



## Community Health Needs Assessment

March 2013

**Cumberland County Hospital**  
**Community Health Needs Assessment**  
**March 2013**

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## Introduction

IRC Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- Conduct a community health needs assessment every three years.
- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- Report how it is addressing the needs identified in the community health needs assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital facility, including those with special knowledge of or expertise in public health. The hospital facility must make the community health needs assessment widely available to the public.

This community health needs assessment, which describes both a process and a document, is intended to document Cumberland County Hospital's compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that Cumberland County Hospital (Hospital) may adopt an implementation strategy to address specific needs of the community.

The *process* involved:

- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and patient use rates.
- Interviews with key informants who represent a) broad interests of the community, b) populations of need or c) persons with specialized knowledge in public health.

This *document* is a summary of all the available evidence collected during the initial cycle of community health needs assessments required by the IRS. It will serve as a compliance document as well as a resource until the next assessment cycle.

Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

## Summary of Community Health Needs Assessment

The purpose of the community health needs assessment is to document compliance with new federal laws outlined above.

The Hospital engaged **BKD, LLP** to conduct a formal community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 29 offices. BKD serves more than 900 hospitals and health care systems across the country. The community health needs assessment was conducted from July 2012 through March 2013.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of Cumberland County Hospital's community health needs assessment:

- The "community" served by the Hospital was defined by utilizing inpatient and outpatient data regarding patient origin. This process is further described in *Community Served by the Hospital*.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in Appendices). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by [CountyHealthrankings.org](http://CountyHealthrankings.org). Health factors with significant opportunity for improvement were noted.
- An inventory of health care facilities and resources was prepared.
- Community input was provided through key informant interviews of 10 stakeholders. Results and findings are described in the Key Informant portion of this report.
- Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs 1) the size of the problem, 2) the seriousness of the problem, 3) the impact of the issue on vulnerable populations, 4) how important the issue is to the community and 5) whether or not the hospital has existing programs to respond to the identified need.

Information gaps were identified during the prioritization process and they have been reported.

- Recommendations based on this assessment have been communicated to the Hospital.

### ***General Description of Hospital***

The Hospital is a Kentucky, nonprofit organization, located in Burkesville, Kentucky. A board of directors governs the Hospital and ensures that the strategic direction of the hospital consistently meets the health care needs of the people which it serves.

Cumberland County Hospital strives to provide high quality outpatient and inpatient healthcare services to the Cumberland County communities. The Hospital is governed by 11 board members.

## Community Served by the Hospital

The Hospital is located in the city of Burkesville Kentucky, in the County of Cumberland. Burkesville is approximately one and a half hours east of Bowling Green, Kentucky. Burkesville and the surrounding geographic area is not close to any metropolitan area. Burkesville is only accessible by interstate and other secondary roads.

### Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, the Hospital is the single largest provider of acute care services. For this reason, the utilization of Hospital services provides the clearest definition of the community.

As illustrated on Exhibit 1, eighty-four percent of inpatient and outpatient discharges originate in Cumberland County. Management has determined the primary service area for Cumberland County Hospital to include Cumberland County. Page 4 presents a detailed map of the Hospital's geographical location and the footprint of the community identified in *Exhibit 1*. The map displays the Hospital's geographic relationship to surrounding counties, as well as significant roads and highways. Corresponding demographic information is provided for Cumberland County in *Exhibits 2* through 5.

**Exhibit 1**  
**Cumberland County Hospital**  
**Summary of Inpatient and Outpatient Discharges by County**  
**7/1/2011 - 6/30/2012**

County	Inpatient Discharges	Percent of Total Discharges
Cumberland County	772	84.6%
All Other	<u>140</u>	<u>15.4%</u>
Total	<u><u>912</u></u>	<u><u>100.0%</u></u>

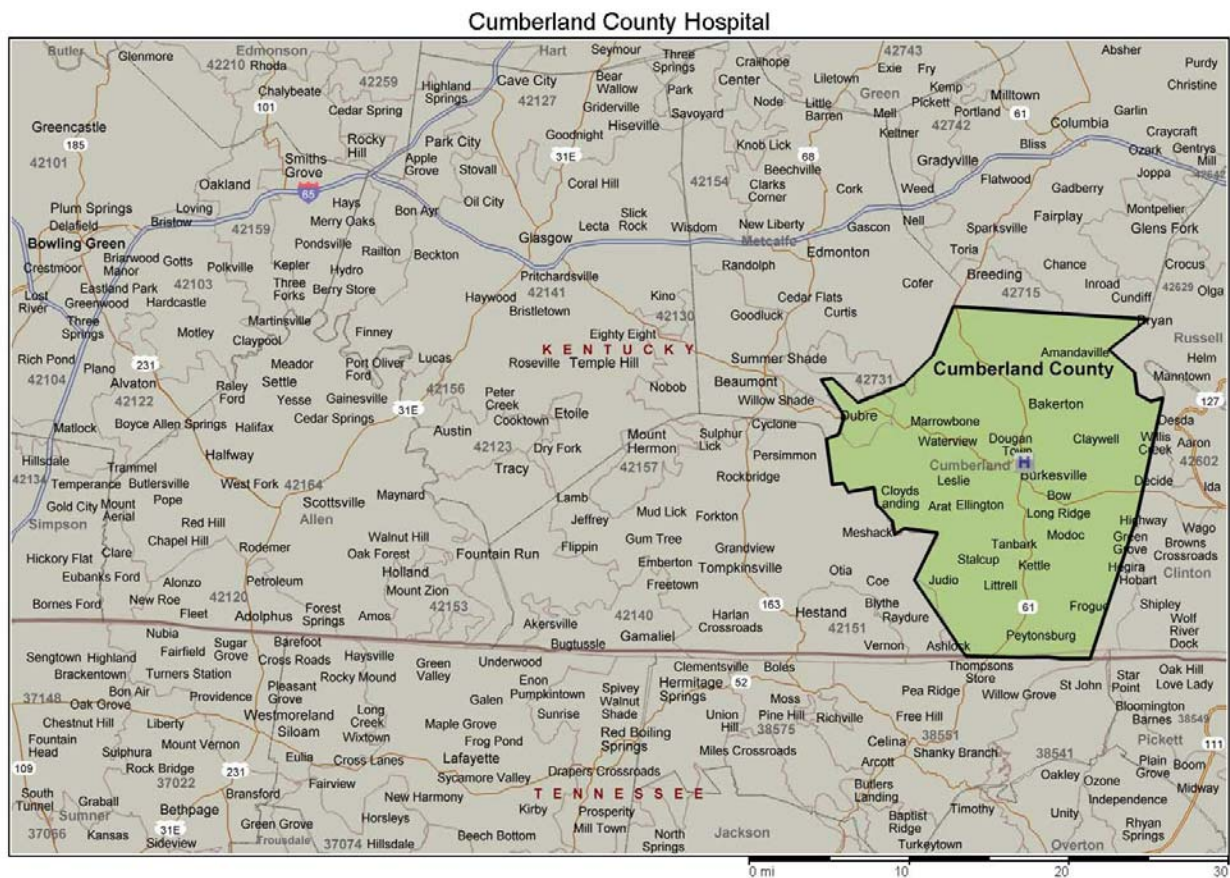
County	Outpatient Discharges	Percent of Total Discharges
Cumberland County	18,244	84.1%
All Other	<u>3,445</u>	<u>15.9%</u>
Total	<u><u>21,689</u></u>	<u><u>100.0%</u></u>

Source: Cumberland County Hospital

## Community Details

### Identification and Description of Geographical Community

The Hospital is located in Burkesville, Kentucky. Burkesville is a city in Cumberland County near State Route 90 approximately 70 miles east of Bowling Green, Kentucky. The following map geographically illustrates the Hospital's location and community by showing the community zip code shaded. The bulk of the community's population is concentrated in and around the city of Burkesville.



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## Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data based on the 2010 census. The Nielsen Company, a firm specializing in the analysis of demographic data, has extrapolated this data by zip code to estimate population trends from 2013 through 2018. Population estimates by age and zip code for the Hospital's community are presented in *Exhibit 2*.

*Exhibit 2* illustrates that the overall population is projected to decrease slightly over the five-year period from 6,800 to 6,758. However, the age category that utilizes health care services the most, 65 years and over, is projected to increase from 1,382 to 1,520. The projected changes to the composition of the total community, between male and female, are projected to remain approximately the same over the five-year period.

**Exhibit 2**  
**Cumberland County Hospital Community**  
**Estimated 2013 Population and Projected 2018 Population**

County	Under 15 years	15-44 years	45-64 years	65 years and over	Total	Male	Female
Cumberland	1,250	2,228	1,940	1,382	6,800	3,337	3,463
<b>PROVIDER SERVICE AREA</b>	<b>1,250</b>	<b>2,228</b>	<b>1,940</b>	<b>1,382</b>	<b>6,800</b>	<b>3,337</b>	<b>3,463</b>
<b>Projected 2018 Population</b>							
Cumberland	1,265	2,164	1,809	1,520	6,758	3,314	3,444
<b>PROVIDER SERVICE AREA</b>	<b>1,265</b>	<b>2,164</b>	<b>1,809</b>	<b>1,520</b>	<b>6,758</b>	<b>3,314</b>	<b>3,444</b>

Source: The Nielsen Company

*Exhibit 2.1* provides the percent difference for Cumberland County from estimated 2013 to projected 2018 as well as the ability to compare the percent difference to the state of Kentucky and the United States for comparison purposes. *Exhibit 2.1* illustrates that the overall population is projected to decrease by less than one percent over the five-year period compared to projected overall increases for Kentucky at almost two and a half percent and the United States at approximately three and a half percent. Note that the age category that utilizes health care services the most, 65 years and over, is projected to increase by almost 10 percent. This increase in the 65 year and over category will have a dramatic impact on both the amount and type of services required by the community.



