

2023 COMMUNITY HEALTH NEEDS ASSESSMENT

Boyle, Garrard, Mercer
& Washington Counties, Kentucky

Sponsored by
Ephraim McDowell James B. Haggin Hospital



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INTRODUCTION

PROJECT OVERVIEW

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, a follow-up to similar studies conducted in 2017 and 2020, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the service area of Ephraim McDowell James B. Haggin Hospital (EMJBHH). Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

This assessment was conducted on behalf of Ephraim McDowell James B. Haggin Hospital by PRC, Inc., 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

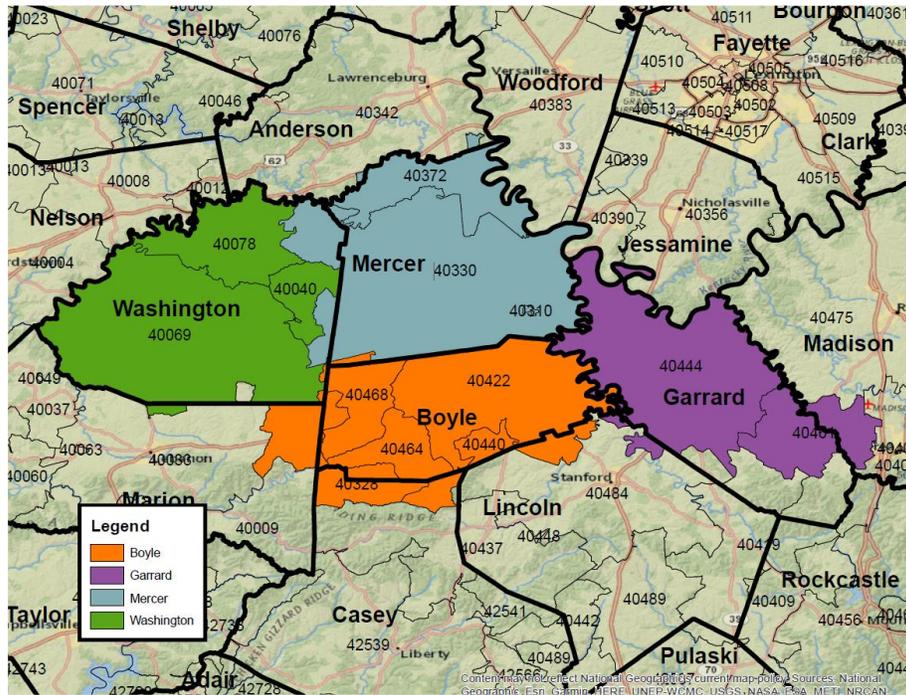
Survey Instrument

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 “EMJBHH Service Area” in this report) includes the principal residential ZIP Codes in Boyle, Garrard, Mercer, and Washington counties in Kentucky. This community definition, comprising the service area of Ephraim McDowell James B. Haggin Hospital, is illustrated in the following map.





Sample Approach & Design

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

The sample design used for this effort consisted of a random sample of 702 individuals age 18 and older in the EMJBHH Service Area (including 402 in Boyle County and 100 in each of the other counties). Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the EMJBHH 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 702 respondents is $\pm 3.7\%$ at the 95 percent confidence level.

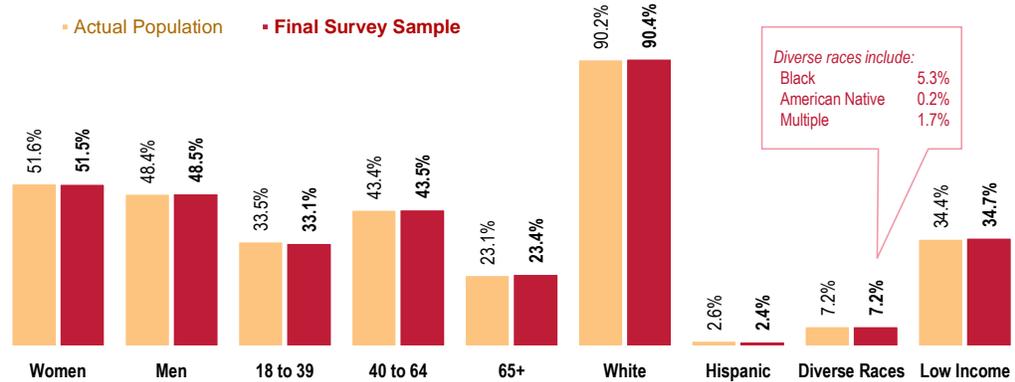
Sample Characteristics

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

The following chart outlines the characteristics of the EMJBHH 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 (EMJBHH Service Area, 2023)



Sources: • US Census Bureau, 2016-2020 American Community Survey.
 • 2023 PRC Community Health Survey, PRC, Inc.

Notes: • "Low Income" reflects those living under 200% FPL (federal poverty level, based on guidelines established by the US Department of Health & Human Services).
 • All Hispanic respondents are grouped, regardless of identity with any other race group. "White" reflects those who identify as White alone, without Hispanic origin.
 • "Diverse Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

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.

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 was also 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. Note that key informant input was drawn from a more regional administration that also included Casey and Lincoln counties. In all, 53 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	1
Public Health Representatives	4
Other Health Providers	12
Social Services Providers	2
Other Community Leaders	34



Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined below.

- 50th Judicial Court
- Campbellsville–Harrodsburg University
- Carpenter's Christian Church
- Casey County Health Department
- Casey County Hospital
- Casey County Library
- Casey County Preschool
- Casey County Schools
- Centre College
- City of Danville
- Corning
- County Judge of Danville
- Danville Pediatrics
- Danville Public Schools
- Director of Danville
- Ephraim McDowell Regional Medical Center
- Fire of Danville
- Garrard County Health Department
- Garrard County Library
- Harrodsburg Health Department
- Harrodsburg YMCA
- Haven Care Center
- Lake Cumberland District Health Department–Casey County
- Liberty–Casey County Chamber of Commerce
- Lincoln County EMS
- Lincoln County Health Department
- Lincoln County Schools
- Lincoln Trail District Health Department
- Magistrate District of Danville
- Mercer County Library
- Mercer County Schools
- Section 8 Housing
- Stanford
- Tarter Gate
- The Gladys Project
- Tri County United Way
- United Way
- Washington County EMS
- Washington County Judge Executive
- Washington County Schools

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.

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 EMJBHH 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, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- 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 EMJBHH Service Area in 2017 and 2020 by PRC on behalf of Ephraim McDowell James B. Haggin Hospital. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Kentucky 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. For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2023 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 findings (from various existing resources) 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.



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 US 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, LGBTQ+ residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, 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 James B. Haggin Hospital made its prior Community Health Needs Assessment (CHNA) report publicly available on its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Ephraim McDowell James B. Haggin Hospital had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Ephraim McDowell James B. Haggin Hospital will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.



IRS Form 990, Schedule H Compliance

For nonprofit 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 (2022)		See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility		4
Part V Section B Line 3b Demographics of the community		26
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		112
Part V Section B Line 3d How data was obtained		4
Part V Section B Line 3e The significant health needs of the community		11
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs		12
Part V Section B Line 3h The process for consulting with persons representing the community's interests		6
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		118



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 key informants giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none"> ▪ Appointment Availability ▪ Primary Care Physician Ratio
CANCER	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Cancer Deaths <ul style="list-style-type: none"> – Including Lung Cancer, Colorectal Cancer Deaths ▪ Cancer Incidence <ul style="list-style-type: none"> – Including Lung Cancer, Colorectal Cancer ▪ Key Informants: <i>Cancer</i> ranked as a top concern.
DIABETES	<ul style="list-style-type: none"> ▪ Diabetes Deaths ▪ Diabetes Prevalence ▪ Prevalence of Borderline/Pre-Diabetes ▪ Kidney Disease Deaths ▪ Key Informants: <i>Diabetes</i> ranked as a top concern.
DISABLING CONDITIONS	<ul style="list-style-type: none"> ▪ High-Impact Chronic Pain ▪ Alzheimer’s Disease Deaths
HEART DISEASE & STROKE	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Stroke Deaths ▪ High Blood Pressure Prevalence ▪ High Blood Cholesterol Prevalence ▪ Overall Cardiovascular Risk
HOUSING	<ul style="list-style-type: none"> ▪ Housing Insecurity

— continued on the following page —



AREAS OF OPPORTUNITY (continued)	
INFANT HEALTH & FAMILY PLANNING	<ul style="list-style-type: none"> ▪ Teen Births
INJURY & VIOLENCE	<ul style="list-style-type: none"> ▪ Unintentional Injury Deaths
MENTAL HEALTH	<ul style="list-style-type: none"> ▪ “Fair/Poor” Mental Health ▪ Diagnosed Depression ▪ Suicide Deaths ▪ Mental Health Provider Ratio ▪ Receiving Treatment for Mental Health ▪ Key Informants: <i>Mental Health</i> ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none"> ▪ Food Insecurity ▪ Fruit/Vegetable Consumption ▪ Meeting Physical Activity Guidelines ▪ Access to Recreation/Fitness Facilities ▪ Overweight & Obesity [Adults]
RESPIRATORY DISEASE	<ul style="list-style-type: none"> ▪ Lung Disease Deaths ▪ Pneumonia/Influenza Deaths ▪ COVID-19 Deaths
SUBSTANCE USE	<ul style="list-style-type: none"> ▪ Alcohol-Induced Deaths ▪ Unintentional Drug-Induced Deaths ▪ Sought Help for Alcohol/Drug Issues ▪ Key Informants: <i>Substance Use</i> ranked as a top concern.
TOBACCO USE	<ul style="list-style-type: none"> ▪ Use of Vaping Products ▪ Smokers Advised to Quit by Health Professional ▪ Key Informants: <i>Tobacco Use</i> 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 providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part 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 Use
2. Mental Health
3. Diabetes
4. Tobacco Use
5. Cancer



6. Nutrition, Physical Activity & Weight
7. Heart Disease & Stroke
8. Housing
9. Disabling Conditions
10. Infant Health & Family Planning
11. Injury & Violence
12. Respiratory Disease
13. Access to Health Care Services

Hospital Implementation Strategy

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

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



Summary Tables: Comparisons With Benchmark Data

Reading the Summary Tables

- In the following tables, EMJBHH Service Area results are shown in the larger, gray column.
- The columns to the right of the EMJBHH Service Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether the EMJBHH 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 2017 (or earliest available data).

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).



SOCIAL DETERMINANTS	EMJBHH Service Area	EMJBHH vs. BENCHMARKS			TREND
		vs. KY	vs. US	vs. HP2030	
Linguistically Isolated Population (Percent)	1.0		 0.0		
Population in Poverty (Percent)	13.7	 16.3	 12.6	 8.0	
Children in Poverty (Percent)	16.7	 21.4	 17.1	 8.0	
No High School Diploma (Age 25+, Percent)	12.1	 12.4	 11.1		
Unemployment Rate (Age 16+, Percent)	3.3	 3.4	 3.3		
% Unable to Pay Cash for a \$400 Emergency Expense	19.9		 34.0		 16.5
% Worry/Stress Over Rent/Mortgage in Past Year	23.3		 45.8		 18.8
% Unhealthy/Unsafe Housing Conditions	6.8		 16.4		 9.0
Population With Low Food Access (Percent)	14.3	 19.8	 22.2		
% Food Insecure	25.0		 43.3		 16.0

 better
  similar
  worse

OVERALL HEALTH	EMJBHH Service Area	EMJBHH vs. BENCHMARKS			TREND
		vs. KY	vs. US	vs. HP2030	
% "Fair/Poor" Overall Health	23.7	 22.6	 15.7		 27.1

 better
  similar
  worse

ACCESS TO HEALTH CARE	EMJBHH Service Area	EMJBHH vs. BENCHMARKS			TREND
		vs. KY	vs. US	vs. HP2030	
% [Age 18-64] Lack Health Insurance	4.7	 5.5	 8.1	 7.6	 11.6
% Difficulty Accessing Health Care in Past Year (Composite)	41.6		 52.5		 38.2
% Cost Prevented Physician Visit in Past Year	7.4	 8.8	 21.6		 11.7
% Cost Prevented Getting Prescription in Past Year	11.0		 20.2		 14.3
% Difficulty Getting Appointment in Past Year	24.9		 33.4		 18.0
% Inconvenient Hrs Prevented Dr Visit in Past Year	16.0		 22.9		 13.6
% Difficulty Finding Physician in Past Year	13.8		 22.0		 11.9
% Transportation Hindered Dr Visit in Past Year	7.7		 18.3		 7.1
% Language/Culture Prevented Care in Past Year	0.7		 5.0		 0.2
% Stretched Prescription to Save Cost in Past Year	10.8		 19.4		 14.2
% Difficulty Getting Child's Health Care in Past Year	2.2		 11.1		 8.2
Primary Care Doctors per 100,000	79.0	 103.2	 107.3		
% Have a Specific Source of Ongoing Care	77.7		 69.9	 84.0	 77.5
% Routine Checkup in Past Year	73.0	 76.1	 65.3		 68.2
% [Child 0-17] Routine Checkup in Past Year	95.5		 77.5		 86.3
% Two or More ER Visits in Past Year	12.9		 15.6		 12.0

ACCESS TO HEALTH CARE (continued)	EMJBHH Service Area	EMJBHH vs. BENCHMARKS			TREND
		vs. KY	vs. US	vs. HP2030	
% Eye Exam in Past 2 Years	60.5		 55.5	 61.1	 63.0
% Rate Local Health Care "Fair/Poor"	12.1		 11.5		 13.6

 better
 similar
 worse

CANCER	EMJBHH Service Area	EMJBHH vs. BENCHMARKS			TREND
		vs. KY	vs. US	vs. HP2030	
Cancer Deaths per 100,000 (Age-Adjusted)	181.8	 178.4	 146.5	 122.7	 190.3
Lung Cancer Deaths per 100,000 (Age-Adjusted)	52.1	 52.2	 33.4	 25.1	
Female Breast Cancer Deaths per 100,000 (Age-Adjusted)	22.3	 21.6	 19.4	 15.3	
Prostate Cancer Deaths per 100,000 (Age-Adjusted)	16.4	 17.1	 18.5	 16.9	
Colorectal Cancer Deaths per 100,000 (Age-Adjusted)	21.9	 16.3	 13.1	 8.9	
Cancer Incidence per 100,000 (Age-Adjusted)	533.3	 516.0	 449.4		
Lung Cancer Incidence per 100,000 (Age-Adjusted)	80.5	 87.1	 56.3		
Female Breast Cancer Incidence per 100,000 (Age-Adjusted)	129.2	 128.3	 128.1		
Prostate Cancer Incidence per 100,000 (Age-Adjusted)	124.3	 108.0	 109.9		
Colorectal Cancer Incidence per 100,000 (Age-Adjusted)	58.8	 47.4	 37.7		
% Cancer	9.8	 13.1	 7.4		 12.8

CANCER (continued)	EMJBHH Service Area	EMJBHH vs. BENCHMARKS			
		vs. KY	vs. US	vs. HP2030	TREND
% [Women 50-74] Breast Cancer Screening	75.8	 75.8	 64.0	 80.5	 69.8
% [Women 21-65] Cervical Cancer Screening	79.0	 80.5	 75.4	 84.3	 74.1
% [Age 50-75] Colorectal Cancer Screening	76.6	 71.4	 71.5	 74.4	 71.4

 better
 similar
 worse

DIABETES	EMJBHH Service Area	EMJBHH vs. BENCHMARKS			
		vs. KY	vs. US	vs. HP2030	TREND
Diabetes Deaths per 100,000 (Age-Adjusted)	38.5	 28.2	 22.6		 32.0
% Diabetes/High Blood Sugar	18.1	 13.8	 12.8		 12.6
% Borderline/Pre-Diabetes	10.0		 15.0		 5.7
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	53.7		 41.5		 51.0
Kidney Disease Deaths per 100,000 (Age-Adjusted)	15.7	 17.7	 12.8		 17.8
% Kidney Disease	4.5	 3.7	 4.1	 12.8	 5.6

 better
 similar
 worse

DISABLING CONDITIONS	EMJBHH Service Area	EMJBHH vs. BENCHMARKS			TREND
		vs. KY	vs. US	vs. HP2030	
% 3+ Chronic Conditions	42.5		 38.0		 42.9
% Activity Limitations	28.5		 27.5		 31.1
% High-Impact Chronic Pain	25.4		 19.6	 6.4	 20.1
Alzheimer's Disease Deaths per 100,000 (Age-Adjusted)	43.5	 32.3	 30.9		 48.6
% Caregiver to a Friend/Family Member	26.6		 22.8		 35.3

 better
  similar
  worse

HEART DISEASE & STROKE	EMJBHH Service Area	EMJBHH vs. BENCHMARKS			TREND
		vs. KY	vs. US	vs. HP2030	
Heart Disease Deaths per 100,000 (Age-Adjusted)	181.0	 206.1	 167.8	 127.4	 181.6
% Heart Disease	9.3	 9.3	 10.3		 9.2
Stroke Deaths per 100,000 (Age-Adjusted)	47.8	 42.1	 37.6	 33.4	 38.3
% Stroke	2.8	 4.6	 5.4		 5.3
% High Blood Pressure	46.4	 39.9	 40.4	 42.6	 47.0
% High Cholesterol	40.1		 32.4		 34.7
% 1+ Cardiovascular Risk Factor	98.0		 87.8		 87.4

 better
  similar
  worse

INFANT HEALTH & FAMILY PLANNING	EMJBHH Service Area	EMJBHH vs. BENCHMARKS			TREND
		vs. KY	vs. US	vs. HP2030	
Teen Births per 1,000 Females 15-19	28.4	 29.1	 19.3		
Low Birthweight (Percent of Births)	8.6	 8.8	 8.2		
Infant Deaths per 1,000 Births	4.8	 5.7	 5.5	 5.0	 6.1

 better
  similar
  worse

INJURY & VIOLENCE	EMJBHH Service Area	EMJBHH vs. BENCHMARKS			TREND
		vs. KY	vs. US	vs. HP2030	
Unintentional Injury Deaths per 100,000 (Age-Adjusted)	66.2	 74.1	 51.6	 43.2	 52.6
Motor Vehicle Crash Deaths per 100,000 (Age-Adjusted)	19.8	 16.7	 11.4	 10.1	
[65+] Fall-Related Deaths per 100,000 (Age-Adjusted)	44.9	 47.5	 67.1	 63.4	
Violent Crimes per 100,000	78.0	 226.5	 416.0		
% Victim of Violent Crime in Past 5 Years	1.3		 7.0		 4.3
% Victim of Intimate Partner Violence	12.0		 20.3		 19.3

 better
  similar
  worse

MENTAL HEALTH	EMJBHH Service Area	EMJBHH vs. BENCHMARKS			
		vs. KY	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	20.9		 24.4		 15.1
% Diagnosed Depression	29.4	 27.0	 30.8		 22.8
% Symptoms of Chronic Depression	39.1		 46.7		 36.9
% Typical Day Is "Extremely/Very" Stressful	12.1		 21.1		 16.4
Suicide Deaths per 100,000 (Age-Adjusted)	18.0	 17.2	 13.9	 12.8	 18.5
Mental Health Providers per 100,000	103.4	 157.1	 146.6		
% Receiving Mental Health Treatment	27.1		 21.9		 22.1
% Unable to Get Mental Health Services in Past Year	5.9		 13.2		 4.3

 better
  similar
  worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	EMJBHH Service Area	EMJBHH vs. BENCHMARKS			
		vs. KY	vs. US	vs. HP2030	TREND
% "Very/Somewhat" Difficult to Buy Fresh Produce	28.8		 30.0		 24.9
% 5+ Servings of Fruits/Vegetables per Day	29.2		 29.1		 37.2
% No Leisure-Time Physical Activity	30.3	 30.5	 30.2	 21.8	 26.7
% Meet Physical Activity Guidelines	21.8	 15.3	 30.3	 29.7	 21.4
% [Child 2-17] Physically Active 1+ Hours per Day	56.4		 27.4		 51.9

