CCH CUMBERLAND COUNTY HOSPITAL

Your Feedback Makes Us Better

Cumberland County Hospital (CCH) is committed to building a healthier community. Your voices are essential for helping us understand the needs of the communities we serve.

If you would like to send comments regarding the Community Health Needs Assessment (CHNA), you can forward them to Cumberland County Leadership.

This report was adopted by the Cumberland County Hospital Board of Directors on May 26, 2025, and made available to the public in July of 2025.

Letter From The CEO

Welcome to Cumberland County Hospital, proudly serving Burkesville, KY, and the surrounding community.

At Cumberland County Hospital, our providers are more than just medical professionals. They are a part of our community, committed to delivering the personalized, high-quality care our patients deserve. We take pride in consistently meeting the healthcare needs of the people we serve, ensuring compassionate and comprehensive care for every patient.

Through this assessment, report, and subsequent actions, we aim to strengthen collaboration among hospitals, healthcare providers, social service organizations, and other community stakeholders who play a vital role in shaping public health.

In today's evolving landscape of population health management, fostering partnerships and coordination across various providers is essential. By working together, we can enhance patient care, emphasize prevention, health promotion, and wellness, and ensure a more proactive approach to meeting our community's health needs.

In 2022, Cumberland County Hospital conducted a CHNA to evaluate the most pressing health priorities in our service area. With valuable input from community members, we developed a targeted implementation strategy to address these needs. This plan was carefully reviewed and approved by our Governing Board and has since guided our efforts to improve health outcomes.

This year, we are conducting a new CHNA to reassess community health needs, identify emerging challenges, and refine our approach to strengthening local healthcare services. The insights gained will help shape future initiatives and ensure that our hospital continues to meet the evolving needs of those we serve.

We extend our gratitude to all community members, partners, and stakeholders who contributed to this assessment. Your input is invaluable in shaping the future of healthcare in our region. We look forward to working together to enhance community health and uphold Cumberland County Hospital's mission of providing high quality outpatient and inpatient services to the Cumberland County Communities.

Richard Neikirk, Chief Executive Office

CUMBERLAND COUNTY HOSPITAL
COMMUNITY HEALTH NEEDS ASSESSMENT 2025

Introduction to the Community Health Needs Assessment

Goals of our CHNA

The goals of the CHNA were to:

1. Improve our performance in all areas.
2. Promote a culture of integrity and high ethical standards.
3. Maintain the highest standards of patient care.
4. Understand and meet the healthcare needs of the communities we serve.

Addressing Identified Priority Health Needs

Cumberland County Hospital will use the information and insights gained through the assessment to guide our work in improving the health of the communities we serve. We will develop an implementation plan to detail how we will address priority health needs in collaboration with the hospital, community members, and public health and county officials.

Who We Are

Get to know Cumberland County Hospital

Mission:

- To provide high-quality outpatient and inpatient services to the Cumberland County Communities

Values:

- We will always treat you like family

The communities we serve

In 2025, Cumberland County Hospital conducted a Community Health Needs Assessment (CHNA) to evaluate the health needs of its primary and extended service areas. The primary service area encompasses Cumberland County, Kentucky, which has an estimated population of 6,047 residents. The hospital also serves patients from neighboring counties in Kentucky, bringing the total service area population to approximately 56,200.

Population Estimates for Service Area Counties:

56,200 Residents we Serve

Counties we Serve			
County	**Census**	**County**	**Census**
Cumberland	6,047	Adair	19,264
Clinton	9,148	Metcalfe	10,482
Monroe	11,306	Russell	18,279

Areas of Service & Community of the Hospital

Cumberland County Hospital conducted its 2025 Community Health Needs Assessment (CHNA) on behalf of approximately 56,200 residents across Cumberland and its surrounding counties. The hospital's service area includes Cumberland, Adair, Metcalfe, Monroe, Russell, and Clinton counties, offering a range of acute, outpatient, and specialty services to residents across this predominantly rural region.

The hospital's primary service area is Cumberland County, which spans roughly 311 square miles. The local economy centers on manufacturing, healthcare and social assistance, education, agriculture, and retail trade, reflecting a diverse but modest employment landscape.

According to the 2024 U.S. Census Bureau data, the median age in Cumberland County is 45.1, notably higher than the national median of 38.7 years. The average household size is 2.41 persons, closely aligned with the U.S. average of 2.5. The racial and ethnic composition of Cumberland County is as follows:

- 94.2% White
- 3.3% Black or African American
- 0.3% Native American
- 0.3% Asian
- 0.3% Pacific Islander
- 2.1% Hispanic or Latino (of any race)

Approximately 23.1% of residents are age 65 or older, while 22.5% are under the age of 18, signaling both an aging population and the importance of pediatric and senior health services.

The ratio of persons to primary care physicians is 1,960 to 1 - significantly higher than the Kentucky state average of 1,600 to 1, indicating a relative shortage of primary care access in the county. In 2023, Cumberland County ranked 45th out of Kentucky's 120 counties in overall health outcomes, while Kentucky itself ranked 41st out of 50 states.

This CHNA considers the full geographic service area and includes the health needs of medically underserved, low-income, and minority populations. No groups were excluded based on geography, insurance status, ability to pay, or eligibility for financial assistance through Cumberland County Hospital's financial assistance policy.

Executive Summary

In 2025, Cumberland County Hospital conducted a Community Health Needs Assessment (CHNA) to identify the most pressing health concerns, both met and unmet, across its service area. The assessment focused primarily on Cumberland County (pop. 6,047), including the city of Burkesville, KY, and surrounding rural communities served by the hospital.

The CHNA was guided by two primary objectives:

1. To identify key health challenges and opportunities for improvement, and to support collaboration among local healthcare providers and community stakeholders.
2. To meet the federal requirements outlined in the Patient Protection and Affordable Care Act (PPACA) of 2010, which mandates that nonprofit hospitals conduct CHNAs every three years.

A combination of primary and secondary data sources was used to inform this report. Primary data was collected through community surveys and stakeholder interviews, while secondary data was drawn from publicly available sources, including county, state and national health databases, public health rankings, and U.S. Census data. These insights were used to assess gaps in services and identify health disparities across the population.

It is important to note that the community survey was not statistically representative, and certain vulnerable populations without internet access, were less likely to be captured in web-based survey responses. This limitation may underrepresent the needs of the most underserved community members and may include immigrants, the homeless, or any individual with low education and income levels. The CHNA reflects Cumberland County Hospital's ongoing commitment to improving the health and well-being of its community through evidence-based planning, community engagement, and equitable service delivery.

Following data collection and analysis, Cumberland County Hospital identified and prioritized the key health needs of the community. These findings are summarized in the "Key Findings" section of this report, which outlines the major health concerns, underlying causes, and strategic opportunities for action.

1. Cost Barriers to Care
2. Access to Care and Underinsurance
3. Food Insecurity and Nutrition
4. Chronic Disease and Physical Inactivity / Obesity
5. Mental Health and Substance Use
6. Senior Health and Aging Support

**Note: Blue & Co., LLC designed and produced this report.*

Organizational Background

Cumberland County Hospital

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

The Board of Directors of Cumberland County Hospital is a body elected to serve as the policy-making body for the hospital. The Directors volunteer in committee meetings, educational meetings, fundraising, community meetings, and of course, the regular monthly board meetings where decisions are made. The Directors are entrusted with the responsibility of seeing that the hospital achieves its Mission of providing outstanding health care to the community.

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

History

Cumberland County Hospital is located in the beautiful south central Kentucky town of Burkesville, overlooking the majestic Cumberland River. As of the 2025 census, the population of Burkesville was 1,407. The county was formed in 1798 and named for the Cumberland River, which in turn may have been named after the Duke of Cumberland or the English county of Cumberland.

Today, the hospital operates as a 25-bed, not-for-profit facility located in Cumberland County, Kentucky. It serves as one of the community's largest employers, with a workforce of over 150 full-time and part-time staff. The hospital is governed by an 11-member Board of Directors, which includes one physician.

Conducting the Assessment

Cumberland County Hospital engaged Blue & Co., LLC ("Blue & Co.") to support the development and execution of this Community Health Needs Assessment (CHNA) in accordance with the requirements set forth in Section 9007 of the Patient Protection and Affordable Care Act (PPACA) of 2010. Blue & Co. is a certified public accounting and advisory firm that provides a range of services to the healthcare industry, including tax consulting and regulatory compliance. Cumberland County Hospital provided full financial support for the CHNA process.