**Exhibit 2.1  
Cumberland County Hospital Community  
Estimated 2013 Population vs Projected 2018 Population Percent Difference**

County	Under 15 years	15-44 years	45-64 years	65 years and over	Total	Male	Female
Cumberland	1.2%	-2.9%	-6.8%	10.0%	-0.6%	-0.7%	-0.5%
<b>PROVIDER SERVICE AREA</b>	1.2%	-2.9%	-6.8%	10.0%	-0.6%	-0.7%	-0.5%
<b>KY 2013 Estimated (1,000s)</b>	856	1,724	1,189	634	4,403	2,166	2,237
<b>KY 2018 Projected (1,000s)</b>	874	1,716	1,182	738	4,510	2,219	2,291
<b>PERCENT DIFFERENCE</b>	2.1%	-0.5%	-0.6%	16.4%	2.4%	2.4%	2.4%
<b>U.S. 2013 Estimated (1,000s)</b>	61,804	126,083	83,113	43,862	314,862	154,820	160,042
<b>U.S. 2018 Projected (1,000s)</b>	63,380	126,608	84,336	50,998	325,322	160,000	165,322
<b>PERCENT DIFFERENCE</b>	2.5%	0.4%	1.5%	16.3%	3.3%	3.3%	3.3%

Source: The Nielsen Company

Certain characteristics of a population can be factors in determining the health care services required by a community. The following is an analysis of the age distribution of the population for the primary community. The analysis is provided for the city of Burkesville and provides a comparison to Cumberland County, the state of Kentucky and the United States.

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The following *Exhibit 3* shows the population of the community by ethnicity by illustrating the Hispanic versus non-Hispanic residents. In total, the population breakdown for the community is very comparable to the state of Kentucky.

**Exhibit 3  
Cumberland County Hospital Community  
Estimated 2013 Population vs Projected 2018 Population with Percent Difference**

Zip Code	City	Estimated 2013			Projected 2018			% Difference		% Total	
		Hispanic	Non-Hispanic	Total	Hispanic	Non-Hispanic	Total	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
<b>Cumberland Co</b>		68	6,732	6,800	74	6,684	6,758	8.8%	-0.7%	1.1%	98.9%
<b>Kentucky (1,000s)</b>		152	4,251	4,403	182	4,328	4,510	19.7%	1.8%	4.0%	96.0%
<b>U.S. (1,000s)</b>		54,578	260,284	314,862	61,050	264,272	325,322	11.9%	1.5%	18.8%	81.2%

Source: The Nielsen Company



Exhibit 4 shows the population of the community by race by illustrating three different categories, white, black and other residents. In total, the population breakdown for the community shows a decrease of the number of black residents compared to the state of Kentucky.

**Exhibit 4**  
**Cumberland County Hospital Community**  
**Estimated 2013 Population vs Projected 2018 Population with Percent Difference**

County	Estimated 2013				Projected 2018				2018 Percent Total		
	White	Black	Other	Total	White	Black	Other	Total	White	Black	Other
Cumberland	6,491	161	148	6,800	6,459	133	166	6,758	95.6%	2.0%	2.5%
<b>PROVIDER SERVICE</b>	6,491	161	148	6,800	6,459	133	166	6,758	95.6%	2.0%	2.5%
<b>Kentucky (1,000s)</b>	3,842	347	214	4,403	3,902	360	248	4,510	86.5%	8.0%	5.5%
<b>U.S. (1,000s)</b>	225,086	40,007	49,769	314,862	228,213	41,798	55,011	325,022	70.2%	12.9%	16.9%

Source: The Nielsen Company



## Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are a compilation of data that includes household income, labor force, employees by types of industry, employment rates, educational attainment and poverty for the community served by the Hospital. These standard measures will be used to compare the socioeconomic status of the county internally as well as to the state.

### Income and Employment

*Exhibit 5* presents the average and median income for households in the county. Average income is projected to increase by approximately three percent between 2013 and 2018, while the median income is projected to increase around two percent.

**Exhibit 5**  
**Cumberland County Hospital Community**  
**Estimated Family Income and Wealth for 2013 and 2018 with Percent Difference**

City	Estimated 2013		Projected 2018		Percent Difference	
	Avg. Household Income	Median Household Income	Avg. Household Income	Median Household Income	Avg. Household Income	Median Household Income
Cumberland Co	\$ 36,207	\$ 28,645	\$ 37,340	\$ 29,275	3.1%	2.2%
Kentucky	\$ 54,379	\$ 39,905	\$ 55,360	\$ 40,394	1.8%	1.2%
United States	\$ 69,637	\$ 49,297	\$ 71,917	\$ 49,815	3.3%	1.1%

Source: The Nielsen Company



Exhibit 6 presents the average annual resident unemployment rates for Cumberland County, Kentucky and the United States. As Exhibit 6 illustrates, unemployment rates for Cumberland County have started to decrease slightly in the last year but still ranks unfavorably when compared to the state and national averages.

**Exhibit 6**  
**Cumberland County Hospital Community**  
**Unemployment Rates (%)**  
**2008-2012**

County	2008	2009	2010	2011	2012
Cumberland County	8.1	12.8	12.0	11.3	10.9
Kentucky	6.6	10.3	10.2	9.5	8.4
United States	5.8	9.3	9.6	9.0	8.1

Source: FDIC

Exhibit 7 summarizes employment by major industry for the county.

**Exhibit 7**  
**Cumberland County Hospital Community**  
**Employment by Major Industry**  
**2010**

Major Industries	Cumberland		US
	County	%	%
Goods-producing	214	13.7%	14.7%
Natural Resources and Mining	-	0.0%	1.4%
Construction	-	0.0%	4.3%
Manufacturing	214	13.7%	9.0%
Service-providing	966	61.9%	68.4%
Trade, Transportation, and Utilities	295	18.9%	19.1%
Information	-	0.0%	2.1%
Financial Activities	102	6.5%	5.8%
Professional and Business Services	23	1.5%	13.1%
Education and Health Services	448	28.7%	14.6%
Leisure and Hospitality	98	6.3%	10.2%
Other Services	-	0.0%	3.4%
Federal Government	18	1.2%	2.3%
State Government	109	7.0%	3.6%
Local Government	253	16.2%	11.0%
<b>Total Employment</b>	<b>1,560</b>	<b>100.0%</b>	<b>100.0%</b>

Source: U.S. Department of Census



Major employers in Cumberland County include the following:

**Exhibit 8**  
**Cumberland County Hospital Community**  
**Employment by Top Employers**

Top Employers	Year Est.	Number of Employees
Electric Mills KY	1997	60
Johnny Rich Lumber Products	1966	30
Rocore Thermal Systems LLC	1980	77
Topps Safety Apparel Inc	1995	45

Source: KY Cabinet for Economic Development

**Poverty**

Exhibit 9 presents the percentage of total population in poverty (including under age 18) and median household income for households in Cumberland County versus the Commonwealth of Kentucky and the United States.

**Exhibit 9**  
**Cumberland County Hospital Community**  
**Poverty Estimate: Percentage of Total Population in Poverty and Median Household Income**  
**2010 and 2011**

County	2010		Median	2011		Median
	All Persons	Under Age 18	Household Income	All Persons	Under Age 18	Household Income
Cumberland County	26.3%	39.5%	\$ 27,382	27.4%	41.0%	\$ 27,570
Kentucky	18.9%	26.1%	\$ 40,089	19.1%	27.2%	\$ 41,141
United States	15.3%	21.6%	\$ 50,046	15.9%	22.5%	\$ 50,502

Source: U.S. Census Bureau, Small Areas Estimates Branch

Exhibit 9 presents the percentage of total population in poverty and median household income for Cumberland County. In 2011, a family of two adults and two children was considered poor if their annual household income fell below \$22,350 and Kentucky is consistently ranked one of the poorest states in the country. Poverty rates for Cumberland County rank unfavorably when compared to the state averages. Median household income for Cumberland County also ranks considerably lower compared to state and national averages.



**Uninsured**

Exhibit 10 presents health insurance coverage status by age (under 65 years) and income (at or below 400 percent) of poverty for Cumberland County versus the Commonwealth of Kentucky.

**Exhibit 10  
Cumberland County Hospital Community  
Health Insurance Coverage Status by Age (Under 65 years) and Income (At or Below 400%) of Poverty  
2010**

County	All Income Levels				At or Below 400% of FPL			
	Under 65 Uninsured	Percent Uninsured	Under 65 Insured	Percent Insured	Under 65 Uninsured	Percent Uninsured	Under 65 Insured	Percent Insured
Cumberland County	1,273	23.0%	4,270	77.0%	1,211	25.2%	3,603	74.8%
Kentucky	640,974	17.5%	3,012,207	82.5%	585,339	22.4%	2,032,203	77.6%

Source: U.S. Census Bureau, SAHIE/ State and County by Demographic and Income Characteristics

**Education**

Exhibit 11 presents educational attainment by age cohort for individuals in Cumberland County versus the Commonwealth of Kentucky.

**Exhibit 11  
Cumberland County Hospital Community  
Educational Attainment by Age - Total Population  
2000**

State/ County	Age Cohort				
	18-24	25-34	35-44	45-64	65+
<b><u>Completing High School</u></b>					
Cumberland County	59.9%	77.1%	69.9%	60.2%	24.1%
Kentucky	74.9%	84.2%	82.3%	75.2%	50.4%
<b><u>Bachelor's Degree or More</u></b>					
Cumberland County	1.8%	12.7%	7.7%	7.3%	2.5%
Kentucky	5.8%	20.8%	18.1%	18.0%	10.2%
<b><u>Graduate or Professional Degree</u></b>					
Cumberland County	0.0%	2.8%	4.3%	6.3%	1.1%
Kentucky	0.4%	5.6%	6.8%	9.1%	4.4%

Source: Kentucky State Data Center, Education Data

Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. Persons aged 25 and older have significantly less educational attainment than the state as a whole. Exhibit 11 indicates approximately 10 percent of the population for Cumberland County obtains a Bachelor's degree or more which is about 50 percent of the state's average. Levels reported in Exhibit 11 are significantly less than National averages.



## Health Status of the Community

This section of the assessment reviews the health status of Cumberland County residents. As in the previous section, comparisons are provided with the state of Kentucky. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the community will enable the Hospital to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community’s most essential resources.

Numerous factors have a significant impact on an individual’s health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services. Studies by the American Society of Internal Medicine conclude that up to 70 percent of an individual’s health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle	Primary Disease Factor
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression
Driving at excessive speeds	Trauma Motor vehicle crashes
Lack of exercise	Cardiovascular disease Depression



**Lifestyle**

**Primary Disease Factor**

Overstressed

Mental illness  
Alcohol/drug abuse  
Cardiovascular disease

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. However, law does not require reporting the incidence of a particular disease, except when the public health is potentially endangered. More than 50 infectious diseases in Kentucky must be reported to county health departments. Except for Acquired Immune Deficiency Syndrome (AIDS), most of these reportable diseases currently result in comparatively few deaths.

Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes in death in Cumberland County and the state of Kentucky. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

**Leading Causes of Death**

Exhibit 12 reflects the leading causes of death for Cumberland County residents and compares the rates, per thousand, to the state of Kentucky average rates, per thousand.

**Exhibit 12  
Cumberland County Hospital Community  
Selected Causes of Resident Deaths: Number and Rate (2005)**

	Cumberland Number	Rate	Kentucky Number	Rate	Percent Difference
Total Deaths, All Causes	107	1,511.9	39,471	946.0	37.4%
Malignant Neoplasm	-	18.0	254	223.9	-1143.9%
Diabetes Mellitus	-	-	1,168	28.0	N/A
Diseases of the Heart	38	537.0	10,572	253.4	52.8%
Cerebrovascular Diseases	8	113.0	2,117	50.7	55.1%
Pneumonia and Influenza	3	42.4	996	23.9	43.6%
Bronchitis, Emphysema, and Asthma	5	70.7	2,545	61.0	13.7%
Chronic Liver Disease and Cirrhosis	2	28.3	374	9.0	68.2%
Unintentional Injuries	5	70.7	2,264	54.3	23.2%
Homicide	-	-	212	5.1	N/A

Source: KY Division of Epidemiology and Health Planning





## Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.* 1 or 2, are considered to be the "healthiest". Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors--rankings are based on weighted scores of four types of factors:
  - Health behaviors (six measures)
  - Clinical care (five measures)
  - Social and economic (seven measures)
  - Physical environment (five measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)).

As part of the analysis of the needs assessment for the community, Cumberland County will be used to compare the relative health status of the community to the state of Kentucky as well as to a national benchmark. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment.

The following tables, from County Health Rankings, summarize the 2012 health outcomes for Cumberland County, which comprises the majority of the community for Cumberland County Hospital. Each measure is described and includes a confidence interval or error margin surrounding it – if a measure is above the state average and the state average is beyond the error margin for the county, then further investigation is recommended.



## Cumberland County

Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures. Cumberland County's health outcomes were somewhat comparable to the state of Kentucky (ranking 111 and 85 out of 120 counties), each measure was significantly below national benchmarks with opportunities for improvement.

**Exhibit 13  
Cumberland County Hospital Community  
Cumberland County Health Rankings - Health Outcomes (2012)**

	Cumberland County	Error Margin	National Benchmark	KY	Rank (of 120)
<i>Mortality</i>					
<b>Premature death</b> - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	13,094	9,865-16,322	5,564	8,781	<b>111</b>
<i>Morbidity</i>					
<b>Poor or fair health</b> - Percent of adults reporting fair or poor health (age-adjusted)	26%	19-25%	10%	22%	<b>85</b>
<b>Poor physical health days</b> - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	5.9	3.8-8.1	2.6	4.7	
<b>Poor mental health days</b> - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.3	2.7-5.9	2.3	4.3	
<b>Low birthweight</b> - Percent of live births with low birthweight (<2500 grams)	10.1%	7.7-12.6%	6.0%	9.0%	

Source: Countyhealthrankings.org

A number of different health factors shape a community's health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment.

The following table summarizes the health factors for Cumberland County.



Exhibit 14  
 Cumberland County Hospital Community  
 Cumberland County Health Rankings - Health Factors (2012)

	Cumberland County	Error Margin	National Benchmark	KY	Rank (of 120)
<i>Health Behaviors</i>					57
<b>Adult smoking</b> - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke			14%	27.0%	
<b>Adult obesity</b> - Percent of adults that report a BMI >= 30	33.0%	27-41%	25%	33.0%	
<b>Physical inactivity</b> - Percent of adults aged 20 and over reporting no leisure time physical activity	34.0%	27-41%	21%	31.0%	
<b>Excessive drinking</b> - Percent of adults that report excessive drinking in the past 30 days	3.0%	1-10%	8%	11.0%	
<b>Motor vehicle crash death rate</b> - Motor vehicle deaths per 100K population	45.0	26-63	12	22.0	
<b>Sexually transmitted infections</b> - Chlamydia rate per 100K population	161.0		84	311.0	
<b>Teen birth rate</b> - Per 1,000 female population, ages 15-19	66.0	53-80	22	52.0	
<i>Clinical Care</i>					108
<b>Uninsured adults</b> - Percent of population under age 65 without health insurance	21.0%	19-23%	11%	17.0%	
<b>Primary care physicians</b> - Ratio of population to primary care physicians	1,127:1		631:1	922:1	
<b>Preventable hospital stays</b> - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare	211.0	182-239	49	104.0	
<b>Diabetic screening</b> - Percent of diabetic Medicare enrollees that receive HbA1c screening	78.0%	64-92%	89%	82.0%	
<b>Mammography screening</b> - Percent of female Medicare enrollees that receive mammography screening	53.0%	38-67%	74%	63.0%	
<i>Social &amp; Economic Factors</i>					96
<b>High school graduation</b> - Percent of ninth grade cohort that graduates in 4 years	70.0%			78.0%	
<b>Some college</b> - Percent of adults aged 25-44 years with some post-secondary education	31.0%	21-40%	68%	55.0%	
<b>Unemployment</b> - Percent of population age 16+ unemployed but seeking work	12.3%		5.4%	10.5%	
<b>Children in poverty</b> - Percent of children under age 18 in poverty	40.0%	28-51%	13%	26.0%	
<b>Inadequate social support</b> - Percent of adults without social/emotional support	20.0%	13-29%	14%	20.0%	
<b>Children in single-parent households</b> - Percent of children that live in household headed by single parent	28.0%	14-42%	20%	32.0%	
<b>Violent Crime Rate</b> - Violent crime rate per 100,000 population	42.0		73	288.0	
<i>Physical Environment</i>					27
<b>Air pollution-particulate matter days</b> - Annual number of unhealthy air quality days due to fine particulate matter	-		-	2	
<b>Air pollution-ozone days</b> - Annual number of unhealthy air quality days due to ozone	-		-	2	-
<b>Limited access to healthy foods</b> - Percent of population who are low-income and do not live close to a grocery store	1.0%		0%	7.0%	
<b>Fast Food Restaurants</b> - Percent of all restaurants that are fast-food establishments	33.0%		25%	54.0%	
<b>Access to recreational facilities</b> - Rate of recreational facilities per 100,000 population	-		16	8.0	

Source: Countyhealthrankings.org



***Cumberland County Health Synopsis:*** Cumberland County has low rates of violent crime, excessive drinking and occurrence of sexually transmitted infections. The county is challenged though by higher-than desirable rates of teen births, adult obesity, and children in poverty. Also, too many of the county's adults fail to engage in regular physical activity and the county has very high rates of preventable hospital stays and low mammography screening rates. Uninsured adults also ranks high compared to state and national benchmarks. Increased exercise and physical activity can lower the risk of becoming obese and other health conditions. Educational programs can help promote the importance of good decisions such as early screenings and preventative care.

## Health Care Resources

The availability of health resources is a critical component to the health of a county’s residents and a measure of the soundness of the area’s health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community’s health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care. This section will address the availability of health care resources to the residents of Cumberland County.

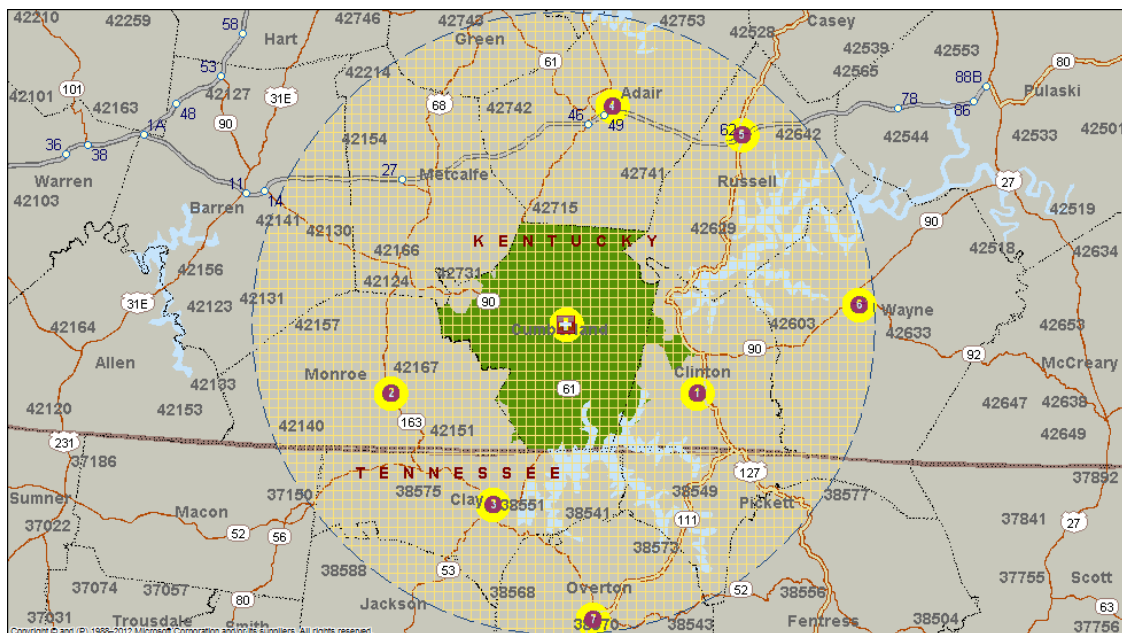
### Hospitals and Health Centers

The Hospital has 25 acute beds and is the only hospital located in the county. Residents of the community also take advantage of services provided by hospitals in neighboring counties. *Exhibit 15* summarizes hospital services available to the residents of Cumberland County:

**Exhibit 15**  
**Cumberland County Hospital Community**  
**Summary of Acute Care Hospitals**

		Facility Type	Miles from Hospital	Bed Size	Annual Discharges	Annual Patient Revenue
1	Clinton County Hospital	723 Burkesville Road, Albany, KY 42602	ST Acute Care	14	42	1,711 \$ 38,649,792
2	Monroe County Medical Center	529 Capp Harlan Road, Tompkinsville, KY 42167	ST Acute Care	18	49	2,116 \$ 37,669,110
3	Cumberland River Hospital	100 Old Jefferson Street, Celina, TN 38551	ST Acute Care	18	28	624 \$ 19,858,910
4	Westlake Regional Hospital	901 Westlake Drive, Columbia, KY 42728	ST Acute Care	21	49	1,839 \$ 54,534,268
5	Russell County Hospital	153 Dowell Road, Russell Springs, KY 42642	Critical Access	25	25	991 \$ 55,211,044
6	Wayne County Hospital	166 Hospital Street, Monticello, KY 42633	Critical Access	28	25	721 \$ 23,623,181
7	Livingston Regional Hospital	315 Oak Street, Livingston, TN 38570	ST Acute Care	29	90	2,971 \$ 108,858,293

Source: Costreportdata.com





### ***Health Departments***

The Lake Cumberland District Health Department offers General Preventive Health Clinics in 10 counties. Those counties include Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor and Wayne.

