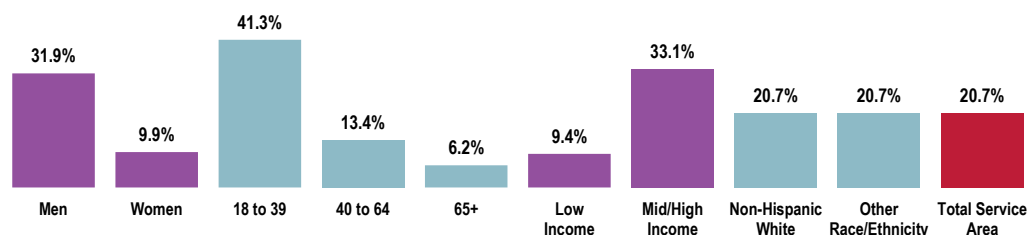
Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

Meets Physical Activity Recommendations

(Total Service Area, 2020)

Healthy People 2030 = 28.4% or Higher



Sources:

- 2020 PRC Community Health Survey, PRC, Inc. [Item 126]
- US Department of Health and Human Services. Healthy People 2030. 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

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

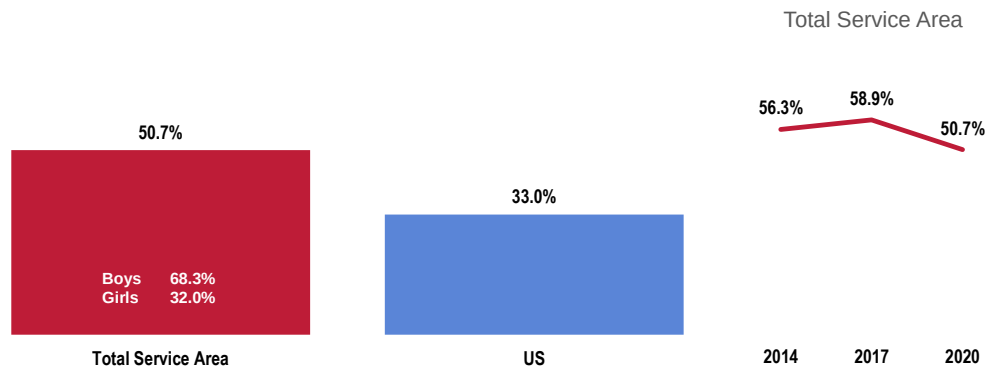
Among Total Service Area children age 2 to 17, half (50.7%) are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

BENCHMARK ► Much higher than the national benchmark.

DISPARITY ► Twice as prevalent among Total Service Area boys than girls.



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 (m^2). To estimate BMI using pounds and inches, use: $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq 30 kg/m^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI $\geq 30 kg/m^2$, 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/m^2 .

- 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.



Overweight Status

Here, "overweight" includes those respondents with a BMI value ≥ 25 .

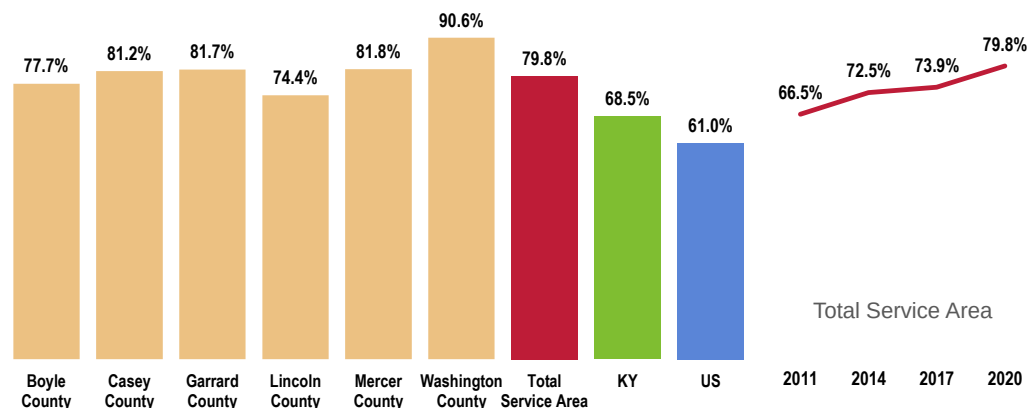
A full 8 in 10 Total Service Area adults (79.8%) are overweight.

BENCHMARK ► Much worse than state and national percentages.

TREND ► Marks a steady, significant increase since 2011.

DISPARITY ► Affecting 9 in 10 respondents from Washington County.

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.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .

The overweight prevalence above includes 45.1% of Total Service Area adults who are obese.

BENCHMARK ► Worse than Kentucky and US figures and failing to satisfy the Healthy People 2030 objective.

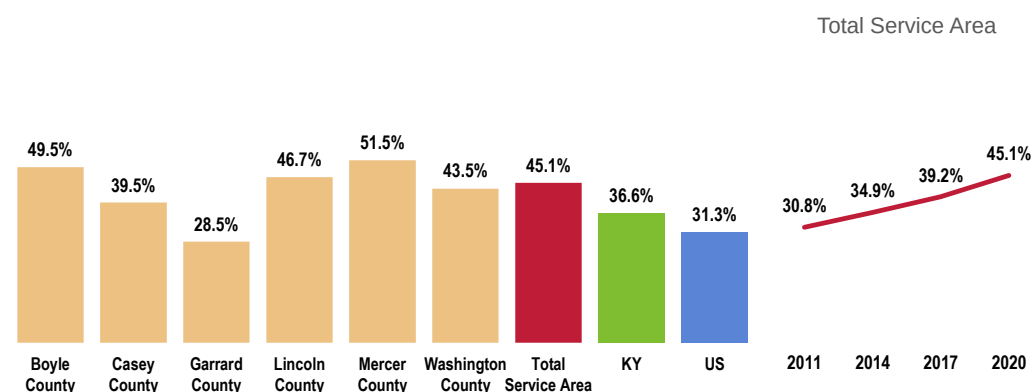
TREND ► Denotes a statistically significant increase in obesity prevalence since 2011.

DISPARITY ► Highest among adults age 40 to 64.



Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower



Sources:

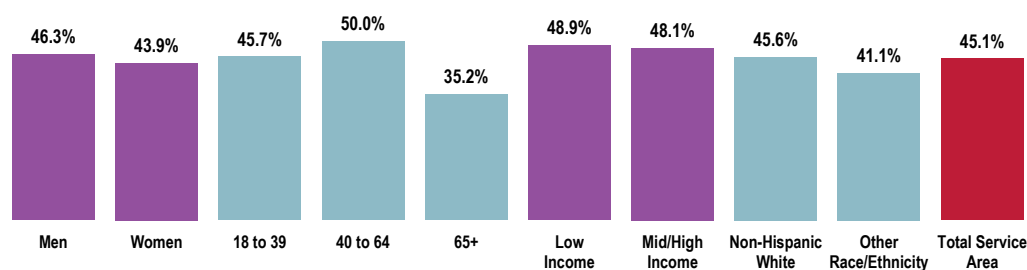
- 2020 PRC Community Health Survey, PRC, Inc. [Item 128]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Kentucky data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. 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 (Total Service Area, 2020)

Healthy People 2030 = 36.0% or Lower



Sources:

- 2020 PRC Community Health Survey, PRC, Inc. [Item 128]
- US Department of Health and Human Services. Healthy People 2030. 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.

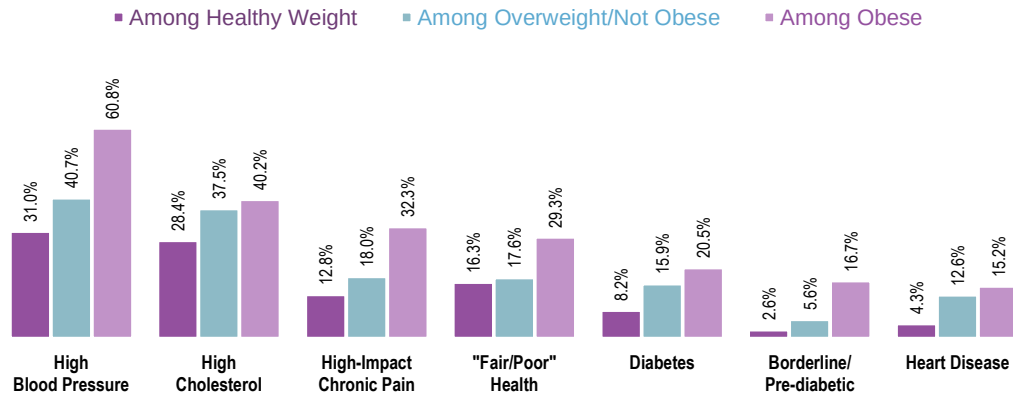


Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues (Total Service Area, 2020)

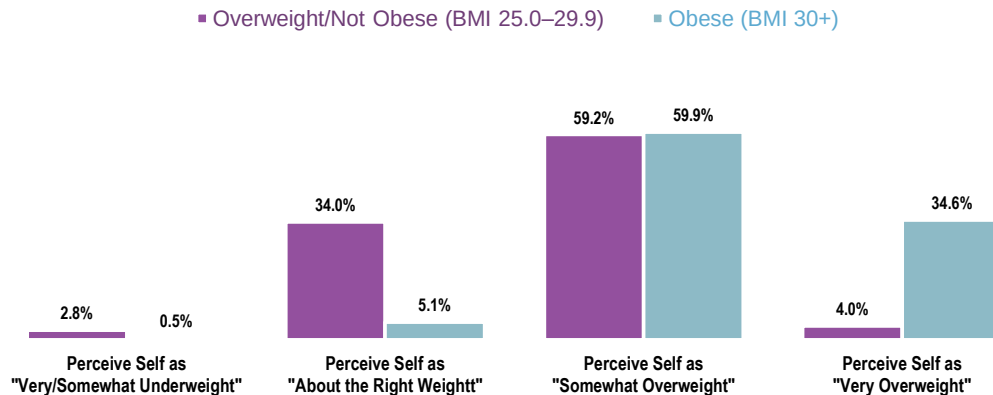


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 128]
Notes: • Based on reported heights and weights, asked of all respondents.