The CHNA requirements apply to taxable years beginning after March 23, 2012, under Section 501(r) of the Internal Revenue Code. Final regulations were issued by the U.S. Department of the Treasury and the Internal Revenue Service on December 29, 2014, and are codified in 26 CFR Parts 1, 53, and 602. These regulations mandate that nonprofit hospitals conduct a CHNA at least once every three years, identify significant health needs in the community, and develop an implementation strategy to address those needs.

Cumberland County Hospital is licensed by the Kentucky Department for Public Health as a hospital facility and is accredited by The Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations, or JCAHO).

This assessment was developed to:

- Identify significant health needs and service gaps within the hospital's defined service area.
- Provide the community with relevant data to evaluate access to healthcare, preventive services, health education, and treatment.
- Support community-wide efforts to strengthen care coordination and improve health outcomes.

This CHNA reflects the hospital's commitment to transparency, collaboration, and strategic planning. It is intended to serve as a foundation for continued investment in local healthcare infrastructure and services, as well as a tool to support regional partnerships and evidence-based decision-making.

Community Health Needs Assessment Goals

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

- Significant community health needs across the hospital's service area.
- Quantitative analysis of physician need by specialty.
- Existing health services available in the service area.
- Gaps between identified health needs and currently available services.
- Barriers preventing access to or use of available health services.

Other goals of the assessment were:

- Strengthen relationships with community leaders, healthcare providers, public health partners, and local organizations.
- Provide both quantitative and qualitative data to support future strategic planning, policy development, program design, and clinical decision-making.

Evaluation of 2022 Community Health Needs Assessment

An evaluation of the identified needs from Cumberland County Hospital's 2022 CHNA as well as a summary of the actions taken to address the significant health needs are listed below:

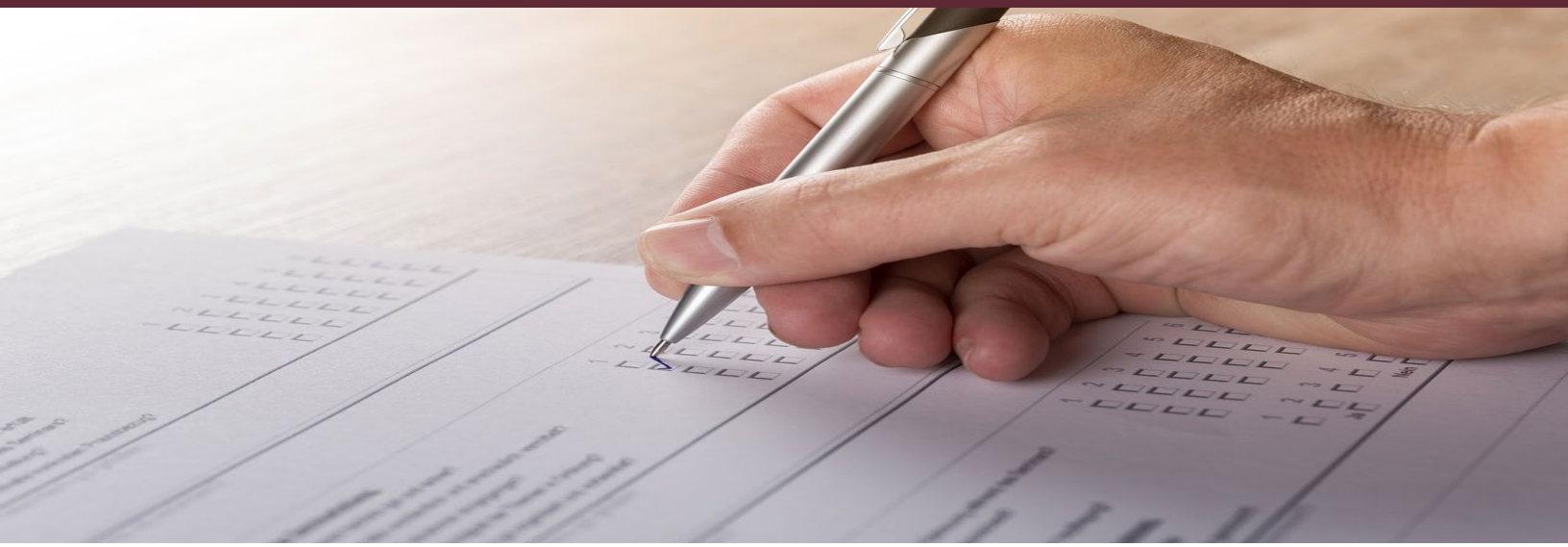
1. **Community Needs Assessment Priority Area:** Access to Care
   Goal: Increase flu vaccine rates (Flu vaccine rate 17% compared to the state at 46%)
   Progress Towards the Goal: We have consistently provided education on flu vaccinations and ensured availability at both Rural Health Clinics. In 2024, we administered a total of 500 flu vaccines, 96 of which were for Medicare patients.

2. **Community Needs Assessment Priority Area:** Access to Care
   Goal: Educate patients on access to care
   Progress Towards the Goal: Cumberland County Hospital has continued to host orthopedic clinics. The hosted clinic has added a Nurse Practitioner which has thus allowed for better access. The hospital in turn has added an M.D. in December of 2022.

3. **Community Needs Assessment Priority Area:** Low Access to Exercise Opportunities
   Goal: Educate Community on Availability
   Progress Towards the Goal: Cumberland County Hospital participated in the 'Longest Day of Play' this past year, an event aimed at promoting physical activity and encouraging the community to stay active. In addition, the hospital sponsored the River Festivus 5K and 10K. Both events served as valuable opportunities for CCH to educate the public on the importance of exercise in maintaining overall health and well-being.

4. **Community Needs Assessment Priority Area:** Drug and Alcohol Abuse
   Goal: Increase awareness and treatment opportunities
   Progress Towards the Goal: Cumberland County Hospital continues to actively participate in Drug Awareness Week at local schools, providing education on the risks and consequences of drug and alcohol abuse.

Completing the Assessment



Documenting the healthcare needs of a community enables hospitals and healthcare organizations to design and implement cost-effective strategies that improve the health and well-being of the populations they serve. A robust, data-driven assessment process can uncover critical health priorities and challenges related to prevention, education, early detection, diagnosis, service delivery, and treatment.

To support this effort, Cumberland County Hospital partnered with Blue & Co., to conduct a comprehensive assessment utilizing both primary and secondary data sources. The goal was to identify unmet health needs, existing service strengths, and areas for strategic improvement.

In collaboration with hospital leadership, Blue & Co. developed a structured set of interview questions and a community survey to gather input from a diverse range of stakeholders. Outreach efforts included in-depth interviews with community leaders, healthcare professionals, and members of the hospital's medical board, as well as distribution of an online survey designed to engage residents from across the hospital's service area.

This data collection strategy aimed to ensure representation from various geographic, economic, and demographic segments of the population. Once primary data had been gathered and secondary sources analyzed, findings were reviewed with hospital leadership through facilitated meetings. These discussions served to validate the results, prioritize community health needs, and identify potential gaps between available services and population needs.

This collaborative process reflects Cumberland County Hospital's commitment to evidence-based planning and continuous improvement, ensuring that future investments align with the community's most urgent and high-impact health challenges.

Completing the Assessment Continued

Primary Data:

Community input surveys at a glance:

- Conducted between February 2025 & April 2025.
- Insights collected from 229 survey participants within the defined service area.
- Collected from individuals aged 18 and older.
- Available online or on paper.
- Disseminated in English and available in other languages as requested.
- 38 questions.
- Asked about demographics, community health status, strengths, opportunities for improvement.
- Promoted widely through social media and email blast.

Key interviews at a glance:

- Conducted between February and April by Blue & Co.
- Interviews with 7 key, county leaders from the service area.
- Participants represented a diverse range of ethnic, racial, religious, and socioeconomic backgrounds.
- Cumberland recruited participants through hospital community partnerships.