General Preventive Health Clinics, provided by the Lake Cumberland District Health Department, offer a large array of services to patients including assessments and screenings as well as education in order to help them take a proactive approach toward monitoring and developing their health status. Some of these services include well child exams, fluoride varnishing, family planning (birth control), prenatal care (not offered in all counties), WIC (Women, Infants & Children food program), medical nutrition therapy, tuberculosis screenings, HIV and STD screenings, diabetes screening and counseling, immunizations, breast and cervical cancer screenings as well as much more.

These services are provided by trained medical providers such as physicians, ARNPs, RNs, LPNs, registered dietitians, certified nutritionist, etc. These providers adhere to the guidelines set forth by the Department of Public Health's Public Health Practice Reference ensuring your care is provided at the highest possible professional standard.

Many of our services are covered by Medicare, Medicaid and other insurances. In the case you are uninsured or your insurance doesn't pay for the service, the majority of our services are offered on a Sliding Fee Scale basis. This means your charge for the service will be in relation to your income versus the Federal Poverty Guidelines. For example, if your income level is 250 percent of the Federal Poverty Guidelines then your charge would be 100 percent of the stated charge. If your income level is 100 percent of the Federal Poverty Guidelines, then you would not have a charge for the service. Some services such as childhood immunizations and communicable disease screenings would be offered at a minimal nominal charge set by the Department of Public Health.

### ***Rural Health Clinics***

Cumberland County Hospital owns and operates two rural health clinics, B.F. Taylor Medical Arts Facility, and Flowers Rural Health Clinic.

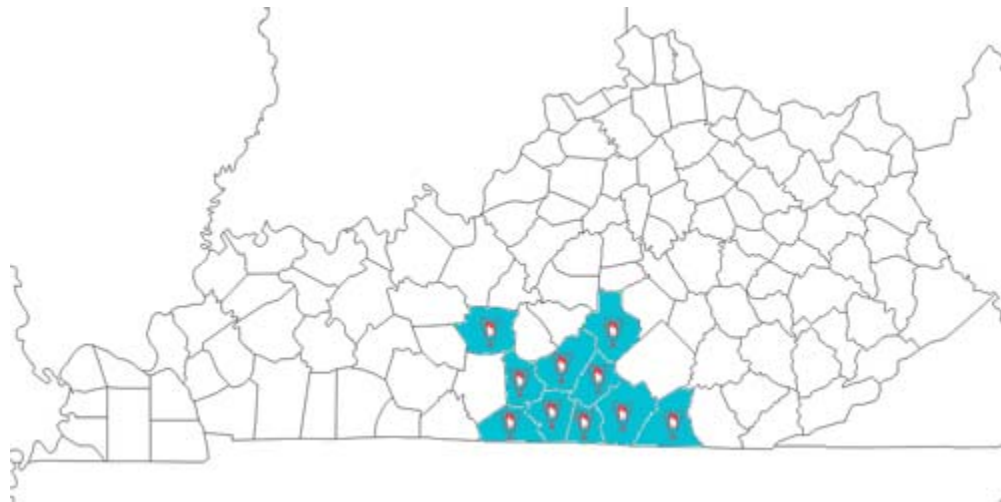
The B.F. Taylor clinic employees two doctors, two nurse practitioners, three R.N.'s, and five support staff. They deliver a full scope of medical care Monday through Saturday. Additionally, the clinic also has an OB/GYN available twice a month to cater to women's health.

The Flowers Rural Health Clinic currently employs one doctor, a nurse practitioner, and R.N. and an L.P.N., and a support staff of five. In June of 2014 the clinic will also gain an additional doctor into the staff. The clinic is open Monday, Tuesday, Wednesday and Friday, and they also deliver a full scope of medical care. On Thursdays the clinic is occupied by an optometrist.

Both facilities are dedicated to fulfilling the health care needs of the community. The management and Board of the hospital are proud of the efforts of all members of the staffs of both clinics.

### **Federally Qualified Health Centers**

Cumberland Family Medical Center, Inc. is a nonprofit corporation, established by interested community members in 2007 to assure that residents of our ten-county service area in south central Kentucky have access to high quality primary and preventive health services, regardless of ability-to-pay. Federal funding is received for the establishment of this organization as a Federally Qualified Community Health Center (FQHC). Services are currently provided to patients, through five Cumberland Family Medical Center, Inc. sites located in Columbia (Adair Family Medical Center), Burkesville (Cumberland Family Medical Center), Albany (Clinton Family Medical Center), Russell Springs (Russell Family Medical Center) and Whitley City (McCreary Family Medical Center). Our administrative offices are located in Burkesville at the Cumberland Family Medical Center clinic. The 10-county service area includes Adair, Casey, Clinton, Cumberland, Hart, McCreary, Metcalfe, Monroe, Russell and Wayne Counties.



CFMC, Inc. provides comprehensive primary and preventive health services including: physician, nurse practitioner, school-based preventive dental, nurse, lab, x-ray, pharmacy, behavioral health, and child and adult medicine as well as specialty and inpatient referral and follow-up.

The clinics of CFMC, Inc. bill commercial insurances for patients with private coverage as well as those with Medicaid and Medicare. Patients who are not covered by public or private insurance will be charged on a Sliding Fee Scale which takes into account the family's size and income level with proper documentation.

## Key Informant Interviews

Interviewing key informants (community stakeholders) is a technique employed to assess public perceptions of the county's health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

### *Methodology*

Interviews with 10 key informants were conducted in October 2012. Interviewees were determined based on their a) specialized knowledge or expertise in public health, b) their affiliation with local government, schools and industry or c) their involvement with underserved and minority populations.

A representative from Cumberland County Hospital contacted all individuals nominated for interviewing. Her knowledge of the community, and the personal relationships she held with the potential interviewees added validity to the data collection process. If the respective key informant agreed to an interview, an interview time and place was scheduled. Most of the interviews were conducted at the Hospital.

All interviews were conducted using a standard questionnaire. A copy of the interview instrument is included in *Appendix C*. A summary of their opinions is reported without judging the truthfulness or accuracy of their remarks. Community leaders provided comments on the following issues:

- Health and quality of life for residents of the primary community
- Barriers to improving health and quality of life for residents of the primary community
- Opinions regarding the important health issues that affect Cumberland County residents and the types of services that are important for addressing these issues
- Delineation of the most important health care issues or services discussed and actions necessary for addressing those issues

Interview data was initially recorded in narrative form in Microsoft Word. Themes in the data were identified and representative quotes have been drawn from the data to illustrate the themes. Interviewees were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report. Therefore, quotes included in the report may have been altered slightly to preserve confidentiality.

This technique does not provide a quantitative analysis of the leaders' opinions, but reveals some of the factors affecting the views and sentiments about overall health and quality of life within the community.





### **Key Informant Profiles**

Key informants from the community (see *Appendix A* for a list of key informants) worked for the following types of organizations and agencies:

- Social service agencies
- Local school system
- Local city and county government
- Public health agencies
- Medical providers

These health care and non-health care professionals provided insight into the health status of Cumberland County through a 12-question interview (refer to *Appendix C*).

### **Key Informant Interview Results**

As stated earlier, the interview questions for each key informant were identical. The questions on the interview instrument are grouped into four major categories for discussion:

1. General opinions regarding health and quality of life in the community
2. Underserved populations and communities of need
3. Barriers
4. Most important health and quality of life issues

A summary of the leaders' responses by each of these categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements. This section of the report summarizes what the key informants said without assessing the credibility of their comments.

#### **1. General opinions regarding health and quality of life in the community**

The key informants were asked to rate the health and quality of life in their respective county. They were also asked to provide their opinion whether the health and quality of life had improved, declined or stayed the same over the past few years. Lastly, key informants were asked to provide support for their answers.

Seventy percent of the key informants rated the health and quality of life in their county "fair" or "5/6 on scale of 1 to 10". Answers to whether the quality of life had improved, decline or stayed the same was evenly split across the three choices. The key informants repeatedly noted that there were extreme diversities in health and quality of life for certain residents within the community. Economic circumstances are seen to contribute largely to the dichotomy between the haves and have-nots and most interviewees stated the elderly population's quality of life was lacking in comparison to others.



Key informants noted information and education on health issues is a problem that needs to be corrected. Many interviewees would like to see educational programs and different avenues for people to become active and think if people within the community had the necessary means and motivation, they could improve their health and quality of life. Some key informants noted the hospital was in the process of building a new wing and the equipment used within the facility was excellent and can help provide more care to the people who need it.

The regional culture, surrounding healthy habits, or lack thereof, was generally seen as the reason behind poor health and quality of life. Lack of access was seen as an issue for certain populations. Poor economic conditions and lack of jobs are seen as detriment to community health. Most key informants believe the biggest asset of the community is due to the rural aspect and commented on the clean air and water and how the community is small enough to come together in difficult times.

*“If a child is raised in a poverty stricken home, and is around bad habits they are likely to accept that lifestyle as well.”*

*“There are motivational issues.”*

*“Cumberland County is a small rural community with clean air and water.”*

*“We are a small community and it’s a good place to raise a family.”*

## **2. Underserved populations and communities of need**

Key informants were asked to provide their opinions regarding specific populations or groups of people whose health or quality of life may not be as good as others. We also asked the key informants to provide their opinions as to why they thought these populations were underserved or in need. We asked each key informant to consider the specific populations they serve or those with which they usually work. Responses to this question varied.