Actual vs. Perceived Body Weight

A total of 5.1% of obese adults and 34.0% of overweight (not obese) adults feel that their current weight is "about right."

Actual vs. Perceived Weight Status (Among Overweight/Obese Adults; Total Service Area, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 305]
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.



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:

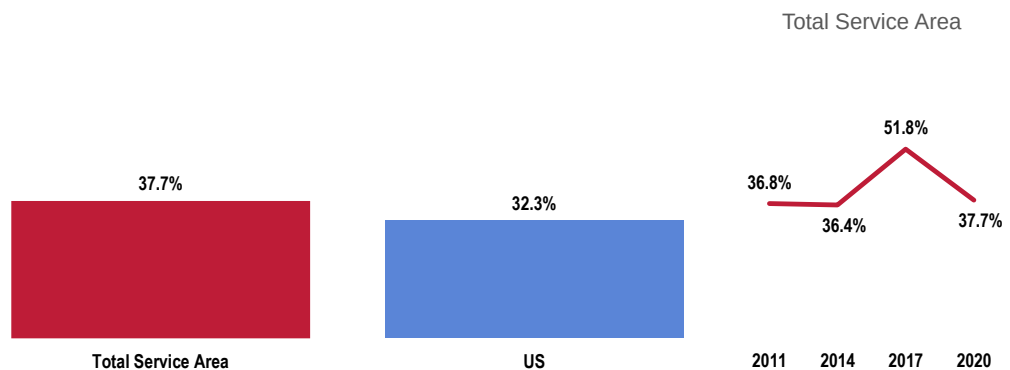
- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 37.7% of Total Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

TREND ► Despite a jump in 2017, this year's prevalence of overweight among area children is similar to those reported in 2011 and 2014.

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



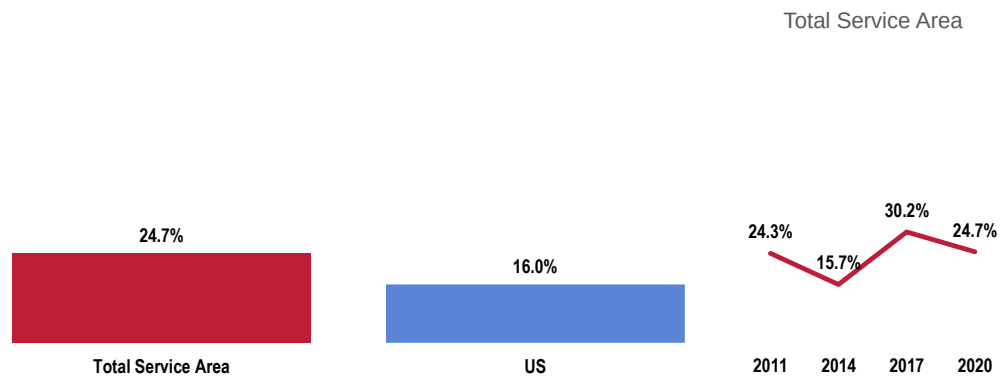
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 131]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children age 5-17 at home.
• Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.



The childhood overweight prevalence in the preceding chart includes 24.7% of area children age 5 to 17 who are obese ($\geq 95^{\text{th}}$ percentile).

BENCHMARK ► The prevalence fails to satisfy the Healthy People 2030 objective.

Prevalence of Obesity in Children (Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher) Healthy People 2030 = 15.5% or Lower

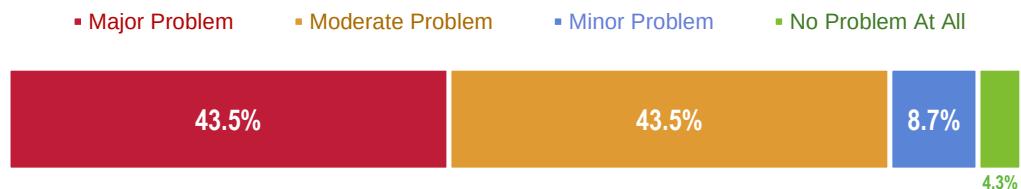


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 131]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey were equally likely to rate *Nutrition, Physical Activity & Weight* as a “major problem” and a “moderate 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>)

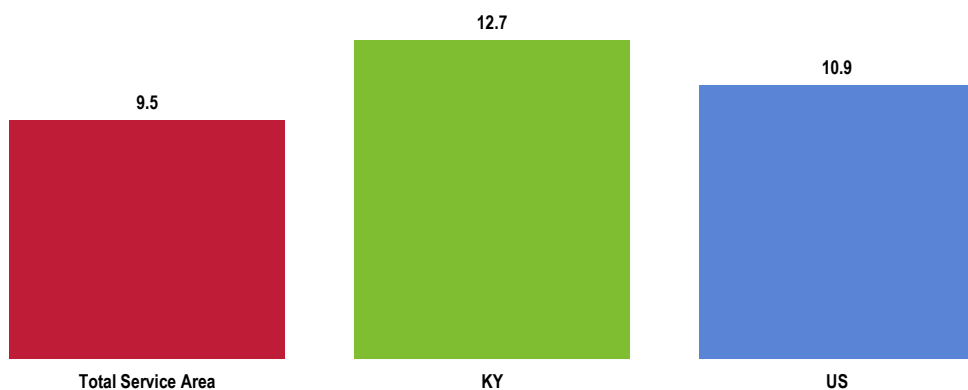
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2016 and 2018, the Total Service Area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 9.5 deaths per 100,000 population.

BENCHMARK ► Below the Kentucky death rate.

TREND ► The mortality rate has generally decreased over time in the Total Service Area.

Cirrhosis/Liver Disease: Age-Adjusted Mortality
(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>



Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2030 = 10.9 or Lower



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Total Service Area	11.9	12.3	10.9	9.9	9.9	8.2	8.3	9.5
KY	9.2	9.9	10.4	11.0	11.6	12.0	12.4	12.7
US	9.6	9.9	10.0	10.3	10.5	10.6	10.8	10.9

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>

Alcohol Use

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.

A total of 13.3% of area adults are excessive drinkers (heavy and/or binge drinkers).

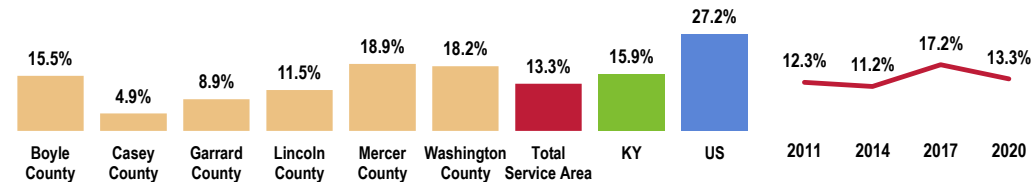
BENCHMARK ► Below the state and especially the national figure.

DISPARITY ► Reported more often among men, young adults, and upper-income residents.



Excessive Drinkers

Total Service Area



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 136]

• 2020 PRC National Health Survey, PRC, Inc.

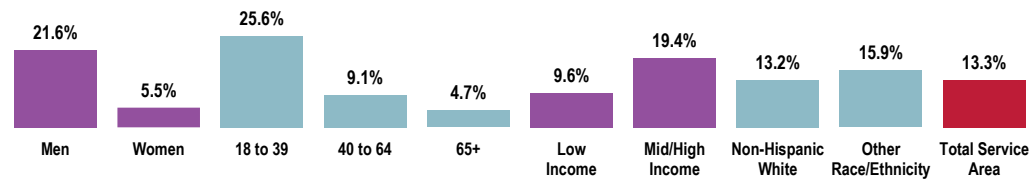
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Kentucky data.

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.

Excessive Drinkers (Total Service Area, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 136]

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.