Completing the Assessment Continued

Secondary Data:

Secondary data sources at a glance:

- Existing assessments and plans focused on key topic areas.
- County-wide health outcomes data, focusing on the most significant needs.
- Social Determinants of Health.
- County Health Rankings.
- America's Health Rankings.
- Centers for Medicare and Medicaid Services.
- State agencies:
    - State Board of Education.
    - Department of Healthcare and Family Services.
    - Department of Human Services.
    - Department of Public Health.
- Federal sources:
    - Centers for Disease Control and Prevention PLACES project.
    - Centers for Medicare & Medicaid Services data accessed through the Dartmouth Atlas of Health Care.
    - Environmental Protection Agency.
    - Health Resources and Services Administration.
    - Housing and Urban Development.
    - United States Census Bureau American Community Survey.
    - United States Department of Agriculture.

Key Findings

The following describes the data we collected for Cumberland County Hospital in Cumberland and surrounding counties.

Who lives in the communities we serve

Demographics:

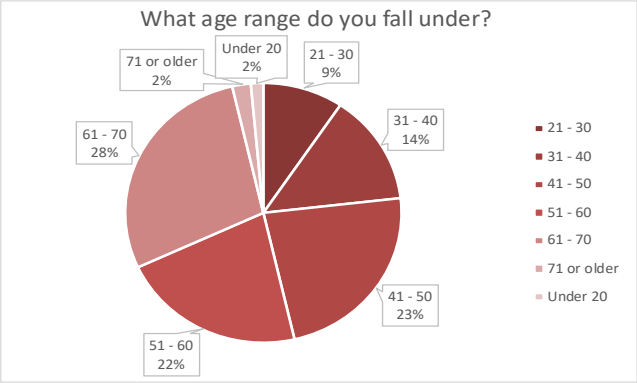
Demographics affect each person's ability to be healthy. Considering the demographic makeup of a community is crucial for shaping community health initiatives to improve health outcomes.

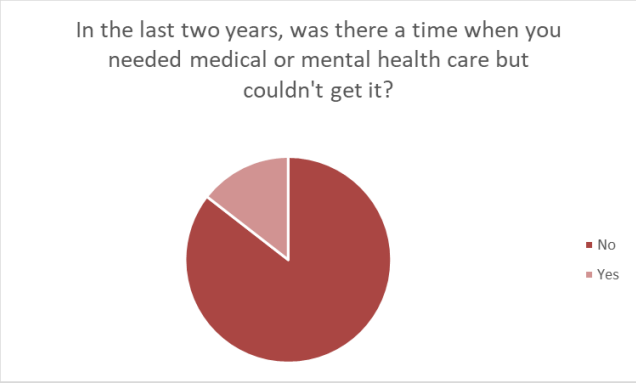
56,200
Total Residents

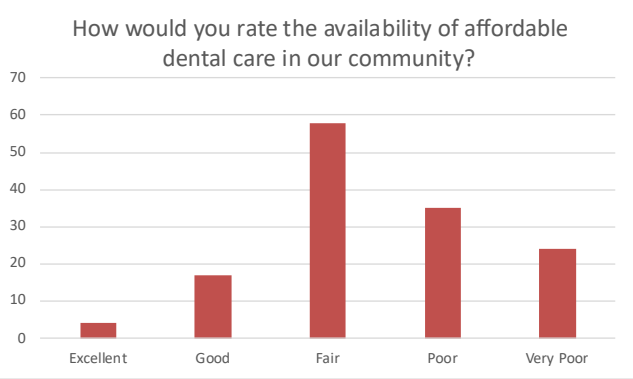
28,324
Women

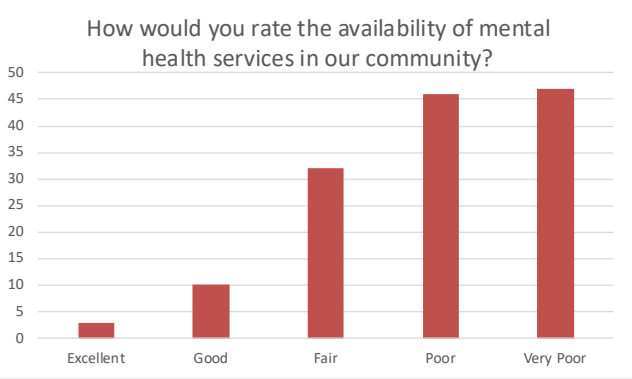
27,876
Men

Surveys

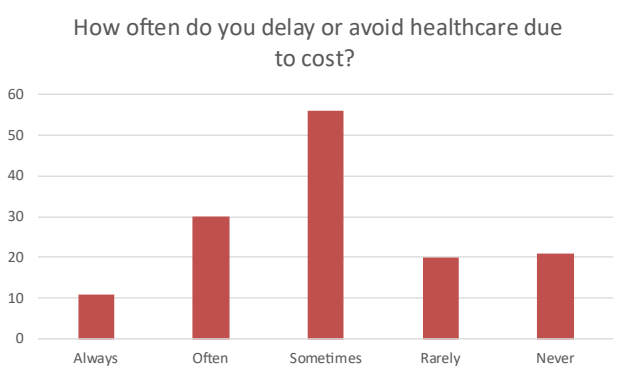

What age range do you fall under?
71 or older 2%
Under 20 2%
21 - 30 9%
31 - 40 14%
61 - 70 28%
41 - 50 23%
51 - 60 22%
21 - 30
31 - 40
41 - 50
51 - 60
61 - 70
71 or older
Under 20

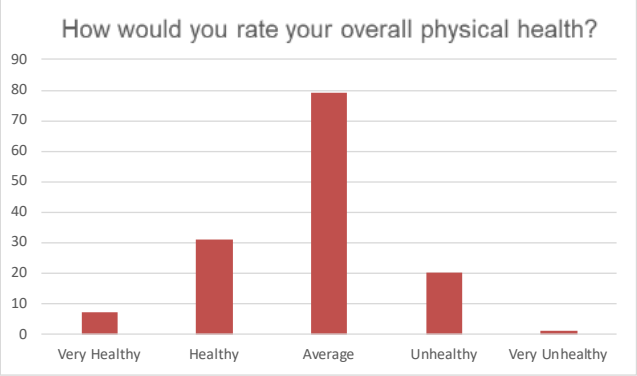

In the last two years, was there a time when you needed medical or mental health care but couldn't get it?
No
Yes

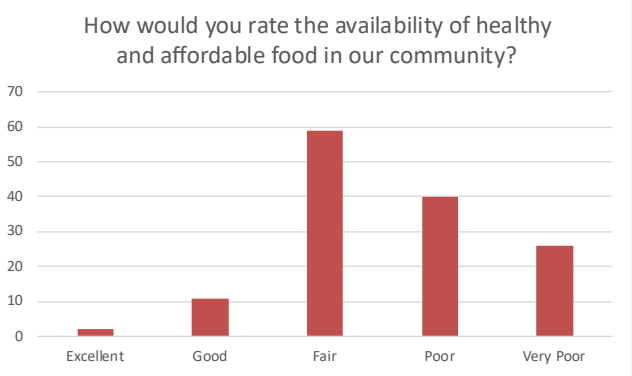

How would you rate the availability of affordable dental care in our community?
70
60
50
40
30
20
10
0
Excellent
Good
Fair
Poor
Very Poor


How would you rate the availability of mental health services in our community?
50
45
40
35
30
25
20
15
10
5
0
Excellent
Good
Fair
Poor
Very Poor


In the last week, did you excercise of at least 30 minutes?
No
Yes


How often do you delay or avoid healthcare due to cost?
60
50
40
30
20
10
0
Always
Often
Sometimes
Rarely
Never


How would you rate your overall physical health?
90
80
70
60
50
40
30
20
10
0
Very Healthy
Healthy
Average
Unhealthy
Very Unhealthy


How would you rate the availability of healthy and affordable food in our community?
70
60
50
40
30
20
10
0
Excellent
Good
Fair
Poor
Very Poor

Interview Data

Responses to "Rating the Health and Quality of Life in Cumberland County (from 1-5 with 1 being poor and 5 being excellent"

Poor (1)	**0**
Fair (2)	**22%**
Good (3)	**44%**
Very Good (4)	**33%**
Excellent (5)	**0**

Responses to "In your opinion, has health and quality-of- life in Cumberland County improved, stayed the same, or declined over the past few years? Declined or Stayed the Same"

Declined	**11%**
Improved	**44%**
Same	**44%**

Reasons and other factors that have contributed to the quality-of-life question from above?

Covid
More services available
Innovations in medicine
Slow to make changes
Drug and alcohol usage
Safety

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

Yes	**100%**
No	**0%**

Those Groups of people affected by health or quality of life who may not be as good as others?

