



## 2022 Community Health Needs Assessment



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# Letter From The CEO

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To Our Community Members:

Cumberland County Hospital is committed to providing high-quality healthcare and exemplary customer services. The hospital is a community-based hospital located in the heart of Burkesville, Kentucky. A board governs the hospital and ensures that the hospital's strategic direction is met. The organization consistently meets the community's health care needs and the people it serves.

Our goal with the attached Community Health Needs Assessment ("CHNA") is to understand better the range of issues affecting community health needs, including local healthcare services provided and any gaps in meeting those needs. Moreover, through this assessment process, report, and subsequent actions, we hope to strengthen the understanding and working relationships among and between the hospital and the other various health care, social service, and community providers that all play a role in shaping the health status of our community. In the new era of population health management, it will be imperative that various providers and organizations work together collaboratively to serve patients better and provide care and service focused on prevention, health promotion, and wellness.

The significance of better understanding our community's needs was highlighted with the Patient Protection and Affordable Care Act requirements passed on March 23, 2010. New requirements for tax-exempt hospitals were added to the Internal Revenue Code mandating hospitals to conduct a community health needs assessment every three years and adopt an implementation strategy to address applicable needs detected during the assessment process.

In 2022, a CHNA was conducted by Cumberland County Hospital for the region we serve. We will be developing an implementation strategy for the functional needs addressed. The results will be summarized in a separate report approved by Cumberland County Hospital and its Governing Board.

We are pleased to present this comprehensive CHNA, which represents a thorough assessment of health care needs in our community. We look forward to working with you and others in the community to optimize community health and continue meeting Cumberland County Hospital's mission to provide high-quality outpatient and inpatient healthcare services to the Cumberland County communities.

Richard Neikirk, CEO

## MISSION

The mission at Cumberland County Hospital is to provide high quality outpatient and inpatient healthcare services to the Cumberland County communities.

## VALUES

We will always treat you like family

## Executive Summary

On behalf of Cumberland County Hospital, a community health needs assessment (“CHNA”) was conducted in 2022 primarily to identify the major health needs, both met and unmet, within the surrounding community. The community’s geographic area is comprised primarily of Cumberland County with a population of 6,697 according to the 2019 census.

The primary objectives of the CHNA were to: 1) identify major health needs within the community to improve the health of the area’s residents and facilitate collaboration among local healthcare providers, and 2) satisfy the federal guidelines within the Patient Protection and Affordable Care Act (“PPACA”) of 2010.

Data for this CHNA was collected from primary and secondary sources to identify key findings and gaps that may exist between health needs and services provided within the community. The method of collection for primary data were personal interviews and surveys. Several secondary data sources were reviewed and analyzed to identify key findings with strategic implications and for benchmarking the Hospital’s service area.

Finally, it is important to note that our data collection did not include a statistically representative sample of the community, in that members of disadvantaged populations were less likely to participate via a web-based survey. These individuals may include immigrants, the homeless, as well as individuals with low education and income levels.

Highlighted, subsequently, are important findings identified through the data collection, analysis, and assessment process:

- Access to Care
- Drug Abuse
- Health outcomes and Inactivity/Obesity
- Teen Births
- Mental Health

Cumberland County has identified the above needs for its community and prioritized them based on the order above. The section later in this report titled “[KEY FINDINGS](#)” will go through the top health needs identified during the CHNA process.

## Organizational Background

### Cumberland County Hospital

Located in Burkesville, KY, Cumberland County Hospital is a critical access hospital that provides inpatient, outpatient, in-home, and emergency care to area residents assuring patients of continuity of quality care all within a few minutes' drive from home. The hospital is dedicated to serving the healthcare needs and improving the health of the people in the community. Cumberland County Hospital is a not-for-profit hospital and accepts all patients regardless of their ability to pay.

The Board of Directors of Cumberland County Hospital is a body elected to serve as the governing body for the hospital. The Directors volunteer in various efforts throughout the community and participate in the various educational, fundraising, and the monthly Hospital board meetings. As a director, they are entrusted with the responsibility of seeing that the hospital achieves its Mission of providing outstanding health care to the community.

Cumberland County Hospital has a rich heritage of Director leadership. This has resulted in a hospital for the community, which has consistently addressed the community's health care needs and provided outstanding care and service. The current Board is no different. Citizens of Cumberland County should be comforted in the knowledge that their Hospital Board members are engaged in overseeing the operations of the hospital and defining the strategic direction of the enterprise so that it consistently meets the health care needs of the people.

### History

Located in the beautiful south-central Kentucky town of Burkesville, overlooking the majestic Cumberland River. As of the 2017 census, the population of Burkesville was 1,481. The county was formed in 1798 and named for the Cumberland River, which in turn may have been named after the Duke of Cumberland or the English county of Cumberland.

Today, the hospital is a 25-bed, not-for-profit with a Cumberland County consisting primarily of Cumberland County, KY. The hospital is one of the largest employers in the community employing more than 150 full-time and part-time staff members. The hospital is governed by 11 Board Members. One of the Hospital's Governing Board members is a physician.

During the cost report period ending June 30, 2021, the hospital had net patient revenue of just over \$21 million with 315 discharges and 2,699 patient days equating to an average daily inpatient census of just over seven patients per day.

# Services

<b>Medical Services</b>	<b>Dietary Services</b>
<b>Blood Bank</b>	<b>Nutritional Consults and Counseling</b>
<b>Emergency Department</b>	<b>Specialty Services</b>
<b>Family Medicine</b>	<b>Ambulance Services</b>
<b>Internal Medicine</b>	<b>Chronic Care Management</b>
<b>Long Term Care (Swing Beds)</b>	<b>Home Sleep Study</b>
<b>Orthopedics</b>	<b>Occupational Therapy</b>
<b>Pulmonary Medicine</b>	<b>Pastoral Care</b>
<b>Rural Health Clinics</b>	<b>Pharmacy (Inpatient)</b>
<b>Radiology &amp; Diagnostic Services</b>	<b>Physical Therapy</b>
<b>Bone Densitometry</b>	<b>Respiratory Therapy</b>
<b>CT and Digital Imaging</b>	<b>Social Services</b>
<b>EEG</b>	<b>Speech Therapy</b>
<b>Fluoroscopy</b>	<b>Laboratory</b>
	<b>Ultrasound</b>

### Service Area & Community of the Hospital

Cumberland County Hospital conducted the CHNA during 2022 on behalf of the approximately 6,697 (2019 US Census) residents of Cumberland County and the patients served by the hospital from neighboring communities. Additionally, the hospital provides services to members of the bordering counties of Adair, Metcalfe, Monroe, Russell, and Clinton.

Cumberland County Hospital's primary service area includes Cumberland County, which covers roughly 311 square miles, with the local economy and surrounding areas focused on manufacturing, healthcare, social assistance, education, agriculture, and retail activities.

2019 Census data also reports that the median age in Cumberland County is 46. The median age for the United States is 38.1 years. The number of persons per household in Cumberland County is 2.49. The U.S. average number of persons per household is 2.53. Race in Cumberland County is as follows: 94.7% White, 2.9% Black or African American, 0.2% Native American, 0.2% Asian, 0% Pacific Islander, 0% from other races, and 2.0% from two or more races. 1.5% of the population were Hispanic or Latino of any race. Persons 65 years and older represent 22.8% of the population and persons under the age of 18 years represent 21.0% of the population of the county.

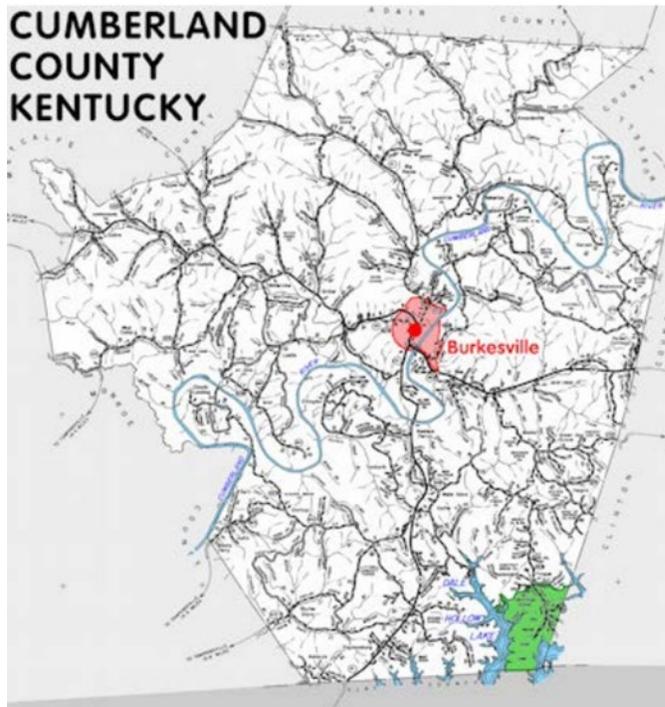
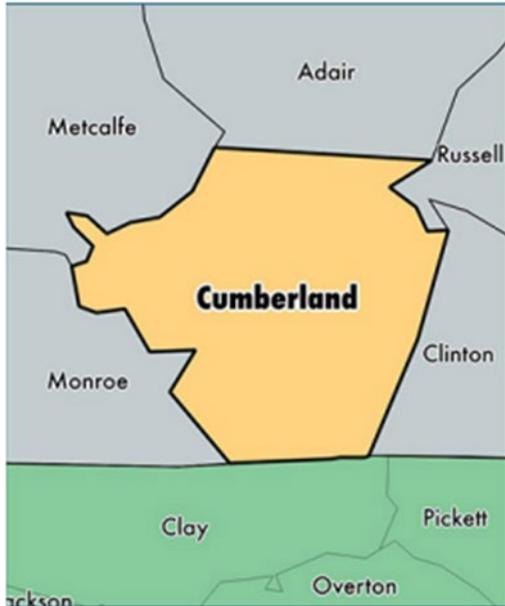
There are 2,220 patients to 1 primary care physicians in Cumberland County as compared to the Kentucky average of 1,540 to 1:

- a. The overall health ranking for Cumberland County is 49 out of 120, with the general state ranking being 44th out of 50 states.

The defined communities served within this report did not exclude the medically underserved, low-income, or minority populations who live in the below geographic areas. In addition, the information did not exclude patients based on whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under Cumberland County Hospital's financial assistance policy.

To see this report, click [Here](#)

## Service Area Maps



## Kentucky Health Facts

The following table compares the state of Kentucky to the United States for key health indicators. The table gives a snapshot of the state trends.

Health Indicator	Kentucky	United States	Status
Smoking (% of adults, current smoker)	24.2%	16.0%	Higher
Youth Smoking	8.9%	6.0%	Higher
Youth e-cigarettes	26.1%	32.7%	Lower
Obesity	36.2%	32.1%	Higher
Youth Obesity	18.4%	15.5%	Higher
Mentally unhealthy days per month	5.3	4.3	Higher
Uninsured population under 65	9.0%	12.8%	Lower
Past year dental visits for adults	62.2%	67.6%	Lower
Drug overdose deaths	32.5	21.6	Higher
Cancer deaths	192.8	158.3	Higher
Heart disease deaths per 100,000	198.3	163.6	Higher
Infant Mortality per 1,000 live births	5.8	5.7	Higher
Life Expectancy at birth	75.9	78.8	Lower
	Kentucky	United States	Status

Source: [KentuckyHealthFacts.org](https://KentuckyHealthFacts.org)

# Conducting the Assessment

## Overview

Cumberland County Hospital engaged Blue & Co., LLC (“Blue”) to assist the hospital in conducting a CHNA and analyzing the data for the CHNA requirements outlined in section 9007 of the Patient Protection and Affordable Care Act (“PPACA”) of 2010. Blue is a Certified Public Accounting firm that provides tax consulting and compliance to the healthcare industry, among other services. Cumberland County Hospital provided all the financial support for the assessment process.

The CHNA requirements began in the taxable years beginning after March 23, 2010. On December 29, 2014, the Treasury Department and the IRS published final regulations for section 501(r) located in 26 CFR parts 1, 53, and 602. The Kentucky State Department of Health licenses Cumberland County Hospital as a hospital facility. The Joint Commission and Medicare Certified also accredit the hospital.

The assessment was developed to identify the significant health needs in the community and gaps that may exist in services provided. It was also designed to provide the community with information to assess essential healthcare, preventive care, health education, and treatment services. This endeavor represents the Cumberland County Hospital’s efforts to share information that can lead to improved healthcare and quality of care available to the community while reinforcing and augmenting the existing infrastructure of services and providers.

## Community Health Needs Assessment Goals

The assessment had several goals which included identification and documentation of:

- Community health needs
- Quantitative analysis of needed physicians by specialty in the service area
- Health services offered in Cumberland County Hospital’s service area
- Significant gaps in health needs and services offered
- Barriers to meeting any needs that may exist

Other goals of the assessment were:

- Strengthen relationships with local community leaders, health care leaders and providers, other health service organizations, and the community at large
- Provide quantitative and qualitative data to help guide future strategic, policy, business, and clinical programming decisions

# Evaluation of 2018 Community Health Needs Assessment

The list below provides some of the identified needs from Cumberland County Hospitals 2018 Community Health Needs Assessment (“CHNA”). An evaluation of the impact of actions taken since Cumberland County Hospital finished conducting its 2018 CHNA to address the significant health needs identified in the 2018 CHNA. Some of the results of Cumberland County Hospital’s activities are listed below

## 2018 CHNA Focus Areas

### Physician Recruitment

Goal 1: Increasing primary care physicians (family practice, internal medicine, and pediatrics)

### Educational Programs

Goal 1: Increasing educational awareness programs

### Substance Abuse

Goal 1: Increasing the number of substance abuse/addictions providers and professionals

Goal 2: Increasing substance abuse prevention

### Transportation

Goal 1: Expanding transportation services to/from treatment services

### Patient Access

Goal 1: Increasing access to pain management services for treatment

The onset of Covid-19 has impacted both small and large communities alike. The effect on health care workers and the patients has been challenging, and in small rural hospitals, fighting Covid-19 can be particularly intense. The Covid-19 pandemic has impacted the rise in mental health, substance use, and access to care in most if not all small rural communities.

Due to the Covid-19 Pandemic, many of the goals from the previous CHNA may have been left unobtained. Instead, most of the focus was placed on Covid prevention, hospital staffing, Covid readiness/testing, and ultimately vaccine distribution.

## Process and Methodology

Documenting the healthcare needs of a community allows healthcare organizations to design and implement cost-effective strategies that improve the health of the population served. A comprehensive data-focused assessment process can uncover critical health needs and concerns related to education, prevention, detection, diagnosis, service delivery, and treatment. Blue used an assessment process focused on collecting primary and secondary data sources to identify critical areas of concern.

Blue and Cumberland County Hospital developed interview questions and a survey that would be the tools to gather information from key stakeholders in the community. Blue then conducted conversations with community leaders and members of the hospital's medical staff or sent surveys that could be completed online. The community outreach data collection strategy was targeted at engaging a cross-section of residents from the community, as discussed below. Once data had been collected and analyzed, meetings with hospital leadership were held to discuss key findings and refine and prioritize the comprehensive list of community needs, services, and potential gaps.

### Primary Data Collection Methods

The primary data was collected, analyzed, and presented with the assistance of Blue. Two primary data collection methods were used: 1) online surveys and 2) personal interviews.

#### Surveys and Personal Interviews

A survey was developed by Cumberland County Hospital and used to solicit perceptions, insights, and general understanding from community members who represent the broad interests of the community, including those with special knowledge of or expertise in public health. These individuals also represented the interests of the medically underserved, low-income, and minority populations of the community served.

The survey was comprised of twenty-nine questions in total. Community leaders were asked the following key questions: top three most significant health needs in the community, perception of the availability of services, health status, provider coordination, and barriers. Additionally, the participants were allowed to write in issues not listed. The survey results can be found in the Community Survey Results section of the report.

Personal interviews were conducted by Cumberland, with a total of 11 participants during April of 2022, with each session lasting approximately 30 minutes. These sessions were conducted with community members served by Cumberland County Hospital, including public service leaders, health experts, public officials, physicians, hospital employees, and other health professionals and providers, including those associated with Cumberland County Hospital. The primary objective was to solicit perceptions regarding health needs and services offered in the community, along with any opportunities or barriers to satisfying requirements. The interview questions can be found in [Attachment G](#) of the report.

## Secondary Data Sources

Blue reviewed secondary statistical data sources, including Deloitte 2020 Survey of Health Care Consumers in the United States, to identify health factors with strategic implications. The health factors identified were supported with information from additional sources, including US Census Quick Facts, County Health Rankings, and the Kentucky Department of Health. In addition, hospital-specific data provided by Cumberland County Hospital were reviewed (citations in [Attachment H](#)).