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	EMJBHH Service Area	EMJBHH vs. BENCHMARKS			TREND
		vs. KY	vs. US	vs. HP2030	
Recreation/Fitness Facilities per 100,000	4.9	 8.1	 11.9		
% Overweight (BMI 25+)	76.8	 72.3	 63.3		 73.0
% Obese (BMI 30+)	43.7	 40.3	 33.9	 36.0	 37.3
% [Child 5-17] Overweight (85th Percentile)	37.0		 31.8		 57.7
% [Child 5-17] Obese (95th Percentile)	18.3		 19.5	 15.5	 32.3

 better
  similar
  worse

ORAL HEALTH	EMJBHH Service Area	EMJBHH vs. BENCHMARKS			TREND
		vs. KY	vs. US	vs. HP2030	
% Have Dental Insurance	77.8		 72.7	 75.0	 62.6
% Dental Visit in Past Year	63.3	 57.2	 56.5	 45.0	 59.2
% [Child 2-17] Dental Visit in Past Year	89.0		 77.8	 45.0	 78.9

 better
  similar
  worse

RESPIRATORY DISEASE	EMJBHH Service Area	EMJBHH vs. BENCHMARKS			TREND
		vs. KY	vs. US	vs. HP2030	
Lung Disease Deaths per 100,000 (Age-Adjusted)	54.5	 60.2	 38.1		 65.0
Pneumonia/Influenza Deaths per 100,000 (Age-Adjusted)	17.1	 16.8	 13.4		 22.4
COVID-19 Deaths per 100,000 (Age-Adjusted)	101.1	 74.2	 85.0		
% Asthma	12.3	 11.7	 17.9		 12.5
% [Child 0-17] Asthma	4.7				 13.8
% COPD (Lung Disease)	7.6	 10.9	 11.0		 16.8

 better
  similar
  worse

SEXUAL HEALTH	EMJBHH Service Area	EMJBHH vs. BENCHMARKS			TREND
		vs. KY	vs. US	vs. HP2030	
HIV Prevalence per 100,000	94.9	 210.3	 379.7		
Chlamydia Incidence per 100,000	304.6	 419.7	 481.3		
Gonorrhea Incidence per 100,000	150.5	 187.9	 206.5		

 better
  similar
  worse

SUBSTANCE USE	EMJBHH Service Area	EMJBHH vs. BENCHMARKS			TREND
		vs. KY	vs. US	vs. HP2030	
Alcohol-Induced Deaths per 100,000 (Age-Adjusted)	14.9	 14.7	 11.9		
Cirrhosis/Liver Disease Deaths per 100,000 (Age-Adjusted)	19.8	 17.3	 12.5	 10.9	
% Excessive Drinking	9.3	 13.9	 34.3		 16.6
Unintentional Drug-Induced Deaths per 100,000 (Age-Adjusted)	29.0	 35.8	 21.0		 15.0
% Used an Illicit Drug in Past Month	3.1		 8.4		 2.5
% Used a Prescription Opioid in Past Year	13.4		 15.1		 15.1
% Ever Sought Help for Alcohol or Drug Problem	3.4		 6.8		 2.2
% Personally Impacted by Substance Use	36.1		 45.4		 34.2

 better
  similar
  worse

TOBACCO USE	EMJBHH Service Area	EMJBHH vs. BENCHMARKS			TREND
		vs. KY	vs. US	vs. HP2030	
% Smoke Cigarettes	15.1	 19.6	 23.9	 6.1	 22.5
% Someone Smokes at Home	12.3		 17.7		 20.6
% Use Vaping Products	8.7	 9.3	 18.5		 5.2
% [Smokers] Received Advice to Quit Smoking	64.5		 57.8	 58.1	 76.9

 better
  similar
  worse



DATA CHARTS & KEY INFORMANT INPUT

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

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

COMMUNITY CHARACTERISTICS

Population Characteristics

Land Area, Population Size & Density

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

Total Population
(Estimated Population, 2017-2021)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
EMJBHH Service Area	81,914	956.50	86
Kentucky	4,494,141	39,491.69	114
United States	329,725,481	3,533,041.03	93

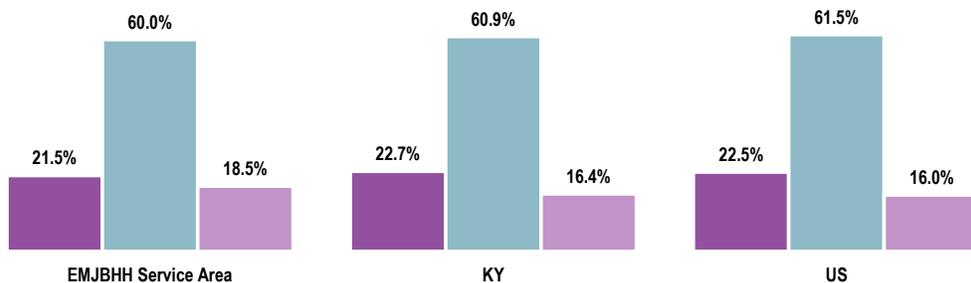
Sources:
 • US Census Bureau American Community Survey, 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2023 via SparkMap (sparkmap.org).

Age

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

Total Population by Age Groups
(2017-2021)

■ Age 0-17 ■ Age 18-64 ■ Age 65+



Sources:
 • US Census Bureau American Community Survey, 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2023 via SparkMap (sparkmap.org).

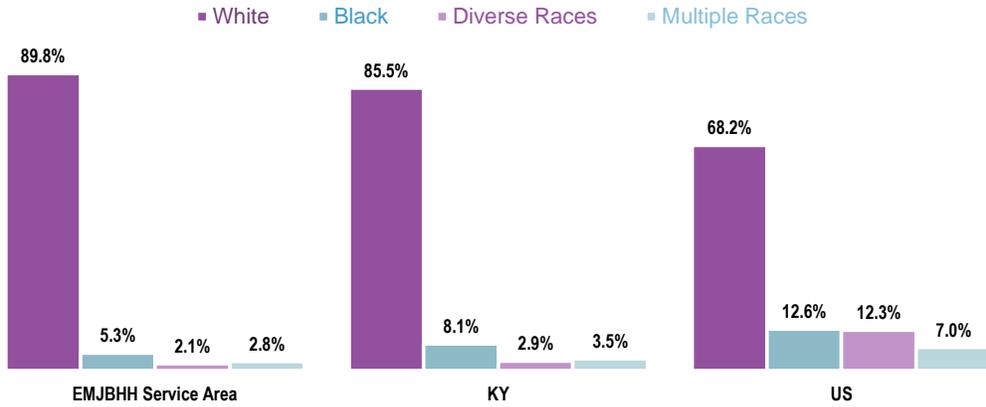


Race & Ethnicity

The following charts illustrate the racial and ethnic makeup of our community.

Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Total Population by Race Alone (2017-2021)



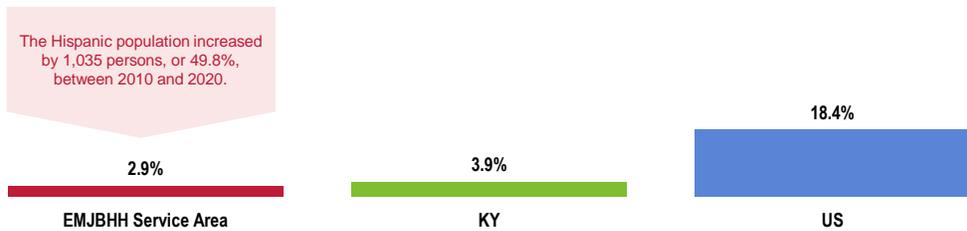
Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2023 via SparkMap (sparkmap.org).

Notes:

- "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.

Hispanic Population (2017-2021)



Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2023 via SparkMap (sparkmap.org).

Notes:

- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.



Social Determinants of Health

ABOUT SOCIAL DETERMINANTS OF HEALTH

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

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

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

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

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

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

Income & Poverty

Poverty

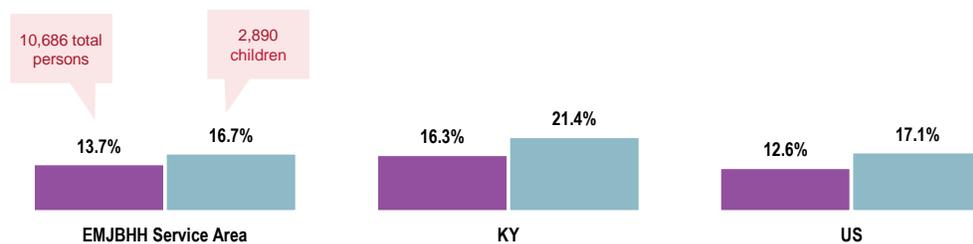
The following chart outlines the proportion of our population below the federal poverty threshold in comparison to state and national proportions.

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to health status.

Percent of Population in Poverty (2017-2021)

Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children

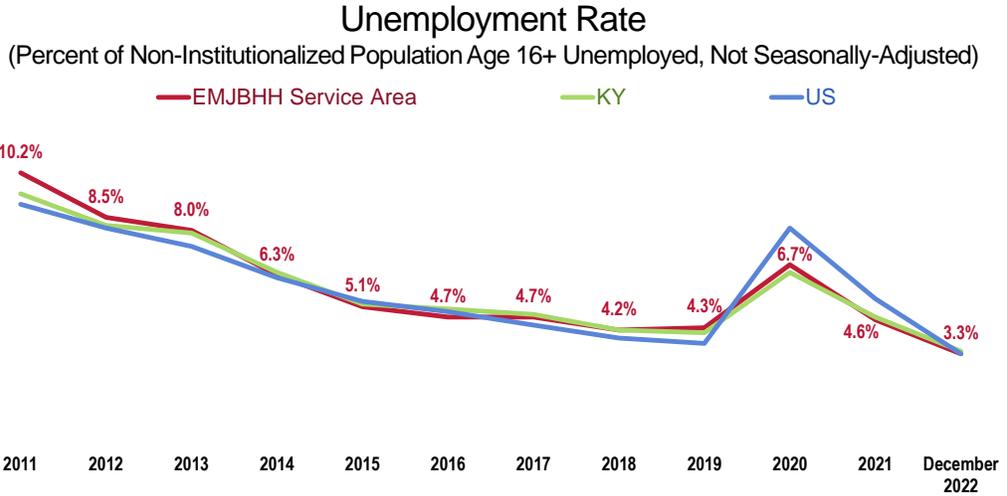


Sources: • US Census Bureau American Community Survey, 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2023 via SparkMap (sparkmap.org).
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



Employment

According to data derived from the US Department of Labor, the unemployment rate in the EMJBHH Service Area as of December 2022 was 3.3%.



Sources:

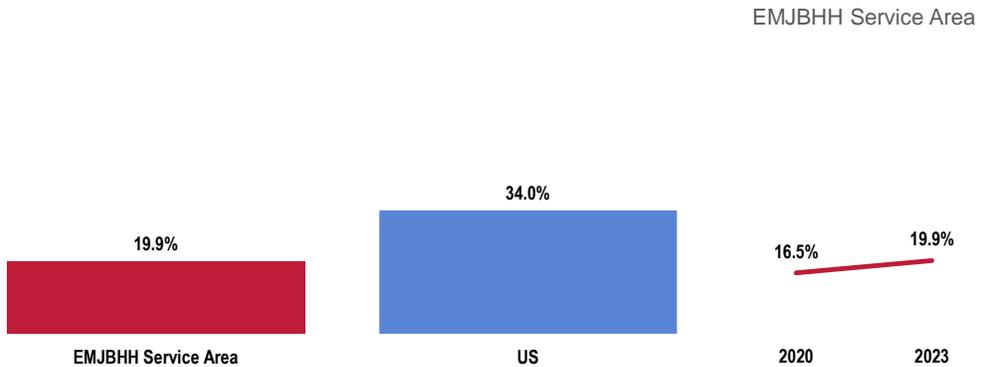
- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2023 via SparkMap (sparkmap.org).

Financial Resilience

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

The following charts detail “no” responses in the EMJBHH Service Area in comparison to benchmark data, as well as by basic demographic characteristics (such as gender, age groupings, income [based on poverty status], and race/ethnicity).

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



Sources:

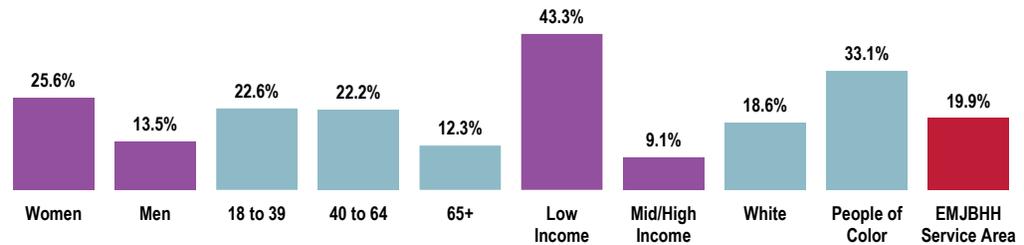
- 2023 PRC Community Health Survey, PRC, Inc. [Item 53]
- 2023 PRC National Health Survey, PRC, Inc.

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.



Do Not Have Cash on Hand to Cover a \$400 Emergency Expense (EMJBHH Service Area, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 53]
 • 2023 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.

INCOME & RACE/ETHNICITY

INCOME ► Income categories used to segment survey data 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 2022 guidelines place the poverty threshold for a family of four at \$27,750 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.

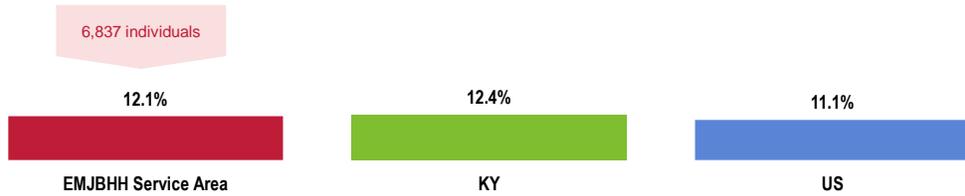
RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. “White” reflects those who identify as White alone, without Hispanic origin. “People of Color” includes those who identify as Hispanic, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.



Education

Education levels are reflected in the proportion of our population without a high school diploma. This indicator is relevant because educational attainment is linked to positive health outcomes.

Population With No High School Diploma (Adults Age 25 and Older; 2017-2021)



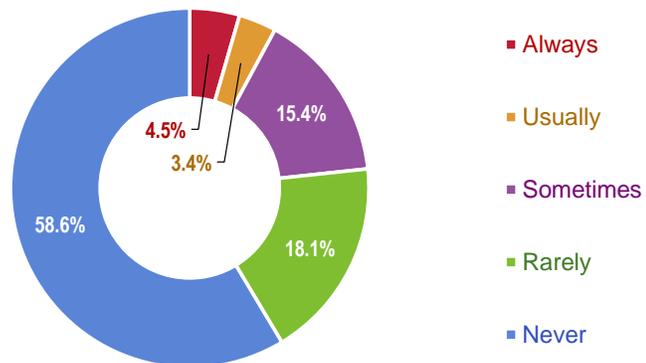
Sources: • US Census Bureau American Community Survey, 5-year estimates.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2023 via SparkMap (sparkmap.org).

Housing

Housing Insecurity

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

Frequency of Worry or Stress Over Paying Rent or Mortgage in the Past Year (EMJBHH Service Area, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: • Asked of all respondents.

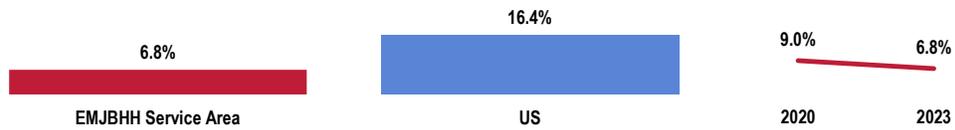


Unhealthy or Unsafe Housing

PRC SURVEY ▶ “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

EMJBHH Service Area



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 55]
 - 2023 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 (EMJBHH Service Area, 2023)

Among homeowners 3.4%
Among renters 18.7%



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 55]
- Notes:
- Asked of all respondents.
 - Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

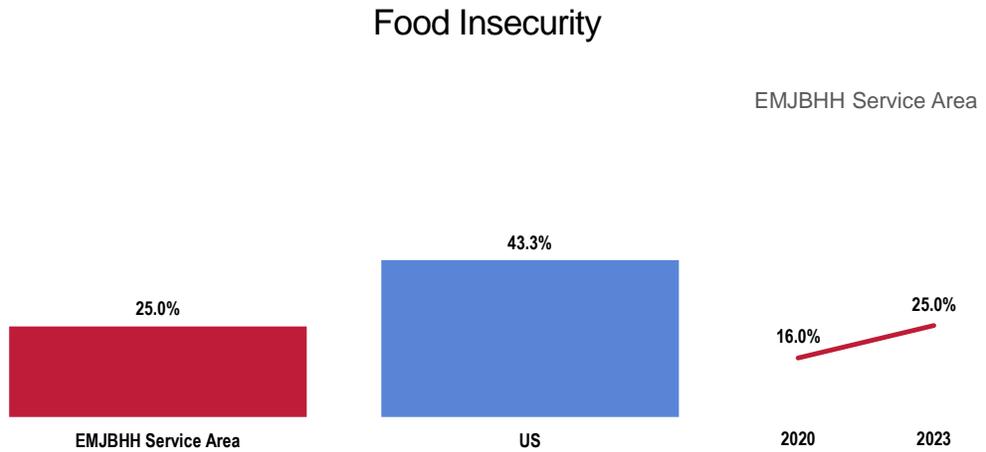


Food Insecurity

PRC SURVEY ▶ “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.

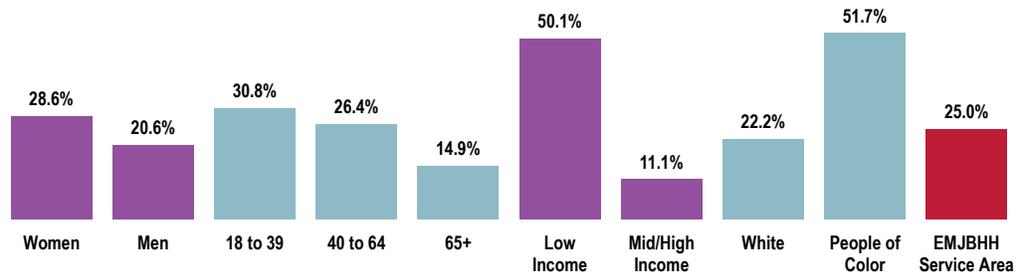
- ‘I worried about whether our food would run out before we got money to buy more.’
- ‘The food that we bought just did not last, and we did not have money to get more.’”

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



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 98]
 ● 2023 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 (EMJBHH Service Area, 2023)

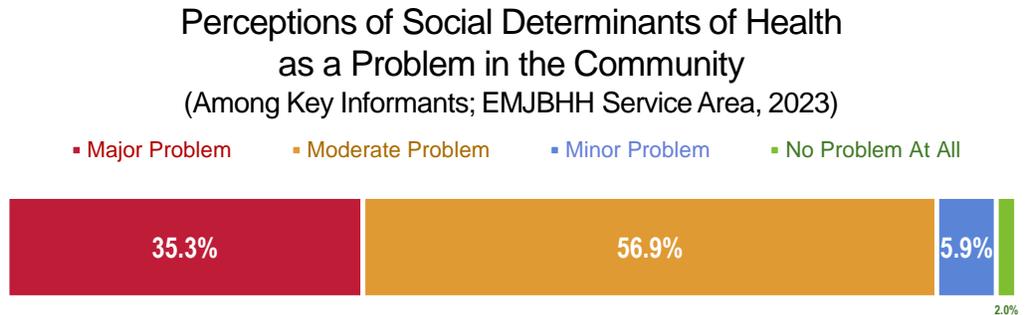


Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 98]
 Notes: ● Asked of all respondents.
 ● Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.



Key Informant Input: Social Determinants of Health

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



Sources: • 2023 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:

Housing

Not enough affordable housing or transition housing. The stigma with substance use and mental health has created many challenges for individuals. There is no assistance for transportation for those trying to get on their feet. – Public Health Representative

There is no growth and housing is a continuous problem. Very little housing development is happening. The economy is struggling. Lower income than surrounding areas. – Other Health Provider

Housing. – Social Services Provider

I am among a group of people who are trying to minimize housing instability in Danville. I worked with youth for many years in the area and saw firsthand how having no permanent housing affects a youngster's health and ability to learn. I wish I had the magic bullet for discrimination. – Community Leader

Danville has a housing concern. – Community Leader

Poverty

High rate of poverty in the community. – Other Health Provider

People are swayed by marketing, which is more and more targeted to what people scroll through. Housing costs are high here, leaving less money for other things. Transportation is difficult—costs to maintain a vehicle are high; public transportation is virtually non-existent; we are a community of growing extremes of poverty and wealth. – Community Leader

Parental Influence

The conditions in which people are born, grow, live, work, and age are all components of social determinants. But health behaviors are the primary drivers of health outcomes. Being from a rural background, children born to illiterate parents, drug use abuse, low-income families can all be triggers for a decrease in safe, sanitary, healthy environments and educated public. Children that are not raised or taught basic social skills, given a healthy variety of foods to eat, instructed on body cleanliness, sent to school on a regular basis are examples of the adults that don't have jobs with decent wages, live in sub-par housing conditions, are uneducated and keep the cycle continuing through the next generation. – Community Leader

Lack of Public Transportation

No viable options for transportation; African American and Hispanic disparity in care – unwillingness to find/use/seek care; few options for care in this community – must drive elsewhere for care. – Public Health Representative

Multiple Factors

Lack of insurance, substance use, poverty, unemployment, domestic violence, child abuse. – Community Leader

Employment

Lack of workforce housing at all economic levels. – Community Leader

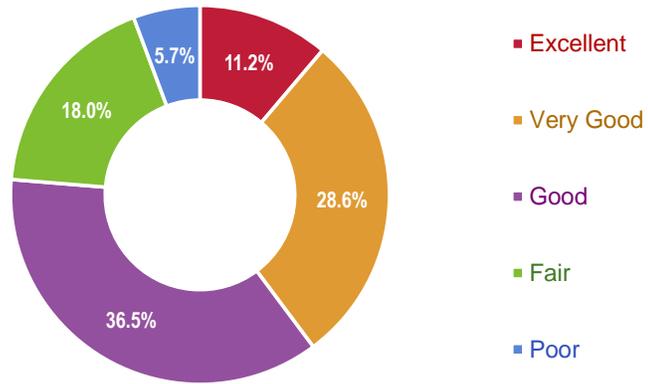


HEALTH STATUS

Overall Health

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

Self-Reported Health Status
(EMJBHH Service Area, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

Experience “Fair” or “Poor” Overall Health

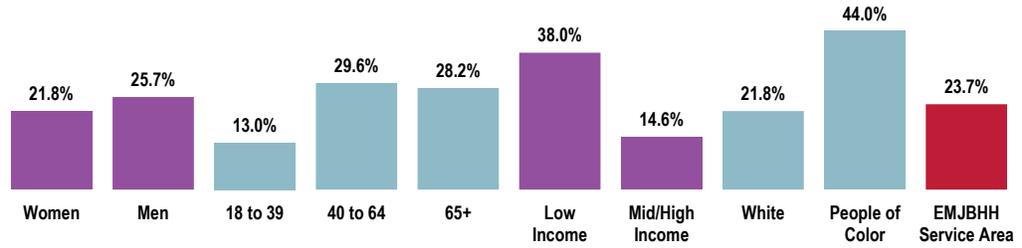
EMJBHH Service Area



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 4]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Kentucky data.
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Experience “Fair” or “Poor” Overall Health (EMJBHH Service Area, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 4]
 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.