Homeless/Impoverished	**56%**
Drug Community	**11%**
Elderly	**33%**

Interview Data Continued

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

Cost	**78%**
Transportation	**17%**
Access	**6%**

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

Drugs	**56%**
Cancer	**17%**
Lack of Preventative Health Education	**6%**
Mental Health	**8%**
Healthcare Affordability	**8%**
Unhealthy Food Options	**6%**

Responses to "Has access to health improved in last few years?"

Stayed The Same	**33%**
Improved	**67%**
Declined	**0%**

Economic Stability

Poverty is a major determinant of health, influencing infant mortality, life expectancy, and chronic disease risk. Financial insecurity also increases exposure to adverse childhood experiences (ACEs), as families struggling to meet basic needs may be unable to provide a stable, healthy environment for children, impacting their long-term mental and physical health.

ALICE (Asset Limited, Income Constrained, Employed) families, who earn above the poverty line but still struggle financially, face additional challenges, as they often do not qualify for public assistance, further limiting their access to essential healthcare and support systems.

Sources: NIH Study: The Link Between Adverse Childhood Experiences & Financial Security in Adulthood & Health Policy Institute of Ohio

Community Input: Economic Stability

"Even though I have health insurance, I usually am left with more to pay out of pocket."

Multiple patients unable to qualify for assistance with help in home, speech therapy, access to transportation- for doctors appt or grocery stores."

- Survey Participants

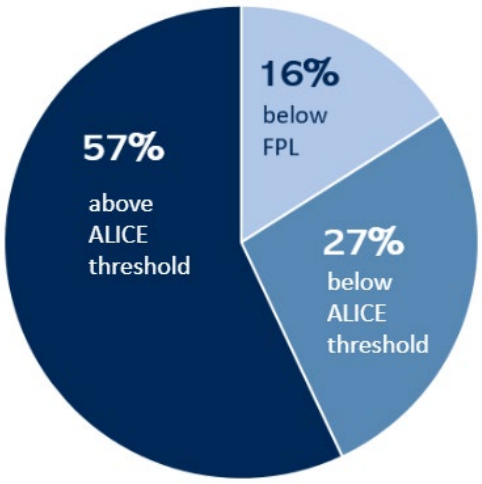
Economic Stability Continued

The percentage of individuals living below the poverty level in Cumberland and surrounding counties ranges from the lowest at 18% (Adair) to the highest at 33.9% (Cumberland), according to the 2019-2023 American Community Survey of the US Census Bureau and the Economic Development Administration. When considering those living at or below 200% of the Federal Poverty Level, Cumberland County has the highest percentage at 55%, followed by Clinton County at 50%, and Metcalfe County at 46%.

The economic stability of this population plays a crucial role in their overall health. Individuals living at or below 200% of the Federal Poverty Level often face financial trade-offs between healthcare, housing, food, and other essential needs, leading to higher stress levels, poorer nutrition, and increased exposure to environmental and occupational hazards. Limited financial resources also reduce their ability to access preventive care, manage chronic conditions, and afford necessary medications, further exacerbating health disparities and leading to worse long-term health outcomes.

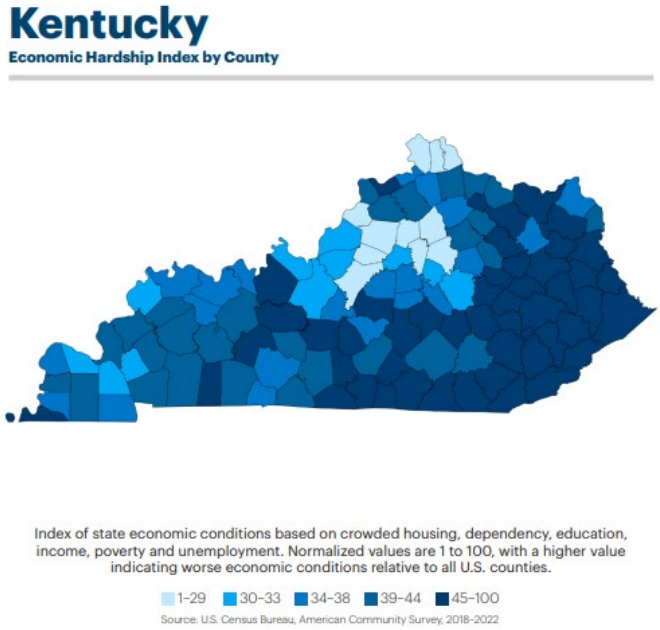
In Kentucky, Medicaid eligibility extends to adults aged 19 to 64 with household incomes up to 138% of the Federal Poverty Level (FPL). This means individuals earning above this threshold, including those below 200% FPL, often do not qualify for state-funded health insurance programs. Consequently, many in this income bracket lack access to affordable healthcare coverage. They frequently work in hourly or low-wage jobs without paid time off, making it challenging to attend medical appointments without forfeiting income. The dilemma of choosing between earning wages and seeking medical care leads many to delay necessary treatments until conditions become severe. As a result, emergency rooms often serve as their primary healthcare resource, leading to higher medical costs, overcrowded facilities, and unmanaged chronic illnesses that could have been addressed through regular preventive care. This cycle of deferred treatment and reliance on emergency services exacerbates health issues for individuals and places additional strain on the broader healthcare system.

Percent of Kentucky Households earning below ALICE Thresholds



Asset Limited, Income Constrained, Employed (ALICE) households that earn above the Federal Poverty Level (FPL) but cannot afford the basic cost of living in their county. Despite struggling to make ends meet, ALICE households often do not qualify for public assistance. – Source: United for ALICE

Economic Stability Continued



Source: American Health Rankings

Living Wage in Cumberland County

Cumberland County KY	1 Adult			
	0 Children	1 Child	2 Children	3 Children
Living Wage	$18.75	$29.89	$35.73	$44.83
Poverty Wage	$7.52	$10.17	$12.81	$15.46
Minimum Wage	$7.25	$7.25	$7.25	$7.25
	2 Adults (1 Working)			
	0 Children	1 Child	2 Children	3 Children
Living Wage	$26.74	$32.15	$35.75	$40.98
Poverty Wage	$10.17	$12.81	$15.46	$18.10
Minimum Wage	$7.25	$7.25	$7.25	$7.25
	2 Adults (2 Working)			
	0 Children	1 Child	2 Children	3 Children
Living Wage	$13.37	$17.42	$20.55	$24.44
Poverty Wage	$5.08	$6.41	$7.73	$9.05
Minimum Wage	$7.25	$7.25	$7.25	$7.25

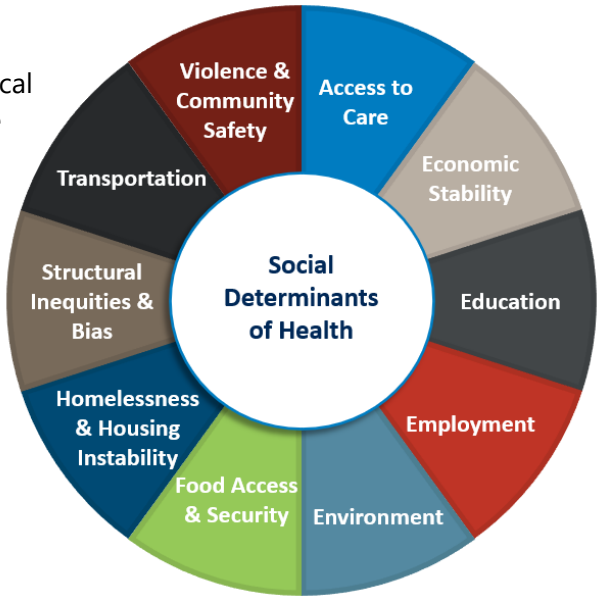
Source: Living Wage Calculator

Economic Stability Continued

Social Determinants of Health

Social determinants of health (SDOH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

These determinants encompass various aspects such as economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context. Addressing SDOH is crucial for improving health and reducing longstanding disparities in health and healthcare.



Access to Healthcare in Kentucky

Access to healthcare is defined as the timely use of medical services to achieve optimal health outcomes. Having health insurance is crucial for maintaining overall well-being, preventing illness, and managing chronic conditions effectively.

According to Healthy People 2030, individuals without insurance are less likely to have a primary care provider and often struggle to afford necessary healthcare services and medications, increasing the risk of untreated health conditions and poorer long-term outcomes.