Respondents felt the quality of life and health was greatly impacted based on socioeconomic status. Children being raised in households with fewer financial resources were considered in need due to lack of access to services, both medical and dental. Transportation was felt to be a major barrier for persons living in rural areas with few financial resources and for the elderly. Additionally, key informants felt these persons would not be likely to leave their community for health, wellness or education.

The elderly population is faced with challenges with accessing care due to limited transportation, fixed income and pride. Many of the key informants noted the elderly are attempting to stay at home and care for themselves as long as possible and do not seek medical assistance until it is too late.

*“The older population doesn’t seek preventative care.”*

*“They don’t have a means to travel to a job or to facilities.”*

*“These people’s economic status contributes a lot. And a lot of them don’t have insurance or the ability to get care.”*

### **3. Barriers**

The key informants were asked what barriers or problems keep community residents from obtaining necessary health services in their community. Responses from key informants included primarily lack of education and communication, lack of transportation and general decline in economic conditions.

Lack of education and communication surrounding health issues and the availability of health resources is seen as a primary barrier to health services. People do not understand how to access services. There is a sense that health agencies and government officials do not cooperate and work together in offering services.

Being a rural community with no public transportation system is viewed as being a barrier to accessing regular health care for those without personal transportation. Those interviewed believe it is difficult to reach out to isolated or marginalized people in the community, specifically the lower income class and the elderly.

As previously noted, people’s attitudes and culture, surrounding health and lifestyle choices, are seen as a barrier. Bad habits are passed down from generation to generation and there are not enough resources to bring about a change. A lack of motivation was also noticed throughout the interviews. Many people will not change their current mindset or way of living and therefore will not change their health. Numerous key informants stressed the importance of getting the community active and involved in order to improve the quality of life.

*“The lack of education of the residents and the lack of motivation to change their behavior once they receive the education is the main barrier.”*

*“Some people’s economic status contributes a lot. A lot of them don’t have insurance or the ability to get care.”*

*“Lifestyle choices, financial limitations, and their willingness or lack thereof to improve their health and quality of life is a barrier.”*



#### 4. Most important health and quality of life issues

Key informants were asked to provide their opinion as to the most critical health and quality of life issues facing the county. The issues identified most frequently were:

1. Drug abuse-illegal and prescriptions
2. Obesity and lack of physical activities
3. Cancer and heart disease.

Other issues that were reported are a lack of wellness/exercise facilities to encourage physical activity and exercise, no promotion of healthy behaviors in schools and limited amount of job opportunities within the community.

*“We need to encourage people to become more active. The parents don’t encourage kids to become involved or active.”*

*“Wellness clinics for free/discounted rates as well as a fitness center/ YMCA should be provided.”*

*“The schools need to be more involved to encourage education and to offer more programs to encourage the younger people to help change their economic status. The parents need to make their children go to school.”*

#### Key Findings

A summary of themes and key findings provided by the key informants follows:

- Quality of health is not a lack of access. People’s attitudes and choices lead to poor health. Residents are apathetic regarding wellness and health as a result of socioeconomic status and culture.
- Information and education on health issues is a problem. There is a significant need to inform, educate and counsel specific categories of the community.
- Drug abuse is seen as a health and quality of life issue.
- Transportation may be an issue for elderly, single-family households and people living outside the city limits.
- Specific populations lack general knowledge regarding health services and/or how to access those health services.



## **Community Health Survey**

A community survey was conducted by the Lake Cumberland Health District Health Department in order to gather broad community input regarding health issues. The broad survey was intended to gather information regarding the overall health of the community. The results of this survey yield information on different health and community factors. Areas surveyed include demographics and socioeconomic characteristics, behavioral risk factors, health conditions and access to health resources.

There were 253 completed surveys. Socio-demographic characteristics such as age, education, income and employment status were fairly comparable to the most recent census data. Over 79 percent of the survey respondents were female which is more than the 50 percent of the population that is female in the community.

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions.

### ***Community Health Survey Results***

The actual survey was quite detailed in nature, including many specific questions regarding general health, satisfaction with specific and general providers and demographic information. A compilation of the actual survey results has also been included in the *Appendices* for each question to allow for a more detailed analysis. Health needs indicated by the survey results are:

- ***Assessment of Personal Health***

When asked to assess their personal health status, 14 percent of the respondents described their health as being “very healthy”, while 66 percent stated their overall health was “healthy.” Twenty-one percent of the respondents described their health as being “unhealthy.”

When asked to rate their community as a “healthy community”, only two percent of the respondents indicated their community was very healthy. More than 50 percent of the respondents indicated their community was unhealthy.

*(See Questions 20 and 19 of Community Health Survey)*

- ***Barriers to Health Care***

Over 70 percent of the respondents reported lack of insurance and cost/expense as a barriers to health care. Health knowledge was also noted as a barrier to health care.

*(See Question 25 of Community Health Survey)*

- *What do citizens say about the health of their community?*

The three most important “health problems:”

1. Alcohol/drugs
2. Cancers
3. Obesity (children and adults)

*(See Question 15 of Community Health Survey)*

The three most “risky behaviors:”

1. Alcohol/drug use
2. Tobacco use
3. Obesity

*(See Question 17 of Community Health Survey)*

The three most important factors for a “healthy community:”

1. Low crime/safe neighborhood
2. Good school system
3. Good place to raise children

*(See Question 13 of Community Health Survey)*

- *Additional items to consider*

Respondents were asked to provide input as to what items may have been missed on the Community Health Survey. The following items were recurring items noted:

1. Additional mental health services including more counseling and psychiatric care are needed.
2. Lack of education and income is a big problem in Cumberland County.
3. Lack of access to specialists for residents of Cumberland County.



## **Health Issues of Uninsured Persons, Low-Income Persons and Minority Groups**

Certain key informants were selected due to their positions working with low-income and uninsured populations. Several key informants were selected due to their work with minority populations. Based on information obtained through key informant interviews and the community health survey, the following health needs were identified:

- Elderly
  - ✓ Lack of access (cost)
  - ✓ Transportation
  - ✓ Lack of health knowledge/education
- Persons with low income
  - ✓ Lack of access (cost)
  - ✓ Transportation
  - ✓ Lack of dental services



## Prioritization of Identified Health Needs

Using findings obtained through the community survey and collection of primary and secondary data, Cumberland County Hospital completed an analysis of these inputs (see *Appendices*) to identify community health needs. The following data was analyzed to identify health needs for the community:

**Leading Causes of Death:** Leading causes of death for the community were reviewed and the death rates for the leading causes of death for Cumberland County were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. Adjusted death rate resulted in a health need for Cumberland County Hospital.

**Health Outcomes and Factors:** An analysis of the County Health Rankings health outcomes and factors data was prepared for Cumberland County. County rates and measurements for health behaviors, clinical care, social and economic factors and the physical environment were compared to national benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30 percent of the national benchmark) resulted in an identified health need.

**Primary Data:** Health needs identified through community surveys and key informant interviews were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

As a result, the following summary list of needs was identified:

- Uninsured adults
- Cancer
- Preventive care for elderly
- Heart disease
- Adult obesity
- Tobacco use
- Physical inactivity
- Children in poverty
- Stroke/cerebrovascular disease
- Shortage of primary care physicians
- Drug abuse-illegal and prescription
- Low mammography screening rates
- Transportation
- Health knowledge/how to access services
- Sexually transmitted infections
- Teen birth rate





To facilitate prioritization of identified health needs, a ranking and prioritization process was used. Health needs were ranked based on the following five factors. Each factor received a score between 0 and 4.

1. How many people are affected by the issue or size of the issue?
2. What are the consequences of not addressing this problem?
3. The impact of the issue on vulnerable populations.
4. How important the issue is to the community?
5. Whether or not the Hospital has existing programs to respond to the identified need.



Each need was ranked based on the five prioritization metrics:

**Exhibit 16  
Cumberland County Hospital  
Prioritization of Health Needs**

	How many people are affected by the issue?	What are the consequences of not addressing this problem?	What is the impact on vulnerable populations?	How Important is it to the community?	Does the hospital have existing programs which respond to the identified need?	Total Score *
Uninsured Adults	3	2	4	4	4	17
Cancer	4	4	0	4	4	16
Preventive Care for Elderly	2	3	4	3	3	15
Heart Disease	4	4	0	3	4	15
Adult Obesity	4	3	2	4	2	15
Tobacco Use	4	4	0	3	4	15
Physical Inactivity	4	3	0	4	2	13
Children in Poverty	4	3	4	0	1	12
Stroke/Cerebrovascular Disease	3	4	0	0	4	11
Shortage of Primary Care Physicians	4	2	0	0	4	10
Drug Abuse-illegal and prescription	2	2	0	4	2	10
Low Mammography Screening Rates	2	2	0	0	4	8
Transportation	1	2	4	0	1	8
Health Knowledge/How to Access Services	3	3	0	0	2	8
Sexually Transmitted Infections	2	2	0	0	1	5
Teen Birth Rate	1	2	0	0	1	4

\*Highest potential score = 20



Hospital management reviewed the identified needs reported in *Exhibit 16* above. Through discussion and debate, hospital management agreed on priorities Cumberland County Hospital should focus on for fiscal years 2014-2016.

Cumberland County Hospital has determined priority areas to be 1.) Prevention and Management of Chronic Diseases; 2.) Access to Care; and 3.) Healthy Living. The Hospital's next steps include developing an implementation strategy to address these priority areas.

<b>Cumberland County Hospital</b>	<b>Correlated Community Health Need</b>
<b>Prevention and Management of Chronic Diseases</b>	Heart Disease Cancer Stroke/Cerebrovascular Disease Low Mammography Screening Rates
<b>Access to Care</b>	Uninsured Adults Preventative Care for Elderly Transportation Shortage of Primary Care Physicians
<b>Healthy Living</b>	Adult Obesity Physical Inactivity Drug Abuse Tobacco Use



## **APPENDICES**



## **Acknowledgements**

Hospital management was the convening body for this project. Many other individuals including key informants and community-based organizations contributed to this community health needs assessment.