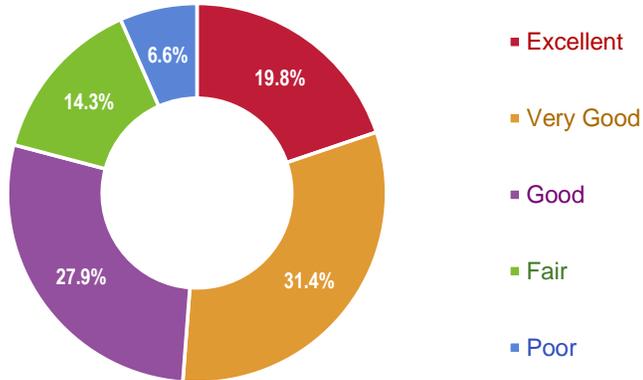
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening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

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

Mental Health Status

PRC SURVEY ▶ “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
(EMJBHH Service Area, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: • Asked of all respondents.



Experience “Fair” or “Poor” Mental Health

EMJBHH Service Area



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 77]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

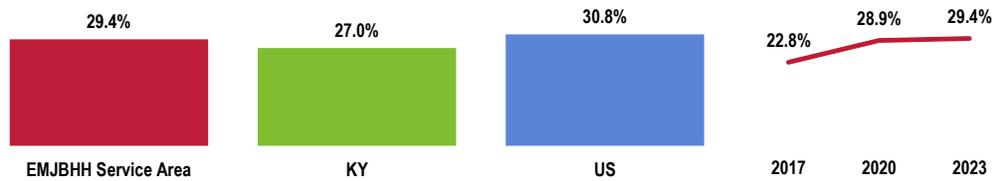
Depression

Diagnosed Depression

PRC SURVEY ▶ “Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?”

Have Been Diagnosed With a Depressive Disorder

EMJBHH Service Area



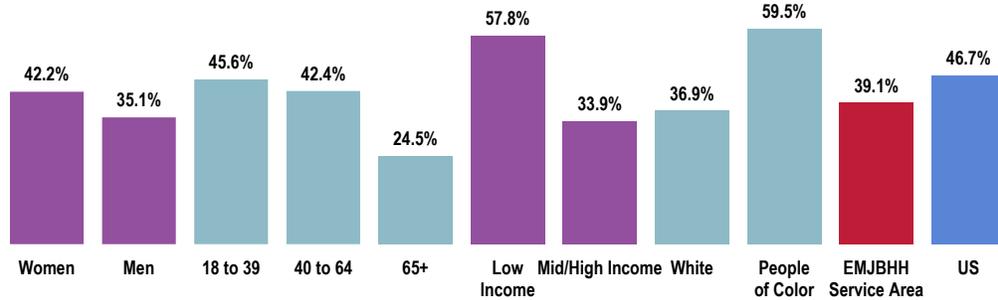
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 80]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Kentucky data.
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.



Symptoms of Chronic Depression

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

Have Experienced Symptoms of Chronic Depression (EMJBHH Service Area, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 78]
• 2023 PRC National Health Survey, PRC, Inc.

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

Suicide

The following chart outlines the most current age-adjusted mortality rates attributed to suicide in our population.

Refer to “Leading Causes of Death” for an explanation of the use of age-adjusting for these rates.

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
EMJBHH Service Area	18.5	17.5	16.4	15.4	15.4	17.3	20.3	18.0
KY	15.6	15.9	16.2	16.6	16.9	17.1	17.0	17.2
US	12.5	12.8	13.1	13.4	13.6	13.9	14.0	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 April 2023.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

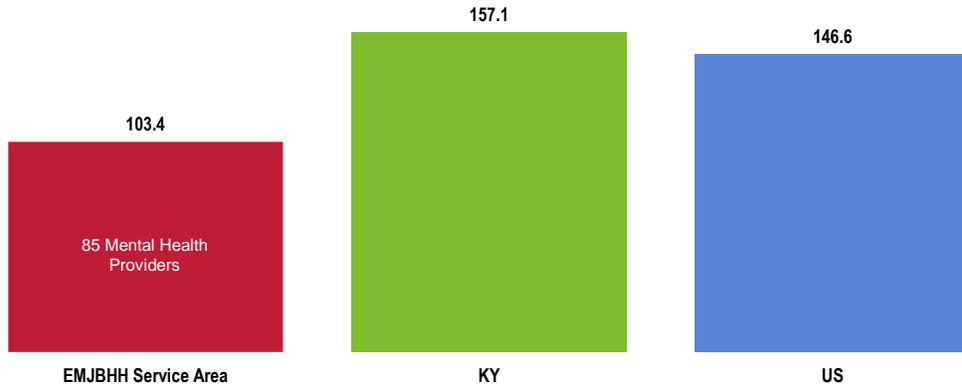


Mental Health Treatment

Note that this indicator only reflects providers practicing in the EMJBHH Service Area and residents in the EMJBHH Service Area; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

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

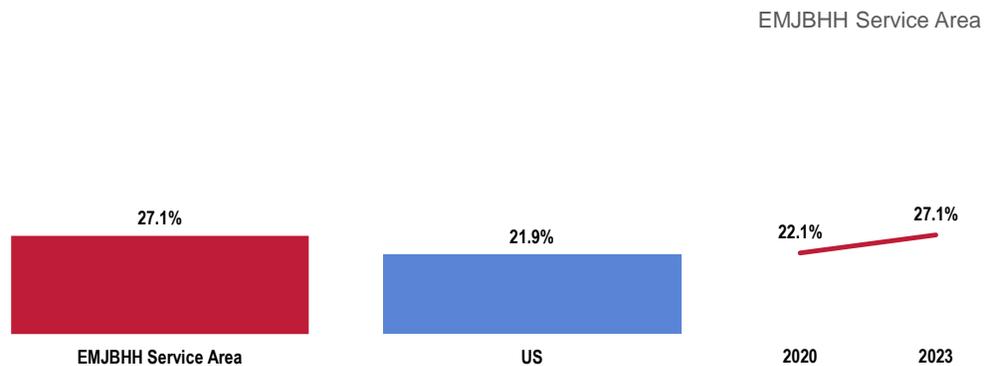
Number of Mental Health Providers per 100,000 Population (2023)



- Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2023 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 counselors that specialize in mental health care.

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

Currently Receiving Mental Health Treatment

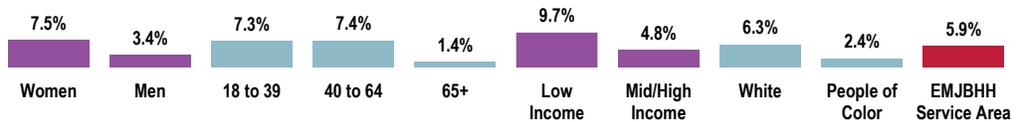


- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 81]
 - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Includes those now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.



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

Unable to Get Mental Health Services When Needed in the Past Year (EMJBHH Service Area, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 82]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Mental Health

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

Perceptions of Mental & Emotional Health as a Problem in the Community (Among Key Informants; Total Service Area, 2023)

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



Sources: • 2023 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 certifiable care. – Community Leader

Lack of available services that the general public knows how or where to get in touch with these services. – Community Leader

There is very limited, if any mental health support for treatment in Mercer County. Mental Health is still not accepted or understood by all people. It needs to be in the forefront of our services and treatment because it is often the reason for any additional diagnoses a patient may have. – Other Health Provider

No treatment options are available except for CAFCA, which is overwhelmed. – Public Health Representative

Lack of viable resources to combat mental health, as well as the stigma surrounding treatment. – Public Health Representative



Connecting with a professional. – Community Leader

Very little access to qualified professionals. Too few mental health specialists in this area. It can take months to get an appointment with a mental health specialist. No long-term inpatient programs. – Other Health Provider

Lack of resources or help. – Community Leader

Lack of available providers for treatment. Lack of treatment programs for admissions when needed. – Other Health Provider

Denial/Stigma

Stigma of mental health in our community, resulting in not seeking treatment. – Other Health Provider

The stigma of letting others know. – Community Leader

Stigma and access to mental health providers. – Public Health Representative

They don't think they need any help. Don't respect mental health as being necessary. – Community Leader

Incidence/Prevalence

Behavioral health is a major issue. We have an increase in societal issues that have contributed to the need for intensive treatment for adults, teens, and children. – Community Leader

Mental health. – Community Leader

Mental health needs. Coming out of the Covid pandemic, stress, fear and misinformation. Because of the toxic politicized climate we are in, hatred, bigotry, the need to place blame, fear, misinformation. – Community Leader

Vulnerable Populations

Many incarcerated individuals have mental health issues that are not being addressed due to lack of funding. Identifying mental health issues in individuals is also a problem. – Community Leader

This may not be the answer you are looking for but one issue that I see is elderly people with mental health issues having no support system. Family members that are available but offer no oversight as to their medication intake, diet, and general wellbeing. Many times, landlords have to deal with renters that have mental issues and reach a dead end as far as getting help for their tenant. Law enforcement also deal with homeless, mentally ill people that live/sleep in city parks or behind buildings. If they are arrested for trespassing, taken to the hospital for a medical evaluation, taken to mental health hospital then released, they end up right back in the same circumstances as before. – Community Leader

Mental health is worsening across the country, especially among young people, LGBTQ. Suicide rates have increased. We in Boyle County are under-resourced with psychiatry. – Other Health Provider

Follow Up/Support

Early support and carryover from the clinic, to home, to the community. – Community Leader

Diagnosis/Treatment

I believe a lot of people mistake mental health for other diagnoses. – Public Health Representative

Disease Management

Compliance with therapy and medications to treat a mental health diagnosis. – Other Health Provider

Multiple Factors

COVID, poverty, domestic violence, child abuse, and substance use. – Community Leader

Youth

Mental and physical health challenges of children and teens is lacking. Children and teens do not have easy access to PT& OT& speech therapy. Kid Can Do has a 1-year wait. Autism testing has a year wait at out-of-town facilities and is expensive. If your child has a mental health issue, then most psychiatrists in the state are out of pocket per visit. We had to travel out of town and invested \$175 to \$350 per visit. – Community Leader

Housing

Long-term care and housing. – Social Services Provider



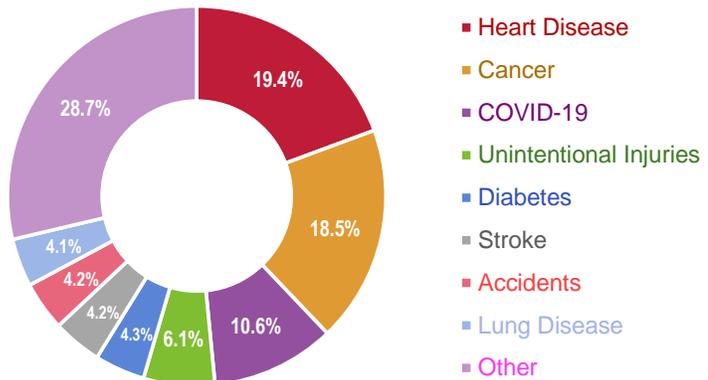
DEATH, DISEASE & CHRONIC CONDITIONS

Leading Causes of Death

Distribution of Deaths by Cause

Heart disease and cancers are leading causes of death in the community.

Leading Causes of Death
(EMJBHH Service Area, 2020)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2023.
Notes: • Lung disease includes deaths classified as 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.



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

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

Age-Adjusted Death Rates for Selected Causes (2018-2020 Deaths per 100,000 Population)

	EMJBHH Service Area	KY	US	Healthy People 2030
Cancers (Malignant Neoplasms)	181.8	178.4	146.5	122.7
Heart Disease	181.0	199.7	164.4	127.4*
COVID-19 (Coronavirus Disease) [2020]	101.1	74.2	85.0	—
Unintentional Injuries	66.2	74.1	51.6	43.2
Lung Disease (Chronic Lower Respiratory Disease)	54.5	60.2	38.1	—
Stroke (Cerebrovascular Disease)	47.8	42.1	37.6	33.4
Falls [Age 65+]	44.9	47.5	67.1	63.4
Alzheimer's Disease	43.5	32.3	30.9	—
Diabetes	38.5	28.2	22.6	—
Unintentional Drug-Induced Deaths	29.0	35.8	21.0	—
Cirrhosis/Liver Disease	19.8	17.3	12.5	10.9
Motor Vehicle Deaths	19.8	16.7	11.4	10.1
Suicide	18.0	17.2	13.9	12.8
Pneumonia/Influenza	17.1	16.8	13.4	—
Kidney Disease	15.7	17.7	12.8	—
Alcohol-Induced Deaths	14.9	14.7	11.9	—

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2023.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- *The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.

Note:

- 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.

Cardiovascular Disease

ABOUT HEART DISEASE & STROKE

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

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

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



Age-Adjusted Heart Disease & Stroke Deaths

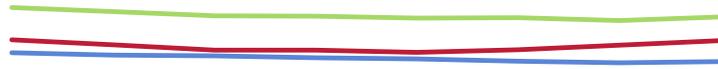
The following charts outline age-adjusted mortality rates for heart disease and for stroke in our community.

The greatest share of cardiovascular deaths is attributed to heart disease.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 127.4 or Lower (Adjusted)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
EMJBH Service Area	181.6	177.6	173.4	173.5	171.6	173.6	177.2	181.0
KY	207.2	204.0	200.6	200.4	198.9	199.1	196.9	199.7
US	171.3	169.6	168.9	167.5	166.3	164.7	163.4	164.4

- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2023.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
EMJBH Service Area	38.3	37.6	37.4	36.8	34.8	39.2	46.0	47.8
KY	43.6	42.6	41.4	41.0	40.2	40.4	41.1	42.1
US	37.0	36.9	37.1	37.5	37.5	37.3	37.2	37.6

- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2023.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

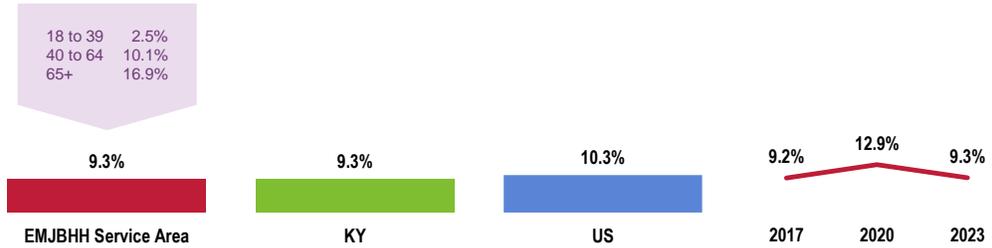


Prevalence of Heart Disease & Stroke

PRC SURVEY ▶ “Have you ever suffered from or been diagnosed with heart disease, including heart attack or myocardial infarction, angina, or coronary heart disease?”

Prevalence of Heart Disease

EMJBHH Service Area

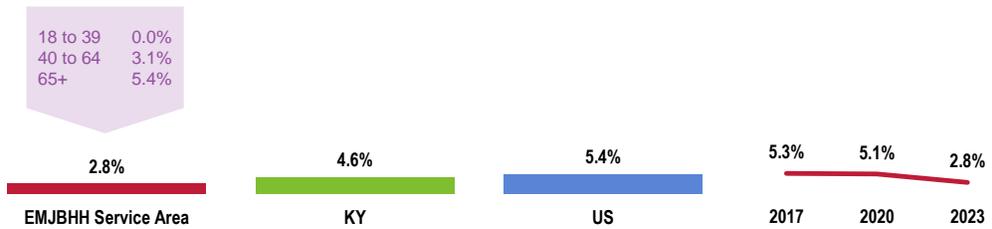


- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 22]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Kentucky data.
 - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Includes diagnoses of heart attack, angina, or coronary heart disease.

PRC SURVEY ▶ “Have you ever suffered from or been diagnosed with a stroke?”

Prevalence of Stroke

EMJBHH Service Area



- Sources:
- 2023 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): 2021 Kentucky data.
 - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.



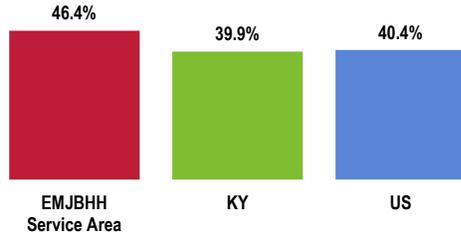
Cardiovascular Risk Factors

Blood Pressure & Cholesterol

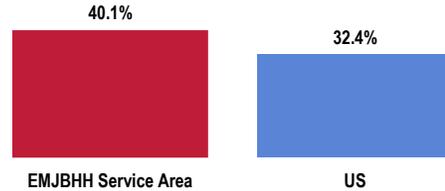
PRC SURVEY ▶ “Have you ever been told by a doctor, nurse, or other health care professional that you had high blood pressure?”

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

Prevalence of High Blood Pressure
Healthy People 2030 = 42.6% or Lower

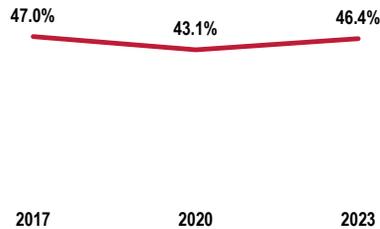


Prevalence of High Blood Cholesterol

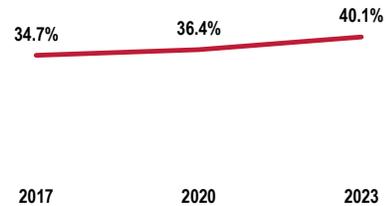


Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Items 29-30]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Kentucky data.
 ● 2023 PRC National Health Survey, PRC, Inc.
 ● US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
 Notes: ● Asked of all respondents.

Prevalence of High Blood Pressure (EMJBHH Service Area)
Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol (EMJBHH Service Area)



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Items 29-30]
 ● US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
 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:

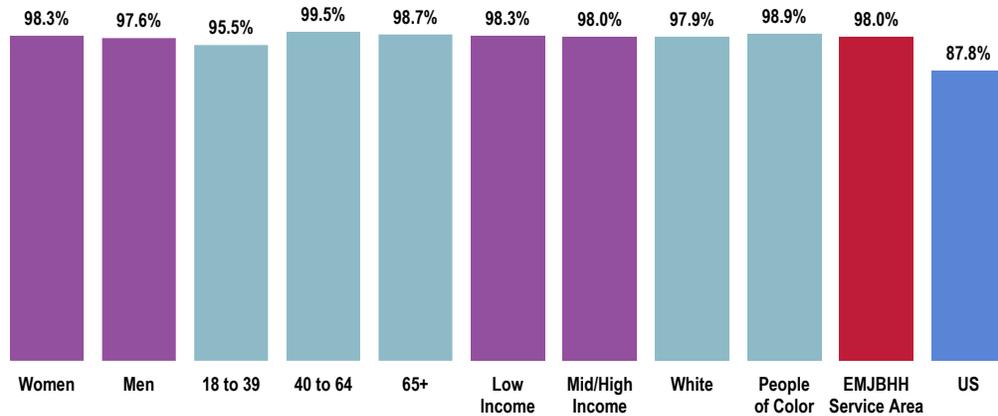
- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

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

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

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

Exhibit One or More Cardiovascular Risks or Behaviors
(EMJBHH Service Area, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 100]
• 2023 PRC National Health Survey, PRC, Inc.

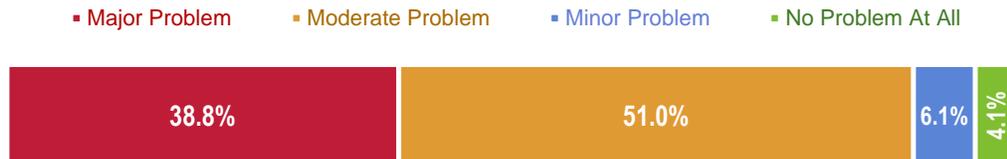
Notes: • Reflects all respondents.
• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.