## Key Findings

The following represents key findings generated from the data collection and analysis process:

### High-level overview by data source – Key Findings:

#### 1. Quantitative Secondary data

- a. High Teen pregnancy
- b. Low flu vaccines
- c. Very low access to exercise opportunities
- d. Poor physical health days
- e. Adult Smoking
- f. Adult obesity is half and half in regards to better than the state, but is still trending worse in this measure
- g. Food Index is better than KY
- h. Primary Care in Cumberland co is trending down and worse than KY/US
- i. Children in poverty is a lot worse in all the counties, by 10% or more in most cases. This is also trending down or staying the same
- j. Alcohol impaired deaths is 5% higher than the state in Cumberland only
- k. Physical inactivity is better in Cumberland compared to KY and worse in the other counties
- l. Low graduation rates for high school
- m. High preventable hospital stays
- n. Higher mental health to population, higher in all counties compared to KY

#### 2. Survey Trends

- a. Q10 Lack of exercise & health eating options
- b. Q9 Drug abuse
- c. Q15 & 16 Mental health access – should do a deeper dive into access issues since there were a lot of “other” in this group
- d. Q25 44% of surveys say Covid impacted how they received care
- e. Q17 66% said they have not participated in deliberate exercise in the last week
- f. Q13 25% said they needed medical care an unable to get it

#### 3. Interview Trends

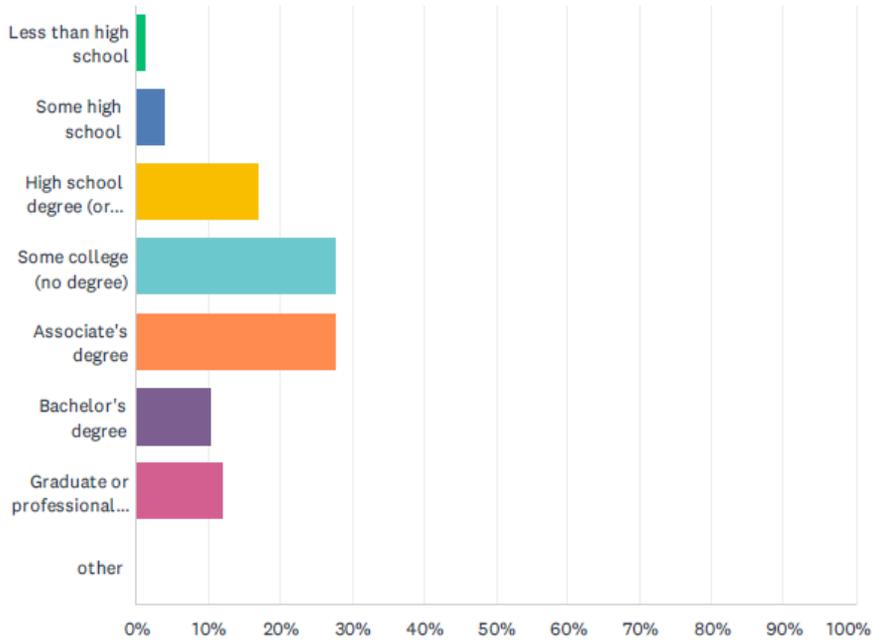
- a. Mental Health access is an issue
- b. Quality of life is “better” since Covid
- c. Lower income people have worse quality of life
- d. Lower quality of life is due to a range of factors including education, age, generations doing the same things related to health, lack of awareness
- e. Drugs are the biggest issue when it comes critical health issues and quality of life along with cancer and diabetes

# Community Survey Results

Highlights from community electronic survey results: (for full results, see [attachment J](#))

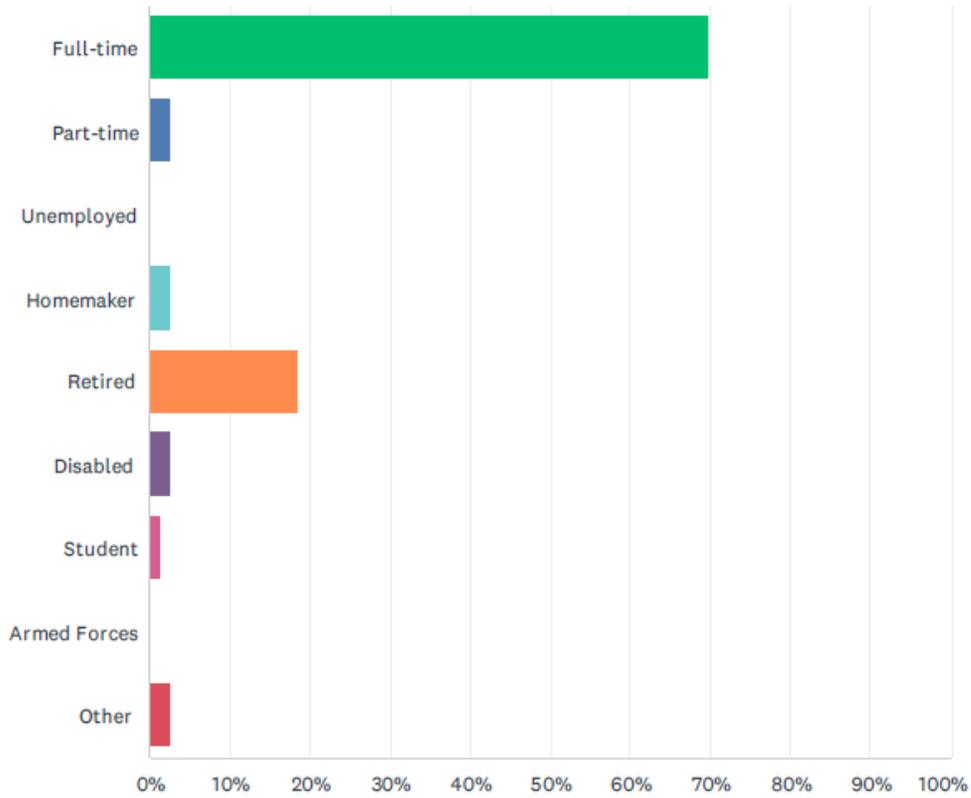
## Q4 what is your highest level of education?

Answered: 76 Skipped: 0



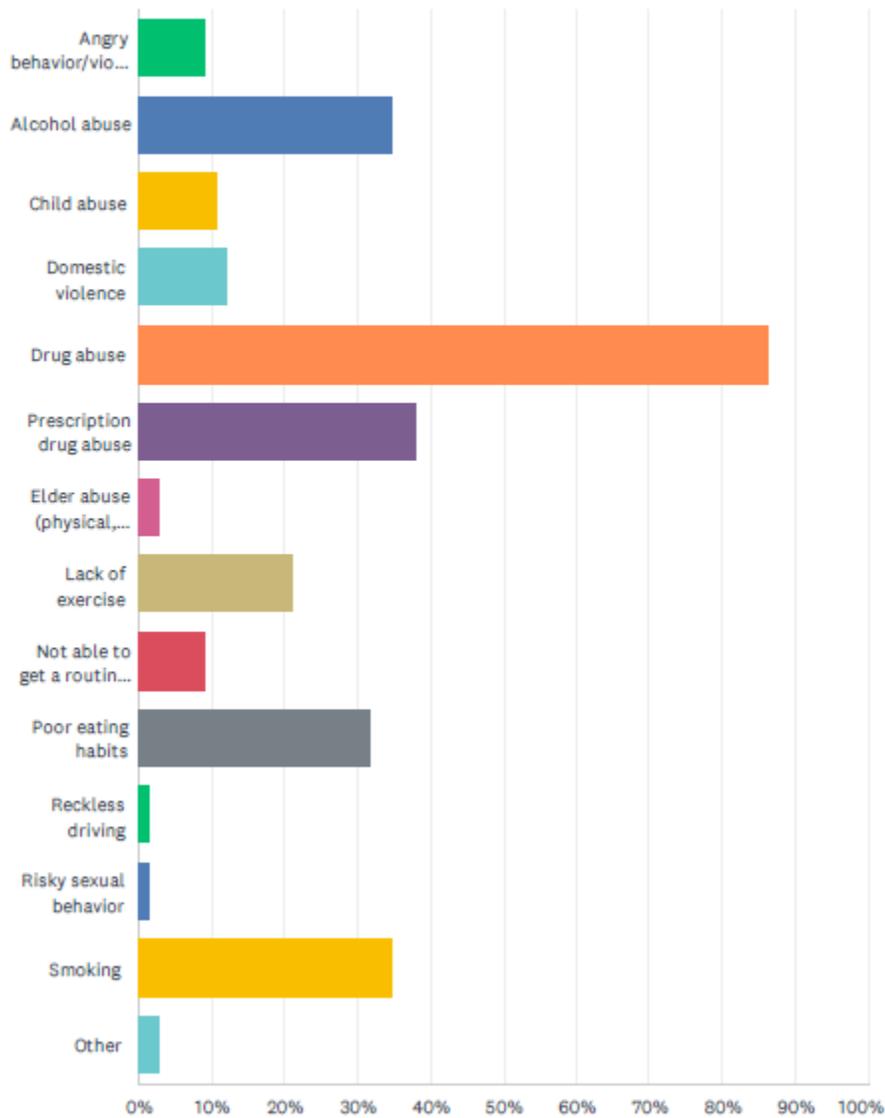
## Q6 What is your job status?

Answered: 76 Skipped: 0



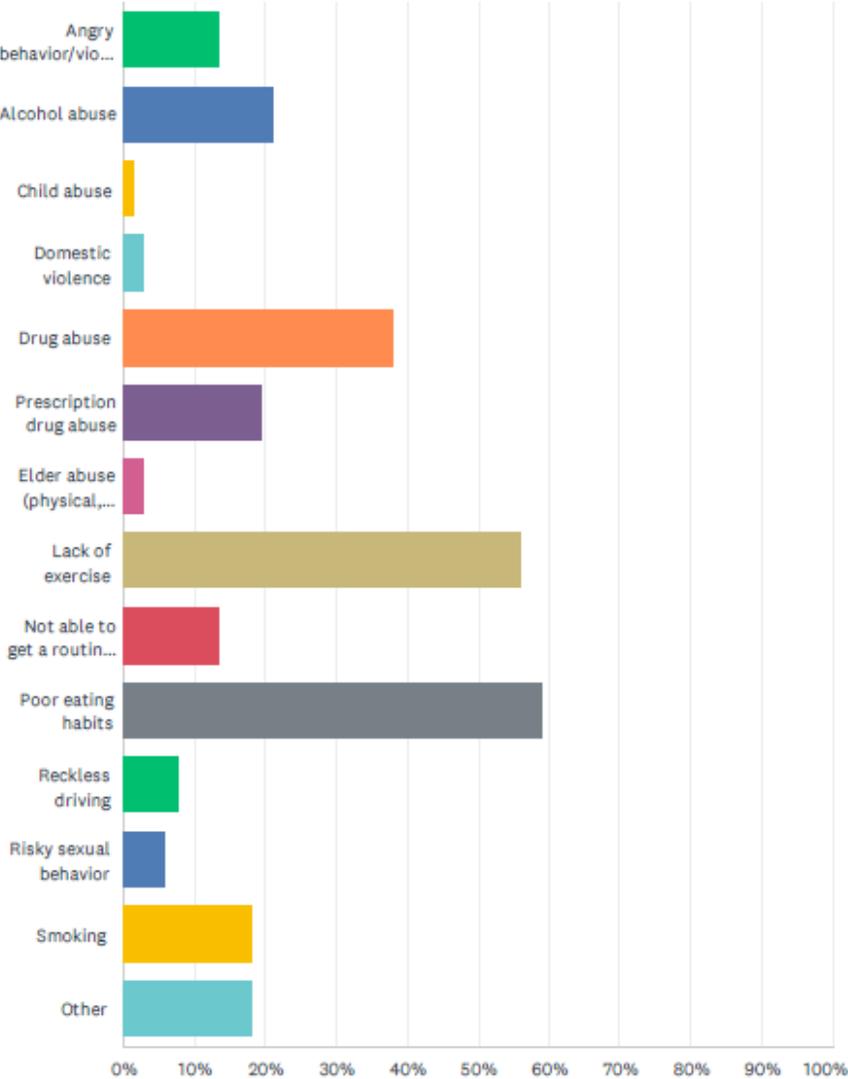
### Q9 Please identify the three most important unhealthy behaviors in our community. Please only select 3.

Answered: 66 Skipped: 10



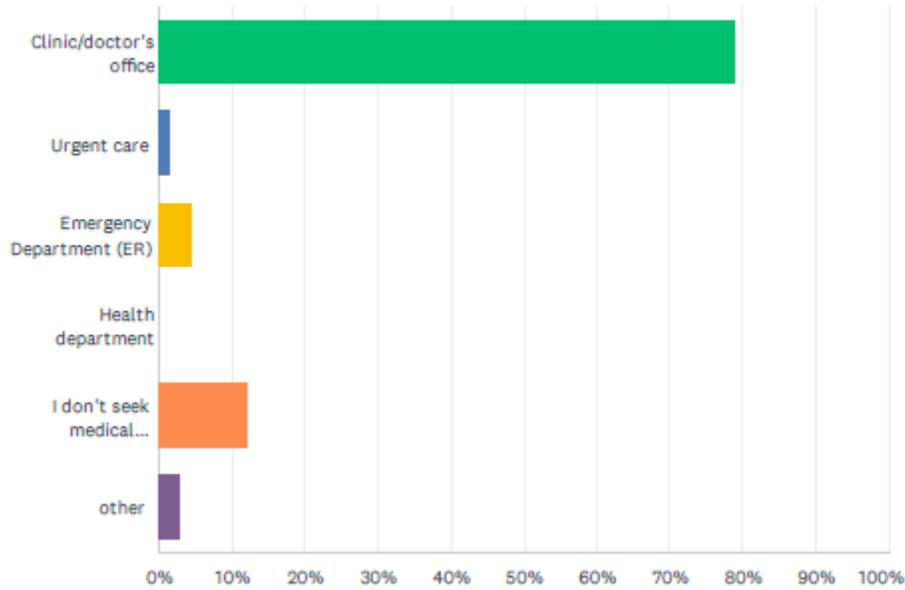
Q10 Please identify the three (3) most important factors that impact your well-being in our community. Only select 3.

Answered: 66 Skipped: 10



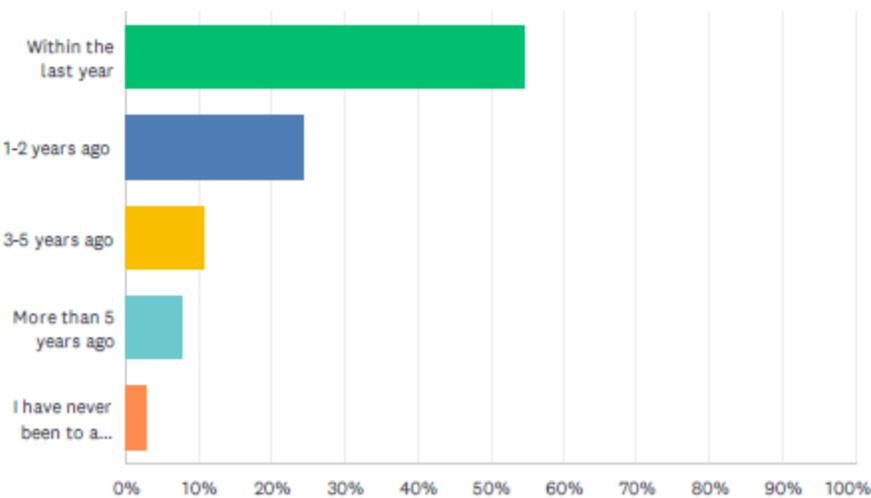
### Q11 When you get sick, where do you go?

Answered: 66 Skipped: 10



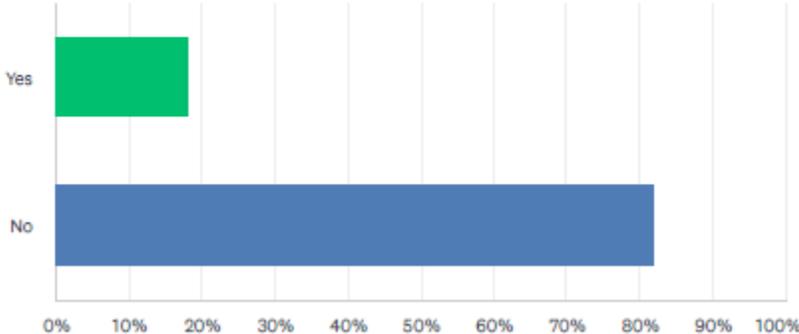
### Q12 How long has it been since you have been to the doctor to get a checkup when you were well (not because you were already sick)?

Answered: 66 Skipped: 10



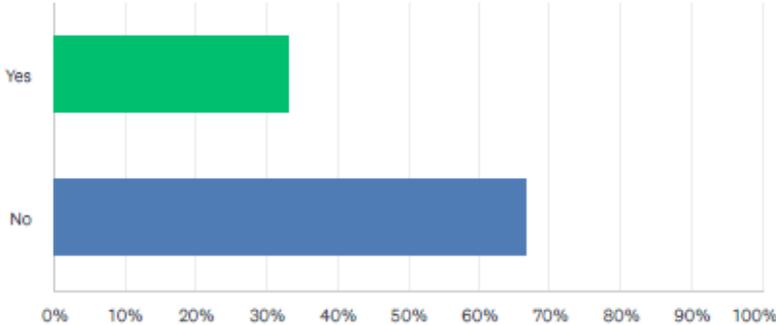
Q15 In the last year, was there a time you needed mental health counseling but was unable to get the help I needed?

Answered: 66 Skipped: 10



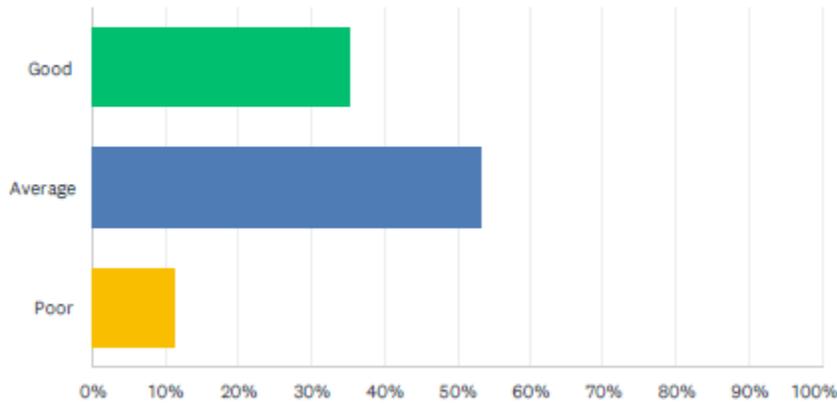
Q17 In the last week, did you participate in deliberate exercise, (such as, jogging, walking, golf, weight-lifting, fitness classes) that lasted for at least 30 minutes or more?