### ***Hospital Management***

Special thanks to the following members of Hospital Management for their time and commitment to this project:

*Richard Niekirk*, Chief Executive Officer

*Rick Capps*, Chief Financial Officer

*Beth Cash*, Accountant

### ***Key Informants***

Thank you to the following individuals who participated in our key informant interview process:

*Amanda England*, Cumberland County Health Center

*Vickie Kingrey*, BFT Rural Health Clinic

*Steve Burns*, Cumberland County Hospital, Assoc.

*Mary Beth Shelton*, Cumberland Valley Manor Nursing Home

*Libby Burris*, The Adanta Group

*Keith Riddle*, The City of Burkesville

*John Phelps, Jr.*, Cumberland County

*Greg Cary*, 911 Center at Cumberland County Hospital

*Glen Murphy*, Cumberland County Board of Education

*Doug Williams*, Lifeline Home Health Agency



## **KEY INFORMANT INTERVIEW PROTOCOL**

## KEY INFORMANT INTERVIEW

Community Health Needs Assessment for:

### Cumberland County Hospital

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

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

# of years living in \_\_\_\_\_ County: \_\_\_\_\_ # of years in current position: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Introduction:** Good morning/afternoon. My name is [interviewer's name]. Thank you for taking time out of your busy day to speak with me. I'll try to keep our time to approximately 40 minutes, but we may find that we run over – up to 50 minutes total - once we get into the interview. **(Check to see if this is okay).**

[Name of Organization] is gathering local data as part of developing a plan to improve health and quality of life in \_\_\_\_\_ County. Community input is essential to this process. A combination of surveys and key informant interviews are being used to engage community members. You have been selected for a key informant interview because of your knowledge, insight, and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept strictly confidential.

**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 \_\_\_\_\_ 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 \_\_\_\_\_ County?

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

3. Why do you think it has (based on answer from previous question: improved, declined, or stayed the same)?

4. 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)?

5. Are there people or groups of people in \_\_\_\_\_ 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?





6. What barriers, if any, exist to improving health and quality of life in \_\_\_\_\_ County?

7. In your opinion, what are the most critical health and quality of life issues in \_\_\_\_\_ County?

8. What needs to be done to address these issues?

9. In your opinion, what else will improve health and quality of life in \_\_\_\_\_ County?

10. In your opinion, what is the biggest asset of the community?

11. Do you have any thoughts on environmental issues which may impact the community?



## **ANALYSIS OF CHNA DATA**

**Cumberland County Hospital  
Analysis of CHNA Data**

**Analysis of Health Status-Leading Causes of Death**

	(A)		(B)		
	U.S. Age Adjusted Death Rates	10% of U.S. Adjusted Death Rate	County Rate	County Rate Less U.S. Adjusted Death Rate	If (B)>(A), then "Health Need"
<u>Cumberland County</u>					
Cancer	183.8	18.4	18.0	-165.8	
Heart Disease	211.1	21.1	537.0	325.9	Health Need
Stroke/Cerebrovascular Disease	46.6	4.7	113.0	66.4	Health Need

**Analysis of Health Outcomes and Factors**

	(A)		(B)		
	National Benchmark	30% of National Benchmark	County Rate	County Rate Less National Benchmark	If (B)>(A), then "Health Need"
<u>Cumberland County</u>					
Adult Obesity	25.00%	7.50%	33.00%	8.00%	Health Need
Physical Inactivity	21.00%	6.30%	34.00%	13.00%	Health Need
Excesive Drinking	8.00%	2.40%	3.00%	-5.00%	
Sexually transmitted infections	84	25	161	77	Health Need
Teen Birth Rate	22	7	66	44	Health Need
Uninsured adults	11.00%	3.30%	21.00%	10.00%	Health Need
Primary Care Physicians	631	189	1127	496	Health Need
Diabetic Screening	89.00%	26.70%	78.00%	11.00%	
Mamography Screening	74.00%	22.20%	53.00%	21.00%	Health Need
Children in Poverty	13.00%	3.90%	40.00%	27.00%	Health Need

**Issues Identified through Primary Data**

- Access to Care-Uninsured
- Transportation for Rural Areas
- Health Knowledge/How to Access Services
- Drug Abuse-illegal and prescriptions
- Obesity
- Lack of Physical Activities
- Cancer
- Heart Disease

**Identified Needs of Vulnerable Populations**

- Access to Care-Cost
- Transportation
- Health Knowledge
- Dental Services





## **COMMUNITY HEALTH NEEDS SURVEY**

**My Report**

Last Modified: 03/12/2013

**1. What county do you live in?**

#	Answer	Bar	Response	%
1	Cumberland County		223	88%
2	Other		30	12%
	Total		253	




Statistic	Value
Min Value	1
Max Value	2
Mean	1.12
Variance	0.10
Standard Deviation	0.32
Total Responses	253

**2. What county do you live in?**

Text Response
Adair
Monroe County
Adair
Adair County
Russell
Adair
Adair
Adair
Adair
clinton
Russell
monroe
Adair county
adair
Clinton
Wayne
Russell
Barren
Union
Suffolk County, NY
Pulaski
Metcalfe
Warren
Clinton
Clinton
Clay County, TN
MARTIN COUNTY

Statistic	Value
Total Responses	27

3. What county do you work in?

#	Answer	Bar	Response	%
1	Cumberland County		189	77%
2	Other		18	7%
3	I am not currently employed		38	16%
	Total		245	






Statistic	Value
Min Value	1
Max Value	3
Mean	1.38
Variance	0.55
Standard Deviation	0.74
Total Responses	245

4. What county do you work in?

Text Response
wayne
Russell and Clinton
Clinton
Adair
Cumberland
retired
retired
Henderson
Clinton
Metcalf
Barren
warren
Clay County, TN
MARTIN COUNTY
Barren
Barren

Statistic	Value
Total Responses	16

5. Age

#	Answer	Bar	Response	%
1	18-25		12	5%
2	26-39		72	29%
3	40-54		90	36%
4	55-64		49	20%
5	65 or older		24	10%
	Total		247	




Statistic	Value
Min Value	1
Max Value	5
Mean	3.00
Variance	1.08
Standard Deviation	1.04
Total Responses	247

6. Gender

#	Answer	Bar	Response	%
1	Male		52	21%
2	Female		195	79%
	Total		247	

Statistic	Value
Min Value	1
Max Value	2
Mean	1.79
Variance	0.17
Standard Deviation	0.41
Total Responses	247

7. Ethnic Group






#	Answer	Bar	Response	%
1	African American/Black		5	2%
2	Asian/Pacific Islander		0	0%
3	Hispanic/Latino		0	0%
4	Native American		3	1%
5	White/Caucasian		238	96%
6	Other		1	0%
	Total		247	

Statistic	Value
Min Value	1
Max Value	6
Mean	4.91
Variance	0.33
Standard Deviation	0.58
Total Responses	247

8. What ethnic group do you belong to?

Text Response	
AMERICAN	
Statistic	Value
Total Responses	1



9. Language you use to communicate at home

#	Answer	Bar	Response	%
1	English		245	99%
2	Spanish		1	0%
3	German		0	0%
4	American Sign Language		0	0%
5	Other		1	0%
Total			247	
Statistic			Value	
Min Value			1	
Max Value			5	
Mean			1.02	
Variance			0.07	
Standard Deviation			0.26	
Total Responses			247	

10. What language do you use to communicate?

Text Response	
pig	
Statistic	Value
Total Responses	1

11. Are you satisfied that Cumberland County is a good place to raise children?

#	Answer	Bar	Response	%
1	Yes		213	89%
2	No		27	11%
Total			240	
Statistic			Value	
Min Value			1	
Max Value			2	
Mean			1.11	
Variance			0.10	
Standard Deviation			0.32	
Total Responses			240	















12. Are you satisfied that Cumberland County is a good community to grow old?

#	Answer	Bar	Response	%
1	Yes		214	89%
2	No		26	11%
Total			240	

Statistic	Value
Min Value	1
Max Value	2
Mean	1.11
Variance	0.10
Standard Deviation	0.31
Total Responses	240

13. What do you think are the THREE most important factors for a "Healthy Community?" (Those factors which most improve the quality of life in a community)

#	Answer	Bar	Response	%
1	Good place to raise children		108	45%
2	Low crime/safe neighborhood		126	53%
3	Good school system		111	46%
4	Easy access to healthcare		53	22%
5	Family/youth activities		31	13%
6	Affordable housing		26	11%
7	Excellent race relations		1	0%
8	Good jobs/healthy economy		98	41%
9	Religious or spiritual values		98	41%
10	Clean environment		38	16%
11	Arts/cultural events		7	3%
12	Recreational facilities		21	9%
13	Other		6	3%

























Statistic	Value
Min Value	1
Max Value	13
Total Responses	240

14. What do you think are the THREE most important factors for a "Healthy Community?" (Those factors which most improve the quality of life in a community)

Text Response
easy access to quality health care; clean community; healthy food sources
being educated about the benefits of staying healthy & knowing what healthy habits are, clean, pollutant free environment, and easy access to quality healthcare
1. Rights to religion 2. family and children safety 3. Working people with jobs

Statistic	Value
Total Responses	3

**15.** What do you think are the THREE most important "health problems" in Cumberland County?

#	Answer	Bar	Response	%
1	Aging problems (e.g. arthritis, hearing/vision loss, etc)		36	15%
2	Alcohol/drugs		187	77%
3	Cancers		186	76%
4	Child abuse/neglect		39	16%
5	Dental problems		7	3%
6	Diabetes		29	12%
7	Domestic violence		6	2%
8	Environmental issues		5	2%
9	Farming injuries		1	0%
10	Heart disease/stroke		48	20%
11	High blood pressure		16	7%
12	HIV/AIDS		0	0%
13	Homicide		0	0%
14	Infant death		0	0%
15	Infectious disease		1	0%
16	Mental health problems		22	9%
17	Motor vehicle crashes		10	4%
18	Obesity (children and adults)		74	30%
19	Rape/sexual assault		1	0%
20	Respiratory/lung disease		11	5%
21	Sexually transmitted diseases/infections (STD's or STI's)		6	2%
22	Suicide		5	2%
23	Teenage pregnancy		33	14%
24	Other		9	4%

Statistic	Value
Min Value	1
Max Value	24
Total Responses	244


**16.** What is the other most important "health problem" in Cumberland County that was not listed in the previous question?