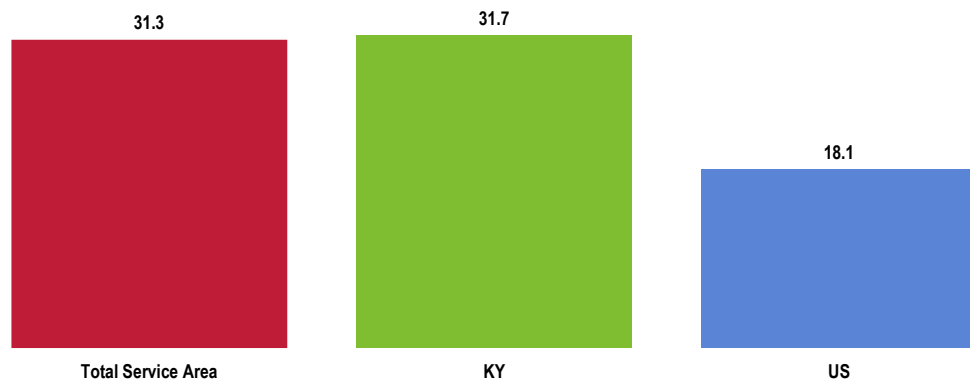
Age-Adjusted Unintentional Drug-Related Deaths

Between 2016 and 2018, there was an annual average age-adjusted unintentional drug-related mortality rate of 31.3 deaths per 100,000 population in the Total Service Area.

BENCHMARK ► Much worse than the national figure.

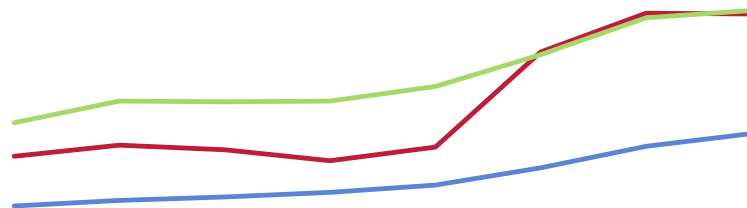
TREND ► The death rate has doubled over the past decade in the Total Service Area.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality (2016–2018 Annual Average Deaths per 100,000 Population)



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.

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



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

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

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.

A total of 2.2% of Total Service Area adults acknowledge using an illicit drug in the past month.

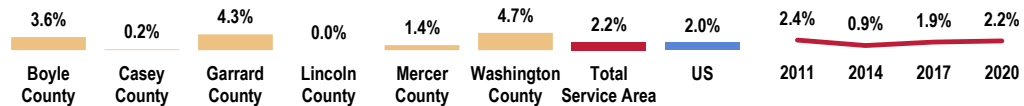
BENCHMARK ► Easily satisfies the Healthy People 2030 objective.

DISPARITY ► More often reported among men and adults age 40 to 64.

Illicit Drug Use in the Past Month

Healthy People 2030 = 12.0% or Lower

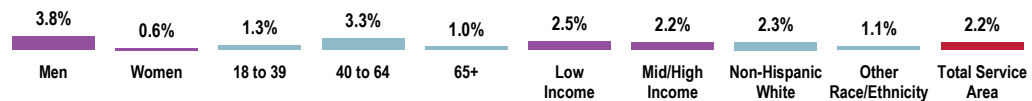
Total Service Area



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 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.

Illicit Drug Use in the Past Month (Total Service Area, 2020)

Healthy People 2030 = 12.0% or Lower



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 49]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.



Use of Prescription Opioids

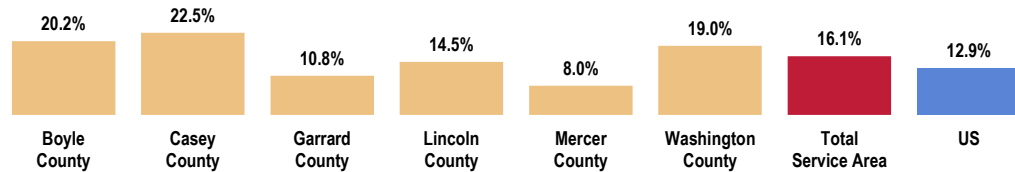
Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

A total of 16.1% of Total Service Area report using a prescription opioid drug in the past year.

BENCHMARK ► Worse than the national prevalence.

DISPARITY ► Statistically highest (based on county sample size) among Boyle County residents. Reported more often among women, adults age 40 to 64, low-income residents, and Whites.

Used an Opiate or Opioid Drug in the Past Year

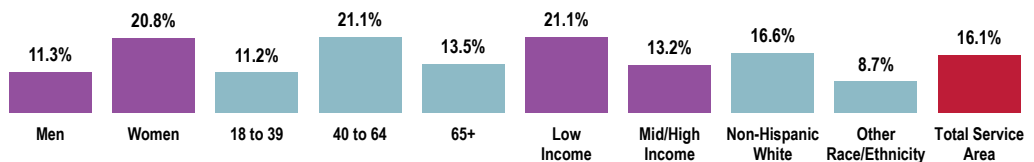


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 50]

• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Used an Opiate or Opioid Drug in the Past Year (Total 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.



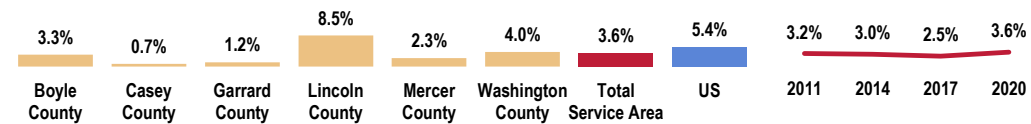
Alcohol & Drug Treatment

A total of 3.6% of Total Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

DISPARITY ► Lowest among Casey and Garrard respondents.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

Total Service Area

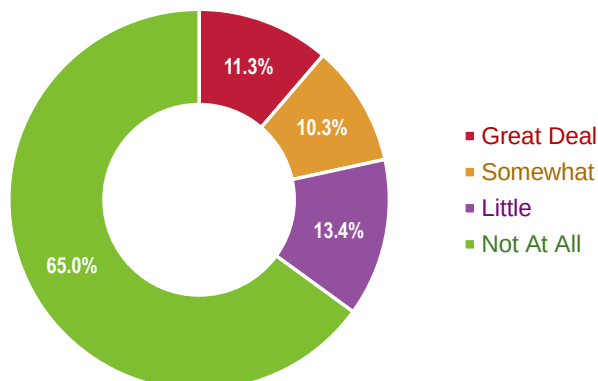


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 51]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Personal Impact From Substance Abuse

Most Total Service Area residents' lives have not been negatively affected by substance abuse (either their own or someone else's).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's) (Total Service Area, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 52]
Notes: • Asked of all respondents.

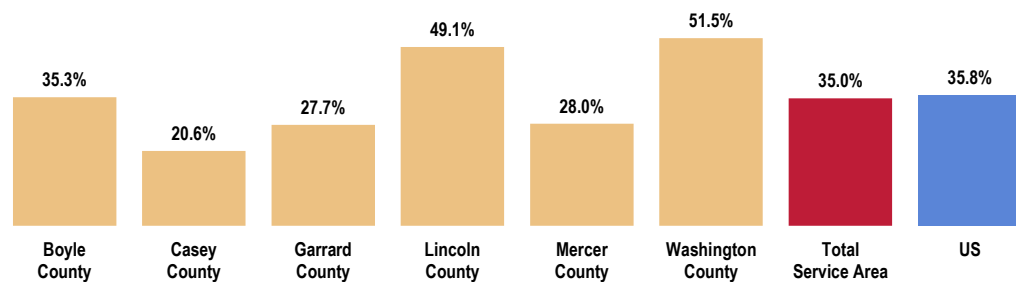
Area adults were also asked to what degree their lives have been impacted by substance abuse (whether their own abuse or that of another).



However, 35.0% have felt a personal impact to some degree (“a little,” “somewhat,” or “a great deal”).

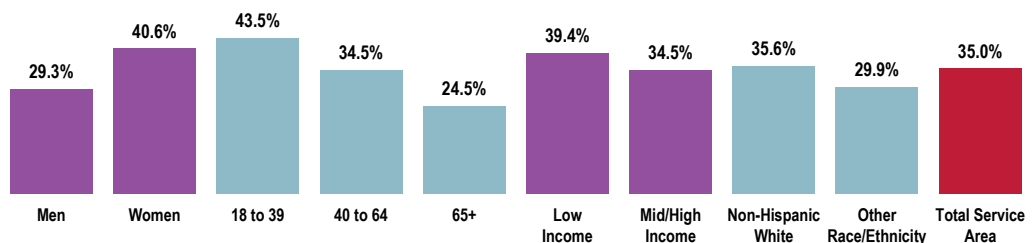
DISPARITY ► Unfavorably high in Lincoln and Washington counties. Decreases with age and much higher among women than men.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)



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.”

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



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



Key Informant Input: Substance Abuse

Nearly three in four key informants taking part in an online survey characterized *Substance Abuse* as a “major problem” in the community.

Perceptions of Substance Abuse 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:

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



Most Problematic Substances

Key informants (who rated this as a “major problem”) clearly identified **alcohol** and **heroin/other opioids** as causing the most problems in the community, followed less frequently by **methamphetamine/other amphetamines** and **cocaine/crack**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Abuse as a “Major Problem”)	
ALCOHOL	40.0%
HEROIN OR OTHER OPIOIDS	33.3%
METHAMPHETAMINES OR OTHER AMPHETAMINES	13.3%
COCAINE OR CRACK	13.3%



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.