Answered: 63 Skipped: 13



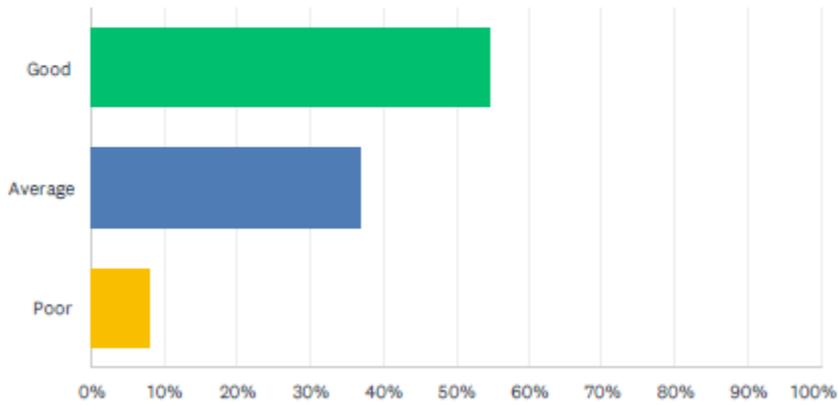
### Q22 Overall, my physical health is:

Answered: 62 Skipped: 14



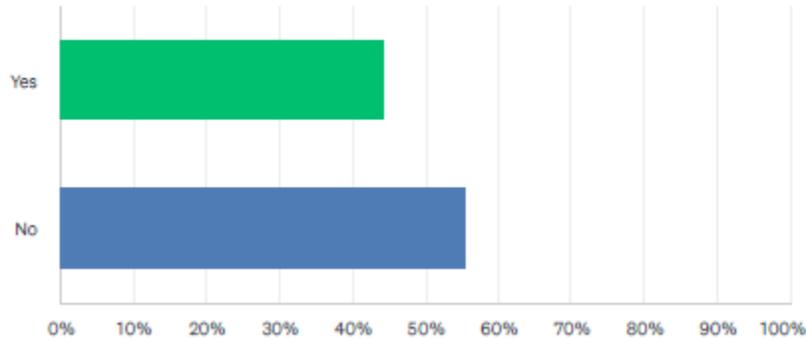
### Q23 Overall, my mental health is:

Answered: 62 Skipped: 14



## Q25 In the past two years, has Covid impacted the way you get your healthcare?

Answered: 61 Skipped: 15



### Personal Interview Results

Responses to “Health and Quality of Life in Cumberland County”

1. Very Good
2. Good
3. Excellent
4. Good
5. Good
6. Very Good
7. Very Good
8. Excellent
9. Very Good
10. Excellent
11. Very Good

Responses to “Has health and quality of life improved, stayed the same, or declined in the past few years?”

All participants agreed that Cumberland County has improved to some degree, but COVID-19 has played a significant part within the community. They all point to lack of transportation, substance abuse, and the need to be more competitive with neighboring hospitals as substantial barriers.

1. Stayed the same

2. Declined
3. Improved, we are better off now and because of COVID we are now better and more prepared to face difficulties and future obstacles.
4. Improved
5. Improved, I do think it's the different opportunities that the community has to understand more about wellness than just when something is wrong with them.
6. Stayed the same
7. Improved, Because of modern medicine and new technology available.
8. Declined, Health wise people are sicker, but also have social media so that we know more about the sick.
9. Improved, because have a few more things available and doctors.
10. Improved, better for some.
11. Improved, with the way COVID was in the news it has made more people aware and taking care of health and we have another local doctor in the county so more sources available.

Responses to "Are there people or groups of people in Cumberland County whose health or quality of life may not be as good as others?"

Due to different income levels and Insurance barriers, all participants agree that those considered to be in poverty have a lower quality of life.

1. Yes
2. Yes
3. Yes
4. Yes
5. Yes
6. Yes
7. Yes
8. Yes
9. Yes
10. Yes
11. Yes

a. Who are these persons or groups (whose health or quality of life is not as good as others)?

1. The ones with poor living conditions.
2. The elderly population that does not have people to take them out and to doctors normally.
3. Low-income individuals.
4. Elderly
5. The lower income.

6. Low income, there is a group that's ok with whatever.
7. Low income.
8. Elderly group with lack of personal help and willingness help, low income.
9. A lot of super rural people who just refuse to go to doctor and try to self-treat. Themselves.
10. Low income.
11. Lower socioeconomic group.

b. Why do you think their health/quality of life is not as good as others?

1. Because of hygiene and cleanliness.
2. Transportation.
3. They just will not seek out care.
4. Just due to age.
5. Mostly has to do with family history and education.
6. 3<sup>rd</sup> generations are just following prior generation and seeking change. Just doing the same thing.
7. General lack of resources that they do not know that they have.
8. Lack of personal help and willingness to receive help, low income
9. A lot of super rural people who just refuse to go to doctor and try to self-treat themselves
10. They are uneducated and they just cannot grasp the things they need to grasp. Not sure how you reach those people. It goes back generations
11. Lack of awareness of possible medical problems and procedures, they may have something and not know how to go about getting it addressed

What barriers, if any, exist to improving health and quality of life in Cumberland County?

1. I do not know.
2. I do not know.
3. Once I would have said funding but since the pandemic funding has not been an issue. Really, I do not see that as an issue.
4. Nothing really holds us back other than obesity.
5. How do you reach that group of people that does not seek help and is uneducated? Things are available and not lack of trying it is just getting them to cooperate.
6. No barriers. It is there if you want it.
7. Really no barriers.
8. Not necessarily barriers but where we are so small, we can't treat bigger things here and do have to travel to get larger things treated.
9. I do hear a lot of folks saying they don't have insurance and can't get it and don't know they can still go to the doctor.
10. I think we have a wonderful healthcare system here as a whole in the county. We have all of the tools we need. We do have need for employees, but all of the systems are there it's an economic and education thing. Getting those people pushed to improve that themselves.

11. A lack of acceptance to change and continue to do the same thing. Treat health same as generations before.

Responses to “What are the most critical health and quality of life issues?”

1. Drugs & Cancer
2. Drugs, heart disease, and obesity
3. Cancer is the top issue for our population. Drugs are bad.
4. Mental health, and because of COVID. Obesity and diabetes.
5. Drug issues, obesity, and diabetes.
6. Cancer & Diabetes.
7. Cancer, lack of jobs and poor housing.
8. Cancer, lack of education, diabetics, and heart problems people refuse to learn and get treated.
9. Don't have enough mental health services or anywhere for mental health care.
10. Drugs, nutrition and eating properly.
11. Diet, smoking, feel that radon is a problem too and people don't get tested.

What needs to be done to address these issues?

1. The more we can put into research and the studying of the diseases especially cancer they can be better.
2. Could probably do/offer more things like programs and advertise more for those programs.
3. There have been plenty of studies even by EPA and found nothing pertaining to Cancer. Not sure how can improve quality.
4. Just getting the word out more that there is help there if you need it.
5. All we can do is continue to reach out. Different people make things available it is just a matter of how to get them to engage. For example, everyone has a phone, is that a way to reach everyone?
6. If it could be done, we'd be doing it.
7. More random testing should be done in homes with health department and the county governments working with the city government. If everyone would work together it could help.
8. Could do more education but will receive lack of participation.
9. Try to get more mental health services.
10. Better access to counseling would help and try to do that and it not be stigmatized. We need a brick-and-mortar place here in the county that they could get to and get too quicker. Just more outreach to try to get ahold of these people.
11. Get more people to attend more public awareness services that are provided and education.

Responses to “Has access to health improved in last few years?”

1. Yes, because of better technology.
2. I feel like the access to the healthcare has stayed the same.
3. Yes. We have the two clinics and ER 24/7. Years ago, we only had one doctor in the county.
4. Yes. COVID changed a lot of things, but the telehealth has really helped in this area. It is one of the good things that came from COVID.
5. I do. It comes down to telehealth and more technology.
6. Yeah, there is more access to local healthcare, doctors come here to do clinics.
7. Yes, it has because COVID has given people a healthier mind.
8. Yes. More programs available. More availability.
9. Yes, have more physicians in area and more places staying open more.
10. I think everything is there. Pandemic has really messed everything up and put a cloud over it all. But everything is still there for services. There is a fear factor now though.
11. Yes. COVID had more people wanting to make sure had testing and more access for that service.

Responses to “Are you familiar with the outreach efforts of Cumberland County Hospital regarding Heart Disease, Cancer, and Stroke?”

1. No. Not really any suggestions.
2. They do the annual health fair during the Bluegrass Festival and provide discounted blood work.
3. Meetings at extension that educate about diabetes and hospital takes part in. Health Coalition meets monthly. Outreach is here if people would participate. Not sure if you offered more that more would participate. Could possibly do more health fair type events.
4. I am familiar with a few programs and different things to access. I have not had to access them so not really familiar. One thing is the newspaper could put a free column in like the health department to share info and education.
5. There have been some different community events in past to get blood pressures checked and things.
6. I hear the ads on the radio advertise clinics, the health fair also addresses those issues. No suggestions for additional outreach.
7. No, I’m not aware. No suggestions because the hospital does do the health fair that provides outreach.
8. Health Fair where you can get labs done at a set rate to screen for diseases. Labs are very helpful. Can’t see any additional efforts CCH does what a hospital can do.
9. The Health Fair and I’ve always seen brochures around the hospital and the tv in the common area of hospital shows education.
10. Hospital is doing everything they can. We are very small but do an excellent job and has made leaps and bounds in the last 15 years for sure. I know they bring in doctors from other places for clinics that address those needs for outpatient services.
11. Yes. The health fair that provides discounted blood pressure checks, lab work etc.

Responses to “What insights and observations do you have in regard to health behaviors in the community surrounding obesity, physical inactivity, drug abuse, and tobacco use?”

1. Not really improved pretty much stayed same. Because of technology obesity has gotten worse due to lack of activity. Unfortunately, no improvements in drug abuse. See it a lot more now. Law enforcement in general we are constantly battling it and continue to battle it. It is something that is impossible to take control of. All of it stems from how raised in the home. Especially lack of supervision of phones and media.
2. No improvements have been made.
3. I know all issues have been addressed just matter of participation.
4. The drug abuse is just horrible now. I am not sure the answer to that. The obesity is the younger generation having the knowledge to be healthier.
5. As far as obesity I do see more people trying to try to try to be healthier. I do not have insight enough to know if the drug abuse has improved. Drug abuse just must continuously be made aware and educated and, on every avenue, possible.
6. Drug abuse is getting worse. Obesity has help that is being offered. Don't seem to be much difference in last 3 years on smoking but definitely changed during last 10 years.
7. No drugs have gotten worse. Obesity is still a big problem, and smoking does not seem to have slowed down. If they quit smoking they seem to be vaping now. Health Department is trying but I think more of the health care professionals coming together and educating as a team.
8. Obesity does have the options to address by using walking track and city parks. Most areas have cut out smoking. City provides the parks for inactivity. 4-H addresses obesity with activities and the health department has classes.
9. Everyone is pushing for healthy living and educating on diet. As a whole the community is better on obesity. Drug use as a whole is about the same and will always be there. Drug court is around to help that too. Smokers that did quit are vaping and usually go back to smoking.
10. I think tobacco has definitely improved but we do have a problem with vaping now. Less and less smokers but are turning to vaping. I see respiratory crisis in future because of it.
11. I think the school systems are trying to make more things available as far as activities and starting them younger. They do have drug court and it is successful for those few who cooperate.

Responses to “What is the most important issue Cumberland County Hospital should address in next 3-5 years?”

1. I cannot think of anything. No complaints. Doing a good job with what must work with.
2. Offer more pre-screening options.
3. I do not know. I have faith though that if it needs to be addressed it will be addressed.
4. We are just getting over the COVID at this point and not sure other than continuing to provide the great care.

5. Continue to expand the technology side of health. Telehealth to allow those who do not have access to reach healthcare. Also keep efforts to reach good, new, and potential employees.
6. Nothing. For a local hospital they are doing a great job reaching out and bringing in doctors from the outside. All services are localized, and PT is great.
7. Only issue now is shortage personnel. Not sure what can be done about it. It's everywhere.
8. This towns biggest issue is drugs and hard for hospital to address that. Would be neat if hospital had some pre-screenings for cancer. Mammograms good program to add.
9. The hospital supports the entire community and always has. We are little but have provided everything we could offer and should offer. Could possibly try to get mental health services.
10. Hospitals relationship with the clinics makes for a wonderful setting, the acquisition of the pharmacy was a great move and even the acquisition of the medical supply. Only thing I could say is if any service where people have to travel no matter small or large that we could do to keep here and eliminate travel would be good. Obviously, chemo and radiation are too big of step to move here but more clinics for outpatient helps.
11. More on heart health, education wise and more procedures for it here.

***“The pandemic has made us better as a whole. It was made evident that the right people are in the right place doing great things.”***

***“Really appreciate what the hospital does and what have been through over the last few years. The hospital is our community’s greatest asset.”***

***“This small hospital did everything that could be done during COVID. My family personally was treated expertly and very well, and it is appreciated.”***

# National Healthcare Trends

## National Healthcare Trends Synopsis

Healthcare spending continues to slowly grow at the national level each year. The following data describes the recent trends in national healthcare and was obtained from the Centers for Medicare & Medicaid Services (CMS) and the American Health Rankings. For full report, please see Attachment I: [National Health Care Trends](#)

## CMS 2020 Health Expenditures

- NHE grew 9.7% to \$4.1 trillion in 2020, or \$12,530 per person, and accounted for 19.7% of Gross Domestic Product (GDP)
- Medicare spending grew 3.5% to \$829.5 billion in 2020, or 20 percent of total NHE
- Medicaid spending grew 9.2% to \$671.2 billion in 2020, or 16 percent of total NHE
- Private health insurance spending declined 1.2% to \$1,151.4 billion in 2020, or 28 percent of total NHE
- Out of pocket spending declined 3.7% to \$388.6 billion in 2020, or 9 percent of total NHE
- Federal government spending for health care grew 36.0% in 2020, significantly faster than the 5.9% growth in 2019. This faster growth was largely in response to the COVID-19 pandemic
- Hospital expenditures grew 6.4% to \$1,270.1 billion in 2020, slightly faster than the 6.3% growth in 2019
- Physician and clinical services expenditures grew 5.4% to \$809.5 billion in 2020, faster growth than the 4.2% in 2019
- Prescription drug spending increased 3.0% to \$348.4 billion in 2020, slower than the 4.3% growth in 2019
- The largest shares of total health spending were sponsored by the federal government (36.3 percent) and the households (26.1 percent). The private business share of health spending accounted for 16.7 percent of total health care spending, state and local governments accounted for 14.3 percent, and other private revenues accounted for 6.5 percent.

As a nation, there has been a strong awareness on the impact our lifestyles have on our health. The following data obtained from America's Health Rankings 2020 Edition represents the improvements and challenges in healthcare factors for 2020.

## 2020 National Findings

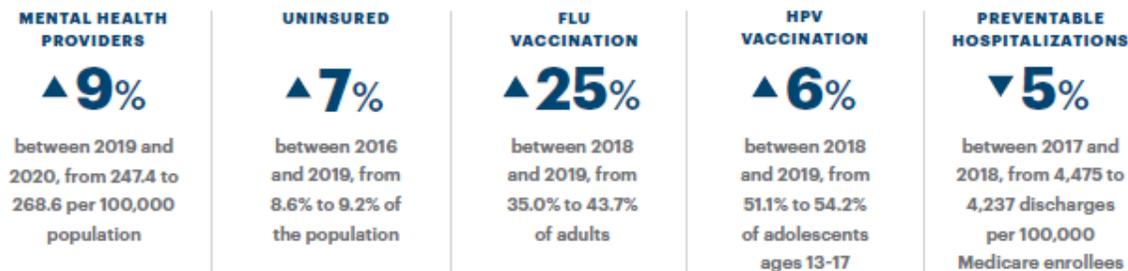
### Social & Economic Factors



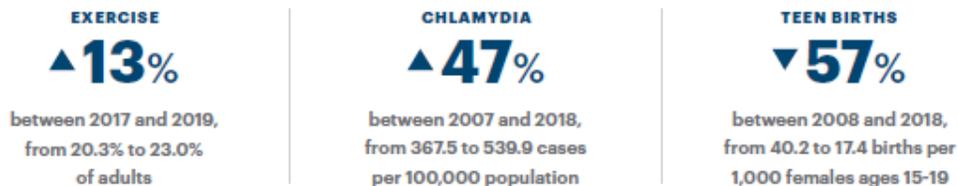
### Physical Environment



### Clinical Care



### Behaviors



## Health Outcomes

### FREQUENT MENTAL DISTRESS

▲ **11%**

between 2018 and 2019, from 12.4% to 13.8% of adults

### PAST MONTH NON-MEDICAL DRUG USE

▲ **10%**

between 2019 and 2020, from 5.9% to 6.5% of adults

### DRUG DEATHS

▼ **5%**

between 2017 and 2018, from 21.6 to 20.6 deaths per 100,000 population

### PREMATURE DEATH

▼ **1%**

between 2017 and 2018 from 7,447 to 7,350 years of potential life lost before age 75 per 100,000 population

### SUICIDE

▲ **23%**

between 2009 and 2018, from 12.0 to 14.8 deaths per 100,000 population

### LOW BIRTHWEIGHT

▲ **19%**

between 1990 and 2018, from 7.0% to 8.3% of infants

### LOW BIRTHWEIGHT RACIAL GAP

▲ **4%**

between 2017 and 2018, from 6.7 to 7.0 percentage points

### MULTIPLE CHRONIC CONDITIONS

▼ **8%**

between 2018 and 2019, from 10.3% to 9.5% of adults

### OBESITY

▲ **15%**

between 2011 and 2019, from 27.8% to 31.9% of adults



Americashealthrankings.org [2020 annual report](#)

## State Healthcare Trends Synopsis

# Kentucky



# 47

Health Outcome State Ranking

## America's Health Ranking – Summary 2021:

### Highlights:

#### FREQUENT MENTAL DISTRESS

**▲26%**

from 13.8% to 17.4% of adults between 2015 and 2020

#### SMOKING

**▼26%**

from 29.0% to 21.4% of adults between 2011 and 2020

#### FLU VACCINATION

**▲10%**

from 42.1% to 46.5% of adults between 2019 and 2020

### Strengths:

- Low racial disparity in premature death rates
- High rate of high school graduation
- High percentage of fluoridated water

### Challenges:

- High prevalence of multiple chronic conditions
- High prevalence of insufficient sleep
- High prevalence of cigarette smoking

Source: [America's Health Ranking](#)

## Kentucky Health Ranking Highlights:

Measures		Rating	State Rank	State Value	U.S. Value
<b>BEHAVIORS*</b>		<b>+</b>	<b>48</b>	<b>-1.339</b>	<b>—</b>
<b>Nutrition and Physical Activity</b>	Exercise (% ages 18+)	+	50	15.3%	23.0%
	Fruit and Vegetable Consumption (% ages 18+)	+	50	4.7%	8.0%
	Physical Inactivity (% ages 18+)	+	50	30.6%	22.4%
<b>Sexual Health</b>	Chlamydia (new cases per 100,000 population)	++++	15	468.1	551.0
	High-risk HIV Behaviors (% ages 18+)	+++	30	5.7%	5.6%
	Teen Births (births per 1,000 females ages 15-19)	+	44	24.9	16.7
<b>Sleep Health</b>	Insufficient Sleep (% ages 18+)	+	48	38.6%	32.3%
<b>Smoking and Tobacco Use</b>	Smoking (% ages 18+)	+	49	21.4%	15.5%
<b>HEALTH OUTCOMES*</b>		<b>+</b>	<b>47</b>	<b>-0.813</b>	<b>—</b>
<b>Behavioral Health</b>	Excessive Drinking (% ages 18+)	++++	11	15.8%	17.6%
	Frequent Mental Distress (% ages 18+)	+	47	17.4%	13.2%
	Non-medical Drug Use (% ages 18+)	+	45	15.0%	12.0%
<b>Mortality</b>	Premature Death (years lost before age 75 per 100,000 population)	+	45	9,922	7,337
	Premature Death Racial Disparity (ratio)	+++++	3	1.1	1.5
<b>Physical Health</b>	Frequent Physical Distress (% ages 18+)	+	49	15.2%	9.9%
	Low Birthweight (% of live births)	++	32	8.7%	8.3%
	Low Birthweight Racial Disparity (ratio)	+++++	10	1.8	2.1
	Multiple Chronic Conditions (% ages 18+)	+	49	16.1%	9.1%
	Obesity (% ages 18+)	+	45	36.6%	31.9%

\* Values derived from individual measure data. Higher values are considered healthier.