County Health Rankings reports that the uninsured rate in Kentucky is 8% for adults and 4% for children. Cumberland County is 9% for adults and 5% for children, with Cumberland and Monroe County in a tie for the highest ranking with rates of 9% for adults and 6% for children.

However, many individuals are also underinsured, meaning that despite having health coverage, they still struggle with affordability and access due to high out-of-pocket costs, limited provider networks, and service restrictions. These barriers can prevent individuals from receiving timely care, leading to delayed treatment and worse health outcomes.

Key challenges for underinsured individuals include:

- High deductibles and copays that make routine care unaffordable.
- Limited provider availability, particularly for specialists and mental health services, leading to long wait times.
- Gaps in Medicaid eligibility, leaving many ALICE (Asset Limited, Income Constrained, Employed) households unable to afford private insurance.
- Work and transportation challenges, making it difficult to seek care without missing wages.

Other factors impacting access to care include provider shortages. These include shortages of Primary Care Providers (PCPs), specialists, mental health and substance use providers, and dental care access. Provider shortages, especially in rural areas, lead to long wait times and reliance on emergency care.

Food Access and Security

Food insecurity is a growing concern across communities in the southern region, particularly in rural and urban areas where economic instability, lack of transportation, and high living costs impact access to nutritious food. Food insecurity is defined as the lack of reliable access to affordable, healthy food, which can lead to poor diet quality, increased rates of obesity, and a higher prevalence of chronic diseases such as diabetes and hypertension. Limited access to fresh produce and whole foods in food deserts (areas with limited access to healthy food choices and grocery stores) contributes to malnutrition and long-term health complications. Families experiencing food insecurity often rely on food pantries, government assistance programs, and inexpensive processed foods, further exacerbating health disparities.

Food insecurity remains a persistent challenge across the south-central Kentucky counties included in this analysis. After a period of slight improvement from 2023 to 2024, when the region saw an average decrease of 5% in food insecurity rates, the trend reversed sharply between 2024 and 2025. All five counties, Cumberland, Adair, Clinton, Metcalfe, and Monroe, experienced notable increases during that time, averaging a 25.21% spike in food insecurity within a single year.

Cumberland saw a jump from 15% to 20%, Adair from 14% to 18%, Clinton from 16% to 19%, Metcalfe from 15% to 19%, and Monroe from 16% to 19%. This sharp increase erased prior gains and points to more entrenched or widening systemic challenges. The earlier decreases in 2024, particularly in Adair and Metcalfe, which dropped by 6.67% and 11.76% respectively, offered some initial hope. However, the broad and synchronized uptick in 2025 raises cause for concern, especially since these local rates now meet or exceed both the state average (16%) and the national average (14%)

While the 2022 peaks were likely tied to pandemic-era inflation and disruptions, the 2025 surge suggests lingering economic strain. Potential contributing factors may include reductions in food assistance programs, rising housing and utility costs, and limited access to reliable transportation or job opportunities in these rural areas. The disparities between rural and urban food access, affordability, and availability reinforce the need for improved community outreach, food assistance programs, and policies aimed at reducing food insecurity across all five counties.

Food Access and Security Continued

The consequences of food insecurity extend beyond hunger, contributing to higher rates of obesity, chronic disease, and mental health issues. Individuals facing food insecurity often consume calorie-dense, nutrient-poor foods, leading to increased risks of diabetes, hypertension, and other preventable illnesses. In addition, children in food-insecure households may suffer from developmental delays, poor academic performance, and behavioral issues due to inadequate nutrition.

Percent of Population on Supplemental Nutrition Assistance Program (SNAP):

Clinton County: **24%**
Cumberland County: **19.9%**
Monroe County: **17.7%**
Adair County: **18.3%**
Metcalfe County: **20.2%**

Source: County, National, Kentucky

13.1%
KY

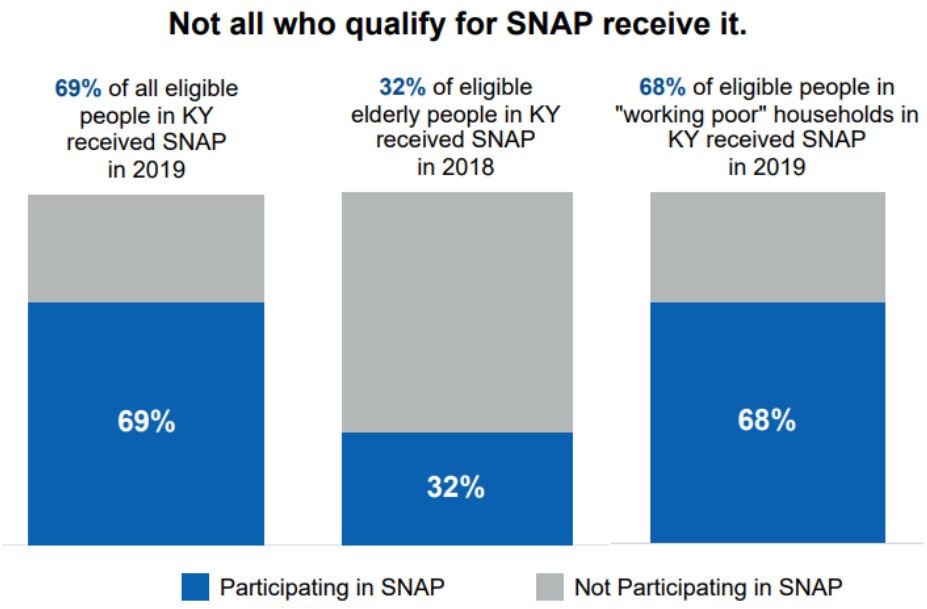
12.6%
Nationally

Community Input:
Food Access & Security:

"Local schools need more resources and help in educating students about nutrition and healthy habits."

"A year-round produce market would be nice. I like buying fresh vegetables from local people."

- Survey Participants



Food Access and Security Continued

Trend for Food Insecurity by County by Year

Food Insecurity	Cumberland	Adair	Clinton	Metcalfe	Monroe	KY	US
2022	16%	17%	18%	18%	18%	14%	11%
2023	15%	15%	16%	17%	17%	13%	12%
2024	15%	14%	16%	15%	16%	13%	10%
2025	20%	18%	19%	19%	19%	16%	14%

Percentage Increase or Decrease Year-over-Year by

Food Insecurity	Cumberland	Adair	Clinton	Metcalfe	Monroe	KY	US
2023 to 2024	0.00%	-6.67%	0.00%	-11.76%	-5.88%	0%	-16.67%
2024 to 2025	**33.33%**	**28.57%**	**18.75%**	**26.67%**	**18.75%**	**23.08%**	**40.00%**

Food insecurity improved from 2023 to 2024, with the counties experiencing an average decrease of 5%, a positive trend for residents. However, that progress reversed sharply between 2024 and 2025, as all counties saw an average increase of 25.21% in food insecurity, signaling a growing concern across the region.

Health and Wellness

According to the Centers for Disease Control and Prevention (CDC), risk factors contributing to chronic diseases and, subsequently, premature deaths include smoking, poor nutrition, physical inactivity, excessive alcohol consumption, and obesity. Given the substantial rise in premature deaths at both national and local levels, a thorough analysis of quantitative data from County Health Rankings was conducted to identify key drivers. The examination of health factors across the state and its counties revealed several trends, as delineated below.