Key Informant Input: Heart Disease & Stroke

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

Perceptions of Heart Disease & Stroke as a Problem in the Community (Among Key Informants; Total Service Area, 2023)



Sources: • 2023 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

- Poor eating habits and excessive smoking are many of the factors. – Public Health Representative
- Our manner of eating and what we choose to eat. Lack of motivation for exercise. – Community Leader
- Diet, food choices, smoking and vaping, high blood pressure, drug usage, and obesity. Some individuals do have hereditary concerns, but overall, we are not a healthy community. – Community Leader
- Cultural system of high fat diet, poor levels of physical activity, and an abundance of fast food. – Other Health Provider
- I believe that these are issues due to family genetics, dietary habits, sedentary habits, and tobacco use. – Community Leader
- Poor health choices in a large population and decreased amount of people getting preventive screenings. Lower economic status of many residents with limited resources or not using resources. – Other Health Provider
- Lifestyle, environment issues and hereditary issues are all causes of heart disease and stroke. Stress is a huge factor in leading to strokes. – Community Leader
- Lifestyle, most definitely. – Other Health Provider

Obesity

- Obesity and overweight population, non-active lifestyles. – Other Health Provider
- Obesity, poor diet, and high blood pressure lead to heart disease and stroke. – Community Leader
- So many people are overweight and/or smoke. In addition, I have known several people in the area who have suffered heart attacks and strokes. – Community Leader

Access to Affordable Healthy Food

- It is a major problem in all communities. Healthy eating options are very scarce and access to healthcare is also a problem. – Other Health Provider

Access to Care/Services

- There is no good rehabilitation center in Boyle County for victims of a stroke. – Community Leader

Affordable Care/Services

- Not able to afford medical treatment on a regular basis. – Community Leader

Awareness/Education

- People don't see it as a threat until it is too late. Very little to get people moving and doing things. Bad diet. – Community Leader

Incidence/Prevalence

- Heart disease is the second leading cause of death in Washington County. – Public Health Representative



Cancer

ABOUT CANCER

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

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

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

Age-Adjusted Cancer Deaths

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

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
EMJBHH Service Area	190.3	184.6	177.6	191.0	185.3	194.1	175.8	181.8
KY	200.5	199.9	198.0	196.2	191.8	187.0	181.2	178.4
US	166.2	162.7	160.1	157.6	155.6	152.5	149.3	146.5

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2023.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



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

Age-Adjusted Cancer Death Rates by Site (2018-2020 Annual Average Deaths per 100,000 Population)

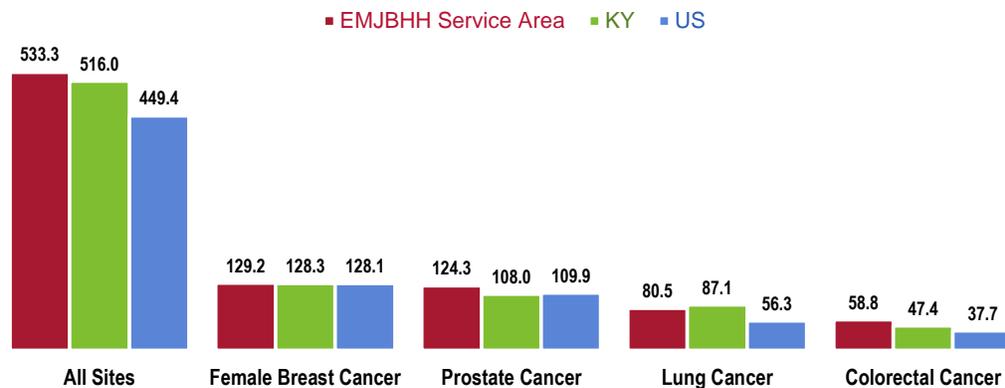
	EMJBHH Service Area	KY	US	HP2030
ALL CANCERS	181.8	178.4	146.5	122.7
Lung Cancer	52.1	52.2	33.4	25.1
Female Breast Cancer	22.3	21.6	19.4	15.3
Colorectal Cancer	21.9	16.3	13.1	8.9
Prostate Cancer	16.4	17.1	18.5	16.9

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2023.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Cancer Incidence

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

Cancer Incidence Rates by Site (Annual Average Age-Adjusted Incidence per 100,000 Population, 2015-2019)



Sources: • National Cancer Institute, State Cancer Profiles.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2023 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.



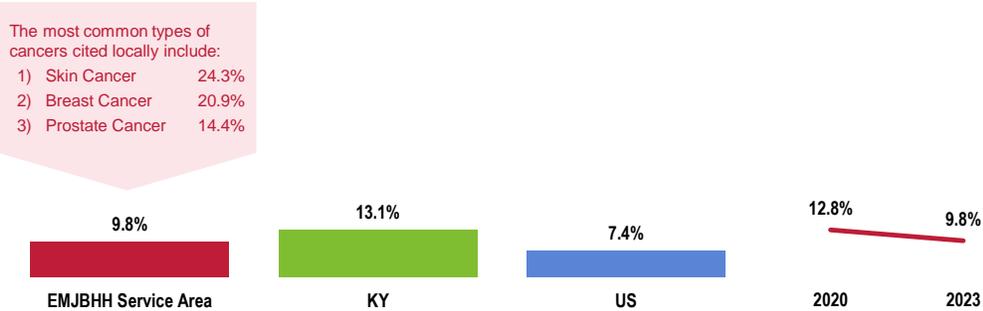
Prevalence of Cancer

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

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

Prevalence of Cancer

EMJBHH Service Area



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 24-25]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2021 Kentucky data.
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Cancer Screenings

FEMALE BREAST CANCER

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

COLORECTAL CANCER

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

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

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



Screening levels in the community were measured in the PRC Community Health Survey relative to the following cancer sites:

Breast Cancer Screening

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

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

Cervical Cancer Screening

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

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

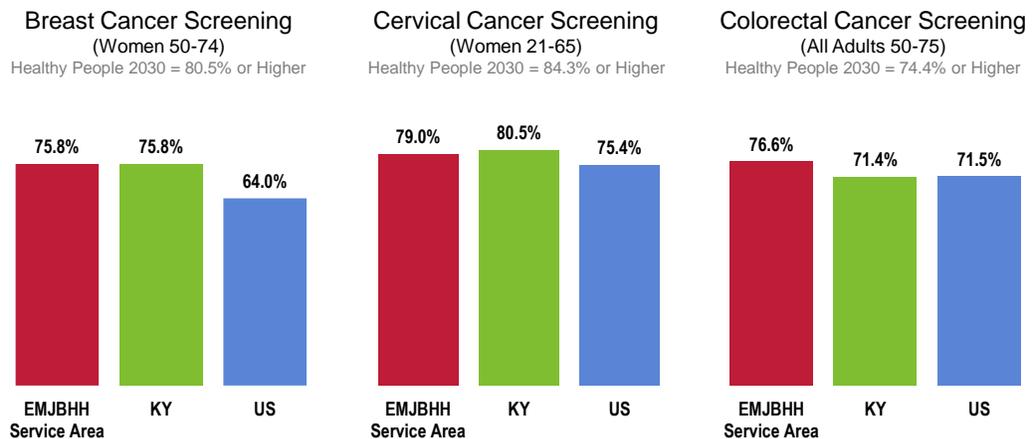
“Appropriate cervical cancer screening” includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.

Colorectal Cancer Screening

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

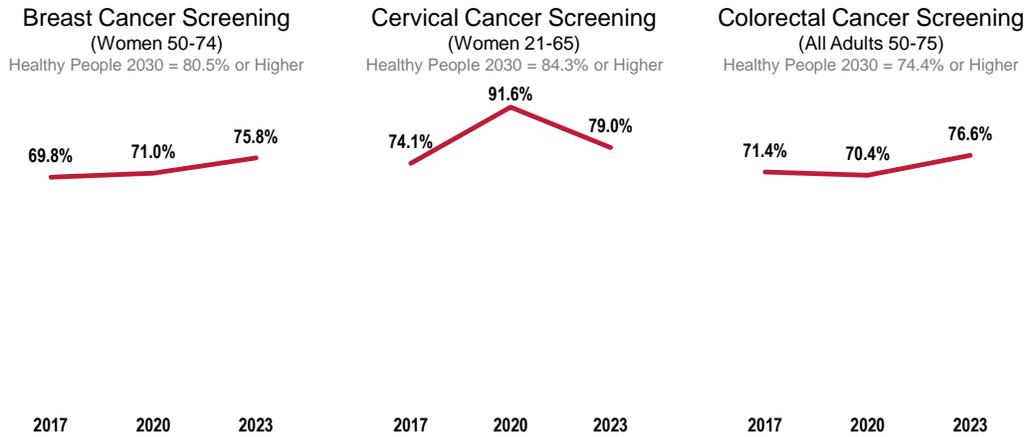
PRC SURVEY ▶ “A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?”

“Appropriate colorectal cancer screening” includes a fecal occult blood test within the past year and/or lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 101-103]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Kentucky data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
 Notes: • Each indicator is shown among the gender and/or age group specified.



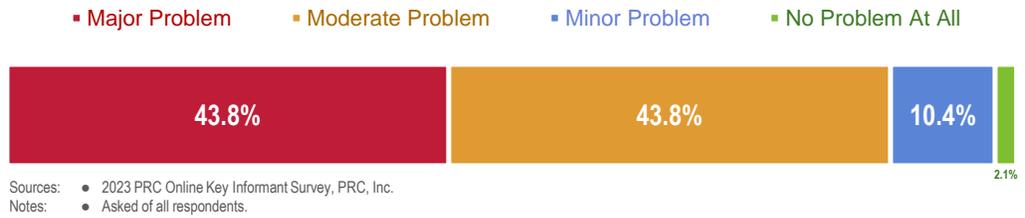


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 101-103]
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
 Notes: • Each indicator is shown among the gender and/or age group specified.

Key Informant Input: Cancer

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

Perceptions of Cancer as a Problem in the Community (Among Key Informants; Total Service Area, 2023)



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

Incidence/Prevalence

- Serving in a public position, I work with a lot of employees that battle cancer, and also work with families of students or cancer concerns within the family. – Community Leader
- Cancer rates are very high. Not only among the elderly, but also those 30-40 years old. – Community Leader
- We have a lot of people who have cancer living in our community. – Community Leader
- Cancer is among the top three causes of death in Washington County. – Public Health Representative
- The number of people who have or had cancer, plus the death rate. – Community Leader
- It continues to plague a majority of families in the area and the steps to prevent it are not being taken once it is diagnosed. Many families do not have the resources to handle it accordingly. – Community Leader
- So many people either are going through treatments, being diagnosed, or have survived cancer. I know cancer is a major problem everywhere, but I perceive that cancer is more prevalent in our area within all age groups. – Community Leader
- Not sure, but it seems that everyone is being affected by it. – Community Leader
- Cancer has consistently been the second leading cause of death in the US. I assume Lincoln is no different. – Public Health Representative
- Seems to be so many people diagnosed. – Public Health Representative



The number of individuals in the community is significantly high for the small population. – Other Health Provider
Smoking, diet, environmental factors, and overall health concerns affect many individuals. History of cancer is prevalent in many generations, and everyone knows someone who is battling the disease in their family. – Community Leader
Seems there is hardly a family in our community that has not been affected by cancer in some form. – Community Leader
It seems to affect more and more people all the time. There are many older people in our community, and it seems to hit them the hardest. – Community Leader

Access to Care/Services

Treatment locations and money. – Community Leader
No access to treatments centers within a 30-75-mile radius. The elderly or those not driving have very limited options. – Other Health Provider

Tobacco Use

Cancer can be caused by a variety of environmental factors. 1 in 5 cancer deaths are caused by smoking. Tobacco was the number one cash crop in Kentucky several years ago. Along with growing tobacco, cigarettes were the drug of choice. As a result, cancer deaths increased. Our community now deals with lifelong habits that cause debilitating health problems. – Community Leader
Likely a direct correlation with tobacco uses here in our community. – Other Health Provider

Affordable Care/Services

People continue to need assistance that they can't afford. – Community Leader

Lack of Research

I believe more research can always be done to help those that have this issue. – 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.

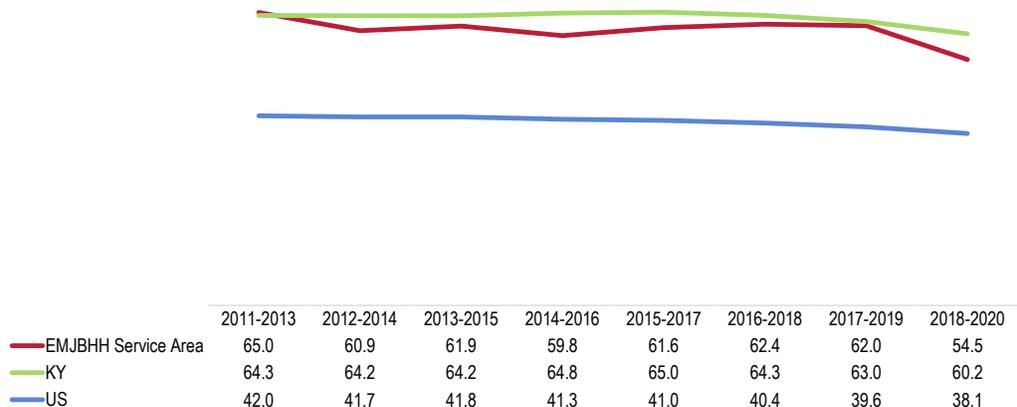
– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Respiratory Disease Deaths

Lung Disease

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

Lung Disease: 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 April 2023.

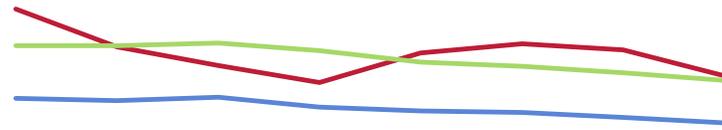
Notes: • Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
• Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.



Pneumonia/Influenza

Pneumonia and influenza mortality is illustrated here.

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



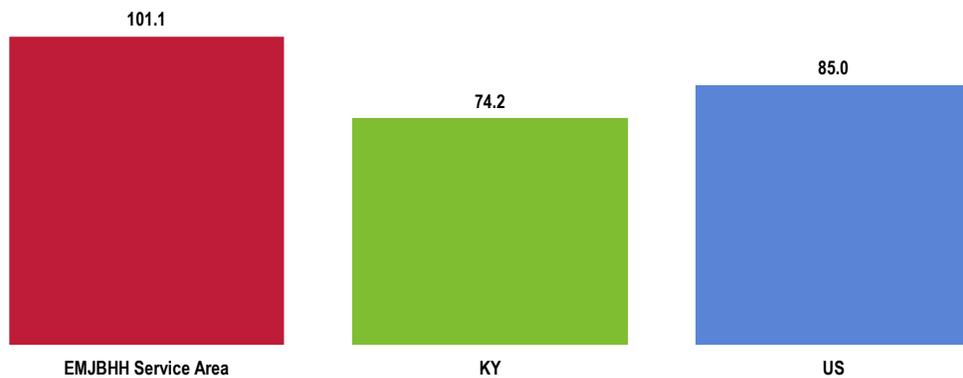
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
EMJBH Service Area	22.4	19.4	17.9	16.6	18.9	19.7	19.2	17.1
KY	19.5	19.5	19.7	19.1	18.2	17.9	17.4	16.8
US	15.3	15.2	15.4	14.6	14.3	14.2	13.8	13.4

- Sources:
 - CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2023.
- Notes:
 - 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.

Age-Adjusted COVID-19 (Coronavirus Disease) Deaths

Age-adjusted mortality for COVID-19 is illustrated in the following chart.

COVID-19: Age-Adjusted Mortality (2020 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 April 2023.
- Notes:
 - 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.



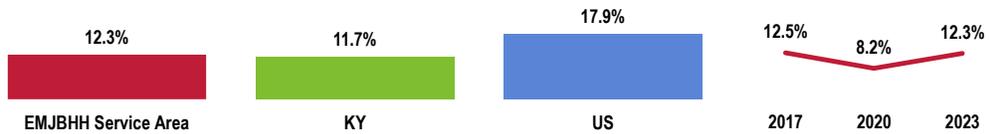
Prevalence of Respiratory Disease

Asthma

PRC SURVEY ► “Do you currently have asthma?”

Prevalence of Asthma

EMJBHH Service Area



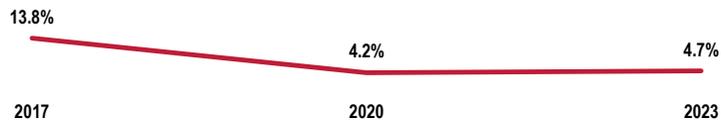
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 26]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Kentucky data.
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

PRC SURVEY ► “Has a doctor, nurse, or other health professional ever told you that this child had asthma?”

PRC SURVEY ► “Does this child still have asthma?”

Prevalence of Current Asthma in Children (EMJBHH Service Area Children 0-17)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 105]
Notes: • Asked of all respondents with children age 0 to 17 in the household.

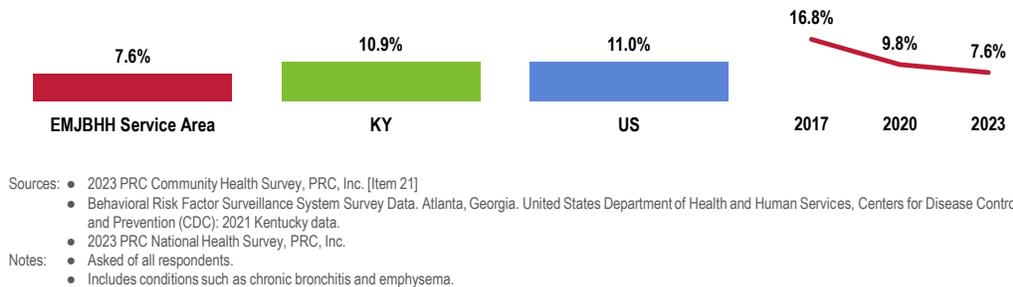


Chronic Obstructive Pulmonary Disease (COPD)

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

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

EMJBHH Service Area



Key Informant Input: Respiratory Disease

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

Perceptions of Respiratory Disease as a Problem in the Community (Among Key Informants; Total Service Area, 2023)



Sources: • 2023 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

I think COVID-19 was not taken seriously in our area; therefore, lots of people developed COVID-19 from not wearing masks, etc. – Public Health Representative

Denial/Stigma

Lots and lots of folks here won’t even admit COVID is real, much less take any precautions. – Community Leader



Lifestyle

Respiratory diseases due to cancer are a major problem caused by lifestyle, environment, and hereditary issues.
– Community Leader

Work-Related

Farm work with tobacco and chemicals. Emissions from community factories, and air pollution. – Community Leader

Injury & Violence

ABOUT INJURY & VIOLENCE

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

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

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

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

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

Unintentional Injury

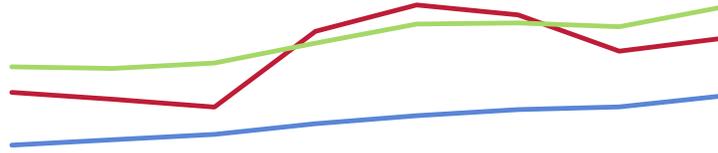
Age-Adjusted Unintentional Injury Deaths

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



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

Healthy People 2030 = 43.2 or Lower



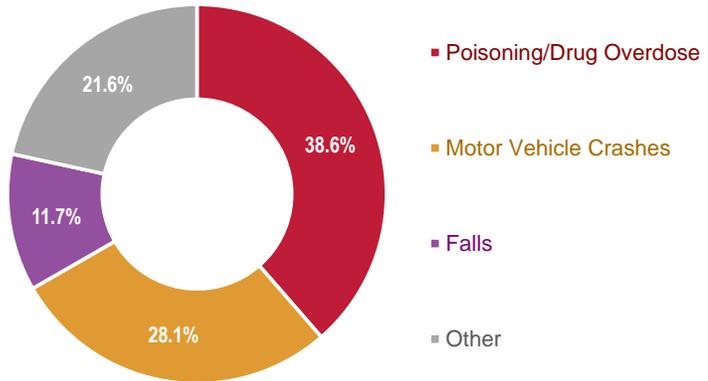
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
EMJBHH Service Area	52.6	50.8	48.9	68.1	74.8	72.3	63.0	66.2
KY	59.1	58.7	60.0	65.1	70.0	70.2	69.3	74.1
US	39.2	40.6	41.9	44.6	46.7	48.3	48.9	51.6

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2023.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
 Notes: • 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.

Leading Causes of Unintentional Injury Deaths

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

Leading Causes of Unintentional Injury Deaths (EMJBHH Service Area, 2018-2020)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2023.

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



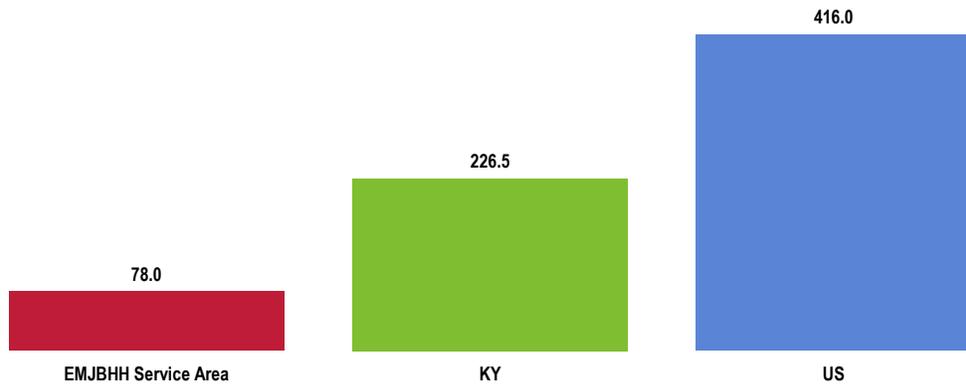
Intentional Injury (Violence)

Violent Crime

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

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

Violent Crime Rate
(Reported Offenses per 100,000 Population, 2015-2017)



- Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports (UCR).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2023 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, forcible rape, robbery, and aggravated assault.
 - 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.

Violent Crime Experience

PRC SURVEY ▶ “Thinking about your own personal safety, have you been the victim of a violent crime in your area in the past 5 years?”