— Data not available, missing or suppressed.

For measure definitions, sources and data years, see the Appendix or visit [www.AmericasHealthRankings.org](http://www.AmericasHealthRankings.org).

Rating	Rank
+++++	1-10
++++	11-20
+++	21-30
++	31-40
+	41-50

Source: [America's Health Ranking](http://America's Health Ranking)

## 2021 Kentucky Highlights



HEALTH FACTORS  
**UNINSURED**



HEALTH FACTORS  
**PRIMARY CARE PHYSICIANS**



HEALTH FACTORS  
**PHYSICAL INACTIVITY**



HEALTH FACTORS  
**MENTAL HEALTH PROVIDERS**

Source: [America's Health Ranking](#)

### COUNTY HEALTH CARE TRENDS SYNOPSIS

According to County Health Rankings, the citizens of the service area are predominantly white (91.31%) and made up of 48.99% female. The average age of the Cumberland County population is 37.66 (35.5 male and 39.9 female). In Cumberland County, 39.19% holds a High School diploma, while less than 25% have some college. The median household income of \$44,522 is lower than the state level of \$50,525.

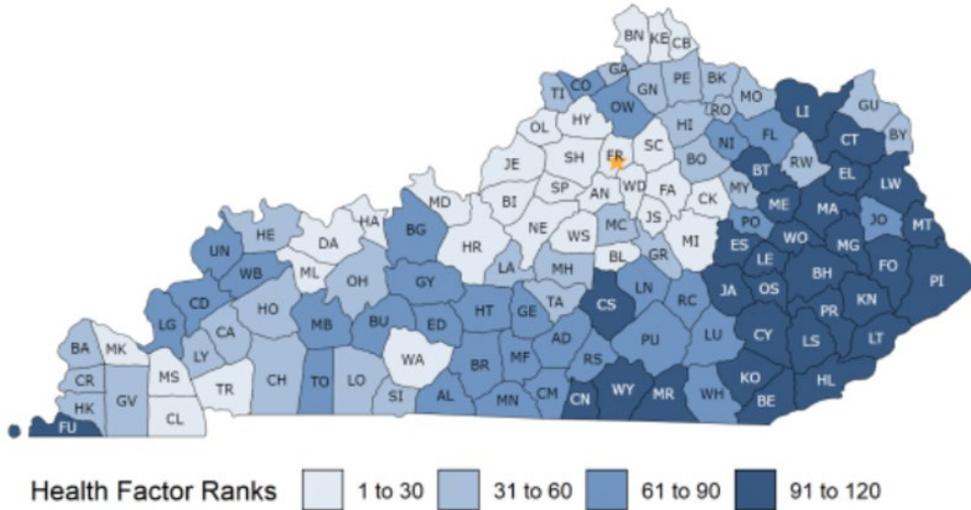
Kentucky had reported an unemployment rate of 4.3%, and Cumberland County is slightly lower (lower is better) at a 3.2 % unemployment rate. The percentage of children living in poverty in Cumberland County is 23% and is higher than the state at 17% (lower is better). The average size per household is 2.5 persons, which, are the same as the state of Kentucky.

Approximately 7% of the population in Cumberland County does not have health insurance, which is the same for the state of Kentucky. The number of people in relation to the number of dentists in Cumberland County is 2,205 to one dentist, compared to Kentucky of 1,490 to one (lower is better). The number of people regarding the number of mental health providers in Cumberland County is 480 to one compared to 420 to one in Kentucky. The ratio of primary care physicians is 2,220 to one in Cumberland County, which is worse than the state of Kentucky, which is 1,540 to one.

The percentage of adults who are obese is at 39% in Cumberland County versus 35% in the state of Kentucky (lower is better). The rate of teen births in Cumberland County is higher at 36% than in Kentucky at 31%. There is better access to physical exercise equipment, facilities, and other opportunities for physical exercise in Cumberland County at 83% versus the state of Kentucky at 71%. However, the percentage of physically inactive residents is much higher at 37% versus 29% for the state of Kentucky. The rate of drug-related deaths is better than the state at 30% compared to the state at 32%.

The number of preventable Hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees in the county, 5,844 versus 5,615 for Kentucky (lower is better). Life expectancy in Cumberland County is 75.8 years which is the same as the state at 75.8.

## 2021 Kentucky Health Factors Map by County



For other health factors map go to [Attachment D](#)

## Health Status Synopsis

County	Least Healthy  -----  Most Healthy			
	Lowest (0-25%)	Lower Middle (25-50%)	Higher Middle (50-75%)	Highest (75-100%)
Cumberland		●	●	
Adair		●	●	
Clinton	●	●		
Metcalfe		● ●		
Monroe	●	●		

● Health Outcome  
● Health Factors

## 2021 County Health Rankings for the 120 Ranked Counties in Kentucky

County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors
Adair	51	77	Clark	63	29	Harrison	41	40	Madison	26	21	Perry	119	95
Allen	75	72	Clay	111	118	Hart	50	68	Magoffin	109	117	Pike	100	92
Anderson	28	22	Clinton	81	94	Henderson	60	31	Marion	70	56	Powell	103	83
Ballard	32	55	Crittenden	69	78	Henry	37	25	Marshall	25	20	Pulaski	68	62
Barren	33	66	Cumberland	49	82	Hickman	38	49	Martin	97	104	Robertson	86	60
Bath	92	100	Daviess	16	10	Hopkins	52	32	Mason	66	35	Rockcastle	90	79
Bell	115	112	Edmonson	42	73	Jackson	99	108	McCracken	21	19	Rowan	54	50
Boone	2	2	Elliott	93	107	Jefferson	34	30	McCreary	106	111	Russell	84	85
Bourbon	47	36	Estill	102	99	Jessamine	20	18	McLean	74	26	Scott	4	6
Boyd	82	44	Fayette	7	5	Johnson	96	88	Meade	11	24	Shelby	8	11
Boyle	17	16	Fleming	39	86	Kenton	29	9	Menifee	85	102	Simpson	56	39
Bracken	73	48	Floyd	114	103	Knott	110	105	Mercer	24	34	Spencer	3	7
Breathitt	120	113	Franklin	36	15	Knox	108	109	Metcalfe	62	80	Taylor	53	37
Breckinridge	27	61	Fulton	104	97	Larue	40	59	Monroe	91	90	Todd	67	67
Bullitt	12	17	Gallatin	95	53	Laurel	61	75	Montgomery	57	46	Trigg	14	27
Butler	71	87	Garrard	48	54	Lawrence	98	101	Morgan	76	91	Trimble	58	41
Caldwell	46	42	Grant	78	43	Lee	105	115	Muhlenberg	55	65	Union	88	69
Calloway	6	23	Graves	22	58	Leslie	112	114	Nelson	18	8	Warren	10	13
Campbell	9	4	Grayson	80	89	Letcher	113	106	Nicholas	79	84	Washington	23	28
Carlisle	30	38	Green	59	63	Lewis	101	110	Ohio	44	52	Wayne	64	93
Carroll	94	76	Greenup	43	47	Lincoln	87	81	Oldham	1	1	Webster	77	74
Carter	89	96	Hancock	13	12	Livingston	19	70	Owen	35	64	Whitley	107	71
Casey	83	98	Hardin	15	14	Logan	45	45	Owsley	117	119	Wolfe	118	116
Christian	65	57	Harlan	116	120	Lyon	31	33	Pendleton	72	51	Woodford	5	3

Source: [County Health Rankings](#)

## Health Outcomes & Factors

	Kentucky	Cumberland (CM)	Adair (AD)	Clinton (CN)	Metcalfe (MF)	Monroe (MN)
<b>Health Outcomes</b>						
<b>Length of Life</b>						
<u>Premature death</u>	9,500	9,000	8,900	9,500	8,700	12,600
<b>Quality of Life</b>						
<u>Poor or fair health</u>	22%	27%	27%	31%	29%	28%
<u>Poor physical health days</u>	4.6	5.9	5.7	6.4	6.2	5.9
<u>Poor mental health days</u>	5	5.8	5.8	5.9	6.1	5.6
<u>Low birthweight</u>	9%	8%	8%	10%	9%	9%

	Kentucky	Cumberland (CM)	Adair (AD)	Clinton (CN)	Metcalfe (MF)	Monroe (MN)
<b>Health Factors</b>						
<b>Health Behaviors</b>						
<u>Adult smoking</u>	24%	27%	27%	30%	29%	28%
<u>Adult obesity</u>	35%	34%	40%	38%	34%	35%
<u>Food environment index</u>	6.9	7.7	7.2	7.5	7.4	7.3
<u>Physical inactivity</u>	29%	22%	34%	36%	32%	33%
<u>Access to exercise opportunities</u>	71%	11%	60%	30%	55%	46%
<u>Excessive drinking</u>	17%	15%	15%	14%	15%	15%
<u>Alcohol-impaired driving deaths</u>	25%	30%	18%	0%	9%	20%
<u>Sexually transmitted infections</u>	436.4	119.3	272	194.6	178.1	215.8
<u>Teen births</u>	31	45	22	49	48	43
<b>Clinical Care</b>						
<u>Uninsured</u>	7%	7%	8%	9%	7%	8%
<u>Primary care physicians</u>	1,540:1	2,220:1	2,750:1	2,550:1	5,020:1	2,140:1
<u>Dentists</u>	1,490:1	2,200:1	4,800:1	5,110:1	5,040:1	1,780:1
<u>Mental health providers</u>	420:01:00	440:01:00	490:01:00	570:01:00	1,010:1	1,330:1
<u>Preventable hospital stays</u>	5,615	10,808	6,026	8,432	7,161	14,450
<u>Mammography screening</u>	40%	28%	39%	27%	31%	32%
<u>Flu vaccinations</u>	46%	15%	31%	35%	41%	41%

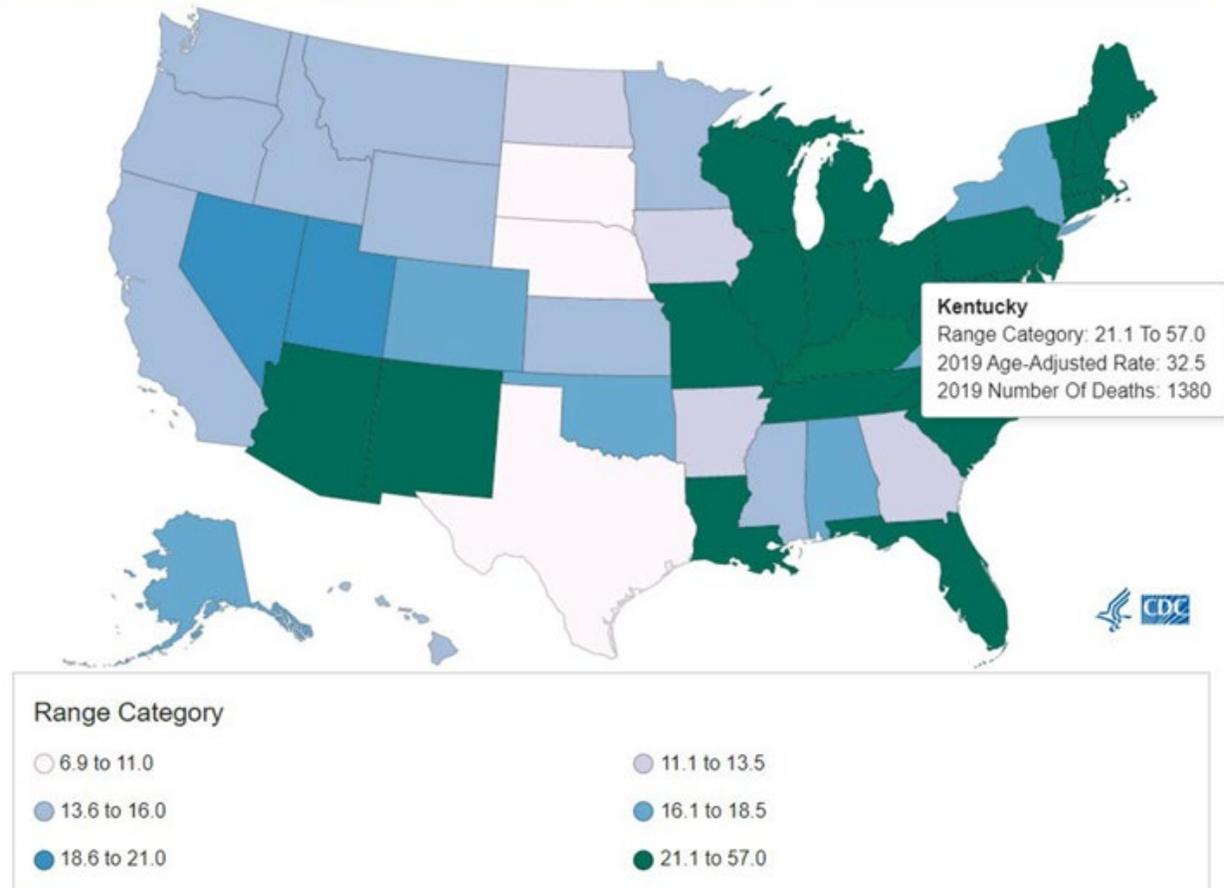
## Health Factors

	Kentucky	Cumberland (CM)	Adair (AD)	Clinton (CN)	Metcalfe (MF)	Monroe (MN)
<b>Social &amp; Economic Factors</b>						
<a href="#">High school completion</a>	86%	82%	80%	73%	76%	75%
<a href="#">Some college</a>	62%	47%	47%	40%	48%	46%
<a href="#">Unemployment</a>	4.30%	4.20%	5.30%	5.50%	4.80%	3.90%
<a href="#">Children in poverty</a>	21%	33%	30%	33%	32%	31%
<a href="#">Income inequality</a>	5	5.3	4.6	4.5	5.2	6.1
<a href="#">Children in single-parent households</a>	26%	31%	19%	20%	22%	17%
<a href="#">Social associations</a>	10.6	4.5	4.7	4.9	8	8.4
<a href="#">Violent crime</a>	222	37	40	54	66	29
<a href="#">Injury deaths</a>	96	111	93	106	112	96
<b>Physical Environment</b>						
<a href="#">Air pollution - particulate matter</a>	8.7	8.6	8.8	8.6	8.8	8.7
<a href="#">Drinking water violations</a>		No	No	No	No	Yes
<a href="#">Severe housing problems</a>	14%	11%	12%	10%	10%	11%
<a href="#">Driving alone to work</a>	82%	78%	85%	84%	82%	78%
<a href="#">Long commute - driving alone</a>	31%	30%	31%	17%	29%	36%

## Kentucky Opioid & Health Indicator Trends

Kentucky has some of the highest age-adjusted drug overdose rates and deaths by state. Below is a map from the CDC that represents data from 2019.

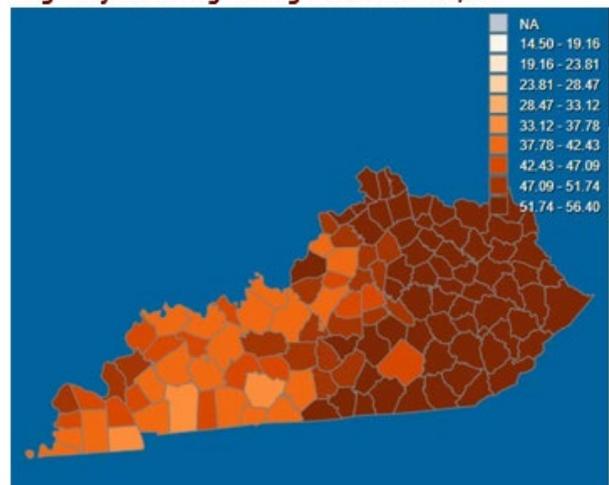
Number and age-adjusted rates of drug overdose deaths by state, US 2019



Vulnerable Counties in Kentucky out of 220 Nationwide



Age-Adjusted Drug Poisoning Deaths Per 100,000



Source: [Opioid & Health Indicators](#)

## Conclusion

### Selected Priorities:

The process of priority selection followed the Association for Community Health Improvement ([ACHI](#)) recommendations to consider:

- Magnitude of the problem
- Severity of the problem
- Need among vulnerable populations
- Community's capacity and willingness to act on the issue
- Ability to have a measurable impact on the issue
- Availability of hospital and community resources
- Existing interventions focused on the issue
- Whether the issue is a root cause of other problems
- Trending health concerns in the community

Additional prioritization criteria can include:

- The importance of each problem to community members
- Evidence that an intervention can change the problem
- Alignment with an organization's existing priorities
- Hospital's ability to contribute finances and resources to address the health concern
- Potential challenges or barriers to addressing the need
- The opportunity to intervene at the prevention level

Source: [ACHI](#)

### Community Resources Identified

#### Proposed Prioritized List:

- **Access to care**
  - Primary care to population is lower compared to the population
  - Preventable hospital stays are nearly double in Cumberland, more than in Monroe County, and all higher than the state average, indicating that access to care is a problem
  - Mental health access is higher (lower is better) than the state across all counties and noted as an issue on both the surveys and interviews
  - 25% of survey respondents had issues related to getting care in the last year
  - Lower county health outcomes and health factors point to poor access to care

- **Drug Abuse**
  - Cumberland county is in the top counties in the U.S. that is noted as having the worst opioid related deaths in the country
  - Survey ranked drug abuse very high
  - Interviews stated drug abuse as one of the most critical issues
  - Alcohol deaths is higher than the state in Cumberland County
- **Health outcomes and Inactivity/Obesity**
  - Low graduation rates contribute to poor health outcomes that can lead to obesity
    - The relationship between education and improved health outcomes is well known, with a high school degree correlating strongly with higher life expectancies and improved quality of life
  - Children living in poverty - Children in Poverty captures an upstream measure of poverty that assesses both current and future health risk. Poverty and other social factors contribute a number of deaths comparable to leading causes of death in the US like heart attacks, strokes, and lung cancer. While repercussions resulting from poverty are present at all ages, children in poverty may experience lasting effects on academic achievement, health, and income into adulthood. Children living in low-income households have an increased risk of injuries from accidents and physical abuse and are susceptible to more frequent and severe chronic conditions and their complications such as asthma, obesity, diabetes, ADHD, behavior disorders, cavities, and anxiety than children living in high income households
  - Access to exercise opportunities is one of the lowest scores when comparing to state and national trends - Increased physical activity is associated with lower risks of type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. The role of the built environment is important for encouraging physical activity. Individuals who live closer to sidewalks, parks, and gyms are more likely to exercise
  - Adult obesity is trending worse
  - High preventable hospitalizations
- **Teen Births**
  - Is high when compared to the state and national trends
- **Mental health**
  - There is higher population to MH providers compared to the state and nationally
  - Mental health access is an issue from survey respondents and interviews

## Overall Observation

When comparing survey results and secondary data sources, Cumberland and surrounding counties have poorer health outcomes. Adult obesity and poor access to exercise opportunities are contributing factors. Adult obesity also continues to decline, and access to exercise opportunities is only at 11% (higher is better) compared to 71% for the state of Kentucky.