Text Response
Emotional Health
Musculoskeletal issues that are treated medicinally for years, masking treatable conditions that when not corrected properly turn into cases of disability.
Unsafe driving habits
kidney stones
lack of health resources
animal cruelty/neglect
brain tumors

Statistic	Value
Total Responses	7

17. What are the THREE most "risky behaviors" in Cumberland County?

#	Answer	Bar	Response	%
1	Alcohol/drug use		218	90%
2	Dropping out of school		92	38%
3	No seatbelts/child safety seats		57	24%
4	Not getting "shots" to prevent disease		4	2%
5	Not using birth control		61	25%
6	Obesity		104	43%
7	Racism		1	0%
8	Tobacco use		122	50%
9	Unsafe sex		56	23%
10	Other		7	3%

Statistic	Value
Min Value	1
Max Value	10
Total Responses	242

18. What is the other risky behavior in Cumberland County that was not listed in the previous question?

**Text Response**

Poor parents

Unsafe gun usage





Prescription drug abuse. (I disagree with the wording of the answer "Alcohol/drug use," lumping together two different issues. Social drinking in moderation and properly used prescription/OTC medicines would fall under this answer as well.

parents need to quit having children and start raising children.you cannot raise a child by not teaching them to be responsible for their own actions and then having no consequences when they do something wrong.sending to low income housing when they come of age does not afford them oportunities it affords them laziness

Lack of wellness knowledge





Statistic	Value
Total Responses	5

19. How would you rate Cumberland County as a "Healthy Community"?

#	Answer	Bar	Response	%
1	Very healthy		5	2%
2	Healthy		108	45%
3	Unhealthy		116	48%
4	Very unhealthy		12	5%
	Total		241	




Statistic	Value
Min Value	1
Max Value	4
Mean	2.56
Variance	0.39
Standard Deviation	0.62
Total Responses	241

20. How would you rate your personal health?

#	Answer	Bar	Response	%
1	Very healthy		33	14%
2	Healthy		158	66%
3	Unhealthy		48	20%
4	Very unhealthy		2	1%
Total			241	





Statistic	Value
Min Value	1
Max Value	4
Mean	2.08
Variance	0.36
Standard Deviation	0.60
Total Responses	241

21. Have you seen a primary care doctor in the last 12 months?

#	Answer	Bar	Response	%
1	Yes, in Cumberland County		163	68%
2	Yes, outside of Cumberland County		50	21%
3	No		28	12%
Total			241	







Statistic	Value
Min Value	1
Max Value	3
Mean	1.44
Variance	0.48
Standard Deviation	0.69
Total Responses	241

22. Have you used the Emergency Room in the past 12 months?

#	Answer	Bar	Response	%
1	1-2 times		57	24%
2	3-5 times		6	2%
3	6 or more times		1	0%
4	None		177	73%
Total			241	

Statistic	Value
Min Value	1
Max Value	4
Mean	3.24
Variance	1.66
Standard Deviation	1.29
Total Responses	241

23. When you need health services, how do you get there? (choose all that apply)

#	Answer	Bar	Response	%
1	Personal vehicle		238	99%
2	RTEC		1	0%
3	Walk		1	0%
4	Share ride		6	3%
5	Ambulance		3	1%
6	Other		3	1%

Statistic	Value
Min Value	1
Max Value	6
Total Responses	240













24. When you need health services, how do you get there?

Text Response
Car

Statistic	Value
Total Responses	1

25. Check the items below that you feel are a barrier to health care in Cumberland County. (choose all that apply)

#	Answer	Bar	Response	%
1	Doctor office hours		57	24%
2	Discrimination		8	3%
3	Insurance (lack of)		179	76%
4	Insurance (failure to accept)		32	14%
5	Transportation		31	13%
6	Health knowledge		102	43%
7	Stigma		12	5%
8	Cost/expenses		168	71%
9	Health beliefs		17	7%
10	Culture/language		9	4%
11	Unemployment		106	45%
12	Other		16	7%









  

Statistic	Value
Min Value	1
Max Value	12
Total Responses	235

**26. What are additional barriers to health care in Cumberland County?**

Text Response	
hj,hh	
The idea that the "bottom line" is monetary instead of being human life; this is specific to Cumberland County Hospital.	
Lack of health facilities, i.e. cancer treatment centers, OB/GYN, labs, and specialty, etc.	
Education and smoking. High rate of prescription drug use and unsafe sex	
Doctors treat everyone like they have the same thing. It's strep throat day or they call everything a "sinus infection". If you aren't better, come back that way they get paid twice and they don't really seem concerned that the patient is still sick. It shouldn't take a half a day to see the doctor. A 9 o'clock appointment gets you out just in time for their lunch break.	
Always full- no appointments	
there are no barriers, plenty have medical cards. The doctors get a ton of business. The pharmacy's do to. To much medical in Cumberland County.	
no barriers	
the quaulity of care in the county	
The government putting their nose in everyones bussiness.	
We have a "band-aid" hospital.	
Hard to get in to see a primary doctor within 24 hours. Always have to see nurse practitioner or wait at least 2 weeks.	
Statistic	Value
Total Responses	12








**27. What preventative health services do you use? (choose all that apply)**

#	Answer	Bar	Response	%
1	Vaccinations/shots		152	67%
2	Colonoscopy		53	23%
3	Yearly lab work		117	51%
4	Family planning		29	13%
5	Breast exam		106	46%
6	Yearly physical		94	41%
7	Mammography		83	36%
8	Pap smear		131	57%
9	Prostate exam		12	5%
10	Skin exam		31	14%
11	Educational programs		37	16%
12	Support groups		7	3%
13	Other		12	5%
Statistic			Value	
Min Value			1	
Max Value			13	
Total Responses			228	

**28. What preventative health services do you use?**

Text Response	
kj,hj,f	
TB test	
Chiropractics	
internet, doctor visits, eating correctly, exercising, intervention with insurance nurse	
Statistic	Value
Total Responses	4

29. If the following screenings were available, which ones would you be interested in doing? (choose all that apply)

#	Answer	Bar	Response	%
1	Prostate screening (PSA)		37	18%
2	Pap smear		96	46%
3	Stool for occult blood		43	20%
4	Mammogram		100	48%
5	Body fat analysis		104	50%
6	Health risk assessment		123	59%
7	Other		20	10%














Statistic	Value
Min Value	1
Max Value	7
Total Responses	210

30. What other screening are you interested in?

Text Response
Colonoscopy
N/A
dust and mold
Eye exam Dental
Weight Control
cheaper blood test for the medicines levels I take
would not do in Burkesville, staff do not understand HIPPA
none

Statistic	Value
Total Responses	8

31. In the last year, which of the following did you use for recreation six times or more? (choose all that apply)

#	Answer	Bar	Response	%
1	Health Department classes		4	2%
2	Local 5K races and other competitive events		20	8%
3	Cumberland County Cooperative Extension Service classes		30	13%
4	Veterans Park		128	54%
5	Salem Park		34	14%
6	Marrowbone Community Park		16	7%
7	Dale Hollow Lake State Resort Park		103	44%
8	Senior Citizens Center		16	7%
9	Cumberland County High School Fitness Facility		17	7%
10	Cumberland Valley Fitness		3	1%
11	Shapes Fitness Center		10	4%
12	Hill Park		2	1%
13	Cumberland River		27	11%
14	Other		35	15%
15	I did not use any of the above six times or more within the last year		45	19%

Statistic	Value
Min Value	1
Max Value	15
Total Responses	236











32. In the last year, what facility did you use for recreation six times or more?

Text Response
Walking track, soccer fields.
I have a treadmill at home that I use.
My home exercise equipment.
home facility
Various state parks around KY to hike
Hiking trail Barren County, hiking trails Mammoth Cave, hiking trails home vicinity
I have my own exercise equipment.
Home fitness machines
Clinton County Wellness Center Pool
Sidewalk (walking & running)
Bulldog Alley Bowling Center, Mountain View Park, misc parks
Farm Work
work
walking track
Cumberland County Community Ed. Zumba Classes
LOCAL ROAD...WALKING, RIDING BIKES, ETC
Library activities
Yes
Dale Hollow State park
twin lakes wellness center
Swimming in Dale Hollow & Pool at Albany until it Closed
Cumberland County School System Programs
Cumberland County School System Programs
Cumberland County School System Programs
I USED REGULAR STREETS AND ROADS TO WALK.

Statistic	Value
Total Responses	25

33. In your opinion, what is the best way to address the health needs of people in Cumberland County? (choose all that apply)

#	Answer	Bar	Response	%
1	Mental/emotional healthcare access		95	41%
2	More exercise options		118	51%
3	Diabetes education		60	26%
4	Nutrition education		97	42%
5	Access to healthy foods		120	52%
6	More primary care doctors		69	30%
7	More dentists		70	30%
8	Quit smoking classes		76	33%
9	More specialized doctors (e.g. oncologist, dermatologist, gynecologist, etc)		116	50%
10	Other		15	7%









Statistic	Value
Min Value	1
Max Value	10
Total Responses	230



34. In your opinion, what is the best way to address the health needs of people in Cumberland County?

Text Response	
We need a community wellness center like the other counties around us. I have to drive 30 minutes if I want to workout. That I have to set aside 2.5 hours instead of 1 hour	
WE NEED A PUBLIC SWIMMING POOL IN BURKESVILLE!!!	
Education and emphasis on local food sources	
Take care of what is the problem instead of doctoring the symptoms.	
make everything more affordable	
start teaching people personal responsibility, every private citizen had a public responsibility....myra Janco Daniels..	
Those classes are out there but it is getting the people to participate is the problem	
we need more dentist that is for sure and we need more doctors that can do more stuff here, and we need a hospital that can do minor surgeries if needed .	
Personal responsibility- individuals making right choices about environment, health and for themselves	
Teach cooking classes to new mothers, healthier foods especially in schools, teach new mothers to feed babies healthy (i.e. not putting Pepsi in a baby bottle)	
Statistic	Value
Total Responses	10

35. What group needs the most help with access to health care in Cumberland County? (Choose one only)

#	Answer	Bar	Response	%
1	Low-income families		71	30%
2	Immigrants/refugees		0	0%
3	Elderly		61	26%
4	Physically/mentally disabled		14	6%
5	Minority groups (e.g. African American, Hispanic, etc)		2	1%
6	Children/Infants		30	13%
7	Young adults		34	14%
8	Other		24	10%
Total			236	
Statistic	Value			
Min Value	1			
Max Value	8			
Mean	3.94			
Variance	6.43			
Standard Deviation	2.54			
Total Responses	236			