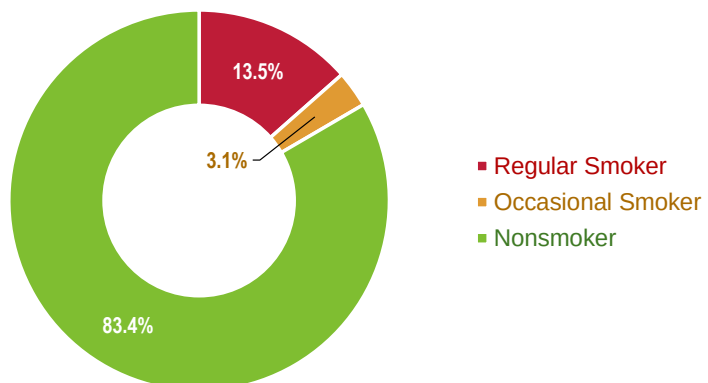
– Healthy People 2030 (<https://health.gov/healthypeople>)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 16.6% of Total Service Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Cigarette Smoking Prevalence
(Total Service Area, 2020)



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



Note the following findings related to cigarette smoking prevalence in the Total Service Area.

BENCHMARK ► Below the Kentucky prevalence but three times the Healthy People 2030 objective.

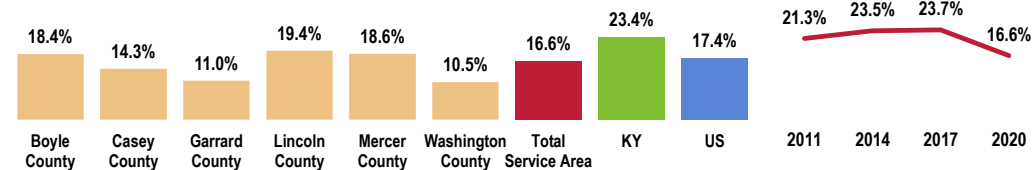
TREND ► Marks a statistically significant decrease from previous survey findings.

DISPARITY ► More often reported among adults age 40 to 64, those in low-income households, and Communities of color.

Current Smokers

Healthy People 2030 = 5.0% or Lower

Total Service Area



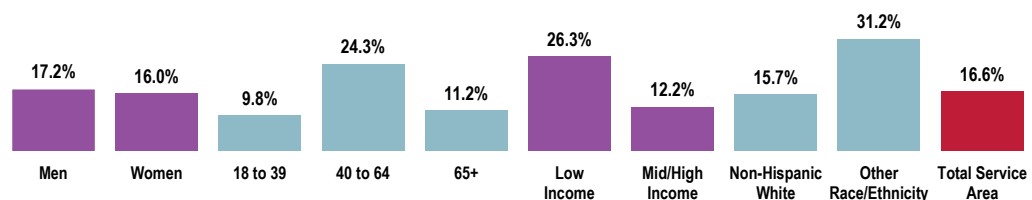
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 40]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Kentucky data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. 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).

Current Smokers

(Total Service Area, 2020)

Healthy People 2030 = 5.0% or Lower



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 40]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.
 • Includes regular and occasional smokers (every day and some days).



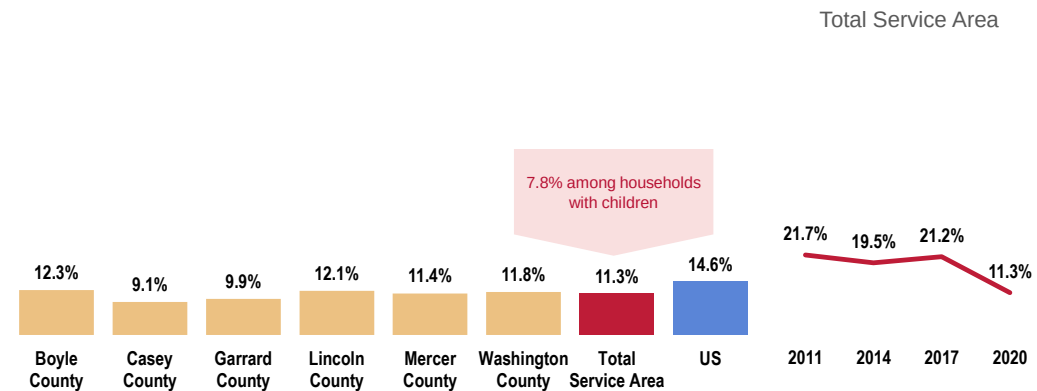
Environmental Tobacco Smoke

Among all surveyed households in the Total Service Area, 11.3% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

BENCHMARK ► Lower than the US percentage.

TREND ► Decreasing significantly from previous survey findings.

Member of Household Smokes at Home



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.

Smoking Cessation

A total of 38.2% of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

BENCHMARK ► Well below the Kentucky percentage and fails to satisfy the Healthy People 2030 objective.

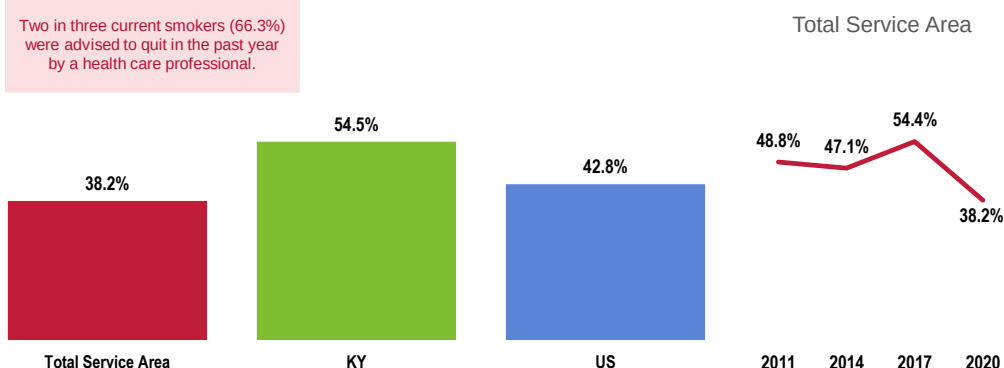
TREND ► Denotes a statistically significant decrease from previous survey findings.



Have Stopped Smoking for One Day or Longer in the Past Year (Everyday Smokers)

Healthy People 2030 = 65.7% or Higher

Two in three current smokers (66.3%) were advised to quit in the past year by a health care professional.



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 41-42]
 • 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 2030. August 2020. <http://www.healthypeople.gov>

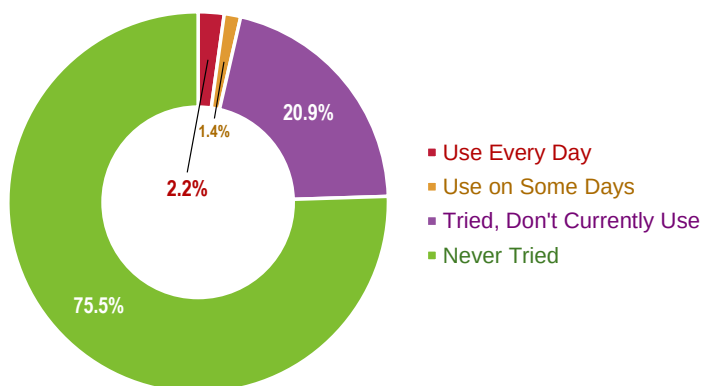
Notes: • Asked of respondents who smoke cigarettes every day.

Other Tobacco Use

Use of Vaping Products

Most Total Service Area adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products.

Use of Vaping Products (Total Service Area, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 135]
 Notes: • Asked of all respondents.



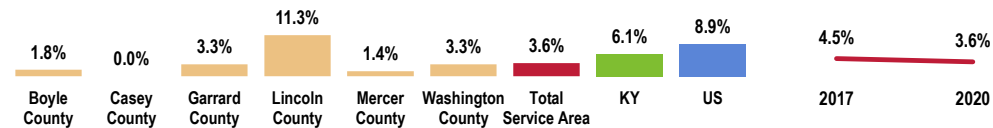
However, 3.6% currently use vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ► Well below the state and US figures.

DISPARITY ► Dramatically higher in Lincoln County. Decreases with age among survey respondents.

Currently Use Vaping Products (Every Day or on Some Days)

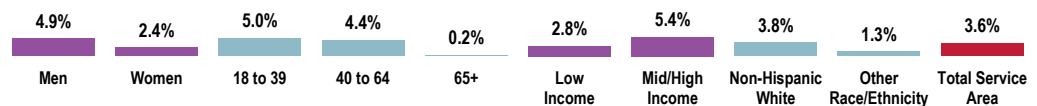
Total Service Area



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 135]
 • 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.