These factors can increase the risk of many comorbidities, including diabetes type 2, cancer, stroke, hypertension, and cardiovascular disease. Improving health outcomes starts at a young age, and some leading indicators for poor health outcomes are children living in poverty and low high school completion rates. Cumberland and surrounding counties have a low high school completion rate compared to Kentucky and a much higher poverty rate (lower is better) for children with a 33% for the county and 21% for the state.

Cumberland and surrounding counties have comparable rankings for premature death compared to the state average; however, poor or fair health and physical health days are worse than the state averages. Therefore, a further increase in premature deaths can be expected if health continues to decline.

The health factors that impact health outcomes are also adult smoking and obesity, and the county average is worse than the state. Physical inactivity and access to exercise opportunities are also contributing to obesity. The surveys in the community also contribute to low activity and lack of healthy eating options as contributing factors to obesity and poor health outcomes.

Access to care is another area of focus. The issues with access to care can be from the lack of primary care providers in the county compared to the state and national norms. Preventable hospital visits are also a concern and can result from not having access to the care needed in the community. Along with general access to health care, the qualitative and quantitative data all point to access concerns with mental health.

Access to mental health is higher (lower is better) than the state and national averages. The survey respondents point to several reasons why there is an issue with access to mental health services, with not knowing how to access services, embarrassment, and others noted as the top reasons why.

Drug and alcohol abuse is also a concern noted across all data sources. Cumberland County is one of the top 220 most vulnerable counties in the nation, and Kentucky has some of the highest age-related drug overdose rates and deaths compared nationally. Survey and interviewee respondents also noted this as a significant concern and something they felt needed to be addressed in the community. Alcohol deaths in the county are also higher than the state average (lower is better).

Lastly, teen births are high in the county compared to the state and national trends but did not come up in the interviews or surveys and warrant further review to understand how teen births impact the community.

## Contact

Results of this assessment summary is published on the website of Cumberland County Hospital (<http://www.cchospital.org/>) Additionally, a copy may be obtained by contacting the Hospital's Administration office at 270-864-2511.

## Attachment A: Community Resources Identified

### Cumberland County Community Resources:

1. Adult Education- 270-864-1262
2. ADANTA- 270-864-5631
3. Adoption Hotline- 800-432-9346
4. Adult and Child Abuse Helpline- 800-597-2331
5. Alcohol/Drug Treatment Referral Hotline- 800-662-4357
6. Alcoholics Anonymous- 800-467-8019
7. Suicide Prevention Hotline- 800-784-2433 or 800-273-8255
8. SKYHope Recovery for Women 606-679-4782

\*Complete List of Resources Click [Here](#):

### (Adair County), Columbia, Kentucky (Population in County 19,222):

1. Adult Education
2. ADANTA (Behavioral Health)
3. Adoption Hotline
4. Adult and Child Abuse Helpline
5. Alcohol/Drug Treatment Referral Hotline
6. American Red Cross
7. Bethany House
8. Child Support Enforcement
9. Commission for Children with Special Healthcare Needs

\*Complete List of Resources Click [Here](#)

**(Clinton County), Albany, Kentucky (Population in County 10,193):**

1. 911 Mapping and Addressing Coordinator
2. Clinton County Community Center
3. Heating Program
4. Clinton County Road Department
5. Solid Waste & PRIDE Administrative Coordinator
6. Adanta Group (mental health clinic)
7. Clinton County Health Department
8. Amedisys Home Health
9. American Health Management – Nursing Home
10. CBT Mental Health Services
11. Clinton County Care and Rehabilitation Center

\*Complete List of Resources Click [Here](#)

**(Metcalfe County), Edmonton, Kentucky (Population in County 10,071)**

1. Edmonton Primary Care
2. Metcalfe County Health Department
3. Metcalfe Health Care Center – Nursing Home
4. Heartland Rehabilitation Services of KY
5. Adult Day Health Services
6. Golden Years Adult Health Daycare
7. Whitlow Family Vision Centers
8. Harpers Home for the Aged
9. Life skills Center – Behavioral Health, Addition, Disability

\*Complete List of Resources Click [Here](#)

## Attachment B:

### 2021 County Health Rankings: Ranked Measure Sources & Years of Data

Measure		Source	Years of Data
<b>HEALTH OUTCOMES</b>			
Length of Life	Premature death*	National Center for Health Statistics - Mortality Files	2017-2019
Quality of Life	Poor or fair health	Behavioral Risk Factor Surveillance System	2018
	Poor physical health days	Behavioral Risk Factor Surveillance System	2018
	Poor mental health days	Behavioral Risk Factor Surveillance System	2018
	Low birthweight*	National Center for Health Statistics - Natality files	2013-2019
<b>HEALTH FACTORS</b>			
<b>HEALTH BEHAVIORS</b>			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2018
Diet and Exercise	Adult obesity	United States Diabetes Surveillance System	2017
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2015 & 2018
	Physical inactivity	United States Diabetes Surveillance System	2017
	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & US Census Timeline Files	2010 & 2019
Alcohol and Drug Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2018
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2015-2019
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
	Teen births*	National Center for Health Statistics - Natality files	2013-2019
<b>CLINICAL CARE</b>			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2018
	Primary care physicians	Area Health Resource File/American Medical Association	2018
	Dentists	Area Health Resource File/National Provider Identification file	2019
	Mental health providers	CMS, National Provider Identification	2020
Quality of Care	Preventable hospital stays*	Mapping Medicare Disparities Tool	2018
	Mammography screening*	Mapping Medicare Disparities Tool	2018
	Flu vaccinations*	Mapping Medicare Disparities Tool	2018

<b>SOCIAL &amp; ECONOMIC FACTORS</b>			
Education	High school completion	American Community Survey, 5-year estimates	2015-2019
	Some college	American Community Survey, 5-year estimates	2015-2019
Employment	Unemployment	Bureau of Labor Statistics	2019
Income	Children in poverty*	Small Area Income and Poverty Estimates	2019
	Income inequality	American Community Survey, 5-year estimates	2015-2019
Family and Social Support	Children in single-parent households	American Community Survey, 5-year estimates	2015-2019
	Social associations	County Business Patterns	2018
Community Safety	Violent crime	Uniform Crime Reporting - FBI	2014 & 2016
	Injury deaths*	National Center for Health Statistics - Mortality Files	2015-2019
<b>PHYSICAL ENVIRONMENT</b>			
Air and Water Quality	Air pollution - particulate matter	Environmental Public Health Tracking Network	2016
	Drinking water violations	Safe Drinking Water Information System	2019
Housing and Transit	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2013-2017
	Driving alone to work*	American Community Survey, 5-year estimates	2015-2019
	Long commute - driving alone	American Community Survey, 5-year estimates	2015-2019

\*Indicates subgroup data by race and ethnicity is available

## Explanations & Definitions

TERM	EXPLANATIONS & DEFINITIONS
Health Outcomes	Health Outcomes ranking is based upon the length of life and quality of life
Length of Life	Length of Life ranking is based on the premature death rate.
Premature Death	Years of potential life lost before age 75 per 100,000 population (age adjusted)
Quality of Life	Indicates poor health and the prevalence of disease in 4 separate categories which include poor or fair health, poor physical health days, poor mental health days and low birth weight.
Poor or Fair Health	Percent of adults reporting fair or poor health (age adjusted) by county.
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age adjusted).
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 Days (age adjusted).
Low Birth Weight	Percent of live births with low birth weights (<2,500 grams).
Health Factors	Weighted measures of health behaviors, clinical care, social and economic and physical environment factors within each county.
Health Behaviors	An aggregate of a number of variables that include adult smoking, adult obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections and teen births.
Life Expectancy	Average number of years a person is expected to live.
Adult Smoking	Percent of adults who report smoking $\geq$ 100 cigarettes and are currently smoking.
Adult Obesity	Percent of adults who report a Body Mass Index (BMI) $\geq$ 30.
Food Environment Index	Index of factors that contribute to a healthy food environment by weighing two indicators equally, one being the access to healthy foods by of low income and the other being the food insecurity of the population.
Physical Inactivity	Percent of adults 20 years or older reporting no leisure time physical activity.
Access to Exercise Opportunities	Percent of the population with adequate access locations where they can engage in physical activity.
Excessive Drinking	Includes both binge and heavy drinking.
Alcohol-Impaired Driving	Percent of driving deaths caused by alcohol
Sexually Transmitted	Chlamydia rate per 100,000 population.

TERM	EXPLANATIONS & DEFINITIONS
Teen Birth Rate	Teen birth rate per 1,000 female population, ages 15 to 19.
Clinical Care	Aggregate of several variables including percentage of uninsured, primary care physicians-to-population, preventable hospital days; diabetic screening, and mammography screening.
Uninsured	Percentage of the population under age 65 used in the clinical care factors ranking.
Primary Care Physicians	Ratio of population to Primary Care Physicians.
Dentists	Ratio of population to Dentists.
Mental Health Providers	Ratio of population to Mental Health Provider.
Preventable Hospital Stays	Number of hospitals stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees.
Diabetic Monitoring	Percent of diabetic Medicare enrollees who receive HbA1c monitoring.
Mammography Screening	Percent of female Medicare enrollees who receive mammography screening.
Social & Economic Factors	Aggregate of factors including education level, unemployment rate, children in poverty, inadequate social support, children in single parent households, and violent crime rate.
High School Graduation	Percent of ninth graders who graduate in 4 years.
Some College	Percent of adults aged 25 to 44 years with some post-secondary education.
Unemployment	Percent of population 16+ unemployed but seeking work.
Children in Poverty	Percent of children under age 18 in poverty.
Income Inequality	Ratio of income at the 80th percentile to the 20th percentile.
Children in Single-Parent Households	Percent of children who live in a household headed by a single parent.
Social Associations	Number of membership associations per 10,000 population.
Violent Crime Rate	Annual crimes per 100,000 in population.
Injury Deaths	Number of deaths caused from injuries per 100,000 population.
Physical Environment	Aggregate of several weighted variables including air pollution, drinking water violations, severe housing problems, driving alone to work and long commute - driving alone.
Air Pollution - Particulate Matter	Average density of fine particulate matter in micrograms per cubic meter per day.
Drinking Water Violations	Percent of population who may be exposed to water that does not meet safe drinking water standards.
Severe Housing Problems	Percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen or plumbing.

TERM	EXPLANATIONS & DEFINITIONS
Driving Alone to Work	Percent of workforce that drives to work alone
Long Commute - Driving Alone	Percent of the workforce whose commute exceeds 30 minutes.
Additional Measures	Additional parameters identified in each category. These parameters are included as a valuable source of data to help gain a better understanding of the community. These measures are not used to determine the ranking of each category unless no other data is available.
Population	Number of individuals who reside in a county.
% Below 18 Years of Age	Percentage of the population who are younger than 18 years of age.
% 65 and Older	Percentage of the population who are 65 or older.
% Non-Hispanic African American	Percentage of the population who are not Hispanic African American.
% American Indian & Alaskan Native	Percentage of the population who are of American Indian and Alaskan Native descent.
% Asian	Percentage of the population who are of Asian descent.
% Native Hawaiian/Other Pacific Islander	Percentage of the population who are of Native Hawaiian or other Pacific Island descent.
% Hispanic	Percent of the population who are Hispanic.
% Non-Hispanic White	Percent of the population who are white and not of Hispanic descent.
% Not Proficient in English	Percent of the population, age 5 or older, who report as not speaking English "well".
% Females	The percent of the population that are female.
% Rural	Percentage of the population living in a rural area.
Diabetes	Percentage of adults aged 20 or older who have been diagnosed with having diabetes.
HIV Prevalence	Number of people per 100,000 population diagnosed with HIV.
Premature Age-Adjusted Mortality	Number of deaths under 75 years old per 100,000 population (age- adjusted).
Infant Mortality	Number of babies who died within 1 year of birth per 1,000 live births.
Child Mortality	Number of children (under age 18) who died per 100,000.
Food Insecurity	Percent of population who lack adequate access to food.
Limited Access to Healthy Foods	Percent of population who are low income and do not live close to a grocery store.
Motor Vehicle Crash Deaths	Number of deaths caused by motor vehicle crashes per 100,000 population.
Uninsured Children	Percent of the population under the age of 18 without health insurance.
Healthcare Costs	The amount of price-adjusted Medicare reimbursements per enrollee.
Could Not See Doctor Due to	Percent of the population who were unable to see a doctor because of cost.
Other Primary Care Providers	Ratio of population per primary care providers other than physicians.
Median Household Income	The income at which half the households earn more, and half earn less.
Children Eligible for Free Lunch	Percentage of children enrolled in public schools that are eligible for free lunch.
Homicides	Number of deaths caused by assault per 100,000 population.
Source: <a href="http://www.countyhealthrankings.org">www.countyhealthrankings.org</a>	

## Attachment C: Demographic Data & Health Outcomes

	County <b>TREND</b> is getting worse for this measure
	County <b>TREND</b> is the same for this measure
	County <b>TREND</b> is getting better for this measure

	U.S. Top Performers	Kentucky	Cumberland (CM)	Trend CM	Adair (AD)	Trend AD	Clinton (CN)	Trend CN	Metcalfe (MF)	Trend MF	Monroe (MN)	Trend MN
<b>Health Outcomes</b>												
<b>Length of Life</b>												
Premature death	5,400	9,500	9,000		8,900		9,500		8,700		12,600	
<b>Quality of Life</b>												
Poor or fair health	14%	22%	27%		27%		31%		29%		28%	
Poor physical health days	3.4	4.6	5.9		5.7		6.4		6.2		5.9	
Poor mental health days	3.8	5	5.8		5.8		5.9		6.1		5.6	
Low birthweight	6%	9%	8%		8%		10%		9%		9%	
	U.S. Top Performers	Kentucky	Cumberland (CM)	Trend CM	Adair (AD)	Trend AD	Clinton (CN)	Trend CN	Metcalfe (MF)	Trend MF	Monroe (MN)	Trend MN
<b>Health Factors</b>												
<b>Health Behaviors</b>												
Adult smoking	16%	24%	27%		27%		30%		29%		28%	
Adult obesity	26%	35%	34%		40%		38%		34%		35%	
Food environment index	8.7	6.9	7.7		7.2		7.5		7.4		7.3	
Physical inactivity	19%	29%	22%		34%		36%		32%		33%	
Access to exercise opportunities	91%	71%	11%		60%		30%		55%		46%	
Excessive drinking	15%	17%	15%		15%		14%		15%		15%	
Alcohol-impaired driving deaths	11%	25%	30%		18%		0%		9%		20%	
Sexually transmitted infections	161.2	436.4	119.3		272		194.6		178.1		215.8	
Teen births	12	31	45		22		49		48		43	
<b>Clinical Care</b>												
Uninsured	6%	7%	7%		8%		9%		7%		8%	
Primary care physicians	1,030:1	1,540:1	2,220:1		2,750:1		2,550:1		5,020:1		2,140:1	
Dentists	1,210:1	1,490:1	2,200:1		4,800:1		5,110:1		5,040:1		1,780:1	
Mental health providers	270:01:00	420:01:00	440:01:00		490:01:00		570:01:00		1,010:1		1,330:1	
Preventable hospital stays	2,565	5,615	10,808		6,026		8,432		7,161		14,450	
Mammography screening	51%	40%	28%		39%		27%		31%		32%	
Flu vaccinations	55%	46%	15%		31%		35%		41%		41%	
<b>Health Factors</b>												
	U.S. Top Performers	Kentucky	Cumberland (CM)	Trend CM	Adair (AD)	Trend AD	Clinton (CN)	Trend CN	Metcalfe (MF)	Trend MF	Monroe (MN)	Trend MN
<b>Social &amp; Economic Factors</b>												
High school completion	94%	86%	82%		80%		73%		76%		75%	
Some college	73%	62%	47%		47%		40%		48%		46%	
Unemployment	2.60%	4.30%	4.20%		5.30%		5.50%		4.80%		3.90%	
Children in poverty	10%	21%	33%		30%		33%		32%		31%	
Income inequality	3.7	5	5.3		4.6		4.5		5.2		6.1	
Children in single-parent households	14%	26%	31%		19%		20%		22%		17%	
Social associations	18.2	10.6	4.5		4.7		4.9		8		8.4	
Violent crime	63	222	37		40		54		66		29	
Injury deaths	59	96	111		93		106		112		96	
<b>Physical Environment</b>												
Air pollution - particulate matter	5.2	8.7	8.6		8.8		8.6		8.8		8.7	
Drinking water violations			No		No		No		No		Yes	
Severe housing problems	9%	14%	11%		12%		10%		10%		11%	
Driving alone to work	72%	82%	78%		85%		84%		82%		78%	
Long commute - driving alone	16%	31%	30%		31%		17%		29%		36%	