**36. What group needs the most help with access to health care in Cumberland County?**

Text Response	
self-employed	
middle working class	
The underinsured....sometimes even with insurance, costs are more than we can afford.	
middle class families who work and barely get by while low income and high income have pretty much all health care they need.	
I really don't have enough information to answer that question.	
Working class that have jobs that offer no health care options.	
No special group, ALL people need good health care.	
I believe access to good healthcare is readily available in Cumberland County.	
people with Minimum wage employment that cannot afford to purchase insurance	
the uneducated	
the people who work for a living	
people who are working ,and have worked or are productive citizens	
Group with little or no health ins coverage	
The ones that work and keep up all the other ones.	
The families falling between "low" and "middle" that do not qualify for aide and yet cannot afford health insurance.	
I feel that it is the working class of Cumberland Co. that stand the most at risk to being underserved.	
Working Middle Class that have insurance but are still unable to pay for services due to high copays and deductables	
middle class due to the fact they work and health insurance doesn't pay good and they cant afford to pay the rest so we don't go.your low incomw life off ow welfare and can go anytime and the high class doesnt have to worry the middle class people are the ones the government are killing	
middle income families	
Statistic	Value
Total Responses	19

**37. Are you satisfied with the quality of life in Cumberland County?**

#	Answer	Bar	Response	%
1	Yes		174	74%
2	No		60	26%
	Total		234	
Statistic			Value	
Min Value			1	
Max Value			2	
Mean			1.26	
Variance			0.19	
Standard Deviation			0.44	
Total Responses			234	

38. Please use the space below to write what we missed asking you about health related issues in Cumberland County.

Text Response
test
thorough survey
I think the biggest issue that is missing in Cumberland County, as well as in our nation, is the lack of parenting. We will not have a healthy community or future until parents teach their children how to have a healthy life. That is not something schools or the government can teach or take over. We can teach students at school that they should wait until they are adults to have sex, but if that is not valued at home, students will not listen. I am not naive enough to believe that if parents value abstinence their children will adhere to that. However, it bothers me that parents can be teaching those values at home, but there is a government agency in town that will distribute condoms to those students without their parent ever knowing about it. It also bothers me when "not getting shots" is classified as a risky behavior when we sit in the middle of a flu epidemic. According to the CDC more people are receiving flu vaccinations than ever but the flu problem is not getting better, only worse. Doesn't seem like not getting a vaccination with very little protect is too risky of a behavior. However, it could drastically hurt the pharmaceutical companies if people don't keep getting their vaccinations and buying the Tamiflu.
Too many people on government assistance abuse the system by smoking and partaking in unhealthy habits. They then receive free health care services from the government when they are causing their own problems. Their children end up with asthma and allergies due to the smoke-filled environment they live in. On the other hand, there are many working people in our community who have no insurance, can't get assistance, try to be healthy, but once they have a medical issue they cannot receive care because they cannot afford to pay. I think these people are the forgotten people and need our help more than the low income because they truly do get the short end of the stick.
Prescription drugs and drugs/tobacco are the major risk factor of our youth in Cumberland County. I think their quality of life is being impeded by the revolving cycle of abuse/poverty going on. We need to educate students on how to get out of that cycle.
PERHAPS TESTING AND INFORMATION ABOUT RADON.
I think our local gov needs to make public health a priority. We dont need more blacktop on our roads . we need a wellness center
low income have Medicaid and snap, high make enough money to cover their health While middle struggle and have to debate on whether to go to dr. or get groceries. So the decision for them is to feed family or pay lights, water, etc. or get health care due to the fact they "make just a little to much" as it has been put to me.
Many of the questions I don't feel like I know the answer to because I am not in the health field so I don't know what problems many Cumberland County residents are facing or what hinders them from receiving medical attention.
N/A
Find out why the cancer rate is so high in Cumberland County.
I think the high cancer rate should be looked into and the cause determined. Is it our water, soil...? We need to know. I also think drugs and alcohol problems should be dealt with rather than run them through the court system and then turn them loose on the community until the next time and then do it again. Convicted drug abusers should be on mandatory birth control until they are responsible enough to hold down a job and take care of themselves and their children. Children should be taken out of homes with know drug users. They are being taught to use drugs rather than being taught not to. If they can't pass a drug test, they don't get a check. How can we have a healthy community when we have so many young adults drawing disability. Laziness should not be enough to get disability and the local doctors are the ones getting it for them because the government pays good.
When I was a child I love the health dept. I would love to see our health dept. be more kid friendly. And it would be great to see a smiling face when you walked through the door. Maybe some pretty paintings on the walls. Oh and I feel the first wic visit for a newborn should not require the baby to be there, it's too risky to bring a newborn out at that age. Thanks for all you all do :)
If you are retired. Do you volunteer and if so how many hours per month.
Over all, I think Cumberland County has pretty well covered most of the health related issues, but we DO NEED A N INDOOR PUBLIC POOL IN BURKESVILLE for those who cannot do traditional exercise because of existing health issues.
We need jobs in the county and people to work them. The ones that are truly unable to work should get the help, but the ones too lazy to should be made work, cut out their checks, and help, make them take drug tests. If a doctor is caught giving meds to someone who has been in court for doping arrest the doctor also. There has to be a stopping place somewhere.
Drug issues: People that have dealt in drugs all their life and the police can not apprehend them.
Mental health services are needed
Need better sources of income Better quality jobs better educational opportunities Thing to improve quality of life so there are less stressful living conditions for all.
I have great concern about the high incidence of cancer in our county.
BIGGEST ISSUE IS EDUCATION LEVEL AND LACK OF INCOME
I worry bc there is so much cancer. Wondering if water or soils need to be tested.....
Very concerned about the amount of people in Cumberland Co that has cancer
health is related to security in our daily lives. If our children have nothing better than welfare to look toward to we are just helping the moral decay of our area. Job creation, activities non school related and unaffected by community politics such as this kid plays because she is related to a prominent business owner all have an impact on the confidence instilled in our children their feeling of this belonging is a basis for resistance to peer pressure and contued success in life
I believe more education in health related issues and, more services would help.
Do you currently have health insurance? If not, why?
there is way to much with people being left out, and letting a few people that think they are above the people in that town. there should be more things at the park with all ages. some never get out unless it is for the park . It is not like it was 20 years ago, when everyone trusted each other, now it is more the people then the town that has gone into a better then attitude, even the school is so falling behind with some kids getting help they need and others never getting help. the town needs to get back to the way God wants it ... all together helping each other
There needs to be something done about all these girls getting pregnant and dropping out. Need to focus on bullying. There are so many people in Cumberland County with diabetes but due to being low income have little access to buy the nutritious foods they need.
Need a recreational facility for the young people in this county....
There always seems to be programs to help the lower income and even the elder in most cases-but very few things to help the working class- I know working class means you are capable of working but- many do not make enough to afford health insurance, they don't take care of themselves properly because they can't afford to go to the doctor, get the medication they need or even purchase the healthy type foods needed.
I prefer seeing my general practitioner to seeing a nurse practitioner. It is hard to do in Cumberland County. There is a tremendous difference in their medical training. I find it disturbing also that we must drive out of town if we need a prescription on Saturday afternoon or Sunday. This applies to most over the counter meds too.
Can't afford insurance for my family.



Lack of doctors especially specialists most of my family lives in Cumberland co. And that's the biggest issue.

Clinton and Cumberland County both lack access to healthy foods such as fresh organic produce and other organic products in the grocery stores. We have to drive at least 30 minutes to get quality food. I feel that the quality of food available and the lack of knowledge of the additives (BPA, dyes, etc) in the food has caused much of the health problems in the area. Everyone uses processed and canned food, which have little nutrient left after that processing, to feed their family and they warm it in the microwave which kills the rest of the nutrients.

I wish more people would be personally responsible and proactive towards being healthy instead of waiting to treat illnesses once they are present. It begins in childhood and young adulthood and starts with nutrition, being active, accessible healthy food. Mental health issues and stigma is a problem.

Drugs, both legal and illegal are the #1 cause of all the other problems here. EVERYONE turns a blind eye to it because it is almost everyone's family so they will not do anything about it. Everyone who gets a government check should be required to take and pass classes in drug prevention, nutrition, weight loss, cooking, money management, get their GED and child care. NO ONE should get a check without doing something for it. No just be able to sit at home and watch TV.

HAVE YOU HAD A HIV TEST IN THE LAST YEAR HAVE YOU BEEN SCREENED FOR HEPATITIS

Too many people are unemployed. Rely on medicaid and other hand outs.

Lack of education in all areas, health included is the largest problem in this county.

We are thinking about moving in the next year because we have to drive so far to get quality healthcare . . . As people age, they may face many illnesses and they need to be where there are proper healthcare facilities that meet their healthcare needs. . . i.e. (renal dialysis clinics when they have kidney failure, heart doctors, dermatologists, lung doctors, and other specialists, etc.) Also as you age, you really don't want to have to drive so far. What's the use of living in a small town if you constantly have to travel to see doctors, find a good job, or eat at restaurants that don't allow smoking) Also, when you have grandkids visiting there isn't much to do close by: like swimming, rollerskating, movie theatres, etc. I have 12 grandchildren living in different states and none of them are obese, nor are their parents. There is an obesity problem here and I think it stems from boredom, poor eating habits, lack of exercise, lack of determination due to lack of any possible future needs being met here. I can't really say the crime rate is any lower than a big city, but I do feel comfortable sleeping with my windows open at night. There is a high drug crime rate here, but then maybe because it's just one thing to do here. If you own your own business or are related to someone who can get you into the front door to get a job, then you are one of the lucky ones here. What it boils down to: it's good for a few but not for all.

There needs to be more responsibility placed on individuals for their health. More education is important but there must also be consequences when individuals make the wrong choices after having been given resources to make good choices. Drugs and unemployment are major problems that impact health, but many lack the skills to hold a job even if employment was higher. The ER is abused - many use it for complaints that should be addressed in the primary care setting. I am not negative about Cumberland County - the entire country is facing these challenges.

Statistic	Value
Total Responses	41



## **SOURCES**

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