Notes: • Asked of all respondents.
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Currently Use Vaping Products (Total Service Area, 2020)



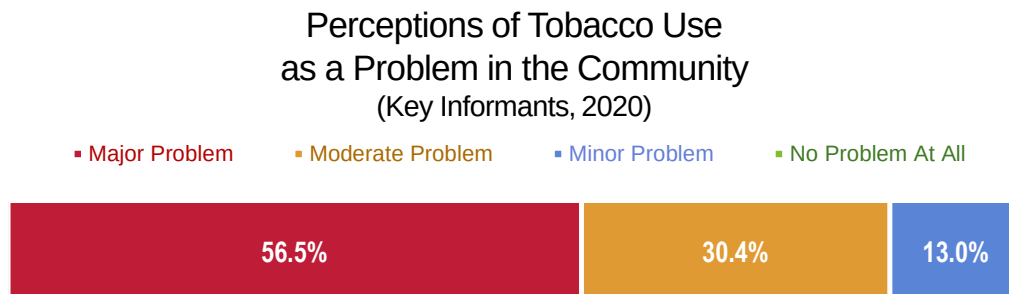
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 135]

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 greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a “major 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:

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

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

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

Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

In 2018, the chlamydia incidence rate in the Total Service Area was 311.6 cases per 100,000 population.

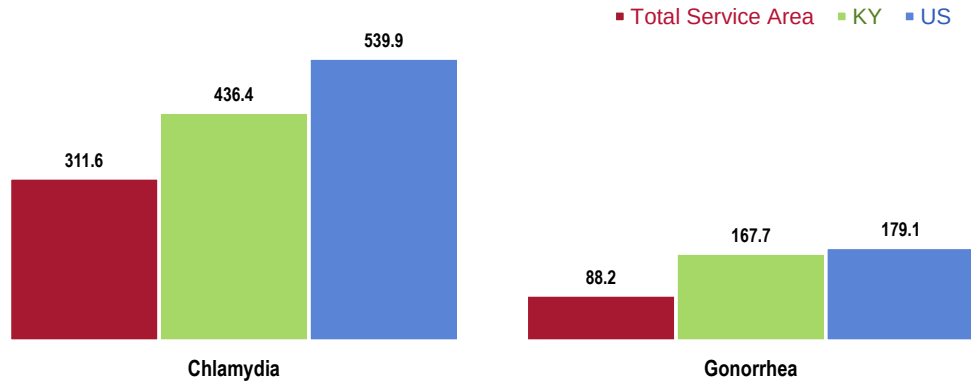
The Total Service Area gonorrhea incidence rate in 2018 was 88.2 cases per 100,000 population.

BENCHMARK ► Both incidence rates are well below the correlating Kentucky and US rates.

DISPARITY ► Chlamydia was highest in Mercer County, while the gonorrhea rate was highest in Lincoln County (not shown).



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).

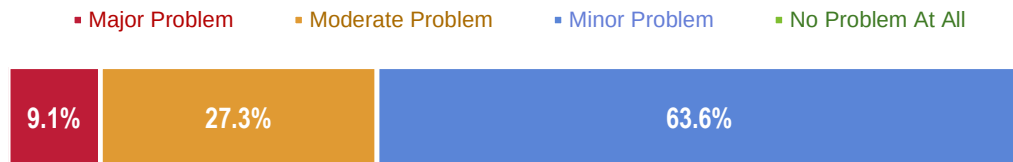
Notes:

- 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

A plurality of key informants taking part in an online survey characterized *Sexual Health* as a “minor problem” in the community.

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



Sources:

- PRC Online Key Informant Survey, PRC, Inc.

Notes:

- Asked of all respondents.





ACCESS TO HEALTH CARE

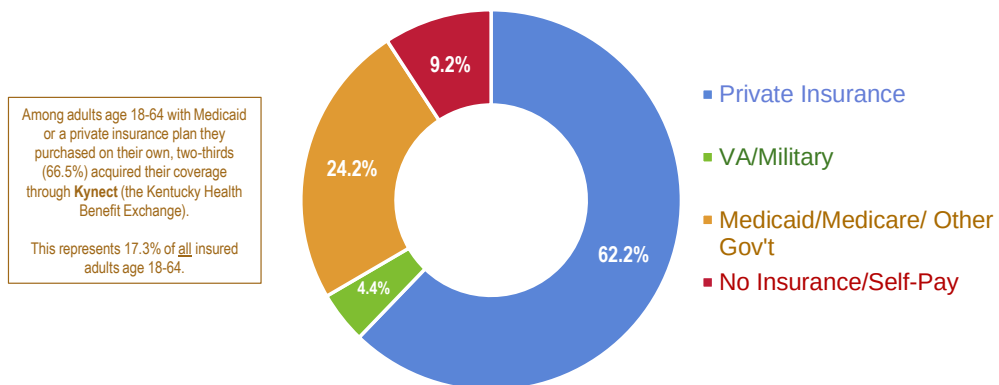
HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

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

A total of 62.2% of Total Service Area adults age 18 to 64 report having health care coverage through private insurance. Another 24.2% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Adults Age 18-64; Total Service Area, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 137]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

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 health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 9.2% report having no insurance coverage for health care expenses.

TREND ► Marks a statistically significant improvement (decrease) since 2011.

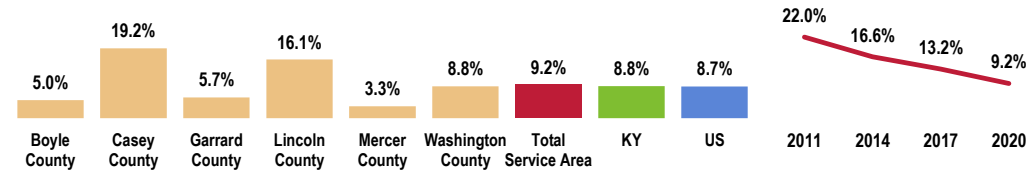
DISPARITY ► Unfavorably high in Casey County. Reported more often among women and young adults.



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

Healthy People 2030 = 7.9% or Lower

Total 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 2030. 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; Total Service Area, 2020)

Healthy People 2030 = 7.9% or Lower



Sources:

- 2020 PRC Community Health Survey, PRC, Inc. [Item 137]
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Asked of all respondents under the age of 65.



DIFFICULTIES ACCESSING 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>)

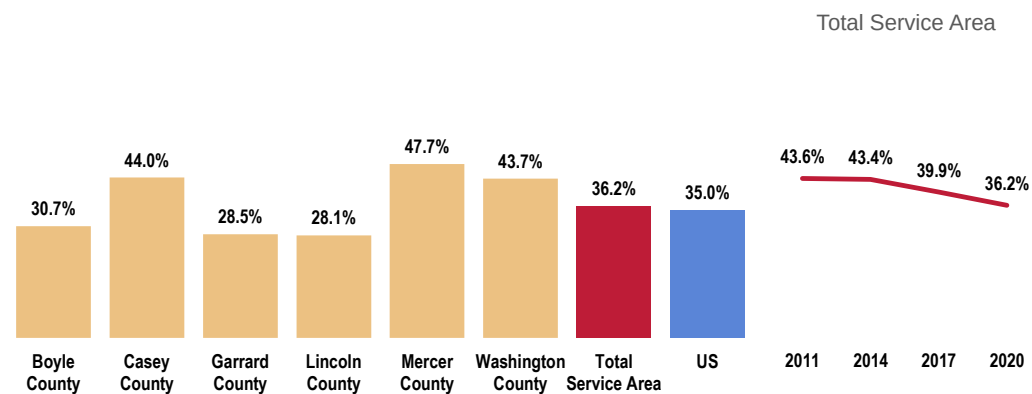
Difficulties Accessing Services

A total of 36.2% of Total Service Area adults report some type of difficulty or delay in obtaining health care services in the past year.

TREND ► Marks a statistically significant improvement since 2011.

DISPARITY ► Unfavorably high in Casey and Mercer counties. More often reported among adults age 40 to 64 and those in low-income households.

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]

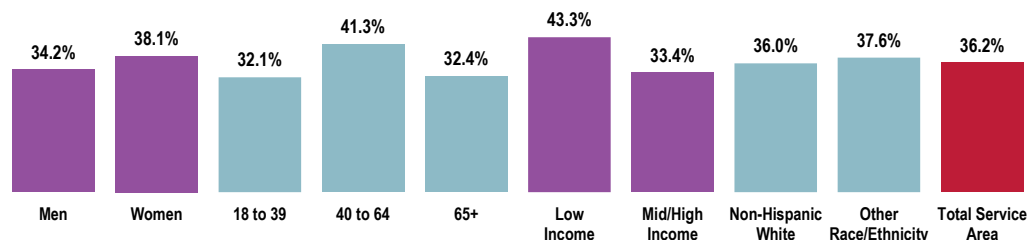
• 2020 PRC National Health Survey, PRC, Inc.

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 (Total 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.

Barriers to Health Care Access

Of the tested barriers, appointment availability impacted the greatest share of Total Service Area adults.

BENCHMARK ► The prevalence of these barriers is well below the related US figure: inconvenient office hours, lack of transportation, and language/culture.

TREND ► Note the improvements over time for the barriers of cost (prescriptions and doctor visits), office hours, finding a physician, and lack of transportation.

Note also the percentage of adults who have skipped or reduced medication doses in the past year in order to stretch a prescription and save costs.