Cumberland County Demographics	County	State
Population	6,614	4,467,673
% below 18 years of age	21.00%	22.40%
% 65 and older	22.80%	16.80%
% Non-Hispanic Black	2.90%	8.20%
% American Indian & Alaska Native	0.20%	0.30%
% Asian	0.20%	1.60%
% Native Hawaiian/Other Pacific Islander	0.00%	0.10%
% Hispanic	1.50%	3.90%
% Non-Hispanic White	93.40%	84.10%
% not proficient in English	0%	1%
% Females	51.20%	50.70%
% Rural	100.00%	41.60%

Adair County Demographics	County	State
Population	19,202	4,467,673
% below 18 years of age	19.90%	22.40%
% 65 and older	19.20%	16.80%
% Non-Hispanic Black	2.80%	8.20%
% American Indian & Alaska Native	0.30%	0.30%
% Asian	0.40%	1.60%
% Native Hawaiian/Other Pacific Islander	0.10%	0.10%
% Hispanic	2.20%	3.90%
% Non-Hispanic White	93.00%	84.10%
% not proficient in English	0%	1%
% Females	50.20%	50.70%
% Rural	75.50%	41.60%

Clinton County Demographics	County	State
Population	10,218	4,467,673
% below 18 years of age	22.2%	22.40%
% 65 and older	19.7%	16.80%
% Non-Hispanic Black	0.5%	8.20%
% American Indian & Alaska Native	0.3%	0.30%
% Asian	0.3%	1.60%
% Native Hawaiian/Other Pacific Islander	0.4%	0.10%
% Hispanic	2.9%	3.90%
% Non-Hispanic White	94.9%	84.10%
% not proficient in English	0.0%	1%
% Females	50.9%	50.70%
% Rural	100.0%	41.60%

Metcalfe County Demographics	County	State
Population	10,071	4,467,673
% below 18 years of age	23.4%	22.40%
% 65 and older	19.4%	16.80%
% Non-Hispanic Black	1.7%	8.20%
% American Indian & Alaska Native	0.3%	0.30%
% Asian	0.3%	1.60%
% Native Hawaiian/Other Pacific Islander	0.0%	0.10%
% Hispanic	2.1%	3.90%
% Non-Hispanic White	94.7%	84.10%
% not proficient in English	0.0%	1%
% Females	50.6%	50.70%
% Rural	100.0%	41.60%

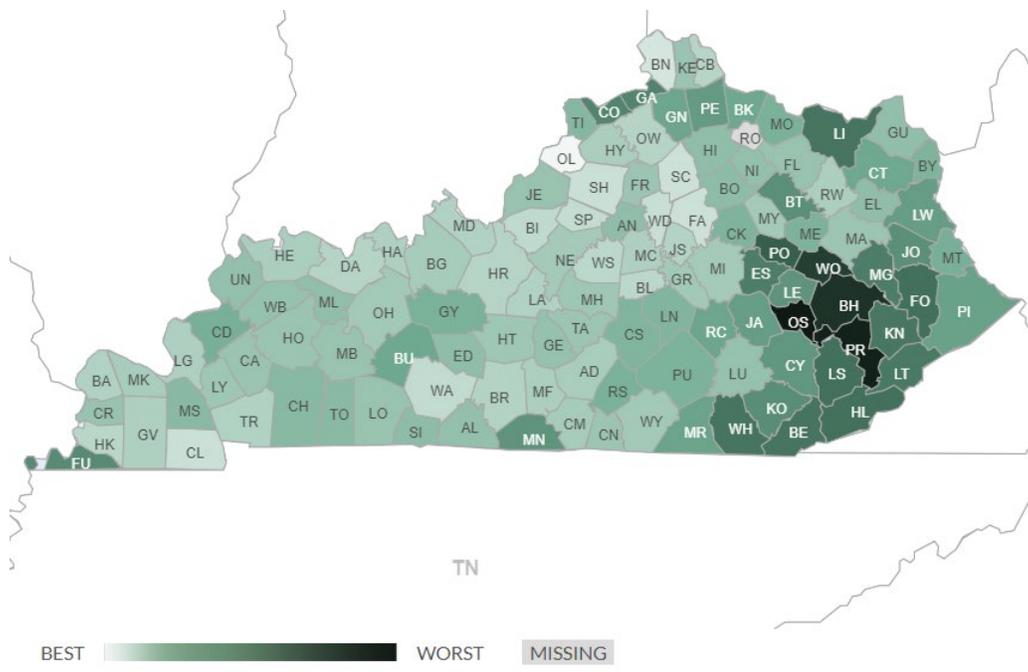
Monroe County Demographics	County	State
Population	10,650	4,467,673
% below 18 years of age	22.7%	22.40%
% 65 and older	19.2%	16.80%
% Non-Hispanic Black	2.2%	8.20%
% American Indian & Alaska Native	0.2%	0.30%
% Asian	0.3%	1.60%
% Native Hawaiian/Other Pacific Islander	0.0%	0.10%
% Hispanic	310.0%	3.90%
% Non-Hispanic White	93.2%	84.10%
% not proficient in English	0.0%	1%
% Females	50.2%	50.70%
% Rural	100.0%	41.60%

## Attachment D: 2021 County Health Rankings

The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four measures: health behaviors, clinical care, social, economic and physical environment factors. Oldham and Boone Counties are #1 and #2, while Owsley and Harlan Counties are #119 and #120. Cumberland Counties Hospital's service area counties are identified with an arrow and their state rank.

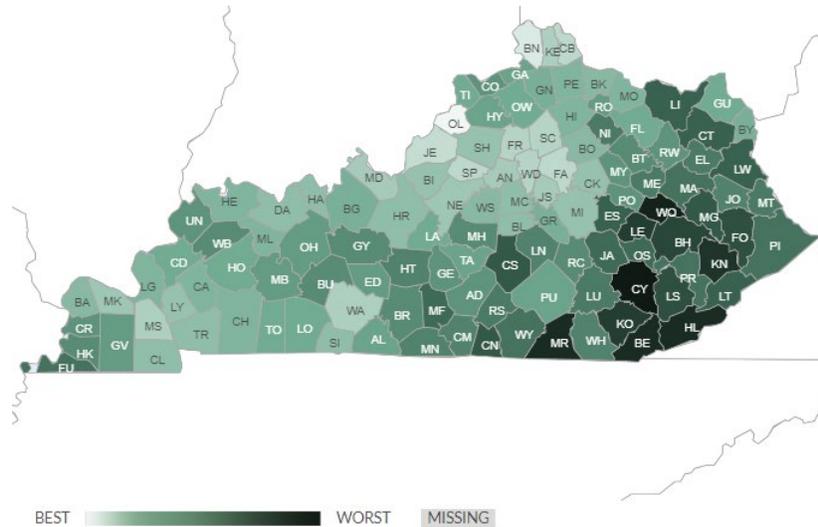
### Health Outcomes – Premature Death

Years of potential life lost before age 75 per 100,000 population (age-adjusted). The 2021 County Health Rankings used 2017-2019 for this measure.



## Health Outcomes – Poor Physical Health Days

Average number of physically unhealthy days reported in past 30 days (age-adjusted). The 2021 County Health Rankings used data from 2018 for this measure.



## Health Factors

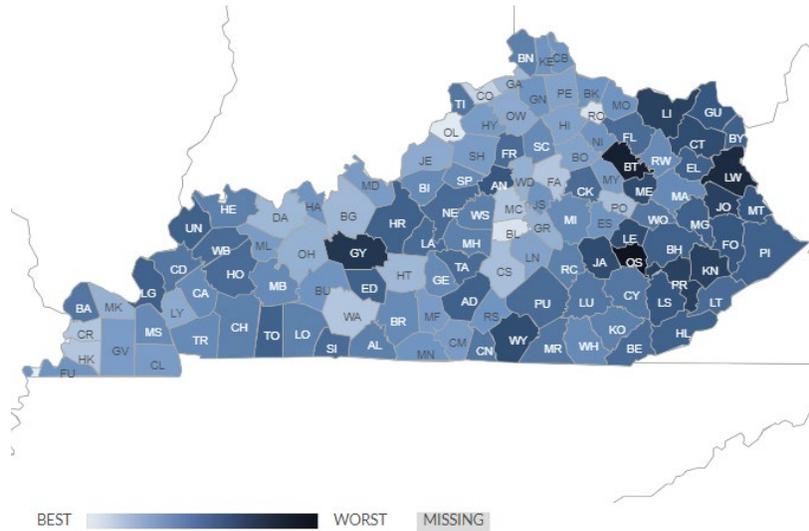
There are many things that influence how well and how long we live. Everything from our education to our environments impact our health. Health Factors represent those things we can modify to improve the length and quality of life for residents. They are predictors of how healthy our communities can be in the future.

No one factor dictates the overall health of an individual or community. A combination of multiple modifiable factors, from clean air and water to stable and affordable housing, need to be considered to ensure community health for all. The County Health Rankings illuminate those opportunities for improvement by ranking the health of nearly every county in the nation across four Health Factors:

- Health Behaviors, providing alcohol and drug use rates, diet and exercise, sexual activity, and tobacco use.
- Clinical Care, showing the details of access to and quality of health care.
- Social and Economic Factors, rating education, employment, income, family and social support, and community safety.
- Physical Environment, measuring air and water quality and housing and transit.

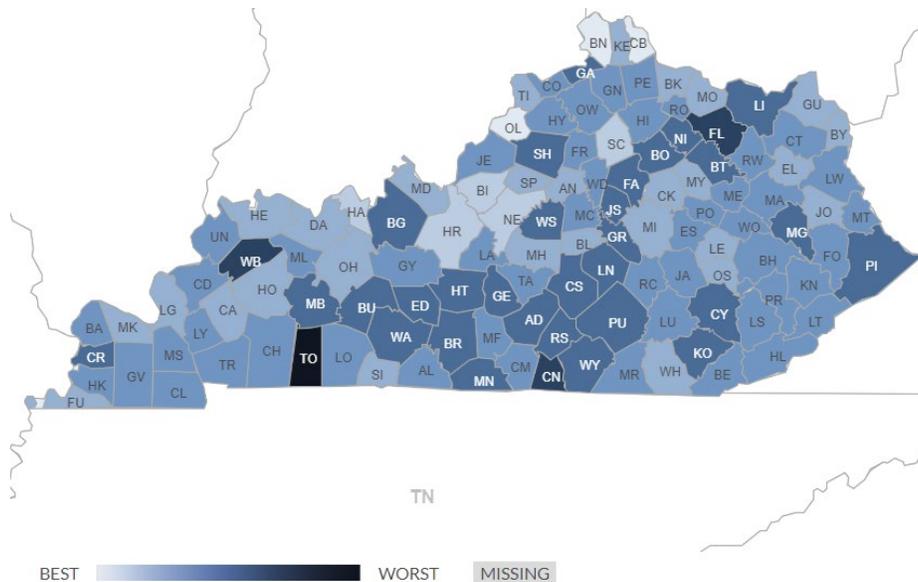
### Health Factors – Adult Obesity

Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m<sup>2</sup>. The 2021 County Health Rankings used data from 2017 for this measure.



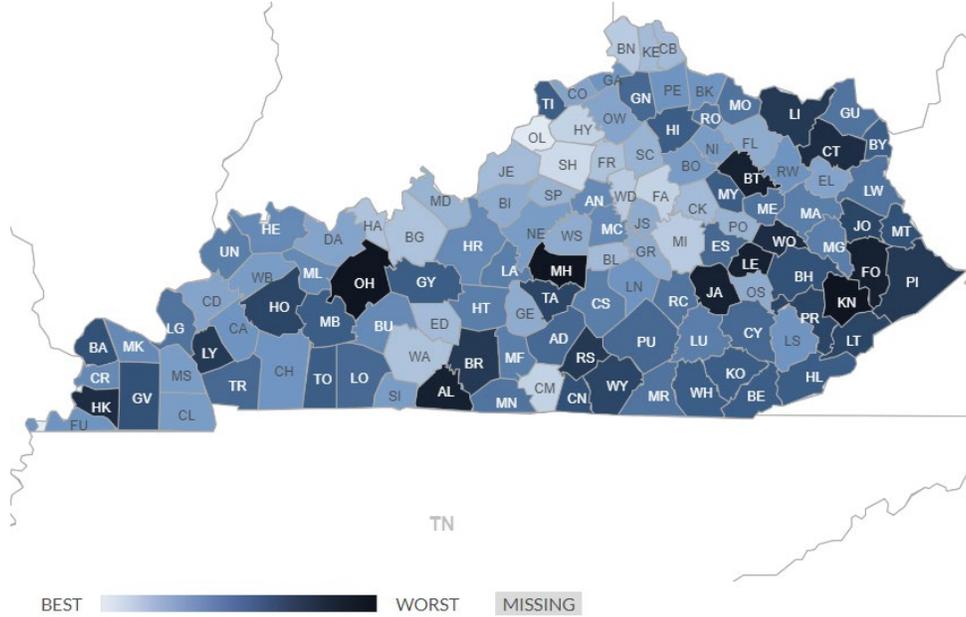
### Health Factors – Uninsured

Percentage of population under age 65 without health insurance. The 2021 County Health Rankings used data from 2018 for this measure.



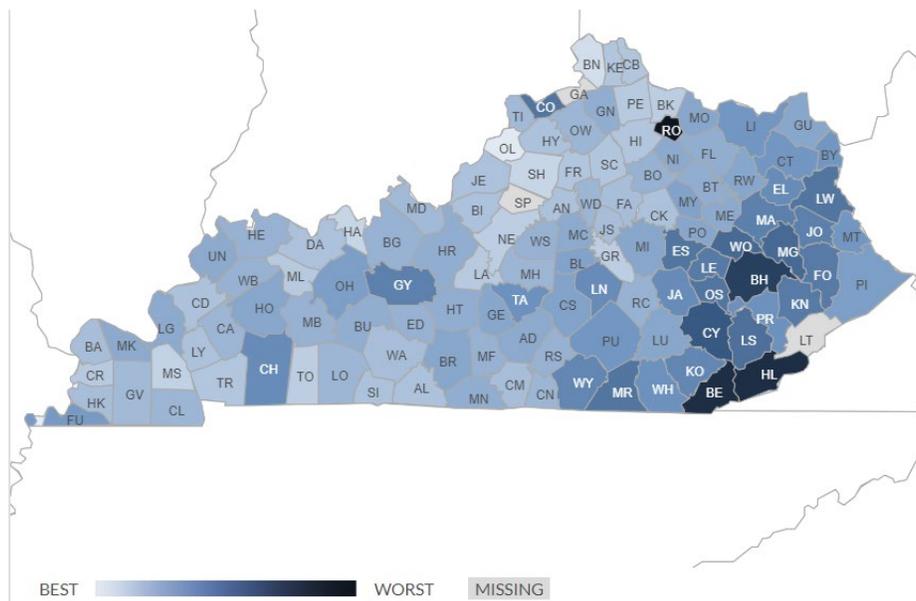
### Health Factors – Physical Inactivity

Percentage of adults aged 20 and over reporting no leisure-time physical activity. The 2021 County Health Rankings used data from 2017 for this measure.



### Health Factors – Food Environment Index

Index of factors contributing to a healthy food environment, from 0 (worst) to 10 (best). The 2021 County Health Rankings used 2015 & 2018 for this measure.







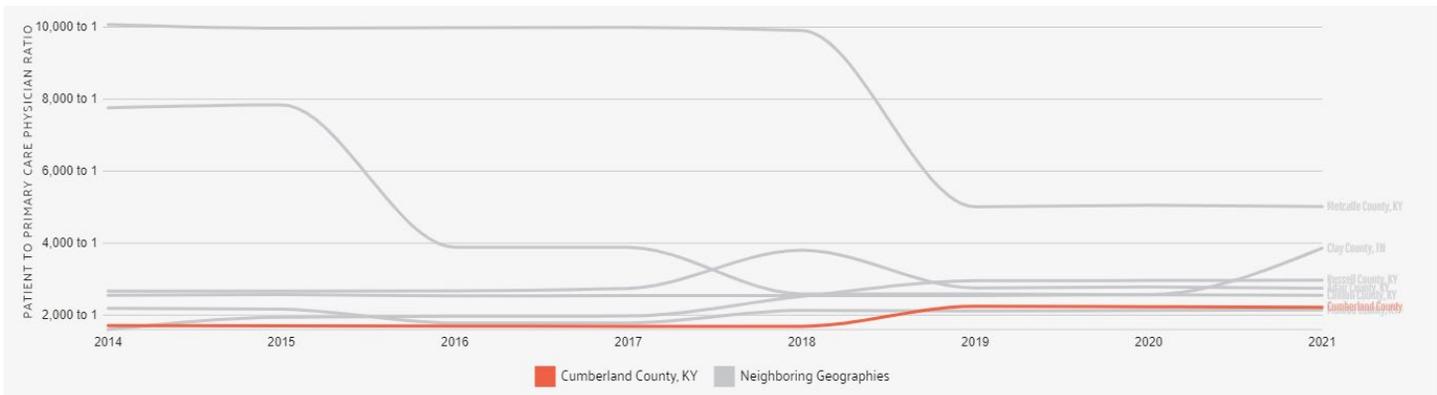
## Attachment E: Cumberland County Health Statistics:

### Patient to Primary Care Physician Ratio:

**2,220 to 1**

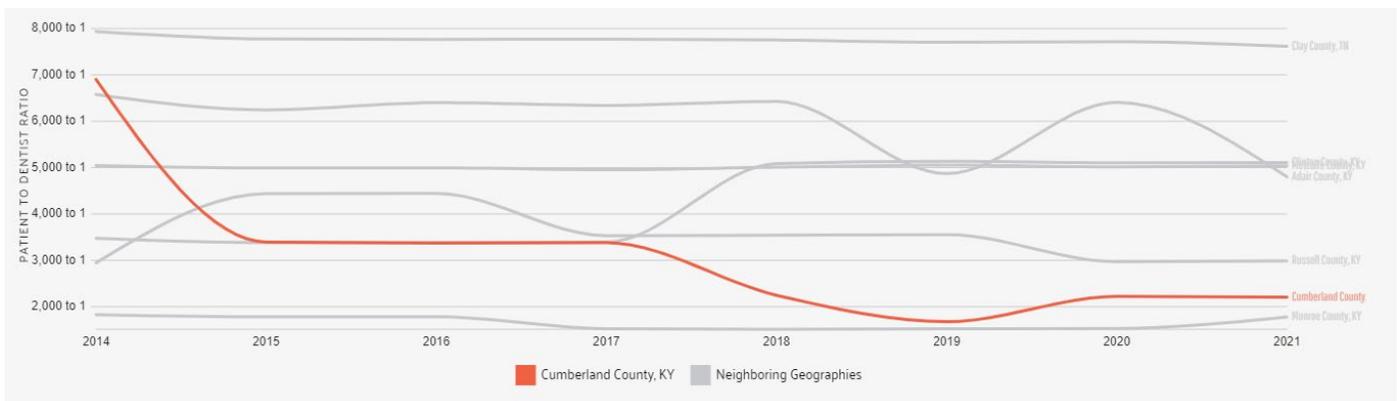
Primary care physicians in Cumberland County, KY see an average of 2,220 patients per year. This represents a 0.671% decrease from the previous year (2,235 patients).