Victim of a Violent Crime in the Past Five Years
(EMJBH Service Area, 2023)



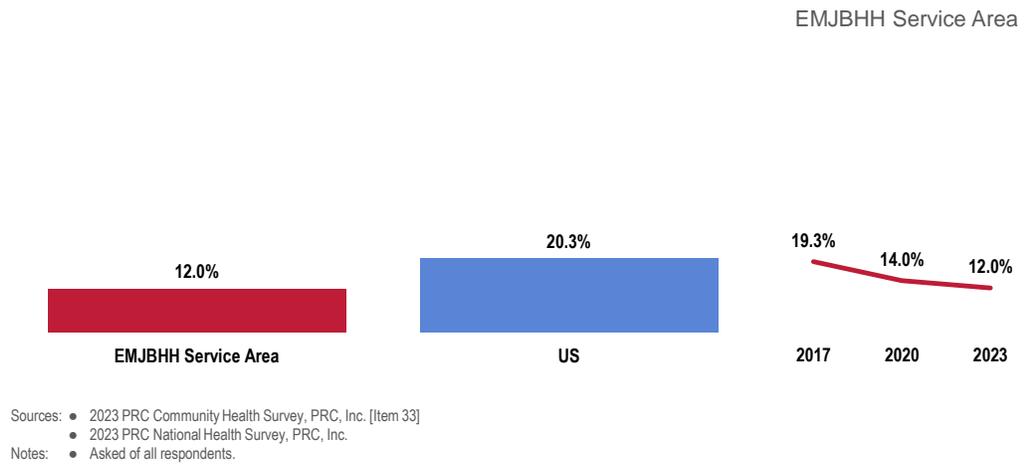
- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 32]
 - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.



Intimate Partner Violence

PRC SURVEY ▶ “The next question is about violence in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with, would also be considered an intimate partner. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?”

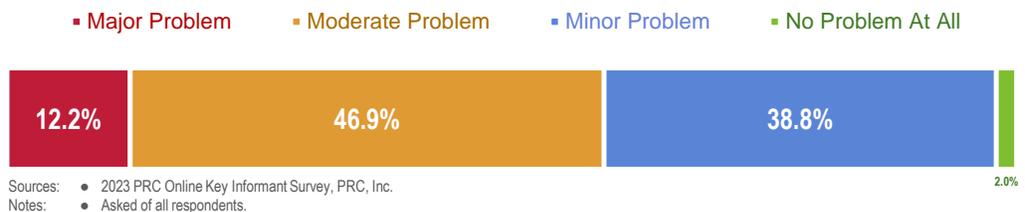
Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



Key Informant Input: Injury & Violence

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

Perceptions of Injury & Violence as a Problem in the Community (Among Key Informants; Total Service Area, 2023)



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

Incidence/Prevalence

- This is the third leading cause of death in Washington County. – Public Health Representative
- Our local weekly paper always has police reports of fights or arrests. – Community Leader

Access to Care/Services

- We have no shelters or immediate help for victims of violence. – Community Leader

Mental Health Treatment

- Mental health issues and lack of knowledge of services available. – Community Leader

Diabetes

ABOUT DIABETES

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

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

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

Age-Adjusted Diabetes Deaths

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

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
EMJBHH Service Area	32.0	28.9	29.2	27.4	30.1	30.1	35.1	38.5
KY	25.5	24.5	25.2	26.7	28.1	28.0	28.2	28.2
US	21.3	21.2	21.3	21.2	21.3	21.3	21.5	22.6

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2023.
Notes: • 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.

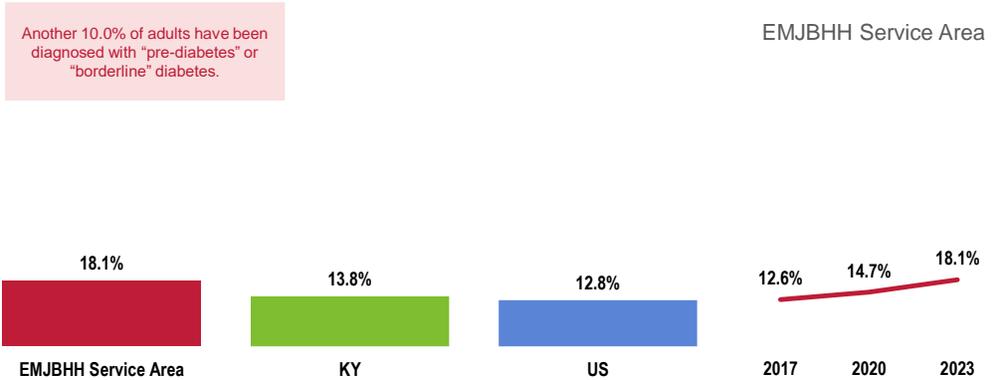


Prevalence of Diabetes

PRC SURVEY ▶ “Have you ever been told by a doctor, nurse, or other health professional that you have diabetes, not counting diabetes only occurring during pregnancy?”

PRC SURVEY ▶ “Other than during pregnancy, have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes?”

Prevalence of Diabetes

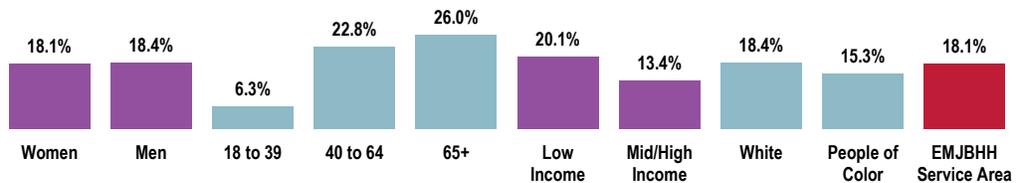


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 106]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Kentucky data.
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes (EMJBHH Service Area, 2023)

Note that among adults who have not been diagnosed with diabetes, 53.7% report having had their blood sugar level tested within the past three years.



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 106, 303]
 Notes: • Asked of all respondents.
 • Excludes gestational diabetes (occurring only during pregnancy).



Prevalence of Kidney Disease

PRC SURVEY ▶ “Have you ever suffered from or been diagnosed with kidney disease?”

Prevalence of Kidney Disease

Healthy People 2030 = 12.8% or Lower

EMJBHH Service Area



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 302]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2021 Kentucky data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.

Key Informant Input: Diabetes

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

Perceptions of Diabetes as a Problem in the Community (Among Key Informants; Total Service Area, 2023)

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



Sources: • 2023 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

- People don't recognize it is a big threat to their health. – Community Leader
- Lack of nutritional information and education about their condition. – Community Leader
- Education and resources. – Community Leader
- Lack of education on diabetes at a younger age. – Community Leader
- Lack of education. – Other Health Provider
- Education and poor eating habits. Limited healthy food choices, many fast-food restaurants. Lack of exercise and obesity. – Community Leader



Education that is convenient to those of us that work. Not everything can be offered from 8:00-4:00. – Community Leader

Nutrition

Healthy eating. People on "the go" especially have no healthy food options. Everything is fast food and there is a very limited number of healthy options in the area. The other factor in my opinion is poor access to healthcare. PCPs are hard to find and therefore we have people that need medications and care plans that are unable to get them. – Other Health Provider

Overweight and unhealthy diet. It seems that many people in our community do not understand or care about the importance of a healthy diet. Too much junk food and little concentrated exercise. – Community Leader

Diet and obesity. – Community Leader

I believe a lot is contributed to poor eating habits, such as eating out and lack of physical activity. – Public Health Representative

Having limited time to prepare healthier food and offer better snack choices. Many folks work two jobs and/or have transportation issues and don't have the energy to make better choices. Unfortunately, bad food is easily accessible. – Community Leader

Access to Care/Services

Easy access to an endocrinologist. – Community Leader

Access to an endocrinologist locally. Diabetes education for people is very limited in this area. Individuals who have diabetes-related health issues normally must travel out of the county for care. Transportation is sometimes a barrier. We live in a very rural area and many people rely on others to drive them to doctor's appointments. – Community Leader

Affordable Medications/Supplies

One of the biggest challenges for people with diabetes is the cost of medication. Low income with no insurance finds it difficult to pay for the medications that they need, such as insulin. – Community Leader

Cost of medications to treat the disease. – Social Services Provider

Access to Affordable Healthy Food

Healthy and affordable food and culture. – Public Health Representative

Healthy food access and a built environment supportive for physical activity. – Public Health Representative

Lifestyle

Low income, poor food choices, non-active lifestyle. – Other Health Provider

Healthy lifestyle. – Community Leader

Cultural/Personal Beliefs

The culture of Southern cooking, high fat diets, and little exercise leads to an increasing number of people with diabetes. – Other Health Provider

Diagnosis/Treatment

Not having regular doctor appointments, finding out late, poor dietary choices and options. – Community Leader



Disabling Conditions

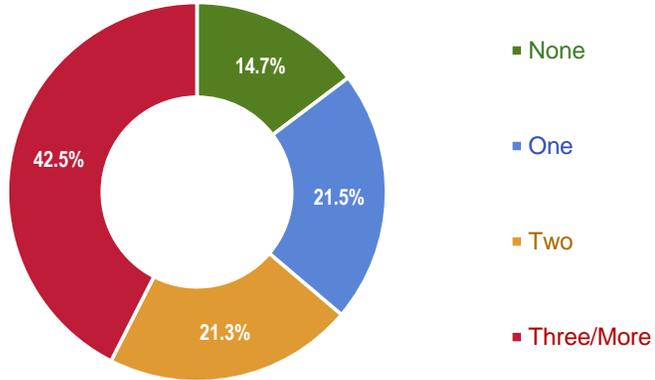
Multiple Chronic Conditions

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

For the purposes of this assessment, chronic conditions include:

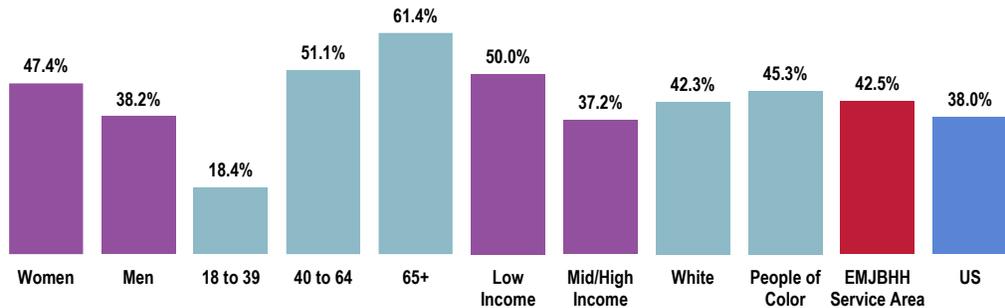
- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Lung disease
- Obesity
- Stroke

Number of Chronic Conditions
(EMJBHH Service Area, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 107]
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and stroke.

Have Three or More Chronic Conditions
(EMJBHH Service Area, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 107]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.



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.

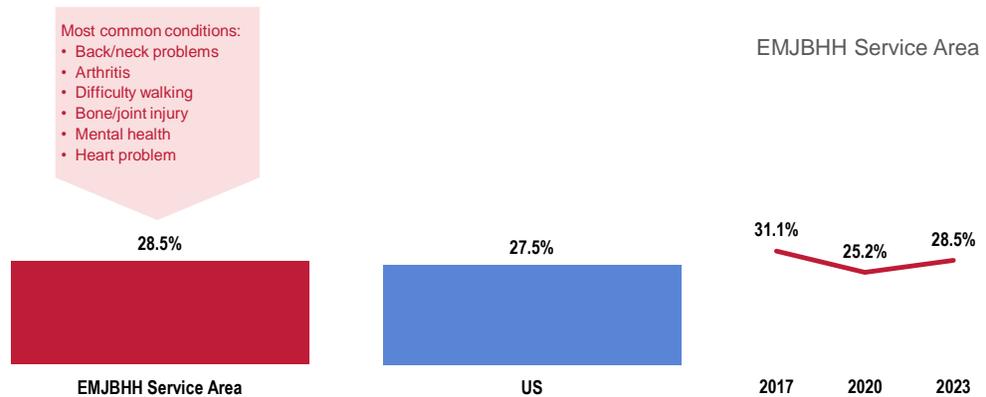
In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life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

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

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

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

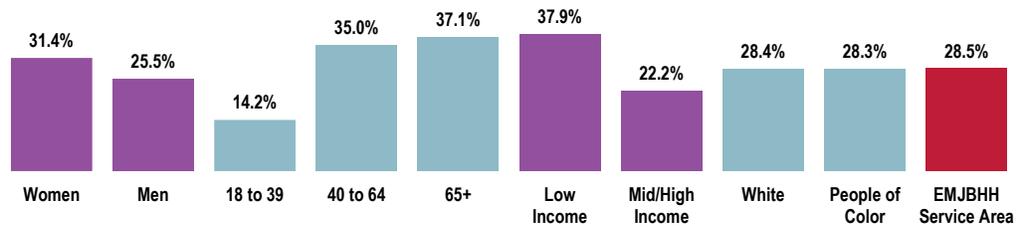
Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 83-84]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem (EMJBHH Service Area, 2023)



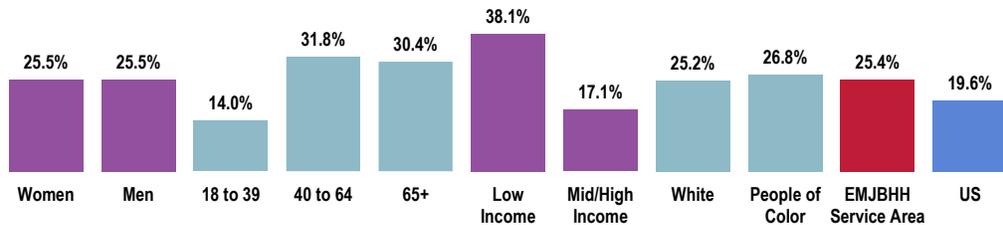
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 83]
Notes: • Asked of all respondents.

High-Impact Chronic Pain

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

Experience High-Impact Chronic Pain (EMJBHH Service Area, 2023)

Healthy People 2030 = 6.4% or Lower



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 31]
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
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.



Alzheimer's Disease

ABOUT DEMENTIA

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

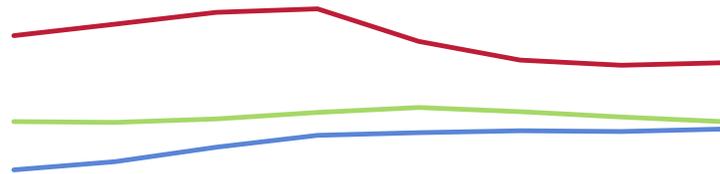
While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address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

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

Age-Adjusted Alzheimer's Disease Deaths

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

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
EMJBHH Service Area	48.6	50.9	53.1	53.8	47.6	44.0	43.0	43.5
KY	32.3	32.2	32.8	34.0	35.0	34.2	33.2	32.3
US	23.1	24.7	27.4	29.7	30.2	30.6	30.4	30.9

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2023.

Notes: • 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.



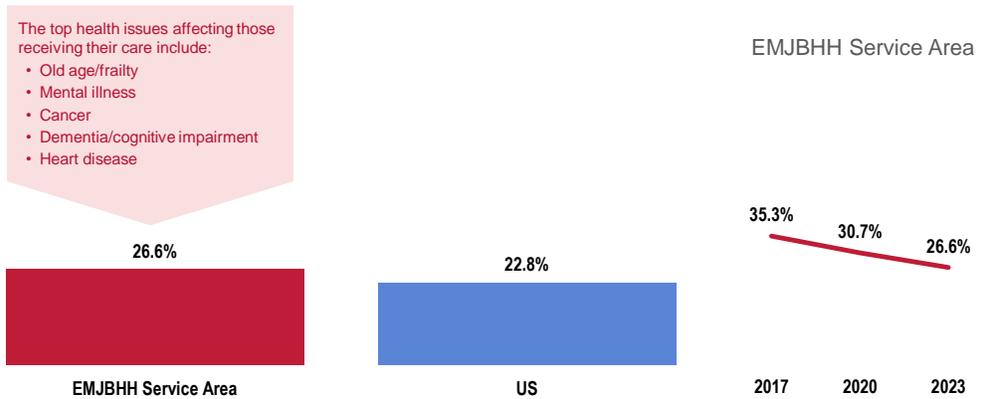
Caregiving

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

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

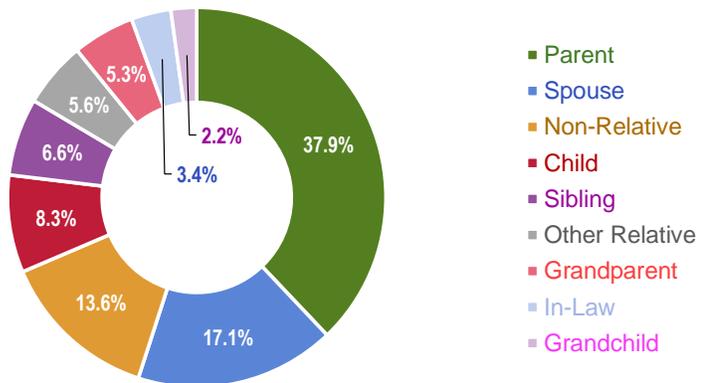
PRC SURVEY ▶ [Among those providing care] “What is this person’s relationship to you? For example, is this person your parent, your child, your grandparent, etc.?”

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



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 85-86]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Relationship of Person Receiving the Care to the Respondent (Total Service Area Respondents Who Are Caregivers, 2023)



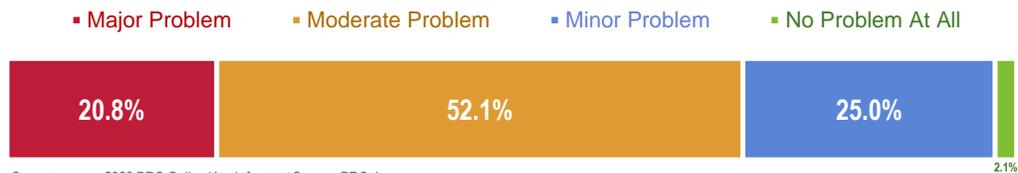
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 308]
 Notes: • Asked of those respondents who provide care or assistance to a friend or family member.



Key Informant Input: Disabling Conditions

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

Perceptions of Disabling Conditions as a Problem in the Community (Among Key Informants; Total Service Area, 2023)



Sources: ● 2023 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

A very large percentage of our census population has some sort of disabling condition and the majority draw some form of government aid. – Community Leader

In Danville, we seem to have many older individuals and families that are dealing with dementia, Alzheimer’s, and actual chronic pain, as well as vision issues. – Community Leader

Our population continues to get older, and you see increased rates of dementia, cancer, etc. – Community Leader

Access to Care/Services

Like others, we don’t have many centers to help with these problems. Mostly the family just cares for them. Most do not have the funds for medical care long-term. – Community Leader

There aren’t enough resources available to help people with disabling conditions. – Community Leader

Rare disease resources such as ALS. It seems our county has an abundance of rare diseases and there are little, if any, resources available to them. – Other Health Provider

Physically Demanding Occupations

We have members of our community who do strenuous jobs and have had injuries that do create physical limitations to the point of chronic pain such as back pain. We have a low-income community and members without post high school education that have physically demanding jobs with lifting and standing. We also have high paying jobs with post high school education who also have physically demanding jobs. Not everyone has health insurance and costs are so high to go to chiropractors and physicians for treatment. – Community Leader

Likely related to the work available in this community and the rural location and poverty level. – Other Health Provider

Behavioral Health

Substance abuse, mental health, and poverty-related issues. – Social Services Provider



BIRTHS

ABOUT INFANT HEALTH

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

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

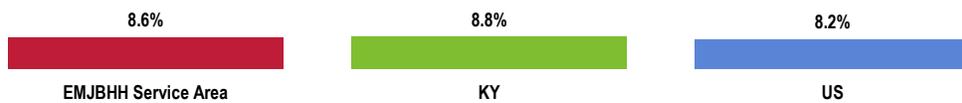
– Healthy People 2030 (<https://health.gov/healthypeople>)

Birth Outcomes & Risks

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-Weight Births
(Percent of Live Births, 2014-2020)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2023.

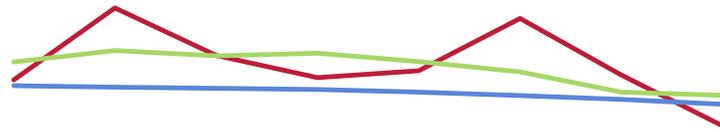
Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g).



Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births. High infant mortality can highlight broader issues relating to health care access and maternal/child health.

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
EMJBH Service Area	6.1	8.2	6.8	6.2	6.4	7.9	6.3	4.8
KY	6.7	7.0	6.8	6.9	6.7	6.4	5.8	5.7
US	6.0	5.9	5.9	5.9	5.8	5.7	5.6	5.5

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2023.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- This indicator reports 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>)

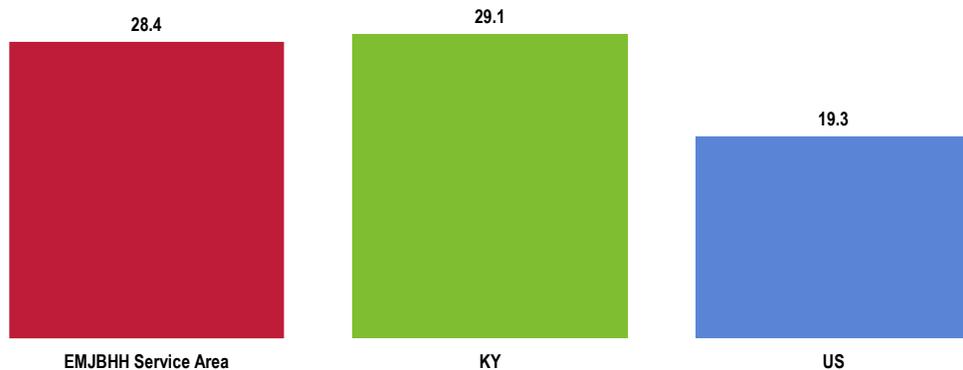


Births to Adolescent Mothers

Here, teen births include births to women age 15 to 19 years old, expressed as a rate per 1,000 female population in this age cohort.