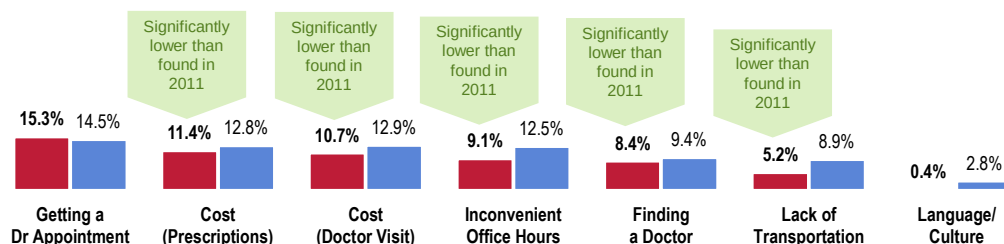
To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have Prevented Medical Care in the Past Year

■ Total Service Area ■ US

In addition, 9.7% 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.



Accessing Health Care for Children

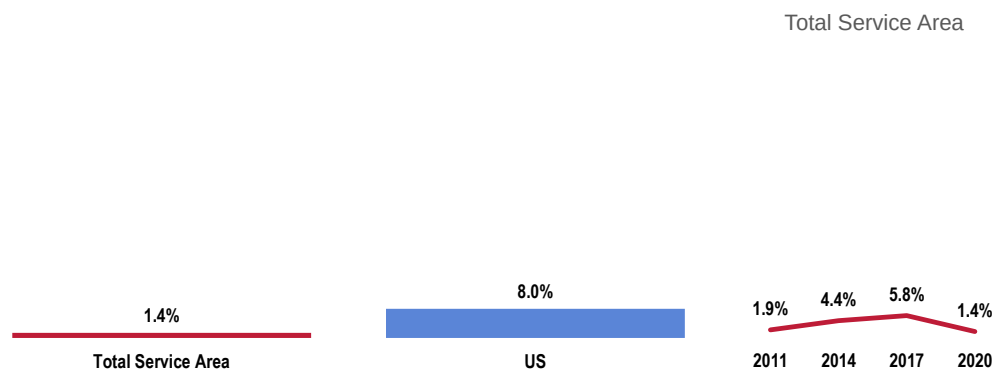
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

A total of 1.4% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

BENCHMARK ► Well below the national prevalence.

TREND ► Though fluctuating over time, the percentage is similar to that reported in 2011.

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

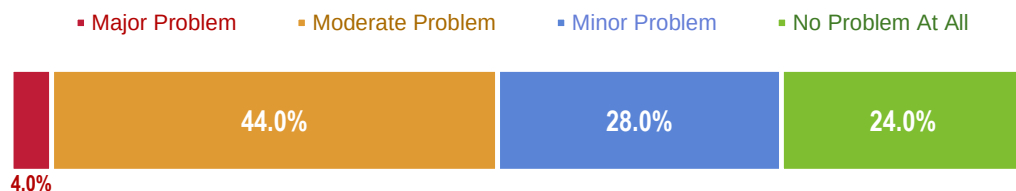


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 104]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey most often characterized *Access to Health Care Services* as a “moderate problem” in the community.

Perceptions of Access to Health Care Services 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:

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>)

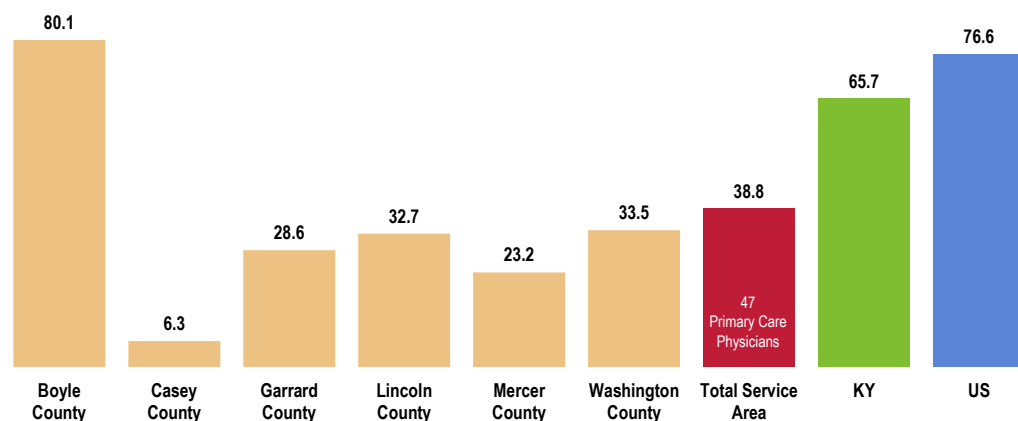
Access to Primary Care

In 2017, there were 47 primary care physicians in the Total Service Area, translating to a rate of 38.8 primary care physicians per 100,000 population.

BENCHMARK ► Well below the state and national ratios.

DISPARITY ► Lowest in Casey and Mercer counties.

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.



Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

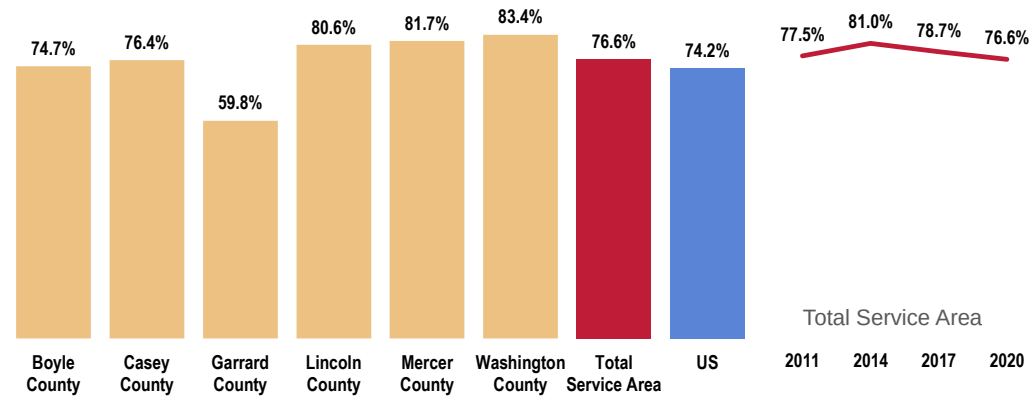
A total of 76.6% of Total Service Area adults were determined to have a specific source of ongoing medical care.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Unfavorably low in Garrard County.

Have a Specific Source of Ongoing Medical Care

Healthy People 2030 = 84.0% or Higher



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 139]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.

Utilization of Primary Care Services

Adults

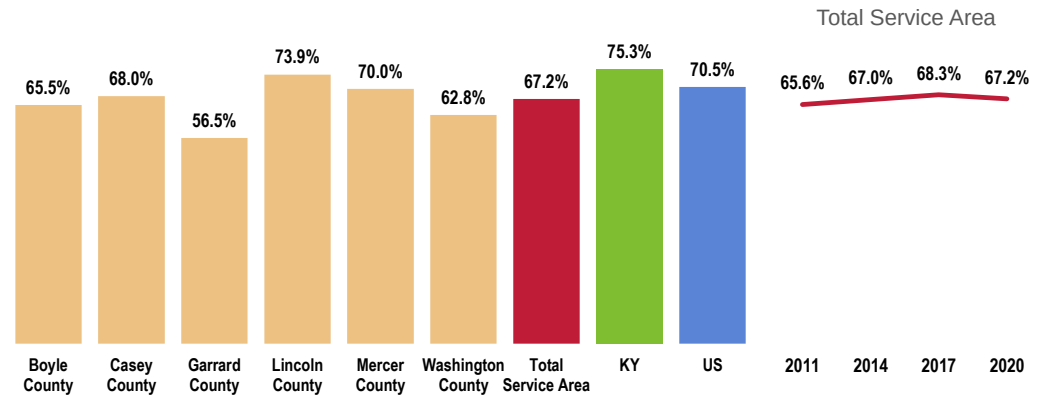
Approximately two in three adults (67.2%) visited a physician for a routine checkup in the past year.

BENCHMARK ► Lower than the state prevalence.

DISPARITY ► Lowest among Garrard County adults. Reported less often among men, young adults, and adults in higher-income households.



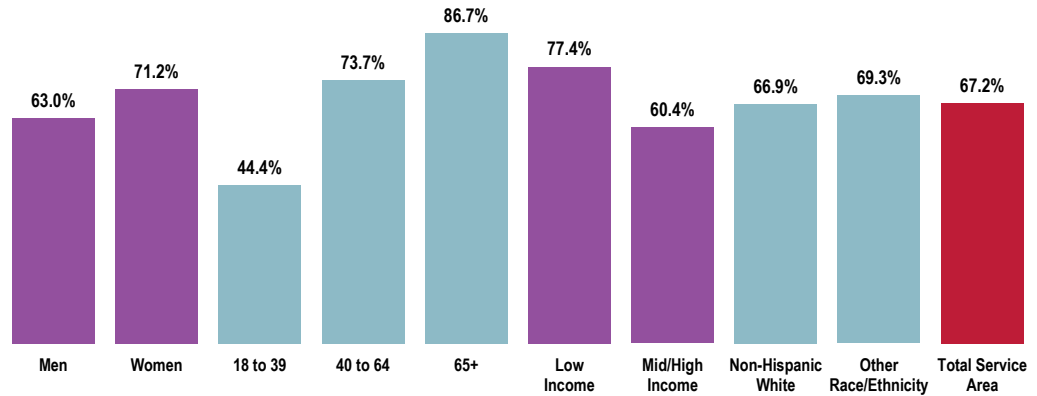
Have Visited a Physician for a Checkup in the Past Year



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.