The following chart shows how the number of patients seen by primary care physicians has been changing over time in Cumberland County, KY in comparison to its neighboring geographies



### Patient to Dentist Ratio:

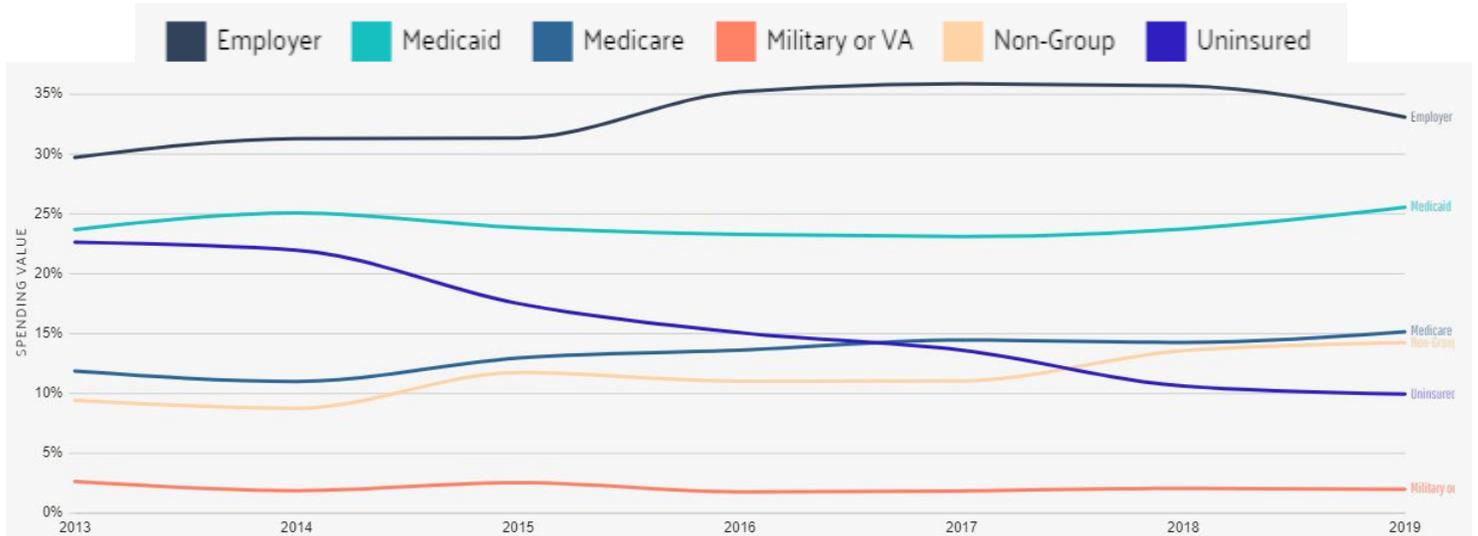
**2,205 to 1**



<https://datausa.io/profile/geo/cumberland-county-ky>

## Healthcare Coverage for Cumberland County:

**9.95%** Uninsured    **33.1%** Employer    **25.6%** Medicaid    **15.2%** Medicare



## Attachment F: Physician Needs Assessment Analysis

Physician Needs Assessment Analysis: Primary Service Area Cumberland, Adair, Clinton, Metcalfe, Monroe, & Russell

Physician Specialties: GMENAC Goodman Hicks & Glenn Solucient								
SPECIALTIES	CURRENT NUMBER OF PHYSICIANS WITHIN PRIMARY SERVICE AREA	SURPLUS (SHORTAGE) IN PRIMARY SERVICE AREA	Population of 100,000					POPULATION BASED UPON HOSPITAL PRIMARY SERVICE AREA: POPULATION OF 56,810
			GMENAC	GOODMAN	HICKS & GLENN	SOLUCIENT	AVERAGE	
<b>Primary Care</b>								
Family Practice	19.00	6.89	25.20	N/A	16.20	22.53	21.31	12.11
Internal Medicine	8.00	(3.19)	28.80	N/A	11.30	19.01	19.70	11.19
Pediatrics	1.00	(5.50)	12.80	N/A	7.60	13.90	11.43	6.50
Total Primary Care	28.00	(1.79)	66.80	N/A	35.10	55.44	52.45	29.79
<b>Medical Specialties</b>								
Allergy/Immunology	0.00	(0.72)	0.80	1.30	N/A	1.72	1.27	0.72
Cardiology	0.00	(1.82)	3.20	3.60	2.60	3.41	3.20	1.82
Dermatology	0.00	(1.25)	2.90	1.40	2.10	2.38	2.20	1.25
Endocrinology	0.00	(0.45)	0.80	N/A	N/A	0.80	0.80	0.45
Gastroenterology	0.00	(1.23)	2.70	1.30	N/A	2.50	2.17	1.23
Hematology/Oncology	1.00	(0.30)	3.70	1.20	N/A	1.99	2.30	1.30
Infectious Disease	0.00	(0.51)	0.90	N/A	N/A	0.90	0.90	0.51
Nephrology	0.00	(0.57)	1.10	N/A	N/A	0.92	1.01	0.57
Neurology	0.50	(0.59)	2.30	2.10	1.40	1.90	1.93	1.09
Psychiatry	0.50	(4.50)	15.90	7.20	3.90	8.18	8.80	5.00
Pulmonology	0.00	(0.81)	1.50	1.40	N/A	1.40	1.43	0.81
Rheumatology	0.00	(0.36)	0.70	0.40	N/A	0.81	0.64	0.36
Physical Medicine & Rehab	0.00	(0.77)	1.30	N/A	N/A	1.40	1.35	0.77
Other Medical Specialties	1.00	(0.14)	N/A	N/A	N/A	2.01	2.01	1.14
<b>Surgical Specialties</b>								
General Surgery	2.00	(2.19)	9.70	9.70	4.10	6.01	7.38	4.19
Cardio/Thoracic Surgery	0.00	(0.40)	N/A	0.70	N/A	N/A	0.70	0.40
Neurosurgery	0.00	(0.51)	1.10	0.70	N/A	N/A	0.90	0.51
OB/GYN	0.00	(5.18)	9.90	8.40	8.00	10.17	9.12	5.18
Ophthalmology	0.00	(2.30)	4.80	3.50	3.20	4.71	4.05	2.30
Orthopedic Surgery	4.00	0.82	6.20	5.90	4.20	6.12	5.61	3.18
Otolaryngology	0.00	(1.61)	3.30	2.40	N/A	2.8	2.83	1.61
Plastic Surgery	1.00	0.05	1.10	1.10	2.30	2.22	1.68	0.95
Urology	0.00	(1.50)	3.20	2.60	1.90	2.86	2.64	1.50
Other Surgical Specialties	0.00	(1.25)	N/A	N/A	N/A	2.20	2.20	1.25
<b>Hospital-based</b>								
Emergency	2.00	(2.47)	8.50	2.70	N/A	12.40	7.87	4.47
Anesthesiology	0.00	(4.35)	8.30	7.00	N/A	N/A	7.65	4.35
Radiology	1.00	(3.80)	8.90	8.00	N/A	N/A	8.45	4.80
Pathology	1.00	(1.76)	5.60	4.10	N/A	N/A	4.85	2.76
Pediatric Cardiology	0.00	(0.11)	N/A	N/A	N/A	0.20	0.20	0.11
Pediatric Neurology	0.00	(0.07)	N/A	N/A	N/A	0.12	0.12	0.07
Pediatric Psychiatry	0.00	(0.26)	N/A	N/A	N/A	0.45	0.45	0.26
Other Pediatric Subspecialties	0.00	(0.51)	0.89	N/A	N/A	N/A	0.89	0.51
<b>TOTALS</b>	<b>42.00</b>	<b>-43.23</b>						<b>85.23</b>

## Physician Needs Assessment Analysis:

A quantitative physician needs assessment analysis was completed for Cumberland County Hospital's primary service area that consisted of Cumberland, Adair, Clinton, Metcalfe, Monroe, and Russell County, with a total population of 56,810. The physician needs assessment analysis uses a nationally recognized quantitative methodology to determine the need for physicians by physician specialty for a given geographic population area being assessed.

Based on the quantitative physician needs assessment analysis completed, the top six physician needs in the service area by specialty are as follows:

- Pediatrics- 5.50
- OB/GYN- 5.18
- Psychiatry- 4.50
- Anesthesiology-4.35
- Radiology- 3.80
- Internal Medicine- 3.19

## Attachment G: Community Input Interview Tool

### Interview Questions

#### KEY INFORMANT INTERVIEW

Community Health Needs Assessment for:

\_\_\_\_\_ |

Interviewer's Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Name of Person Interviewed: | |

Title: | |

Agency/Organization: | |

# of years living in | | : # of years in current position: | |

E-mail address: | |

**To get us started, can you tell me briefly about the work that you and your organization do in the community?**

| |

Thank you. Next, I'll be asking you a series of questions about health and quality of life in Cumberland County. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,' while sharing the local perspectives you have from your current position and from experiences in this community.

**Questions:**

1. In general, how would you rate health and quality of life in Cumberland County?

- 1 = Poor
- 2 = Fair
- 3 = Good
- 4 = Very Good
- 5 = Excellent

2. In your opinion, has health and quality of life in Cumberland County improved, stayed the same, or declined over the past few years?

- a. Why do you think it has (based on answer from previous question: improved, declined, or stayed the same)?
- b. What other factors have contributed to the (based on answer to question 2: improvement, decline **or** to health and quality of life staying the same)?

3. Are there people or groups of people in Cumberland County whose health or quality of life may not be as good as others?

- a. Who are these persons or groups (whose health or quality of life is not as good as others)?
- b. Why do you think their health/quality of life is not as good as others?

4. What barriers, if any, exist to improving health and quality of life in Cumberland County?

5. In your opinion, what are the most critical health and quality of life issues in Cumberland County?

- a. What needs to be done to address these issues?

6. Do you think access to Health Services has improved over the last 3 years? Why or why not?

| |

7. What is your familiarity with various outreach efforts of Cumberland County Hospital regarding Heart Disease, Cancer and Stroke? Do you think the outreach is helpful and effective? Do you have any suggestions for additional outreach opportunities?

| |

8. Please provide insight and observations regarding certain health behaviors in the community surrounding obesity, physical inactivity, drug abuse and tobacco use. Have any noticeable improvements been made in these areas during the last three years? What organizations are addressing these issues and what are they doing? What do you think is the best way to change behaviors in these areas?

| |

9. What is the most important issue the hospital should address in the next 3-5 years?

| |

**Close:** Thanks so much for sharing your concerns and perspectives on these issues. The information you have provided will contribute to develop a better understanding about factors impacting health and quality of life in Cumberland County. Before we conclude the interview, **Is there anything you would like to add?**

| |

As a reminder, summary results will be made available and used to develop a community-wide health improvement plan

Thanks once more for your time. It's been a pleasure talking with you.

## Attachment H: Citations

American's Health Rankings 2021. Retrieved 2021, from America's Health Rankings website: [www.americashealthrankings.org](http://www.americashealthrankings.org)

American Hospital Association. 2021 Environmental Scan. Retrieved from American Hospital Association Website: [www.aha.org](http://www.aha.org)

AmfAR Opioid & Health Indicators Database. Retrieved 2021 from: <https://opioid.amfar.org/KY#data-explorer>

County Health Rankings. 2021 Kentucky and Illinois Compare Counties. Retrieved 2018, from County Health Rankings: [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

Centers for Disease Control & Prevention. Retrieved 2021 from website: <https://www.cdc.gov/drugoverdose/deaths/2019.html>

Centers for Medicare & Medicaid Services. Retrieved 2021, from Historical: [www.cms.gov/Research- Statistics-Data-and- Systems/Statistics-Trends-and- Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html](http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html)

Data USA. Cumberland County & Kentucky State Health Information Data. Retrieved 2021, from Data USA Website: <https://datausa.io/profile/geo/cumberland-county-ky#health>

Deloitte. 2020 Survey of Health Care Consumers in the United States: The performance of the health care system and health care reform.

U.S. Department of Health and Human Services: Office of Disease Prevention and Health Promotion. Healthy People 2020. Retrieved from HealthyPeople.gov website: <http://www.healthypeople.gov/>

U.S. Census Bureau. State & County Quickfacts. Retrieved 2018, from Quickfacts Census Web Site: <http://quickfacts.census.gov>

## Attachment I: National Health Trends

The following data describes the recent trends in national healthcare and was obtained from the United States Census Bureau, and the Deloitte Survey of Health Care Consumers in the United States and the American Hospital Association Environmental Scan.

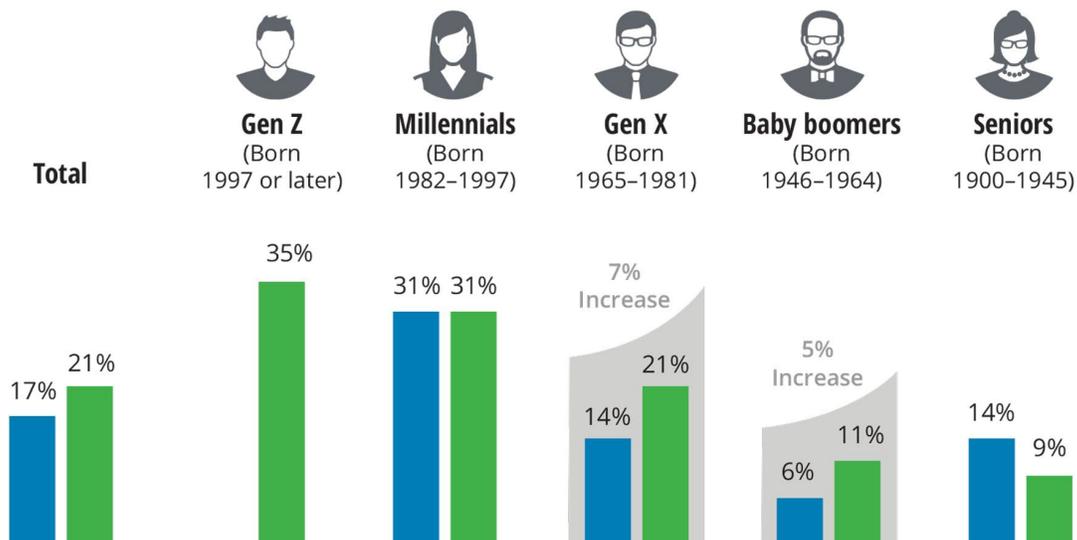
The Deloitte Center for Health Solutions’ report titled 2020 Survey of Health Care Consumers in the United States: The performance of the health care system and health care reform provided the following national health related data:

### Deloitte Consumers & Health Care System 2020 Survey – Virtual Care

FIGURE 4

#### From 2018 to March 2020, the largest increases in the use of virtual health care were among Gen X and baby boomers

■ 2018—had a virtual visit in the last year ■ 2020—had a virtual visit in the last year



Note: Data relating to Gen Z was not analyzed in the 2018 survey because the sample size was too small.

Source: Deloitte Center for Health Solutions 2020 and 2018 Surveys of Health Care Consumers.

Deloitte Insights | [deloitte.com/insights](https://deloitte.com/insights)

## American Hospital Association (AHA) Environmental Scan (2020)

The 2020 American Hospital Association Environmental Scan provides insight and information about market forces that have a high probability of affecting the healthcare field. It was designed to help hospitals and health system leaders better understand the healthcare landscape and the critical issues and emerging trends their organizations will likely face in the future. The Scan provided the following information:

### COVID-19's Economic Impact on Hospitals & Health Systems

#### COVID-19's impact on health care services

##### DEFERRING MEDICAL CARE



**41%** of U.S. adults avoided medical care due to the pandemic as of June 30, 2020.

Czeisler, Mark É. et al. "Delay or Avoidance of Medical Care Because of COVID-19-Related Concerns — United States, June 2020," *Morbidity and Mortality Weekly Report*, Sept. 11, 2020, 69(36):1250-1257.

##### COVID-19's ECONOMIC IMPACT ON HOSPITALS AND HEALTH SYSTEMS

**\$323.1 BILLION** total projected losses to hospitals and health systems in 2020\*



67% of hospital leaders believe patient volume will not return to baseline in 2020.\*



-56% decrease in outpatient visits at the start of the pandemic†

\*\*Hospitals and Health Systems Continue to Face Unprecedented Financial Challenges due to COVID-19," American Hospital Association, June 2020.  
††Six month update: National patient and procedure volume tracker," *Strata Decision Technology*, Sept. 23, 2020.

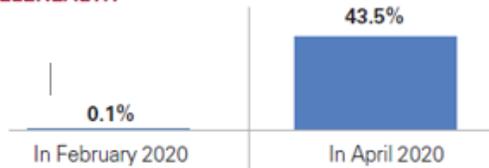
# Consumer Telehealth Shift

## EFFECTS OF TRANSITIONING CARE TO TELEHEALTH

- 20% of all emergency department visits could be avoided.
- 24% of health care office visits and outpatient volume could be delivered virtually.
- 35% of regular home health services could be virtualized.
- 2% of all outpatient volume could be shifted to the home setting with tech-enabled medical administration.

Bestsennyy O., Gilbert G., Harris A., Rost, J. "Telehealth: A quarter-trillion-dollar post-COVID-19 reality?" McKinsey & Company, May 29, 2020.