The following chart outlines teen births in the EMJBHH Service Area, compared to the state and nation. In many cases, teen parents have unique health and social needs. High rates of teen pregnancy might also indicate a prevalence of unsafe sexual behavior.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2014-2020)

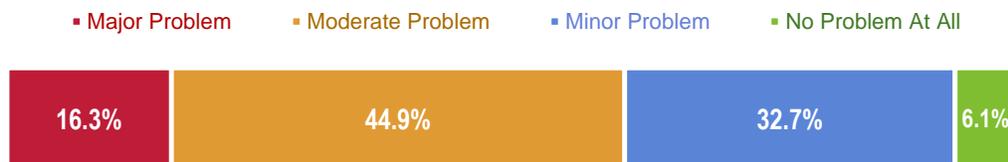


Sources: • Centers for Disease Control and Prevention, National Vital Statistics System.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2023 via SparkMap (sparkmap.org).
Notes: • This indicator reports the rate of total births to women under the age of 15-19 per 1,000 female population age 15-19.

Key Informant Input: Infant Health & Family Planning

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

Perceptions of Infant Health & Family Planning as a Problem in the Community
(Among Key Informants; Total Service Area, 2023)



Sources: • 2023 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:

Vulnerable Populations

Because the US Supreme Court is a bunch of boneheads regarding reproductive rights. Also, due to the number of people living below the poverty line. I think a lack of education is a factor, as well particularly with teen pregnancy. – Community Leader

Continue to see increased food insecurities and poor life choices for families with infants. – Community Leader

Government/Policy

Recent state laws limit women's access to reproductive health. – Other Health Provider



Access to Care/Services

| Lack of full services available to this rural area. – Community Leader

Awareness/Education

| Communicating services is important since Roe v. Wade was overturned. Preventing unplanned pregnancies and assisting with family planning is important. – Community Leader

Lack of Providers

| No pediatric providers in our community. – Other Health Provider



MODIFIABLE HEALTH RISKS

Nutrition

ABOUT NUTRITION & HEALTHY EATING

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

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

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

Daily Recommendation of Fruits/Vegetables

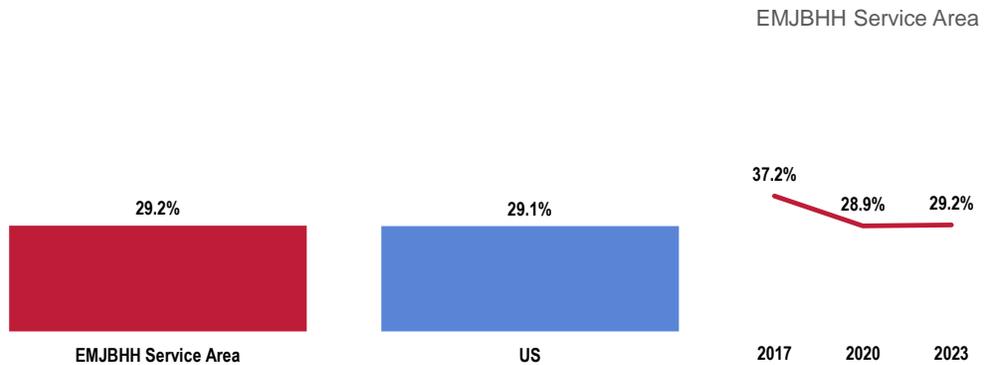
To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

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

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

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

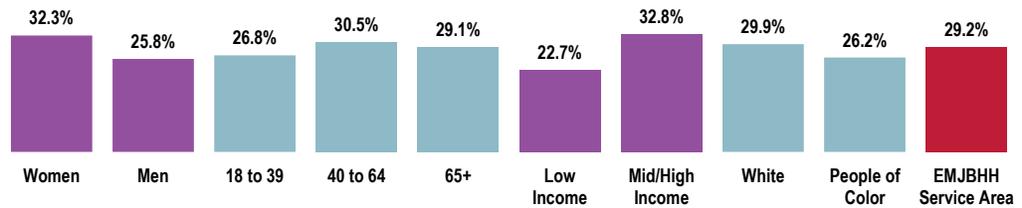
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 109]
● 2023 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 (EMJBHH Service Area, 2023)

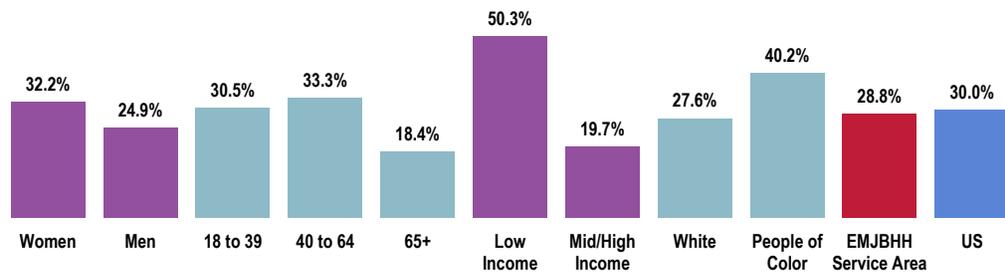


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 109]
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

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

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (EMJBHH Service Area, 2023)



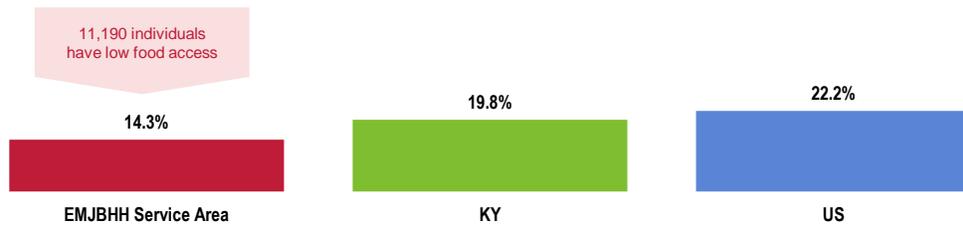
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 66]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.



Low Food Access

Low food access is defined as living more than one mile from the nearest supermarket, supercenter, or large grocery store in urban areas (10 miles in rural areas). This related chart is based on US Department of Agriculture data.

Population With Low Food Access (2019)



- 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 April 2023 via SparkMap (sparkmap.org).
- Notes:
- Low food access is defined as living more than 1 mile from the nearest supermarket, supercenter, or large grocery store for urban census tracts, and 10 miles for rural ones.



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>)

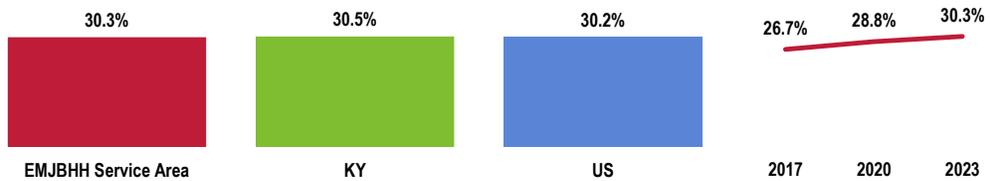
Leisure-Time Physical Activity

PRC SURVEY ▶ “During the past month, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?”

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% or Lower

EMJBHH Service Area



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 69]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Kentucky data.
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.



Meeting Physical Activity Recommendations

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

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

- **Aerobic activity** is at least 150 minutes per week of light-to-moderate activity, 75 minutes per week of vigorous physical activity, or an equivalent combination of both;
 - **Strengthening activity** is at least 2 sessions per week of exercise designed to strengthen muscles.
- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

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

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

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

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

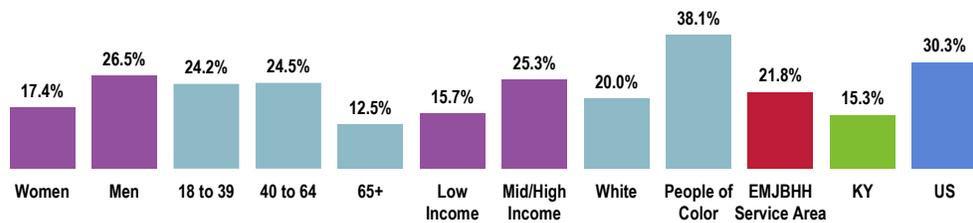
Respondents could answer the above series for up to two types of physical activity. The specific activities identified (e.g., jogging, basketball, treadmill, etc.) determined the intensity values assigned to that respondent when calculating total aerobic physical activity hours/minutes.

Respondents were also asked about strengthening exercises:

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

Meets Physical Activity Recommendations (EMJBHH Service Area, 2023)

Healthy People 2030 = 29.7% or Higher



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 110]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2021 Kentucky data.
 - 2023 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- 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 who also report doing physical activities specifically designed to strengthen muscles at least twice per week.



Children's Physical Activity

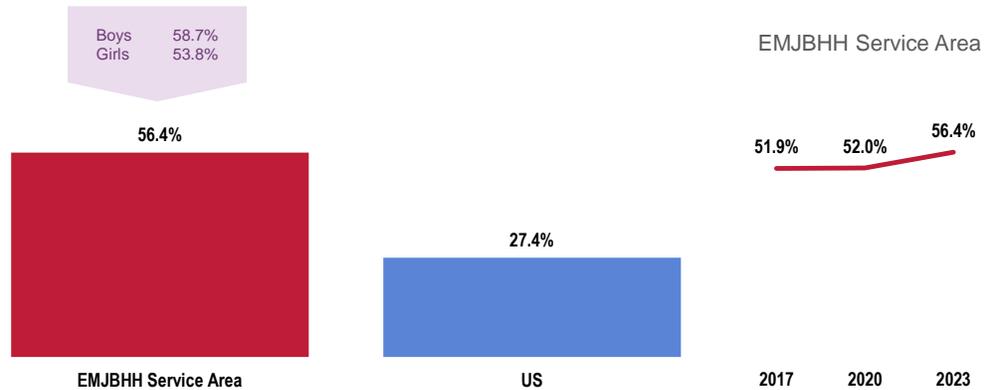
CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

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

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

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



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 94]
• 2023 PRC National Health Survey, PRC, Inc.

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



Weight Status

ABOUT OVERWEIGHT & OBESITY

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

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

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

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

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

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

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m ²)
Underweight	<18.5
Healthy Weight	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.

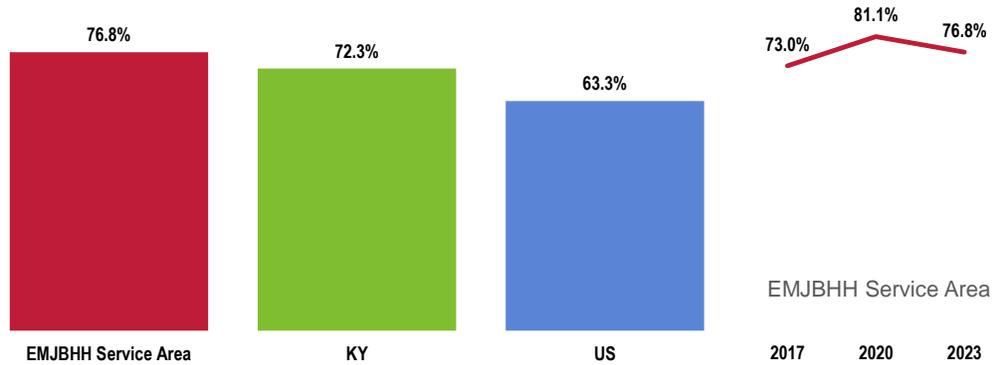
PRC SURVEY ▶ “About how much do you weigh without shoes?”

PRC SURVEY ▶ “About how tall are you without shoes?”

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



Prevalence of Total Overweight (Overweight and Obese)

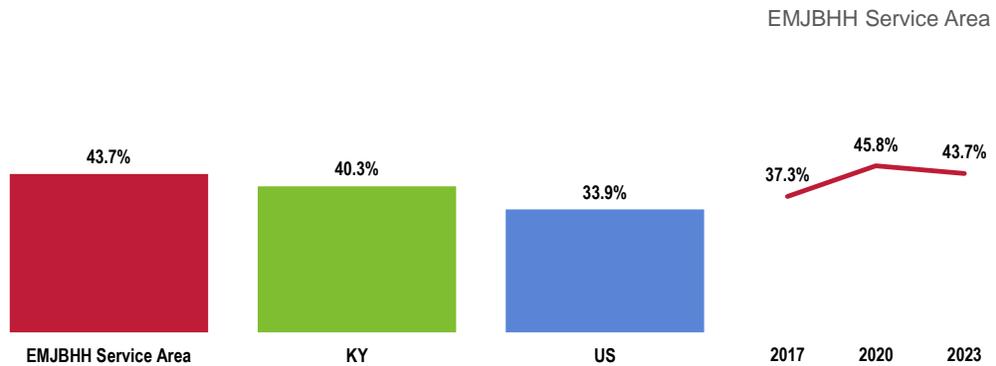


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 112]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Kentucky data.
 • 2023 PRC National Health Survey, 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. The definition for obesity is a BMI greater than or equal to 30.0.

Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower



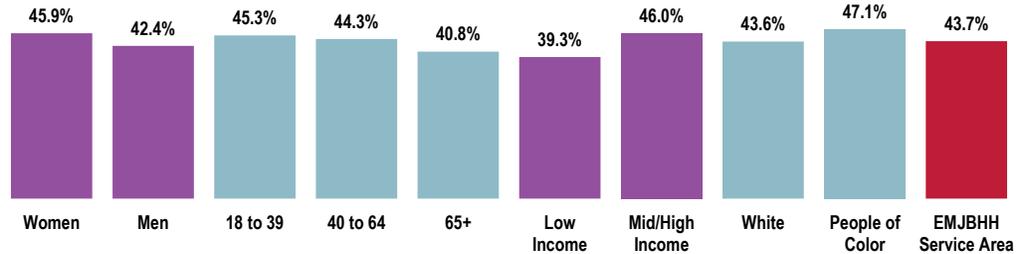
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 112]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Kentucky data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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.



Prevalence of Obesity (EMJBHH Service Area, 2023)

Healthy People 2030 = 36.0% or Lower



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 112]
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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

Children’s Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

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

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

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

– Centers for Disease Control and Prevention

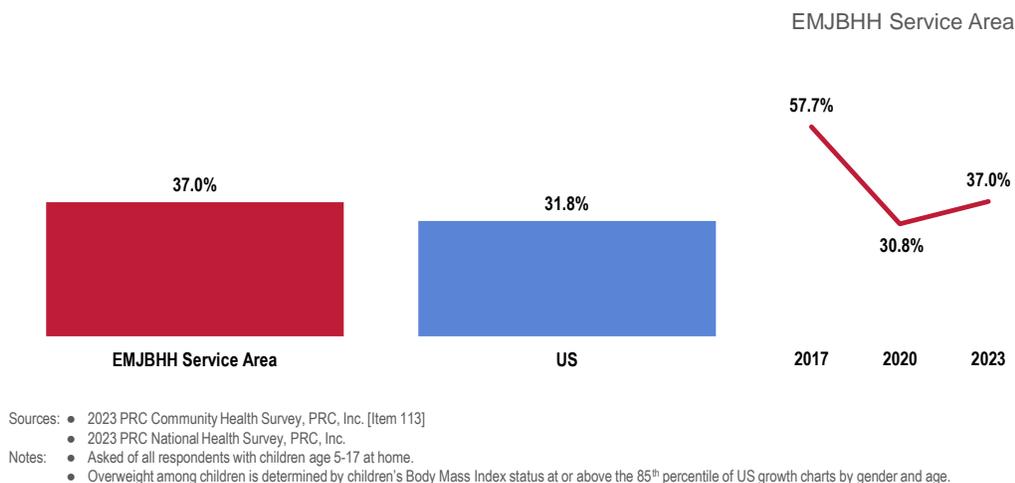
The following questions were used to calculate a BMI value (and weight classification as noted above) for each child represented in the survey:

PRC SURVEY ▶ “How much does this child weigh without shoes?”

PRC SURVEY ▶ “About how tall is this child?”



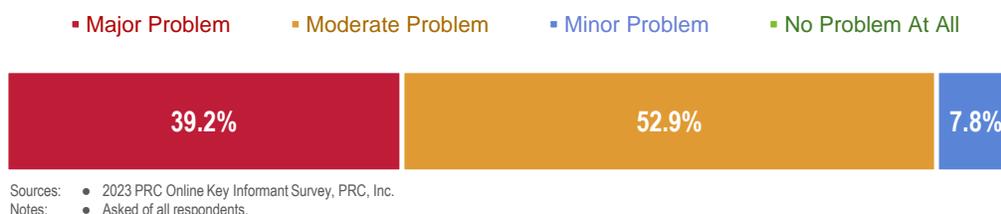
Prevalence of Overweight in Children (Children 5-17)



Key Informant Input: Nutrition, Physical Activity & Weight

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

Perceptions of Nutrition, Physical Activity & Weight as a Problem in the Community (Among Key Informants; Total Service Area, 2023)



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

Awareness/Education

- Lack of knowledge. Probably lack of finances and only buy what is cheap. – Community Leader
- Incentivized health education courses, health education in high schools. – Public Health Representative
- Education and nutrition for our youth. Fast food choices are taking over meals in our community. – Community Leader
- Even with lots of information available, many people don't understand how fundamental nutrition and physical activity are to overall health. The easy trap is to think of fast food as the answer because preparing something seems like it takes too long. People at lower income levels, I believe, have to spend more of their time making ends meet, which is exhausting. Society in general is marketed toward poor nutrition and inactivity. – Community Leader

Lifestyle

- Very few people observe any of these habits. I think Casey County is very behind and not as interested in these things. – Community Leader



As mentioned before, I think people want to be healthy, but they lack the time it takes to make better choices. Someone working two jobs or a 12-hour shift just wants to eat something quickly. They are too worn out to consider exercise and the combination of the two is a recipe for obesity. – Community Leader

Lifestyle changes are generational. High-calorie Southern cooking and fast food create more obesity. There are less opportunities for movement in both work and choices of entertainment. – Community Leader

Nutrition

Unhealthy eating and lack of exercise. – Other Health Provider

Most of the local restaurants serve healthy and not-so-healthy choices. People will choose unhealthy food because it's fast, convenient, and cheap. – Community Leader

Poor diet, lack of dietary education. – Community Leader

Access to Recreation/Fitness Facilities

Lack of available venues for physical activity. – Other Health Provider

Lack of classes with time slots for working people. Education. Personal drive and desire to change life trajectory. Happy just drawing a check. – Community Leader

Access to Affordable Healthy Food

Lack of affordable, nutritious food options in the county. Lack of exercise opportunities in the county. – Other Health Provider

Built Environment

Lack of built environment and access to healthy food choices, and affordability. – Public Health Representative

Environmental Contributors

I feel some of the challenges are that we are so rural they would rather just not get out of the house and come enjoy our walking track for activity. – Public Health Representative

Generational

Hereditary lifestyle, low-income population for better food choices. – Other Health Provider

Obesity

We continue to see obesity increase in our school-aged children and in our community. – Community Leader



Substance Use

ABOUT DRUG & ALCOHOL USE

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

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

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

Alcohol

Age-Adjusted Alcohol-Induced Deaths

The following chart outlines age-adjusted, alcohol-induced mortality in the area.

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
EMJBHH Service Area	8.4	8.3	7.4	8.1	9.5	10.1	11.7	14.9
KY	10.4	11.0	11.6	12.0	12.4	12.7	13.3	14.7
US	9.9	10.3	10.6	10.8	10.8	10.9	11.1	11.9

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2023.

Notes: • 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.



Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

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

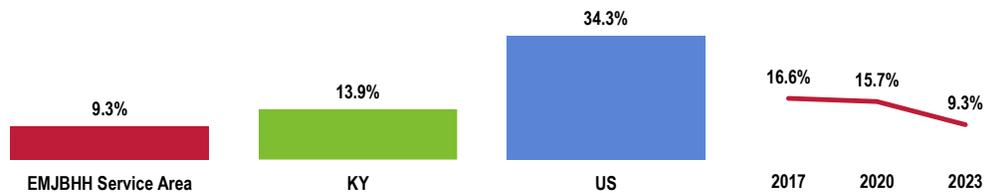
PRC SURVEY ▶ “During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?”