Have Visited a Physician for a Checkup in the Past Year (Total Service Area, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 18]
 Notes: • Asked of all respondents.

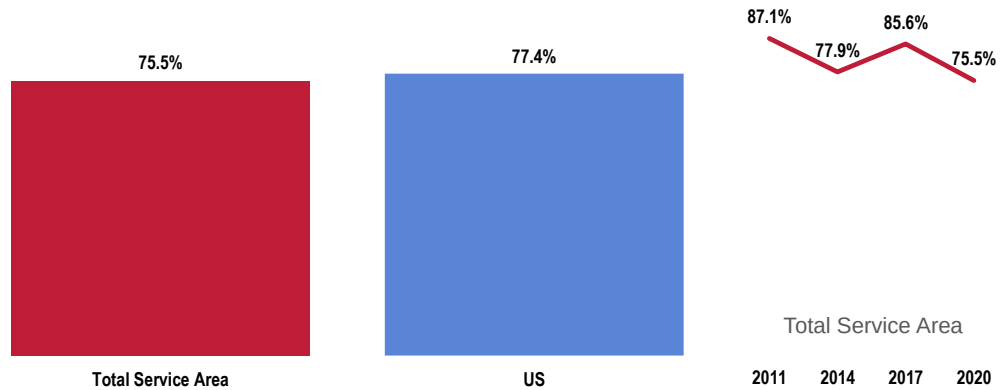


Children

Among surveyed parents, 75.5% report that their child has had a routine checkup in the past year.

TREND ► Fluctuating over time but decreasing significantly from 2011 survey findings.

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.



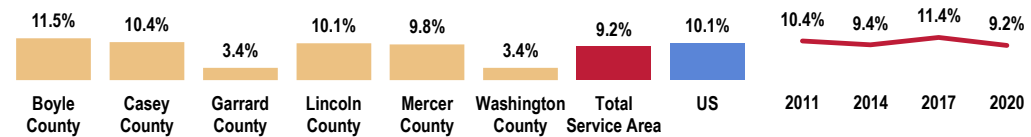
EMERGENCY ROOM UTILIZATION

A total of 9.2% of Total Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

DISPARITY ► Reported more often among low-income residents and Communities of color.

Have Used a Hospital Emergency Room More Than Once in the Past Year

Total Service Area



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 22]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Total Service Area, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 22]
Notes: • Asked of all respondents.



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 Insurance

Two-thirds of Total Service Area adults (67.0%) have dental insurance that covers all or part of their dental care costs.

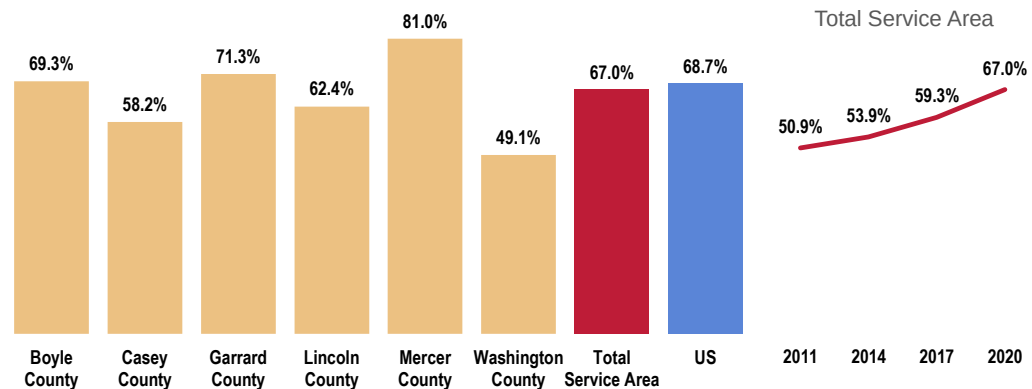
BENCHMARK ► Satisfies the Healthy People 2030 objective.

TREND ► Denotes a steady, significant increase since 2011.

DISPARITY ► Lowest in Casey and Washington counties.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

Healthy People 2030 = 59.8% or Higher



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 21]
• 2020 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
Notes: • Asked of all respondents.



Dental Care

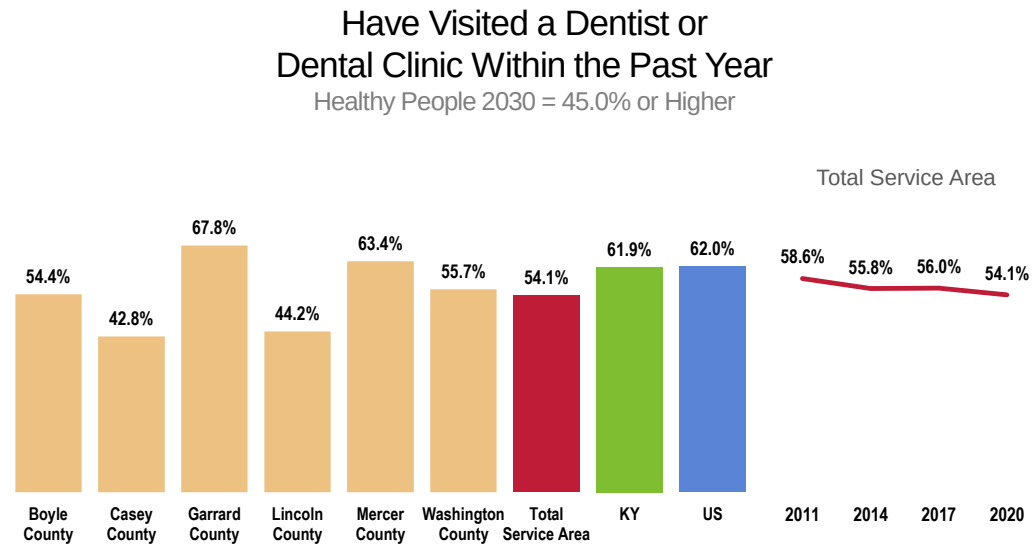
Adults

A total of 54.1% of Total Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ► Below the Kentucky and US percentages but satisfies the Healthy People 2030 goal.

TREND ► Marks a statistically significant decrease since 2011.

DISPARITY ► Unfavorably low in Casey and Lincoln counties. Lowest among respondents in low-income households and those without dental coverage.



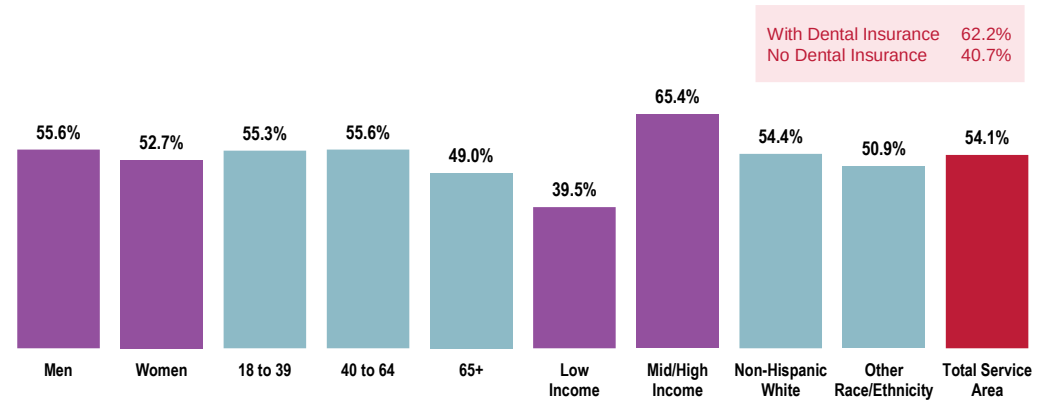
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 20]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Kentucky data.
• 2020 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.



Have Visited a Dentist or Dental Clinic Within the Past Year (Total Service Area, 2020)

Healthy People 2030 = 45.0% or Higher



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 20]
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.

Children

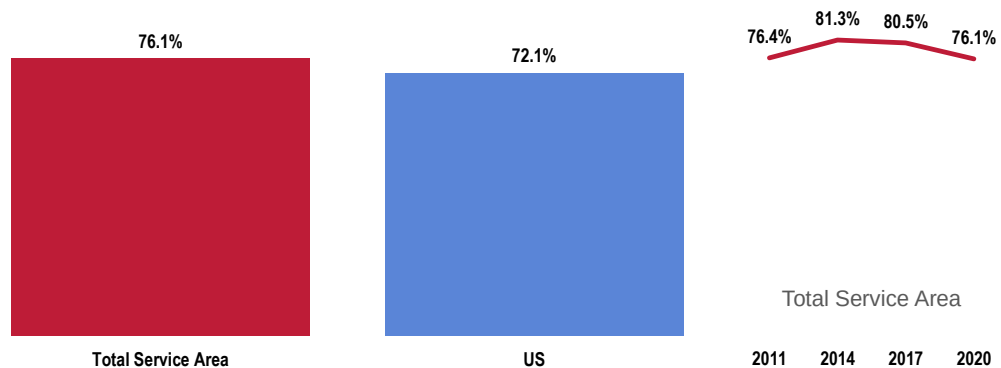
A total of 76.1% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ► Easily satisfies the Healthy People 2030 objective.