Health Factor	Cumberland	Adair	Clinton	Metcalfe	Monroe	KY	U.S.
Obesity	43%	37%	40%	42%	39%	38%	34%
Diabetes	13%	12%	13%	13%	12%	13%	10%
Poor / Fair Health	26%	22%	26%	26%	24%	20%	17%
Adult Smoking	23%	20%	23%	25%	22%	18%	13%
Access to Exercise Opportunities	7%	43%	52%	56%	48%	70%	84%
Premature Death	10,300	14,000	12,700	12,500	11,300	11,700	8,400
Drug Overdose Deaths	0	38	49	50	50	50	31
Excessive Drinking	14%	15%	15%	15%	15%	15%	19%
Alcohol-impaired Driving Deaths	55%	12%	20%	31%	14%	26%	26%
Life Expectancy	73.1	71.7	71.7	71.8	72.2	73.3	77.1
Poor Mental Health Days	5.7	5.5	5.9	5.9	5.7	5	5.1
Poor Physical Health Days	5.6	5.1	5.6	5.3	5.4	4.5	3.9
Physical Inactivity	31%	28%	30%	31%	30%	25%	23%
Access to Parks	7%	4%	4%	3%	6%	29%	51%
Lack of Social Emotional Support	24%	26%	24%	27%	26%	8%	10%

Source: County Health Rankings

State Health Rankings

State Health Rankings: Overall Ranking is 41 out of 50 States; Source: America's Health Rankings (2024 report)

Key Challenges:

- Premature Deaths: 30% increase in years lost before age 75, rising from 9,110 to 11,846 per 100,000 population (2013-2022), far exceeding the national average (8,522 per 100,000)
- Drug Deaths: 117% increase (from 23.2 to 50.3 deaths per 100,000) between 2013-2022
- Food Insecurity: 16% of households affected, worse than the national average (14%)
- High Homicide Rate: 10.2 per 100,000 population vs. national 7.6 per 100,000
- Limited Healthcare Access:
    - Kentucky ranks 32nd for mental health providers (297.5 per 100,000 vs. national 344.9)
    - Ranks 27th for primary care providers (277.1 per 100,000 vs. national 283.4)
- High Obesity Rate: 36.2% of adults vs. national 34.3%
- Severe Housing Problems: 12.8% of occupied housing units face issues, near the national average (16.8%)

Strengths & Improvements:

- Uninsured Rate Declined: Dropped 62% (from 14.3% to 5.4%) between 2013-2023, significantly better than the national average (7.9%)
- Unemployment Improved: Decreased 51% (from 8.4% to 4.1%) over the past decade
- Better High-Speed Internet Access: 94.1% of households vs. national 93.8%

Senior Specific State Health Rankings: Source: America's Health Rankings (2024 report)

- Poverty: Ranked 47 in poverty for adults over 65 and older
- Improving Healthcare Access: KY has seen an increase in geriatric clinicians (27.5 per 100,000)
- High Food Insecurity & Poverty: KYs food insecurity rate (15.2%) is worse than the national average (12.9%)
- Early Mortality Rates (age 65-74): KY reports a higher early death rate (2,696 per 100,000 vs. national 1,979 per 100,000), which is 47 out of 50 in health rankings for this measure
- Mental Health Concerns: Seniors in KY experience a high frequency of mental distress (11.1% vs. national 9.4%)
- Hospice & Vaccinations: KY performs worse than the national average in pneumonia vaccinations (65% vs. national 69.6%) and hospice utilization (42.1% vs. national 46.7%)
- Teeth Extractions: Rates for teeth extractions are 8.1x higher in adults over 65 with less than a high school education
- Drug Deaths: KY has seen a significant increase in drug related deaths in this population, up 84% since 2019 from 6.8 to 12.5 deaths per 100,000 adults over 65
- Uninsured Rate Declined: Dropped 62% (from 14.3% to 5.4%) between 2013-2023, significantly better than the national average (7.9%)
- Unemployment Improved: Decreased 51% (from 8.4% to 4.1%) over the past decade
- Better High-Speed Internet Access: 94.1% of households vs. national 93.8%

National Healthcare Trends

National Senior Specific Health Rankings: Source: America's Health Rankings (Comprehensive National 2024 Report)

Key Challenges:

- Rising poverty: 16% increase from 2019 to 2022 (from 9.4% to 10.9%) among adults 65+ (the highest level in report history).
- Higher housing costs: Increased burden from 32.1% to 33.1%.
- More food insecurity: 8% increase from 11.9% to 12.9%
- Worsening Mental Health:
    - Depression up 6% from 14.6% to 15.5%
    - Frequent mental distress up 11% from 8.5% to 9.4%
    - Increase in drug deaths: 51% increase from 7.6 to 11.5 per 100,000 adults age 65+
    - Firearm deaths increased: 4% increase from 13.0 to 13.5 per 100,000

Strengths & Improvements:

- High-speed internet access among older adult households increased from 83.1% to 84.8%.
- More geriatric clinicians: From 36.4 to 38.0 per 100,000 adults age 65+.
- Decrease in early deaths: An 8% decline in deaths among adults 65-74 from 2,151 to 1,979 per 100,000 (but still above pre-pandemic levels).
- Decline in tooth extractions: 10% drop from 13.4% to 12.1%.

National Healthcare Expenditure (NHE): NHE Fact Sheet

Historical NHE, 2023: (for source reference, click on the link above or visit CMS.gov)

- NHE grew 7.5% to $4.9 trillion in 2023, or $14,570 per person, and accounted for 17.6% of Gross Domestic Product (GDP)
- Medicare spending grew 8.1% to $1,029.8 billion in 2023, or 21 percent of total NHE.
- Medicaid spending grew 7.9% to $871.7 billion in 2023, or 18 percent of total NHE.
- Private health insurance spending grew 11.5% to $1,464.6 billion in 2023, or 30 percent of total NHE
- Out-of-pocket spending grew 7.2% to $505.7 billion in 2023, or 10 percent of total NHE
- Other Third Party Payers and Programs and Public Health Activity spending declined 3.1% in 2023 to $563.4 billion, or 12 percent of total NHE
- Hospital expenditures grew 10.4% to $1,519.7 billion in 2023, faster than the 3.2% growth in 2022
- Physician and clinical services expenditures grew 7.4% to $978.0 billion in 2023, faster growth than the 4.6% in 2022

National Healthcare Trends Continued

Projected NHE, 2023-2032:

- Over 2023-32 average Prescription drug spending increased 11.4% to $449.7 billion in 2023, faster than the 7.8% growth in 2022
- The largest shares of total health spending were sponsored by the federal government (32 percent) and the households (27 percent). The private business share of health spending accounted for 18 percent of total health care spending, state and local governments accounted for 16 percent, and other private revenues accounted for 7 percent
- NHE growth (5.6%) is projected to outpace that of average GDP growth (4.3%), resulting in an increase in the health spending share of GDP from 17.3 percent in 2022 to 19.7 percent in 2032
- NHE spending is expected to have grown 7.5% in 2023, faster than GDP growth of 6.1%
- Reflects broad increases in the use of care associated with the insured share of the population of 93.1% - an unprecedented high
- Largely related to a record-high level of Medicaid enrollment (91.2M) in 2023, as well as gains in direct-purchase enrollment (8.3M) over 2023-25
- Health price growth remains modest, though faster than pre-pandemic
- By 2032 the insured share falls to 90.7%
- Consistent with the President's Budget, Medicaid enrollment is projected to decline to 81.0M in 2024 and slightly further to 79.4M by 2025 following the expiration of the continuous enrollment requirement
- Direct-purchase enrollment is expected to decline by 7.3M in 2026 (-19.2%) due to expiration of the IRA's temporary extension of enhanced subsidies and associated temporary Special Enrollment Period (SEP)
- Over 2027-32, personal health care price inflation and growth in the use of health care services and goods contribute to projected health spending that grows at a faster rate than the rest of the economy

Key Themes

Key Finding / Theme	Findings	Supporting Data
Cost Barriers to Care	Underinsurance is a dominant barrier. While few are fully uninsured, many face care delays due to deductibles and out-of-pocket costs. Cost was a top three concern for residents in the service area.	• 54% of respondents had insurance but couldn't afford to use it. • 56 residents said they 'sometimes' delay care due to cost; 30 said 'often' and 11 said 'always.' • 38% of survey respondents comments were related to cost of care as a barrier.
Access to Care and Provider Availability	Access to healthcare remains a significant challenge. Respondents reported long wait times, limited availability of local specialists, and lack of access to services during evenings and weekends.	• 'Access to healthcare' was frequently cited concern in the survey. • All counties showed a higher number of people per primary care physician than the national and state average. • 51% of comments from the survey were related to access issues.
Mental Health and Substance Use	Substance abuse and untreated mental illness remain urgent priorities. Residents identified depression, anxiety, and addiction as persistent issues, compounded by stigma and limited treatment availability.	• 'Drug and alcohol abuse' was the top health issue cited in surveys (70 mentions). • Mental health care was rated 'Poor' or 'Very Poor' by 93 of 138 respondents. • 67% of respondents rated mental health access as inadequate.
Chronic Disease and Physical Inactivity/Obesity	Chronic illnesses such as diabetes, obesity, and heart disease are prevalent and tied to inactivity, poor nutrition, and barriers to preventive care.	• Adult obesity exceeds 40% in four of five service counties (KY average: 38%). • 49% of respondents did not engage in 30 minutes of exercise the prior week. • 79 respondents rated their physical health as 'average'; 20 reported being 'unhealthy.' Out of 138
Food Insecurity and Nutrition	Access to healthy, affordable food remains a growing concern. Food insecurity has increased, with residents reporting cost, distance, and availability as major obstacles.	• Food insecurity in Cumberland rose from 15% (2024) to 20% (2025). • 40 residents rated access to food as 'Poor' and 26 as 'Very Poor.' • SNAP participation in Cumberland is 19.9%, despite income data suggesting more residents may qualify.
Senior Health and Aging Needs	Older adults face increasing health and support needs, including transportation, hospice, and long-term care. Limited local options and poverty among seniors amplify these challenges.	• 'Senior care quality and access' was cited over 30 times in comments. • Kentucky ranks 47th nationally for senior health. • Early deaths (ages 65–74) in Kentucky are 36% higher than the national rate.