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

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

Engage in Excessive Drinking

EMJBHH Service Area



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 116]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2021 Kentucky data.
 - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

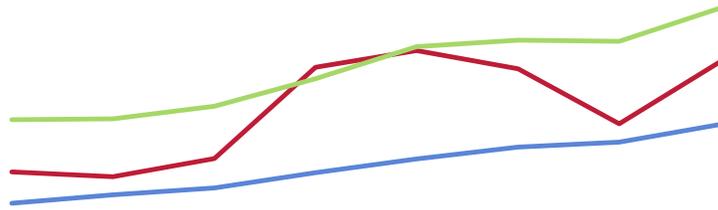


Drugs

Age-Adjusted Unintentional Drug-Induced Deaths

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

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
EMJBHH Service Area	15.0	14.4	16.7	28.3	30.4	28.1	21.1	29.0
KY	21.6	21.7	23.3	26.8	30.9	31.7	31.6	35.8
US	11.0	12.1	13.0	14.9	16.7	18.1	18.8	21.0

- Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2023.
 Notes: • 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.

Illicit Drug Use

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

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

Illicit Drug Use in the Past Month

EMJBHH Service Area



- Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 40]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

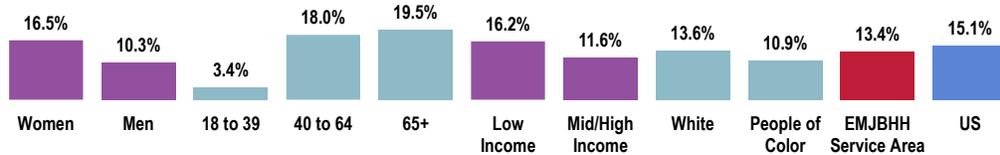


Use of Prescription Opioids

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.

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

Used a Prescription Opioid in the Past Year
(EMJBHH Service Area, 2023)

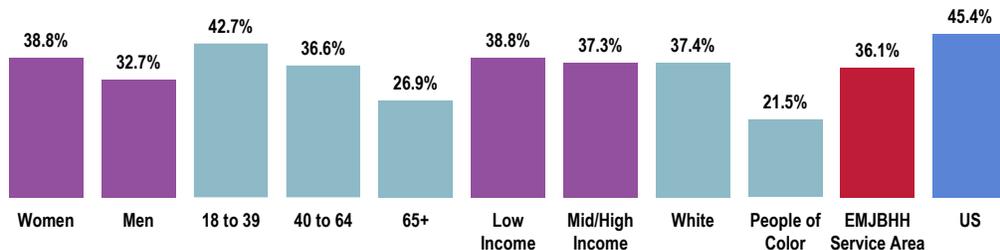


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 41]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Personal Impact From Substance Use

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

Life Has Been Negatively Affected
by Substance Use (by Self or Someone Else)
(EMJBHH Service Area, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 43]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes response of “a great deal,” “somewhat,” or “a little.”



Key Informant Input: Substance Use

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

Perceptions of Substance Use as a Problem in the Community (Among Key Informants; Total Service Area, 2023)

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



Sources: ● 2023 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

Lack of residential treatment. – Community Leader

Available treatment. – Community Leader

Long- and short-term facilities. Stigma. Treatment options. – Social Services Provider

Most addicted individuals need to be incarcerated before they are able to access treatment. Free mental health assistance before incarceration would be ideal. – Community Leader

We do not have a local treatment center for adolescents and teenagers. Inpatient treatment in our local community is needed. We have a high trauma rate with substance usage among our youth and it is frightening! There are not enough mental health treatment (inpatient) options. The ages of children experimenting and using substances is getting younger. Children are exposed to easy access to THC vapes at local vendors in our community. Vapes should be outlawed for purchasing below age 21! – Community Leader

Money, money, insurance carriers, money, transportation, and understanding addiction and the importance of treatment. – Community Leader

Streamlined process from harm reduction within the county to treatment referral sources. Wrap-around services post-completion of treatment programs, re-entry to the community and workforce. – Public Health Representative

There aren't any rehabilitation centers. – Community Leader

Lack of mental health care options. Lack of workforce development that starts with young children. Lack of childcare at all ages. A system of public assistance set up to keep people at a minimum level of achievement. – Community Leader

Lack of resources. Adanta is really the only facility. They frequent our Emergency Room, but we have to transfer out of county. – Other Health Provider

In my ministry role, I see a lot of people battling addiction to alcohol and drugs. There is a great need for more residential drug treatment centers, especially faith-based programs. – Community Leader

Availability in a time of need and affordability. – Public Health Representative

Availability of treatment options. – Other Health Provider

Denial/Stigma

Acceptance that we have an issue in the community. We will never get the resources if leadership does not see that we have an issue. – Other Health Provider

I don't see this as a huge barrier in our community. There are programs and resources available such as needle exchange program, inmate treatment facility, substance abuse program and others that offer assistance. I think the greatest barrier to accessing treatment is convincing the person that they need it. Once convinced, the resources are available. – Community Leader

Personal denial – with embarrassment of the problem (not wanting people to know), people seem to feel like they are being judged so they just won't reach out for help. We all have to be kind and not judge others and try to help people out. The attitude of others would be one barrier, education of how and where to go would get help would be another and having additional facilities to accommodate. – Community Leader

Income/Poverty

Poverty, not ready to do so, mental illness, and support. – Community Leader



Economic resources and poor community reception. – Other Health Provider

Awareness/Education

Our community has been so slow about recognizing that we have this problem. – Community Leader

Education. Large amounts of students use now, and parents as well. – Community Leader

Willingness to Seek Help

People won't take advantage of what might be there for them or their families. Sadly, many see no need to get treatment because they don't want to. – Community Leader

Unwilling to seek help or do not realize how much damage is being done to their body until it is too late. Pressure from close acquaintances not to give up. – Community Leader

Incidence/Prevalence

We have high rates of substance abuse due to the opioid epidemic and mental health problems. – Community Leader

Cyclical nature of problems. – Community Leader

Lack of Providers

Inadequate number of health care providers and long-term treatment options, including inpatient options. – Other Health Provider

Not enough providers. Cost or at least fear of high costs. – Physician

Access to Care for Uninsured/Underinsured

Lack of health insurance and financial resources. – Community Leader

Follow Up/Support

No programs for people to return here after rehab. – Other Health Provider

Peer Influence

Small town, they are still around the same group and get back on drugs. – Public Health Representative

Teen/Young Adult Usage

We continue to see an increase of substance abuse in our community, especially in school-aged children. The use of THC vapes, nicotine vapes, dab pens, delta eight and delta nine, etc. – Community Leader

Transportation

Transportation, location of clinics, medical and mental health. – Public Health Representative



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.

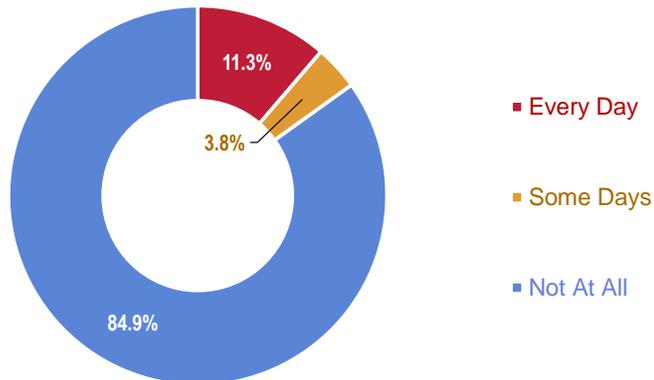
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

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

Cigarette Smoking

PRC SURVEY ▶ “Do you currently smoke cigarettes every day, some days, or not at all?”
 (“Currently Smoke Cigarettes” includes those smoking “every day” or on “some days.”)

Prevalence of Cigarette Smoking
(EMJBHH Service Area, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: • Asked of all respondents.

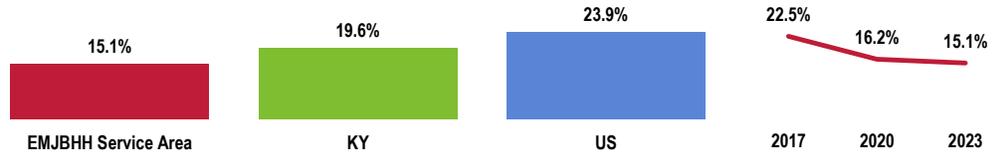


Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower

Most current smokers (64.5%) were advised to quit in the past year by a health care professional.

EMJBHH Service Area



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 34, 304]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2021 Kentucky data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.
 • Includes those who smoke cigarettes every day or on some days.

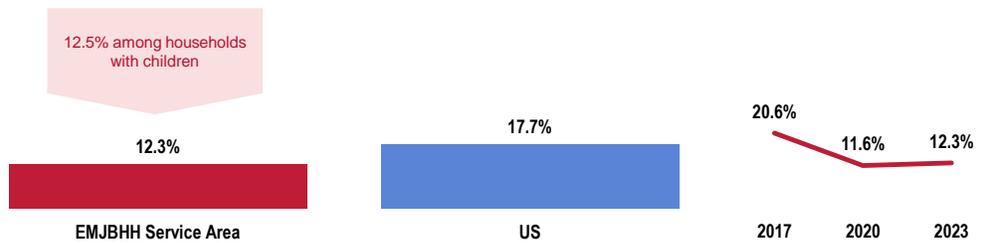
Environmental Tobacco Smoke

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

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

Member of Household Smokes at Home

EMJBHH Service Area



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 35, 114]
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • “Smokes at home” refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

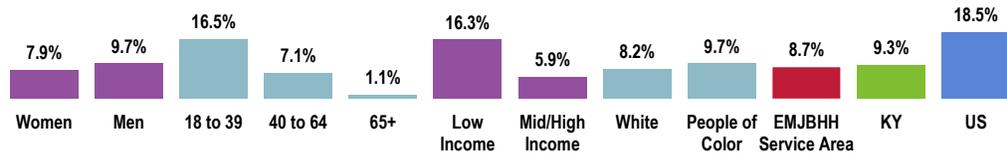


Use of Vaping Products

PRC SURVEY ▶ “Electronic vaping products, such as electronic cigarettes, are battery-operated devices that simulate traditional cigarette smoking but do not involve the burning of tobacco. Do you currently use electronic vaping products, such as electronic cigarettes, every day, some days, or not at all?”

(“Currently Use Vaping Products” includes use “every day” or on “some days.”)

Currently Use Vaping Products (EMJBHH Service Area, 2023)



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 36]
 - 2023 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): 2021 Kentucky data.
- Notes:
- Asked of all respondents.
 - Includes those who use vaping products every day or on some days.

Key Informant Input: Tobacco Use

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

Perceptions of Tobacco Use as a Problem in the Community (Among Key Informants; Total Service Area, 2023)

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



- Sources:
- 2023 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

High number of individuals use tobacco. – Other Health Provider

When we visit other places, you just don't see people smoking that often. Every door in Danville seems to have smokers outside in front of them. My wife teaches middle and high school and students sneak in the bathroom to smoke. I think there are fewer smokers than there were in my day, but still way too many. – Community Leader

Still far too many smokers. – Community Leader

Tobacco use, smokeless tobacco, and vape products use are high for our community. – Other Health Provider

Just go by any tobacco sales store, filling station, or convenience store and see how many and what ages are buying the smokes, vapes and chew. – Community Leader

The sheer amount of sales proves there is an issue. Along with related chronic disease that it brings, such as strokes, heart attacks, and COPD. – Community Leader

Generational/Social Norms

Smoking remains high because of several factors, including history, relatively low taxes and weak laws in Kentucky, and little spending on efforts to reduce the use of tobacco. – Public Health Representative

Generationally learned behavior from family members. Disbelief in medical research related to smoking. – Other Health Provider

This area of the US has a long history of tobacco as a cash crop, creating a personal and family acceptance of tobacco use. Many people do not feel it causes health problems. – Other Health Provider

Tobacco use has been normalized over the last 15 years with this current growing generation of kids. – Public Health Representative

It is something many of us grew up growing and it provided food on our table, so I think it is a little more accepted in the community. – Other Health Provider

Easy Access

It's readily available in many homes. Nicotine is the easiest drug you can access legally. We have tobacco stores, convenience stores, and dollar stores selling tobacco products. Smokeless tobacco is readily available, and many people substitute it instead of smoking. – Community Leader

Awareness/Education

Not enough education. – Community Leader

E-Cigarettes

High use of vaping. – Other Health Provider

Environmental Contributors

We are a quasi-farm community. Many of our people help with tobacco in the summer and exposure is pretty strong. I think and wonder if tobacco use is an inherited trait. “Dad did it, so can I.” – Community Leader

Impact on Quality of Life

Health-related medical conditions. A large amount of the population smokes. – Other Health Provider

Teen/Young Adult Usage

We have many people selling to minors; then they are addicted. – Public Health Representative



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).

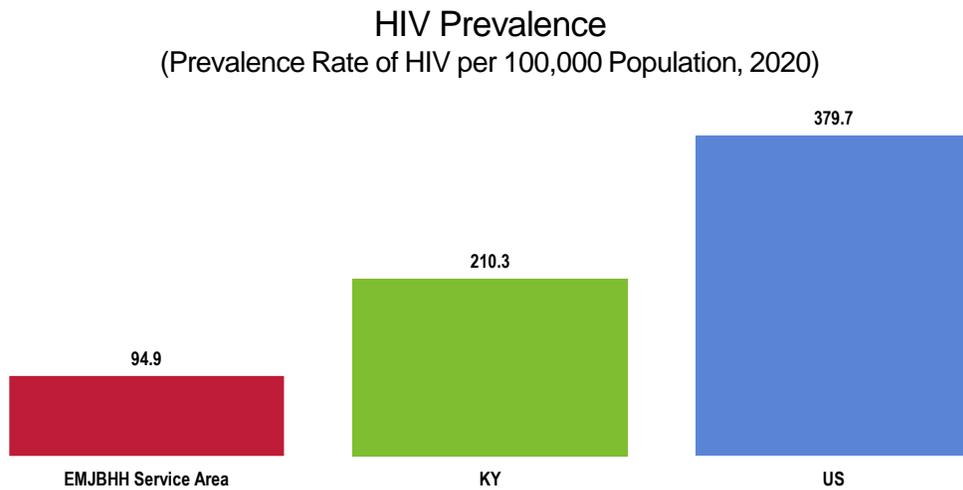
Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

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>)

HIV

The following chart outlines prevalence (current cases, regardless of when they were diagnosed) of HIV per 100,000 population in the area.



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 April 2023 via SparkMap (sparkmap.org).



Sexually Transmitted Infections (STIs)

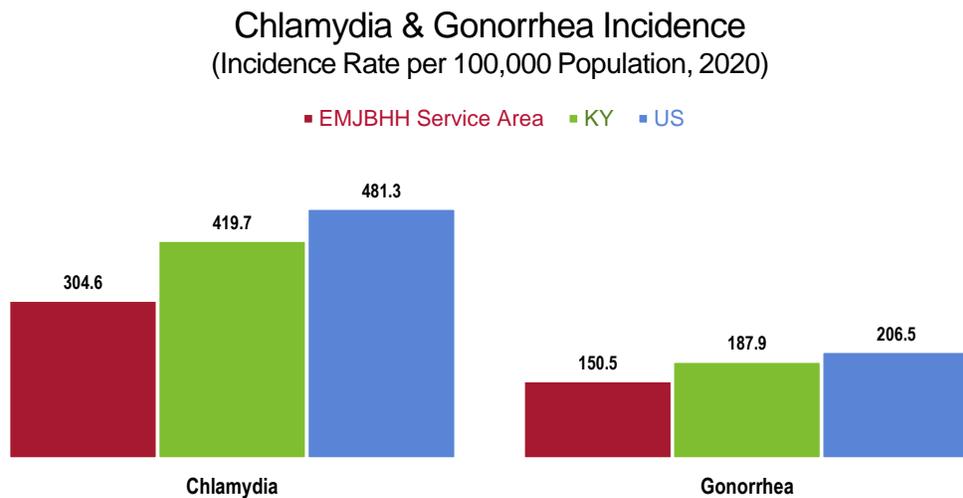
Chlamydia

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

Gonorrhea

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

The following chart outlines local incidence for these STIs.



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 April 2023 via SparkMap (sparkmap.org).

Key Informant Input: Sexual Health

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

Perceptions of Sexual Health as a Problem in the Community

(Among Key Informants; Total Service Area, 2023)



Sources:

- 2023 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:

Education

Sex education. – Other Health Provider

Sexual health education for kids. Not just abstinence but responsible, consensual, realistic expectations of sexual encounters. – Public Health Representative

Prevention/Screening

STD rates have not improved in the county over the years. An evidence-based program in the middle and high schools would assist with prevention efforts. – Public Health Representative

Youth

Because the majority of teens are sexually active and not being tested for STIs. – Other Health Provider



ACCESS TO HEALTH CARE

ABOUT HEALTH CARE ACCESS

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

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

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

Lack of Health Insurance Coverage

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

PRC SURVEY ▶ “Do you have any government-assisted health care coverage, such as Medicare, kynect, or VA/military benefits?”

PRC SURVEY ▶ “Do you currently have: health insurance you get through your own or someone else’s employer or union; health insurance you purchase yourself or get through a health insurance exchange website; or, you do not have health insurance and pay entirely on your own?”

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

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

Healthy People 2030 = 7.6% or Lower

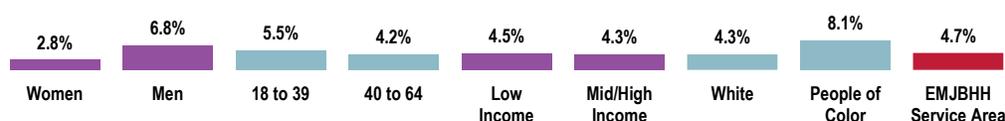
EMJBHH Service Area



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 117]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Kentucky data.
 - 2023 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Reflects respondents age 18 to 64.



Lack of Health Care Insurance Coverage (Adults 18-64; EMJBHH Service Area, 2023) Healthy People 2030 = 7.6% or Lower



Sources:

- 2023 PRC Community Health Survey, PRC, Inc. [Item 117]
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Reflects respondents age 18 to 64.

Difficulties Accessing Health Care

Barriers to Health Care Access

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

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

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

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

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

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

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

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

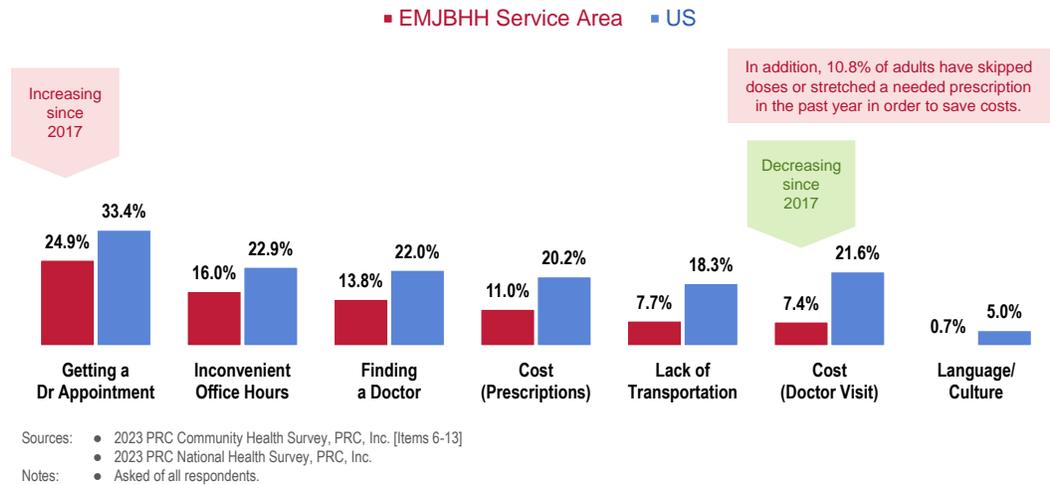
Also:

PRC SURVEY ▶ “Was there a time in the past 12 months when you **skipped doses or took smaller doses in order to make your prescriptions last longer and save costs?**”



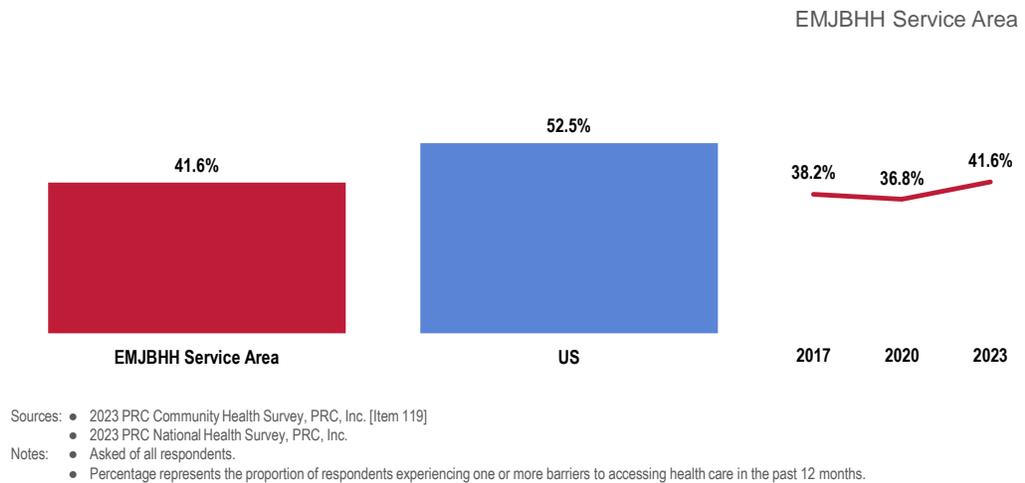
The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have Prevented Medical Care in the Past Year

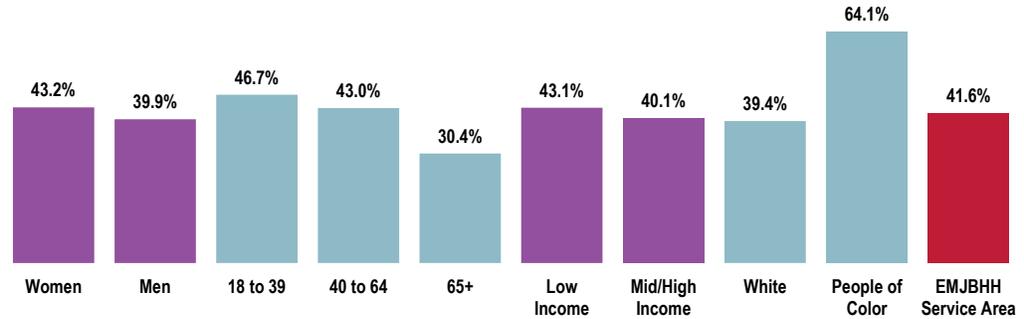


The following charts reflect the composite percentage of the total population experiencing problems accessing health care in the past year (indicating one or more of the aforementioned barriers or any other problem not specifically asked), again regardless of whether they needed or sought care.