## % OF MEDICARE PRIMARY CARE VISITS USING TELEHEALTH



Bosworth A. et al. "ASPE Issue Brief: Medicare Beneficiary Use of Telehealth Visits: Early Data from the Start of the COVID-19 Pandemic," Office of the Assistant Secretary for Planning and Evaluation, Department of Health & Human Services, July 28, 2020.

## CONSUMERS TURN TO TELEHEALTH IN 2020

Used telehealth services in 2019

11%

Used telehealth services during pandemic (end of April 2020)

46%

Interest in using telehealth going forward

76%

Bestsennyy O., Gilbert G., Harris A., Rost, J. "Telehealth: A quarter-trillion-dollar post-COVID-19 reality?" McKinsey & Company, May 29, 2020.

## Provider telehealth shift

- Providers are seeing **50-175 times** the number of patients via telehealth than they did before the pandemic.

## PROVIDERS' COMFORT WITH TELEHEALTH

Providers view telehealth more favorably than they did before COVID-19

57%

Providers more comfortable using telehealth

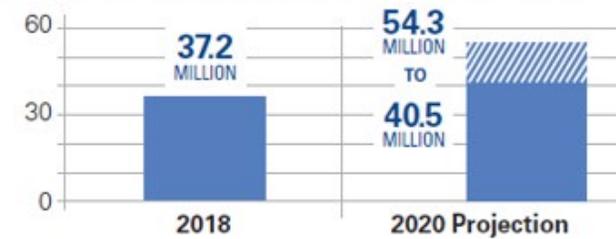
64%

\*Bestsennyy O., Gilbert G., Harris A., Rost, J. "Telehealth: A quarter-trillion-dollar post-COVID-19 reality?" McKinsey & Company, May 29, 2020.

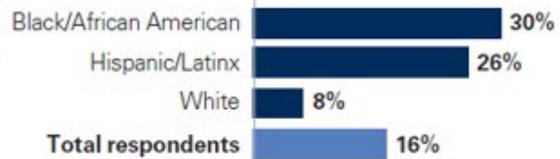
## Societal Factors that Influence Health

### Spotlight on food insecurity

#### AMERICANS EXPERIENCING FOOD INSECURITY\*



#### AMERICANS REPORT SKIPPING MEALS OR RELYING ON CHARITY OR GOVERNMENT FOOD PROGRAMS DUE TO COVID-19<sup>†</sup>



- Between 9 and 17 million children live in a household where adults say that their children do not have enough to eat. Pandemic-instigated school closures and a severe recession served as contributors.<sup>‡</sup>

\*"The Impact of Coronavirus on Food Insecurity," Feeding America, May 19, 2020.  
<sup>†</sup>Hamel, Liz et al. "Impact of Coronavirus on Personal Health, Economic and Food Security, and Medicaid," KFF Health Tracking Poll — May 2020, Kaiser Family Foundation, May 27, 2020.  
<sup>‡</sup>Bauer, Lauren and Parsons, Jana. "Why extend Pandemic EBT? When schools are closed, many fewer eligible children receive meals," Brookings, Sept. 21, 2020.

## Mental Health

#### ADULT BEHAVIORAL HEALTH CONDITIONS

**41%** of adults report at least one adverse mental or behavioral health condition in June 2020.

Anxiety/depression symptoms



Trauma/stressor-related disorder symptoms



Started or increased substance use



Seriously considered suicide in the last 30 days



#### ANXIETY SYMPTOMS INCREASE

**1 in 3** adults report symptoms of an anxiety disorder, compared with 1 in 12 a year ago.

- 55% reported life to be more stressful.

\*"Mental Health: Household Pulse Survey," National Center for Health Statistics, CDC, cdc.gov, July 2020, accessed Sept. 7, 2020.

#### Mental health in the U.S.

- Anxiety is the most common mental health disorder, affecting 40 million adults every year.
- 17 million adults experience a depressive disorder each year.
- More than 42% cite cost and poor insurance coverage as the top barriers to accessing mental health care.
- More than \$200 billion: estimated annual U.S. spending due to mental health conditions.
- Roughly 111 million Americans live in areas that have a shortage of mental health professionals.

\*"America's State of Mind: U.S. trends in medication use for depression, anxiety and insomnia," Express Scripts, April 2020.

## Substance Use Disorders (SUDs)

### DRUG OVERDOSES

- Drug overdose deaths in the U.S. in 2019: Increased to 72,000.\*
- Opioids are responsible for 71% of these deaths.\*
- As of July 2020, drug overdose deaths increased an average of 13% over last year.†



\*Vital Statistics Rapid Release: Provisional Drug Overdose Death Counts, National Center for Health Statistics, CDC, cdc.gov, accessed Oct. 25, 2020.  
 †Katz, Josh et al. "In Shadow of Pandemic, U.S. Drug Overdose Deaths Resurge to Record," The New York Times, July 15, 2020.

### Opioids

#### ECONOMIC IMPACT

**\$819 BILLION**

Estimated cost of the opioid epidemic from 2015 to 2019.

**\$1 TRILLION**

The cost to society over the next five years if trends continue.

#### Top 3 costs

- Mortality: **\$327 billion**
- Health care: **\$270 billion**
- Lost productivity: **\$124 billion**

\*A Movement to End Addiction Stigma — Addressing opioid use disorder stigma: The missing element of our nation's strategy to confront the opioid epidemic," Shatterproof white paper, July 16, 2020.

## Access & Affordability

### Health care expenses

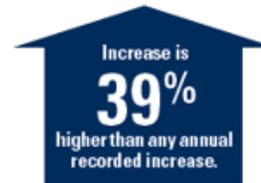
#### EMPLOYER-SPONSORED INSURANCE: AVERAGE ANNUAL PREMIUM (FAMILY COVERAGE)



"2020 Employer Health Benefits Survey," Kaiser Family Foundation, Oct. 8, 2020.

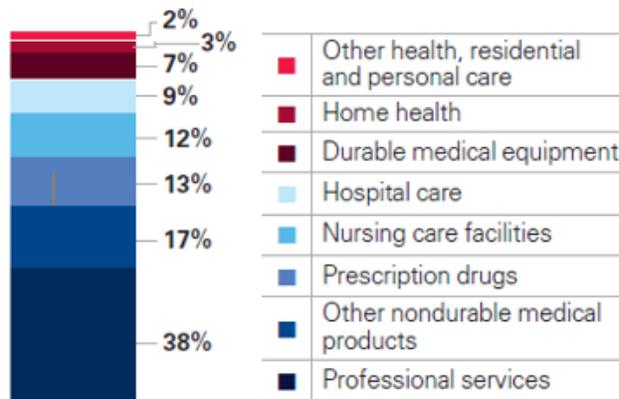
#### UNINSURED INCREASE

**5.4 MILLION** Number of U.S. workers who became uninsured February to May, 2020.\*



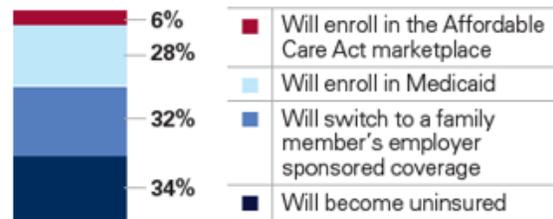
\*Dorn, Stan. "The COVID-19 Pandemic and Resulting Economic Crash Have Caused the Greatest Health Insurance Losses in American History," The National Center for Coverage Innovation, Families USA, July 17, 2020.

#### DISTRIBUTION OF CONSUMER OUT-OF-POCKET HEALTH EXPENSES



"National Health Expenditure Data, Historical," NHE Tables, cms.gov, released Dec. 17, 2019.

#### PEOPLE WHO LOSE THEIR EMPLOYER-SPONSORED HEALTH INSURANCE IN 2020 (PROJECTED)



Banthin, J. et al. "Changes in Health Insurance Coverage Due to the COVID-19 Recession: Preliminary Estimates Using Microsimulation," Urban Institute, Robert Wood Johnson Foundation, July 13, 2020.

## Healthy People 2020

HealthyPeople.gov provides 10-year national objectives for improving the health of all Americans by 2020. The topics are the result of a multiyear process with input from a diverse group of individuals and organizations. Eighteen federal agencies with the most relevant scientific expertise developed health objectives to promote a society in which all people live long, healthy lives. The primary goals for Healthy People 2020-2030 are:

### Goals for Healthy People 2020-2030

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

For All Healthy People 2020-2030 Objectives Click [Here](#):

## Attachment J: Full Survey Results

### Survey Results

#### Q1 What is your sex?

Answered: 76 Skipped: 0

ANSWER CHOICES	RESPONSES	
Male	15.79%	12
Female	84.21%	64
I prefer not to say	0.00%	0
Other	0.00%	0
TOTAL		76

#### Q2 What age range do you fall under?

Answered: 76 Skipped: 0

ANSWER CHOICES	RESPONSES	
Under 20	2.63%	2
21-30	23.68%	18
31-40	14.47%	11
41-50	17.11%	13
51-60	19.74%	15
61-70	17.11%	13
71 or Older	5.26%	4
TOTAL		76

### Q3 What is your race?

Answered: 76 Skipped: 0

ANSWER CHOICES	RESPONSES	
White or Caucasian	98.68%	75
Black or African American	0.00%	0
Hispanic or Latino	0.00%	0
Asian (Indian, Japanese, Chinese, Korean, Vietnamese, Filipino)	0.00%	0
Pacific Islander (Native Hawaiian, Samoan, Guamanian/Chamorro)	0.00%	0
I prefer not to say	1.32%	1
Other	0.00%	0
<b>TOTAL</b>		<b>76</b>

### Q4 what is your highest level of education?

Answered: 76 Skipped: 0

ANSWER CHOICES	RESPONSES	
Less than high school	1.32%	1
Some high school	3.95%	3
High school degree (or GED/equivalent)	17.11%	13
Some college (no degree)	27.63%	21
Associate's degree	27.63%	21
Bachelor's degree	10.53%	8
Graduate or professional degree	11.84%	9
other	0.00%	0
<b>TOTAL</b>		<b>76</b>

## Q5 What was your total income last year, before taxes?

Answered: 76 Skipped: 0

ANSWER CHOICES	RESPONSES	
Less than \$20,000	22.37%	17
\$20,001 - \$40,000	30.26%	23
\$40,001 - \$60,000	25.00%	19
\$60,001 - \$80,000	13.16%	10
\$80,001 - \$100,000	3.95%	3
Over \$100,000	5.26%	4
<b>TOTAL</b>		<b>76</b>

## Q6 What is your job status?

Answered: 76 Skipped: 0

ANSWER CHOICES	RESPONSES	
Full-time	69.74%	53
Part-time	2.63%	2
Unemployed	0.00%	0
Homemaker	2.63%	2
Retired	18.42%	14
Disabled	2.63%	2
Student	1.32%	1
Armed Forces	0.00%	0
Other	2.63%	2
<b>TOTAL</b>		<b>76</b>

## Q7 How many people live in your home?

Answered: 75 Skipped: 1

ANSWER CHOICES	RESPONSES	
2 or less	40.00%	30
2 to 4	50.67%	38
More than 4	9.33%	7
<b>TOTAL</b>		<b>75</b>

Q8 Please identify the three most important health issues in our community. Please only select 3.

Answered: 66 Skipped: 10

ANSWER CHOICES	RESPONSES	
Aging issues, such as Alzheimer's disease, hearing loss or memory loss	25.76%	17
Cancer	63.64%	42
Chronic Pain	9.09%	6
Dental health (including tooth pain)	10.61%	7
Diabetes	42.42%	28
Early sexual activity	12.12%	8
Heart disease/Heart attack	40.91%	27
HIV/AIDS	0.00%	0
Infectious/contagious disease, such as Covid, Flu, Pneumonia	4.55%	3
Injuries	1.52%	1
Lung disease (Asthma, COPD)	9.09%	6
Childhood Asthma	0.00%	0
Mental health issues such as depression, hopelessness, anger, etc	19.70%	13
Obesity/overweight	34.85%	23
Sexually transmitted infections	0.00%	0
Stroke	1.52%	1
High blood pressure	16.67%	11
Arthritis	6.06%	4
Other	3.03%	2
Total Respondents: 66		

Q9 Please identify the three most important unhealthy behaviors in our community. Please only select 3.

Answered: 66 Skipped: 10

ANSWER CHOICES	RESPONSES	
Angry behavior/violence	9.09%	6
Alcohol abuse	34.85%	23
Child abuse	10.61%	7
Domestic violence	12.12%	8
Drug abuse	86.36%	57
Prescription drug abuse	37.88%	25
Elder abuse (physical, emotional, financial, sexual)	3.03%	2
Lack of exercise	21.21%	14
Not able to get a routine checkup	9.09%	6
Poor eating habits	31.82%	21
Reckless driving	1.52%	1
Risky sexual behavior	1.52%	1
Smoking	34.85%	23
Other	3.03%	2
Total Respondents: 66		

Q10 Please identify the three (3) most important factors that impact your well-being in our community. Only select 3.

Answered: 66 Skipped: 10

ANSWER CHOICES	RESPONSES	
Angry behavior/violence	13.64%	9
Alcohol abuse	21.21%	14
Child abuse	1.52%	1
Domestic violence	3.03%	2
Drug abuse	37.88%	25
Prescription drug abuse	19.70%	13
Elder abuse (physical, emotional, financial, sexual)	3.03%	2
Lack of exercise	56.06%	37
Not able to get a routine checkup	13.64%	9
Poor eating habits	59.09%	39
Reckless driving	7.58%	5
Risky sexual behavior	6.06%	4
Smoking	18.18%	12
Other	18.18%	12
Total Respondents: 66		

Q11 When you get sick, where do you go?

Answered: 66 Skipped: 10

ANSWER CHOICES	RESPONSES	
Clinic/doctor's office	78.79%	52
Urgent care	1.52%	1
Emergency Department (ER)	4.55%	3
Health department	0.00%	0
I don't seek medical attention	12.12%	8
other	3.03%	2
TOTAL		66

Q12 How long has it been since you have been to the doctor to get a checkup when you were well (not because you were already sick)?

Answered: 66 Skipped: 10

ANSWER CHOICES	RESPONSES	
Within the last year	54.55%	36
1-2 years ago	24.24%	16
3-5 years ago	10.61%	7
More than 5 years ago	7.58%	5
I have never been to a doctor for a checkup	3.03%	2
<b>TOTAL</b>		<b>66</b>

Q13 In the last year, was there a time when you needed medical care but were not able to get it?

Answered: 66 Skipped: 10

ANSWER CHOICES	RESPONSES	
Yes	25.76%	17
No	74.24%	49
<b>TOTAL</b>		<b>66</b>

Q14 If you answered "yes" to the previous question, why weren't you able to get medical care? Choose all that apply.

Answered: 20 Skipped: 56

ANSWER CHOICES	RESPONSES	
I didn't have health insurance	15.00%	3
I couldn't afford to pay my co-pay or deductible	15.00%	3
I didn't have any way to get to the doctor	5.00%	1
The doctor or clinic did not take my insurance or Medicaid	0.00%	0
I didn't know how to find a doctor	0.00%	0
Fear	0.00%	0
Too long to wait for appointment	20.00%	4
Doctor was not taking new patients	5.00%	1
Concerns about being exposed to Covid	5.00%	1
I do not trust healthcare providers	5.00%	1
My job did not allow me to take time off work during the hours the medical provider was open	25.00%	5
Other	35.00%	7
<b>Total Respondents: 20</b>		

Q15 In the last year, was there a time you needed mental health counseling but was unable to get the help I needed?

Answered: 66 Skipped: 10

ANSWER CHOICES	RESPONSES	
Yes	18.18%	12
No	81.82%	54
TOTAL		66

Q16 If you answered "yes" to the previous question, why weren't you able to get mental health counseling? Choose all that apply.

Answered: 14 Skipped: 62

ANSWER CHOICES	RESPONSES	
I didn't have insurance	7.14%	1
I couldn't afford to pay my co-pay or deductible	7.14%	1
I didn't have any way to get to a counselor	0.00%	0
The counselor did not take my insurance or Medicaid	0.00%	0
I didn't know how to find a counselor	14.29%	2
Too long to wait for an appointment	7.14%	1
Fear	7.14%	1
Embarrassment	21.43%	3
Other	50.00%	7
Total Respondents: 14		

Q17 In the last week, did you participate in deliberate exercise, (such as, jogging, walking, golf, weight-lifting, fitness classes) that lasted for at least 30 minutes or more?

Answered: 63 Skipped: 13

ANSWER CHOICES	RESPONSES	
Yes	33.33%	21
No	66.67%	42
TOTAL		63

Q18 On a typical day, how many servings of fruits and/or vegetables do you have?

Answered: 63 Skipped: 13

ANSWER CHOICES	RESPONSES	
None	6.35%	4
1 to 2	74.60%	47
3 to 5	17.46%	11
More than 5	1.59%	1
<b>TOTAL</b>		<b>63</b>

Q19 On a typical day, how often do you smoke or chew tobacco product (either actual or electronic/vapor)?

Answered: 63 Skipped: 13

ANSWER CHOICES	RESPONSES	
None	90.48%	57
1 to 4	1.59%	1
5 to 8	6.35%	4
9 to 12	1.59%	1
More than 12	0.00%	0
<b>TOTAL</b>		<b>63</b>

Q20 Where do you get most of your medical information?

Answered: 63 Skipped: 13

ANSWER CHOICES	RESPONSES	
Doctor/physician	47.62%	30
Friends/family	3.17%	2
Internet search	25.40%	16
Pharmacy	1.59%	1
Nurse or other medical professional in the community (church, social groups, etc.)	14.29%	9
Other	7.94%	5
<b>TOTAL</b>		<b>63</b>

Q21 Do you have a family doctor?

Answered: 62 Skipped: 14

ANSWER CHOICES	RESPONSES	
Yes	88.71%	55
No	11.29%	7
<b>TOTAL</b>		<b>62</b>

## Q22 Overall, my physical health is:

Answered: 62 Skipped: 14

ANSWER CHOICES	RESPONSES	
Good	35.48%	22
Average	53.23%	33
Poor	11.29%	7
TOTAL		62

## Q23 Overall, my mental health is:

Answered: 62 Skipped: 14

ANSWER CHOICES	RESPONSES	
Good	54.84%	34
Average	37.10%	23
Poor	8.06%	5
TOTAL		62

## Q25 In the past two years, has Covid impacted the way you get your healthcare?

Answered: 61 Skipped: 15

ANSWER CHOICES	RESPONSES	
Yes	44.26%	27
No	55.74%	34
TOTAL		61