Conclusion

The Community Health Needs Assessment (CHNA) reflects a comprehensive review of health outcomes, social and economic conditions, and community-reported needs across Cumberland County and the surrounding counties. Drawing from local data, survey responses, and qualitative feedback, this report identifies key health challenges facing residents, especially those living in poverty, in rural areas, or within the ALICE (Asset-Limited, Income-Constrained, Employed) population.

Cumberland County continues to face serious, persistent barriers to health and well-being, shaped by limited access to care, food insecurity, and high rates of chronic disease. Many residents struggle to obtain routine and preventative care, and the consequences are evident in the region's rising burden of physical and behavioral health concerns. Limited access to affordable care, safe places to exercise, nutritious food, and mental health support further compounds these trends.

Cumberland County Hospital remains committed to improving the community health by using this assessment to guide future planning, expand services, and respond to priorities identified through community input and data.

Key Findings:

1. Cost Barriers to Care
2. Access to Care and Underinsurance
3. Food Insecurity and Nutrition
4. Chronic Disease and Physical Inactivity / Obesity
5. Mental Health and Substance Use
6. Senior Health and Aging Support

Regional Summary

Cumberland and surrounding counties face significant and growing health challenges. Many of these issues are rooted in economic hardship, with just under half of households failing below ALICE threshold. This reflects a working population that still cannot reliably afford housing, healthcare or food. These economic pressures contribute to higher rates of untreated chronic disease, delayed medical care, and increased reliance on emergency services for conditions that could be prevented or managed with earlier intervention.

These local concerns reflect statewide and regional trends. Kentucky ranks among the lowest states nationally for overall health, senior health, and mental health access. Rates of premature death, substance use, and food insecurity are rising, and Cumberland County's challenges mirror these broader patterns of strained resources and rural health disparities.

Survey responses and supporting data make these barriers unmistakable: long wait times, limited access to specialists, difficulty affording prescriptions, and rising rates of preventable chronic conditions all reflect a system under pressure. The high cost, poor access, and widespread economic insecurity, especially among ALICE households, continue to drive negative health outcomes.

Conclusion Continued

Despite these challenges, the region is supported by a network of committed healthcare providers, community partners, and residents working collaboratively to improve local health outcomes. With targeted investments in healthcare access, food systems, preventive services, and behavioral health, Cumberland County and its surrounding communities can build stronger foundations for health. By working collaboratively with community partners, local agencies, and health systems, Cumberland County Hospital is well-positioned to lead efforts that improve equity, reduce disparities, and ensure that every resident can achieve a healthier future.

Contact:

This assessment summary is published on the website of Cumberland County Hospital (http://www.cchospital.org/). A copy may be obtained by contacting Cumberland County Hospital's Administration office at 270-864-2511.

Appendix A

Community Resources Identified

Courts & Government

Justice Center: (270) 864-2611
County Clerk: (270) 864-3726

Food Assistance

Holy Cross Catholic Church: (270) 864-4107
God's Pantry: (859) 288-5319
Burkesville United Methodist Church: (270) 864-3118
United Methodist Opportunity: (270) 864-3826

Law Enforcement

Cumberland Co. Sheriff: (270) 864-4321
Burkesville PD: (270) 864-5391

Shelter & Safety

Esther House: (270) 433-2400
Bethany House (spousal abuse shelter): (800) 755-2017

Utility/Clothing

Lake Cumberland Community Services: (270) 864-4386
Goodwill (Columbia): (270) 384-1255

Education/Career

Kentucky Career Center: (606) 677-4124
Cumberland Co. Adult Education: (270) 864-1262

Crisis Hotlines

Abuse: (800) 597-2331
Substance Use: (800) 662-4357
Suicide Prevention: (800) 784-2433
Domestic Violence: (800) 799-7233

Appendix B

2025 County Health Rankings: Ranked Measure Sources & Years of Data

	Measure	Weight	Data Source	Years of Data
POPULATION HEALTH AND WELL-BEING				
LENGTH OF LIFE				
Life span	Premature Death*	50%	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2020-2022
QUALITY OF LIFE				
Physical health	Poor Physical Health Days	10%	Behavioral Risk Factor Surveillance System	2022
	Low Birth Weight*	20%	National Center for Health Statistics - Natality Files	2017-2023
Mental health	Poor Mental Health Days	10%	Behavioral Risk Factor Surveillance System	2022
Life satisfaction	Poor or Fair Health	10%	Behavioral Risk Factor Surveillance System	2022
COMMUNITY CONDITIONS				
HEALTH INFRASTRUCTURE				
Health promotion and harm reduction	Flu Vaccinations*	4%	Mapping Medicare Disparities Tool	2022
	Access to Exercise Opportunities	4%	ArcGIS Business Analyst and ArcGIS Online; YMCA; US Census TIGER/Line Shapefiles	2024, 2022 & 2020
	Food Environment Index˚	4%	USDA Food Environment Atlas; Map the Meal Gap from Feeding America	2019 & 2022
Clinical care	Primary Care Physicians	2%	Area Health Resource File/American Medical Association	2021
	Mental Health Providers	1%	CMS, National Provider Identification	2024
	Dentists	1%	Area Health Resource File/National Provider Identifier Downloadable File	2022
	Preventable Hospital Stays*	4%	Mapping Medicare Disparities Tool	2022
	Mammography Screening*	1%	Mapping Medicare Disparities Tool	2022
	Uninsured	4%	Small Area Health Insurance Estimates	2022
PHYSICAL ENVIRONMENT				
Housing and transportation	Severe Housing Problems	4%	Comprehensive Housing Affordability Strategy (CHAS) data	2017-2021
	Driving Alone to Work*	2%	American Community Survey, five-year estimates	2019-2023
	Long Commute - Driving Alone	1%	American Community Survey, five-year estimates	2019-2023
Air, water and land	Air Pollution: Particulate Matter	8%	Environmental Public Health Tracking Network	2020
	Drinking Water Violations˚	4%	Safe Drinking Water Information System	2023
Civic and community resources	Broadband Access	4%	American Community Survey, five-year estimates	2019-2023
	Library Access	2%	Institute of Museum and Library Services	2022
SOCIAL AND ECONOMIC FACTORS				
Education	Some College	8%	American Community Survey, five-year estimates	2019-2023
	High School Completion	8%	American Community Survey, five-year estimates	2019-2023
Income, employment and wealth	Unemployment	8%	Bureau of Labor Statistics	2023
	Income Inequality	8%	American Community Survey, five-year estimates	2019-2023
	Children in Poverty*	8%	Small Area Income and Poverty Estimates; American Community Survey, five-year estimates	2023 & 2019-2023
Safety and social support	Injury Deaths*	4%	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2018-2022
	Social Associations	2%	County Business Patterns	2022
	Child Care Cost Burden	4%	The Living Wage Institute; Small Area Income and Poverty Estimates	2024 & 2023

*Subgroup data available by race and ethnicity; ˚Data availability or recency varies by state