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



Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (EMJBHH Service Area, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 119]
 Notes: • Asked of all respondents.
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Accessing Health Care for Children

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

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

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

EMJBHH Service Area

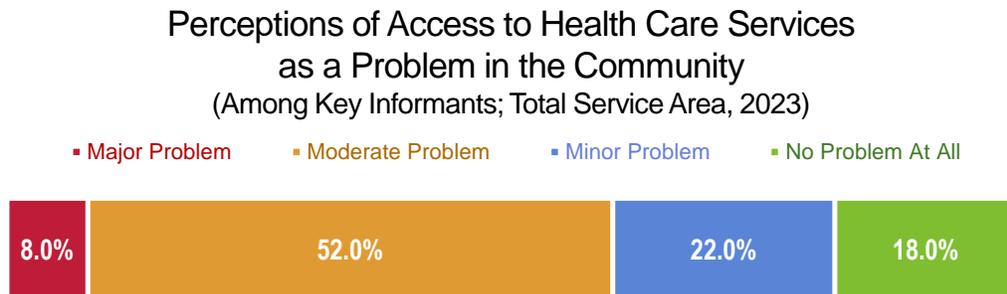


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 90]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children age 0 to 17 in the household.



Key Informant Input: Access to Health Care Services

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



Sources: • 2023 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

Lack of options and lack of transportation. – Community Leader

EMS refuses transport, determines if transport is needed; medical providers are not taking new patients/not enough providers; no medically assisted drug treatment facilities; limited mental health facilities. – Public Health Representative

Medical Offices Hours of Operation

The biggest challenge to accessing health care in our community is the availability of employees to keep the clinics open 24/7. Physicians' offices are losing doctors and nurses at a rapid pace. The doctors' offices are overcrowded, and appointments are challenging to get within a reasonable time. Most appointments are booked for 3-4 weeks out or longer. – Community Leader



Primary Care Services

ABOUT PREVENTIVE CARE

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

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

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

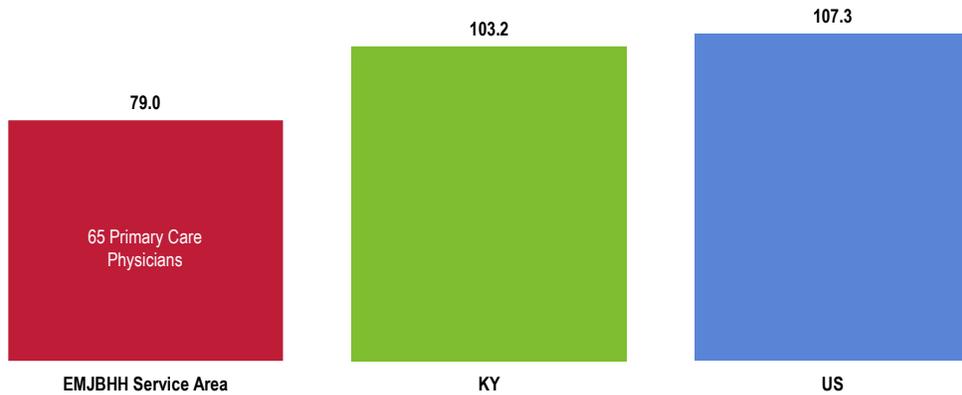
– Healthy People 2030 (<https://health.gov/healthypeople>)

Access to Primary Care

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

Note that this indicator takes into account *only* primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

Number of Primary Care Physicians per 100,000 Population (2023)



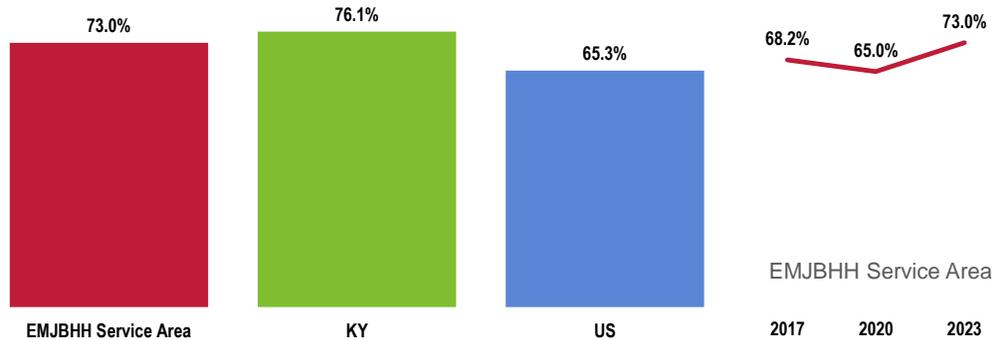
- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2023 via SparkMap (sparkmap.org).
- Notes:
- Doctors classified 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.



Utilization of Primary Care Services

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

Have Visited a Physician for a Checkup in the Past Year

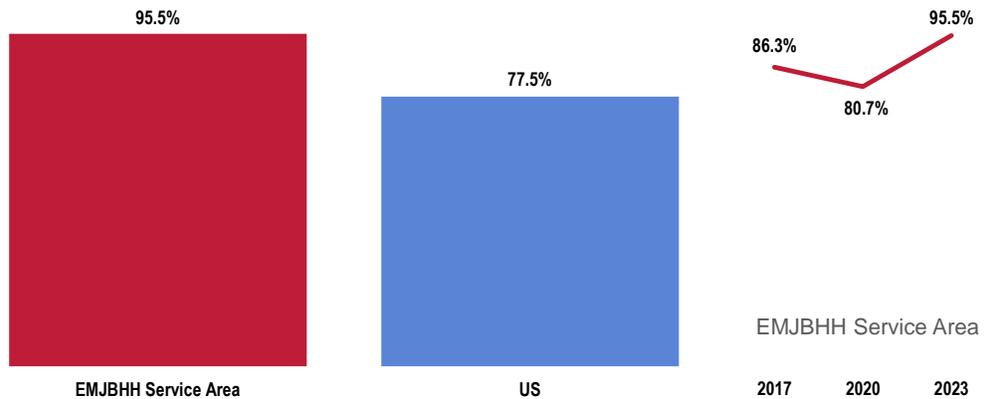


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 16]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Kentucky data.
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

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

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



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 91]
 • 2023 PRC National Health Survey, PRC, Inc.

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



Oral Health

ABOUT ORAL HEALTH

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

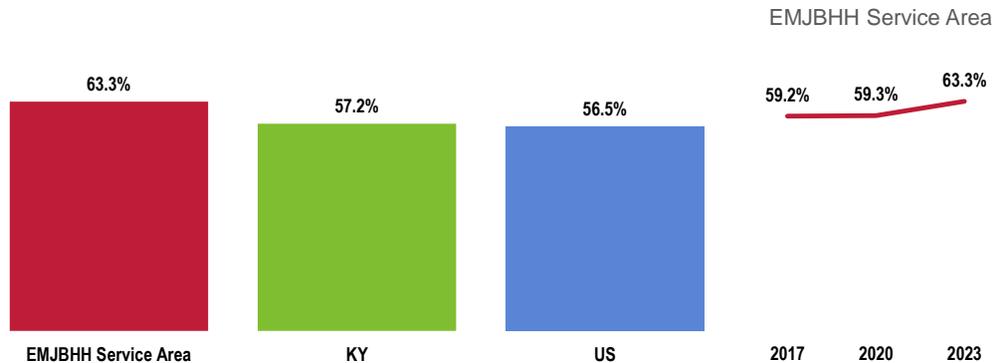
Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching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

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

Dental Care

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

Have Visited a Dentist or Dental Clinic Within the Past Year
Healthy People 2030 = 45.0% or Higher



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 17]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Kentucky data.
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

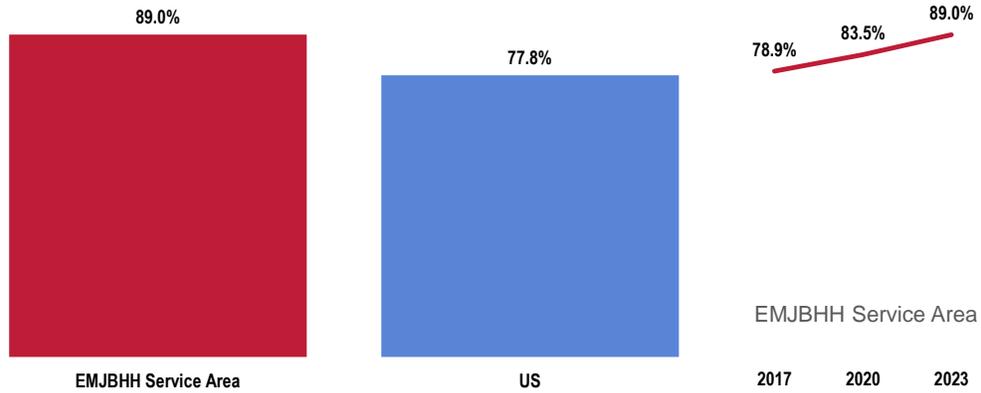
Notes: • Asked of all respondents.



PRC SURVEY ▶ [Children Age 2-17] “About how long has it been since this child visited a dentist or dental clinic?”

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

Healthy People 2030 = 45.0% or Higher



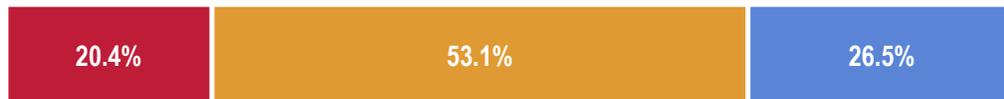
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 93]
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
 Notes: • Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

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

Perceptions of Oral Health as a Problem in the Community (Among Key Informants; Total Service Area, 2023)

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



Sources: • 2023 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:

Affordable Care/Services

- Dental health is in general very expensive, so many just let it go. Lots of bad teeth. – Community Leader
- No access to oral health for low income. Medicaid is not going to include oral health. Even before this, not many providers accepted Medicaid. Some providers are dropping the insurance they've accepted in the past. – Other Health Provider
- Lack of qualified facilities and mostly the costs associated. A lot of people can't afford dental work, so they let it all go until it becomes painful and then usually just requires an extraction. – Other Health Provider



Awareness/Education

Lack of knowledge for the importance of dental health. Lack of dental insurance and the means to pay for dental care. – Other Health Provider

Lack of education and resources. – Other Health Provider

Lack of Providers

Only one dentist in our community at this time. No longer accepting patients, so have to travel to a dentist for oral care. – Community Leader

We do not have many dentists in our area. We have one office as of now and Medicaid is not accepted. Most insurance only has \$1,000 that it will cover; therefore, people can't afford to go. – Public Health Representative

Lifestyle

Drug usage, improper diet, lack of care. – Community Leader

Incidence/Prevalence

Significant number of poor oral care in population. – Other Health Provider



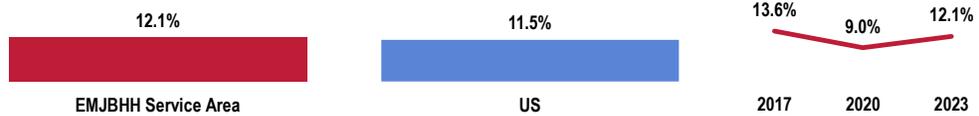
LOCAL RESOURCES

Perceptions of Local Health Care Services

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

Perceive Local Health Care Services as “Fair/Poor”

EMJBHH Service Area



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 5]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Resources Available to Address 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

- Casey County Hospital
- Casey County Schools
- Ephraim McDowell Health
- Health Department
- Healthy Kids Clinic
- Home Health Agencies
- New Vista
- Regional Hospital

Cancer

- American Cancer Association
- Bates, Miller and Sims
- Board of Education
- Cancer Treatment Center
- Casey County Health Department
- Casey County Hospital
- Central Kentucky Diagnostic Center
- Churches
- Commonwealth Cancer Center
- CYC Youth Council
- Department for Community Based Services
- Doctor's Offices
- Ephraim McDowell Health
- Family Planning Clinic
- Garrard County Health Department
- Haggin Hospital
- Health Department
- Home Health Agencies
- Hospice Care
- Hospice of Lake Cumberland
- Hospitals
- Kentucky Women's Cancer Program
- Kentucky Cancer Program
- Library
- Lifeline Home Health
- Lincoln County Health Department
- Medical Personnel
- Quest Counseling
- Vet Center
- Washington County Health Clinic

- Washington County Physicians to Children

Diabetes

- Bates, Miller and Sims
- Boyle County Health Department
- Casey County Family Practice
- Casey County Health Department
- Casey County Hospital
- Casey County Primary Care
- Churches
- Crab Orchard Clinic
- Danville Boyle County Health Department
- Diabetes Association
- Diabetes Classes
- Doctor's Offices
- Early Education
- Ephraim McDowell Health
- Ephraim McDowell Wellness Center
- Extension Office
- Fort Logan Urgent Care
- Garrard County Health Department
- Grant to Help With Medications
- Health Department
- Home Health Agencies
- Hospitals
- Lake Cumberland Health Department
- Lincoln County Health Department
- Medical Personnel
- Medications
- Parks and Recreation
- Pharmacy
- Springview Hospital
- Springview Pediatrics
- Stanford Medical Park
- Waynesburg Clinic
- Wellness Center

Disabling Conditions

- Adanta
- Adult Daycare
- Agency for Substance Abuse Policy



- Bluegrass Community Action Agency
- Care KY
- Casey County Family Resource
- Casey County Health Department
- Casey County Hospital
- Doctor's Offices
- Employment Office
- Fitness Centers/Gyms
- Health Department
- Hospitals
- McDowell Place
- Morning Pointe
- Visually Impaired Preschool Services (VIPS)

Heart Disease & Stroke

- Casey County Extension Office
- Casey County Hospital
- Casey County Primary Care
- Danville Boyle County Health Department
- Diabetes Classes
- Doctor's Offices
- Ephraim McDowell Health
- Ephraim McDowell Wellness Center
- Fitness Centers/Gyms
- Health Department
- Idle Hour Park
- Lifeline Home Health
- Parks and Recreation
- Smoking Cessation Programs
- Springview Hospital
- Washington on Wellness Coalition
- Wellness Center

Infant Health & Family Planning

- Boyle County Health Department
- Early Childhood Council
- Ephraim McDowell Regional Medical Center
- Family Services
- First Steps
- Health Department
- Hospitals
- House of Hope
- Kentucky Moms Maternal Assistance Towards Recovery
- Lincoln Trail District Health Department
- Planned Parenthood
- School System
- Social Services
- Women's Care of the Commonwealth

Injury & Violence

- Alcoholics Anonymous/Narcotics Anonymous
- Adult Protective Services
- Department for Community Based Services
- Ephraim McDowell Health
- Kentucky Coalition Against Domestic Violence
- Silverleaf
- SpringHaven Domestic Violence Program
- Springview Hospital
- Washington on Wellness Coalition

Mental Health

- 988 Suicide and Crisis Hotline
- Adanta
- Adult Services
- Agency for Substance Abuse Policy
- Alcoholics Anonymous/Narcotics Anonymous
- Astra Behavioral Health
- Boyle County Jail
- Casey County Hospital
- Casey County Schools
- Churches
- Communicare
- Comprehensive Care
- Doctor's Offices
- Eastern State
- Ephraim McDowell Health
- Health Department
- Hospitals
- Kelley-Spaulding LLC
- Laws for Children and Schools Regarding Counseling
- Lincoln County Health Department
- Mental Health Services
- National Alliance on Mental Illness
- Regional Hospital
- School System
- Senior Citizen Center
- Shepherd's House
- Social Organizations
- Spero Health
- Springview Hospital
- Telehealth
- Washington County Behavioral Health

Nutrition, Physical Activity & Weight

- 127 Fitness
- Ag and Expo Center
- Boyle County Extension Office
- Boyle County Health Department



- Bunny Davis Center
- Casey County Board of Education
- Casey County Extension Office
- Casey County Health Department
- Casey County Schools
- Central Kentucky Ag Center
- Community Center
- Country Club
- Employer Wellness Program
- Ephraim McDowell Health
- Ephraim McDowell Wellness Center
- Extension Office
- Farmer's Market
- Fitness Centers/Gyms
- Freedom Fitness
- Health Department
- Hospitals
- Idle Hour Park
- Library
- Parks and Recreation
- School System
- Supplemental Nutrition Assistance Program/Women, Infants, and Children
- Youth Sports Programs

- Bluegrass Community Action Agency
- Boyle County Health Department
- Chamber of Commerce
- Churches
- Community Action
- Congregate Meals
- DanTran
- Economic Development
- Family Resource Centers
- Family Services
- Feeding America
- Groups Meeting to Help With Housing Issue
- Habitat for Humanity
- Health Department
- Housing Authority
- Jennie Rogers Community Center
- Library
- Low Income Home Energy Assistance Program (LIHEAP)
- Medicaid Representative and Connectors
- School System
- Section 8 Housing
- Washington County Housing

Oral Health

- Casey County Board of Education
- Cedar Creek Dental
- Dentist's Offices
- Department for Community Based Services
- Doctor's Offices
- Health Department
- Healthy Kids Clinic
- Hometown Dental
- School System

Respiratory Diseases

- Farm Bureau
- Regional Hospital

Sexual Health

- Family Resource Youth Service Centers
- Lincoln Trail District Health Department

Social Determinants of Health

- Agency for Substance Abuse Policy
- American Red Cross
- Blessing Boxes

Substance Use

- Adanta
- Addiction Recovery Center
- Agency for Substance Abuse Policy
- Alcoholics Anonymous/Narcotics Anonymous
- Atrium Inpatient Facility
- Boyle County Health Department
- Casey County EMS
- Casey County Hospital
- Casey County Schools
- Casey County Sheriff's Office
- Celebrate Recovery
- Communicare
- Crown Recovery Center
- CYC Youth Council
- Detention Center
- Doctor's Offices
- Drug Court
- Health Department
- Healthy Kids Clinic
- Isaiah House
- Liberty Ranch
- Lincoln County Health Department
- Lincoln Trail District Health Department
- Marion County Syringe Exchange Program
- Mental Health Services
- New Hope
- One Bridge to Hope



- School System
- Shepherd's House
- Spero Health
- Substance Abuse Facilities
- United For Recovery
- Washington County Behavioral Health

Tobacco Use

- Alcoholics Anonymous/Narcotics Anonymous
- Boyle County Health Department
- Casey County Board of Education
- Casey County Health Department
- Casey County Hospital
- CYC Youth Council
- Employer Smoking Cessation Program
- Health Department
- Lake Cumberland Health Department
- Lifeline Home Health
- Lincoln Trail District Health Department
- Mental Health Services
- Pharmacy
- Quit Genius
- Quitnowkentucky.org
- School System
- Smoking Cessation Programs
- Tobacco Quit Line
- Washington County Extension Office





APPENDIX

EVALUATION OF PAST ACTIVITIES

As a result of the 2020 CHNA, several priority health issues were identified by EMH Community Services in collaboration with key stakeholders. These health issues align with the previous years' CHNAs and include diabetes, access to care, cancer prevention & detection, cardiovascular disease, and nutrition. In response to these key health issues, EMH offered the following screenings: total cholesterol/HDL ratio, blood sugar, stroke risk screening utilizing the American Stroke Risk Association Risk Stroke Card, Blood Pressure, and BMI. Lifestyle education, education regarding early heart attack care (EHAC), signs and symptoms of a heart attack, sunscreen usage education, and physician referrals was provided or distributed by a Registered Nurse.

During the COVID-19 pandemic, the EMH Community Services Department had to limit operations to transition the health system's model of care to better serve the surging number of COVID-19 patients and to adhere to new safety/infection control guidelines. However, despite these obstacles, EMH was able to establish 81 community service events, 660 flu vaccination administrations, 337 colorectal cancer screening kits distributed, and in total 2,427 adults were screened.

In addition to health screenings and vaccinations, Ephraim McDowell Health opened the EMH lung center in 2022 and remains committed to making a difference in the fight against lung cancer, in which KY is leading the national incidence rate. The EMH lung center is the only team in the region that offers robotic minimally invasive lung surgery and is staffed with pulmonologists and a thoracic surgeon.

Furthermore, EMH established new service lines to improve patient access to care; including Telehealth and a Mobile Medical Care Unit. Mobile Medical provides home based medical care to individuals who have trouble leaving or cannot leave their residence due to a medical condition or physical barrier. EMH's goal remains the same, to improve healthcare access to primary and specialty care in the region.