TREND ► Fluctuating over time but similar to baseline 2011 survey findings.

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

Healthy People 2030 = 45.0% or Higher



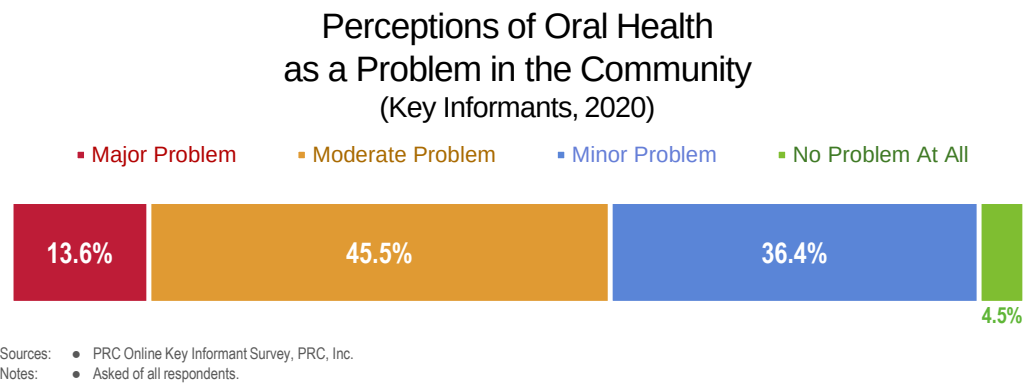
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 108]
• 2020 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents with children age 2 through 17.



Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a “moderate problem” in the community.



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



VISION CARE

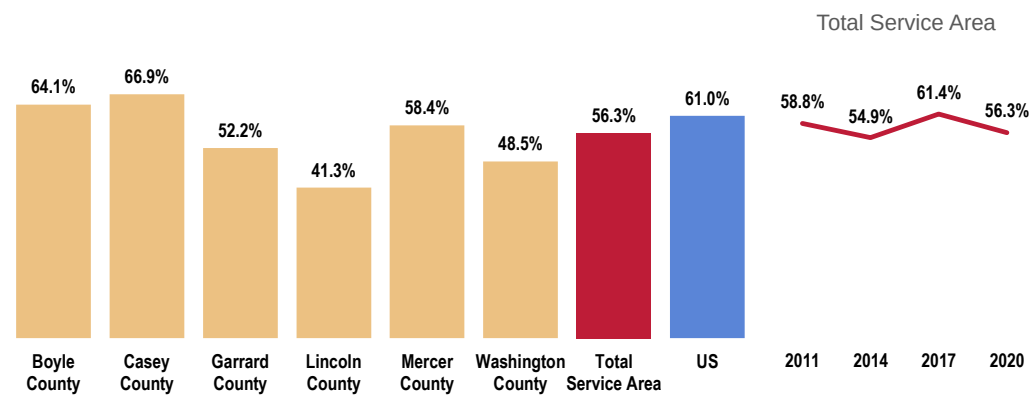
A total of 56.3% of Total Service Area residents had an eye exam in the past two years during which their pupils were dilated.

BENCHMARK ► Below the US prevalence and fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Unfavorably low in Lincoln County. Reported less often among young adults, higher-income residents, and Whites.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

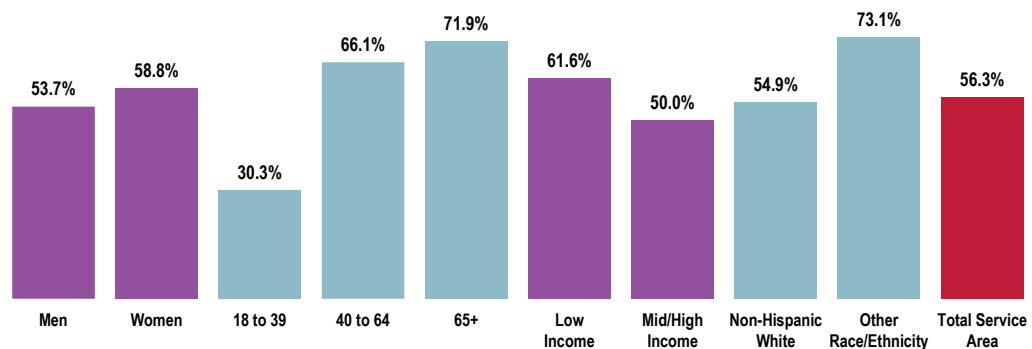
Healthy People 2030 = 61.1% or Higher



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 19]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Total Service Area, 2020)

Healthy People 2030 = 61.1% or Higher



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 19]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.



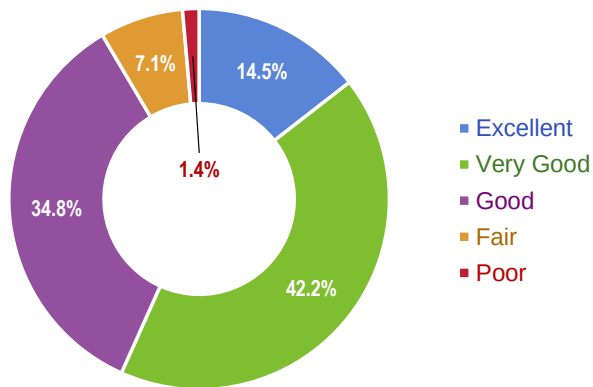


LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Over half of Total Service Area adults rate the overall health care services available in their community as “excellent” or “very good.”

Rating of Overall Health Care
Services Available in the Community
(Total Service Area, 2020)



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

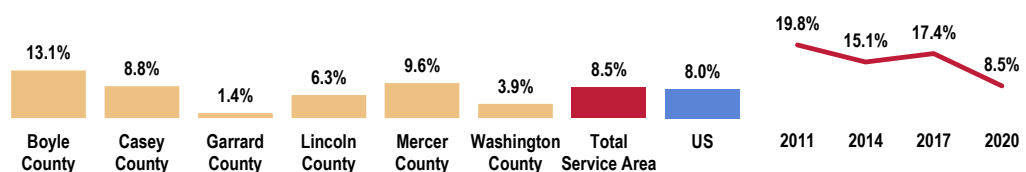
However, 8.5% of residents characterize local health care services as “fair” or “poor.”

TREND ► Denotes a statistically significant decrease since 2011.

DISPARITY ► Unfavorably high in Boyle County. Higher among local men than women. Much higher in those adults who have encountered access barriers in the past year.

Perceive Local Health Care Services as “Fair/Poor”

Total Service Area



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



Perceive Local Health Care Services as “Fair/Poor” (Total Service Area, 2020)

With Access Difficulty 15.5%
No Access Difficulty 4.5%



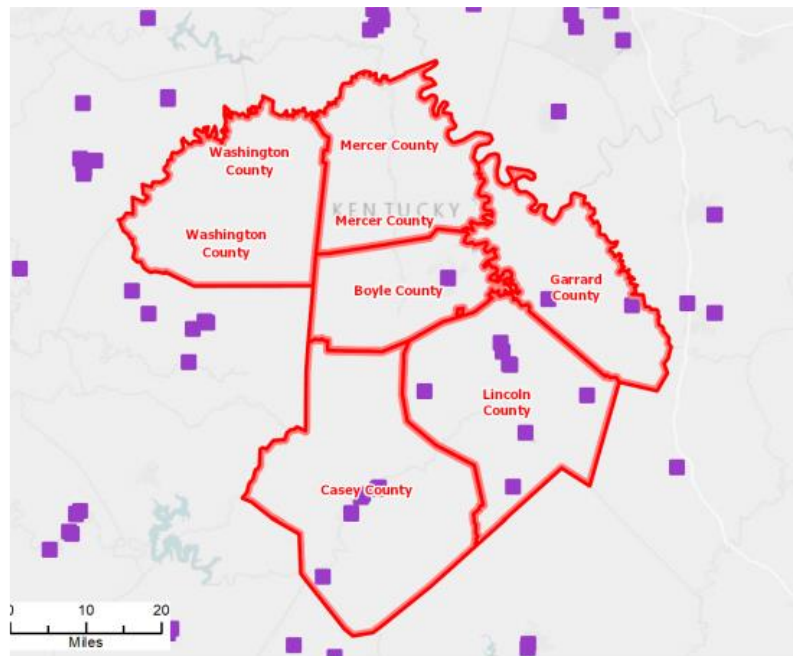
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.



HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within the Total Service Area as of December 2019.



Map Legend

Federally Qualified Health Centers, POS
December 2019



Report Location, County



SparkMap



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