Appendix B Continued

2025 County Health Rankings: Ranked Measure Sources & Years of Data

	Measure	Data Source	Years of Data
POPULATION HEALTH AND WELL-BEING			
LENGTH OF LIFE			
Life span	Life Expectancy*	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2020-2022
	Premature Age-Adjusted Mortality*	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2020-2022
	Child Mortality*	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2019-2022
	Infant Mortality*	National Center for Health Statistics - Natality and Mortality Files	2016-2022
QUALITY OF LIFE			
Physical health	Frequent Physical Distress	Behavioral Risk Factor Surveillance System	2022
	Diabetes Prevalence	Behavioral Risk Factor Surveillance System	2022
	HIV Prevalence*	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2022
	Adult Obesity	Behavioral Risk Factor Surveillance System	2022
Mental health	Frequent Mental Distress	Behavioral Risk Factor Surveillance System	2022
	Suicides*	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2018-2022
Life satisfaction	Feelings of Loneliness*	Behavioral Risk Factor Surveillance System	2022
COMMUNITY CONDITIONS			
HEALTH INFRASTRUCTURE			
Health promotion and harm reduction	Limited Access to Healthy Foods	USDA Food Environment Atlas	2019
	Food Insecurity	Map the Meal Gap	2022
	Insufficient Sleep	Behavioral Risk Factor Surveillance System	2022
	Teen Births*	National Center for Health Statistics - Natality Files; Census Population Estimates Program	2017-2023
	Sexually Transmitted Infections*	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2022
	Excessive Drinking	Behavioral Risk Factor Surveillance System	2022
	Alcohol-Impaired Driving Deaths	Fatality Analysis Reporting System	2018-2022
	Drug Overdose Deaths*	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2020-2022
	Adult Smoking	Behavioral Risk Factor Surveillance System	2022
	Physical Inactivity	Behavioral Risk Factor Surveillance System	2022
Clinical care	Uninsured Adults	Small Area Health Insurance Estimates	2022
	Uninsured Children	Small Area Health Insurance Estimates	2022
	Other Primary Care Providers	CMS, National Provider Identification	2024
PHYSICAL ENVIRONMENT			
Housing and transportation	Traffic Volume	EJSCREEN: Environmental Justice Screening and Mapping Tool	2020
	Homeownership	American Community Survey, five-year estimates	2019-2023
	Severe Housing Cost Burden	American Community Survey, five-year estimates	2019-2023
Air, water and land	Access to Parks	ArcGIS Online; US Census TIGER/Line Shapefiles	2024 & 2020
Climate	Adverse Climate Events	Environmental Public Health Tracking (EPHT) Network; U.S. Drought Monitor (USDM); OPEN FEMA Disaster Declaration Summaries	2019-2023
Civic and community resources	Census Participation	Census Operational Quality Metrics	2020
	Voter Turnout*	MIT Election Data and Science Lab; American Community Survey, five-year estimates	2020 & 2016-2020

Appendix B Continued

2025 County Health Rankings: Ranked Measure Sources & Years of Data

SOCIAL AND ECONOMIC FACTORS			
Education	High School Graduation*	State-specific sources & EDFacts	Varies
	Reading Scores*°	Stanford Education Data Archive	2019
	Math Scores*°	Stanford Education Data Archive	2019
	School Segregation	National Center for Education Statistics	2023-2024
	School Funding Adequacy°	School Finance Indicators Database	2022
Income, employment and wealth	Children Eligible for Free or Reduced Price Lunch°	National Center for Education Statistics	2022-2023
	Gender Pay Gap	American Community Survey, five-year estimates	2019-2023
	Median Household Income*	Small Area Income and Poverty Estimates; American Community Survey, five-year estimates	2023 & 2019-2023
	Living Wage	The Living Wage Institute	2024
Safety and social support	Child Care Centers	Homeland Infrastructure Foundation-Level Data (HIFLD)	2010-2022
	Residential Segregation - Black/White	American Community Survey, five-year estimates	2019-2023
	Homicides*	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2016-2022
	Motor Vehicle Crash Deaths*	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2016-2022
	Firearm Fatalities*	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2018-2022
	Disconnected Youth	American Community Survey, five-year estimates	2019-2023
	Lack of Social and Emotional Support°	Behavioral Risk Factor Surveillance System	2022
DEMOGRAPHICS			
	% Below 18 Years of Age	Census Population Estimates Program	2023
	% 65 and Older	Census Population Estimates Program	2023
	% Female	Census Population Estimates Program	2023
	% American Indian or Alaska Native	Census Population Estimates Program	2023
	% Asian	Census Population Estimates Program	2023
	% Hispanic	Census Population Estimates Program	2023
	% Native Hawaiian or Other Pacific Islander	Census Population Estimates Program	2023
	% Non-Hispanic Black	Census Population Estimates Program	2023
	% Non-Hispanic White	Census Population Estimates Program	2023
	% Disability: Functional Limitations	Behavioral Risk Factor Surveillance System	2022
	% Not Proficient in English	American Community Survey, five-year estimates	2019-2023
	Children in Single-Parent Households	American Community Survey, five-year estimates	2019-2023
	% Rural	Decennial Census Demographic and Housing Characteristics File	2020
	Population	Census Population Estimates Program	2023

*Subgroup data available by race and ethnicity; °Data availability or recency varies by state

Appendix C

Physician Needs Assessment Analysis for Cumberland County (within 25 miles)

Physician Specialties: GMENAC Goodman Hicks & Glenn Solucient

SPECIALTIES	CURRENT NUMBER OF PHYSICANS WITHIN PRIMARY SERVICE AREA	SURPLUS (SHORTAGE) IN PRIMARY SERVICE AREA	Population of 100,000 GMENAC	GOODMAN	HICKS & GLENN	SOLUCIENT	AVERAGE	POPULATION BASED UPON HOSPITAL PRIMARY SERVICE AREA: POPULATION OF 6,047
Primary Care								
Family Practice	6.00	4.71	25.20	N/A	16.20	22.53	21.31	1.29
Internal Medicine	3.00	1.81	28.80	N/A	11.30	19.01	19.70	1.19
Pediatrics	1.00	0.31	12.80	N/A	7.60	13.90	11.43	0.69
Total Primary Care	10.00	6.83	66.80	N/A	35.10	55.44	52.45	3.17
Medical Specialties								
Allergy/Immunology	0.00	(0.08)	0.80	1.30	N/A	1.72	1.27	0.08
Cardiology	1.00	0.81	3.20	3.60	2.60	3.41	3.20	0.19
Dermatology	0.00	(0.13)	2.90	1.40	2.10	2.38	2.20	0.13
Endocrinology	2.00	1.95	0.80	N/A	N/A	0.80	0.80	0.05
Gastroenterology	0.00	(0.13)	2.70	1.30	N/A	2.50	2.17	0.13
Hematology/Oncology	0.00	(0.14)	3.70	1.20	N/A	1.99	2.30	0.14
Infectious Disease	0.00	(0.05)	0.90	N/A	N/A	0.90	0.90	0.05
Nephrology	0.00	(0.06)	1.10	N/A	N/A	0.92	1.01	0.06
Neurology	1.00	0.88	2.30	2.10	1.40	1.90	1.93	0.12
Psychiatry	1.00	0.47	15.90	7.20	3.90	8.18	8.80	0.53
Pulmonology	1.00	0.91	1.50	1.40	N/A	1.40	1.43	0.09
Rheumatology	0.00	(0.04)	0.70	0.40	N/A	0.81	0.64	0.04
Physical Medicine & Rehab	0.00	(0.08)	1.30	N/A	N/A	1.40	1.35	0.08
Other Medical Specialties	0.00	(0.12)	N/A	N/A	N/A	2.01	2.01	0.12
Surgical Specialties								
General Surgery	2.00	1.55	9.70	9.70	4.10	6.01	7.38	0.45
Cardio/Thoracic Surgery	0.00	(0.04)	N/A	0.70	N/A	N/A	0.70	0.04
Neurosurgery	0.00	(0.05)	1.10	0.70	N/A	N/A	0.90	0.05
OB/GYN	2.00	1.45	9.90	8.40	8.00	10.17	9.12	0.55
Ophthalmology	2.00	1.75	4.80	3.50	3.20	4.71	4.05	0.25
Orthopedic Surgery	3.00	2.66	6.20	5.90	4.20	6.12	5.61	0.34
Otolaryngology	0.00	(0.17)	3.30	2.40	N/A	2.8	2.83	0.17
Plastic Surgery	0.00	(0.10)	1.10	1.10	2.30	2.22	1.68	0.10
Urology	0.00	(0.16)	3.20	2.60	1.90	2.86	2.64	0.16
Other Surgical Specialties	0.00	(0.13)	N/A	N/A	N/A	2.20	2.20	0.13
Hospital-based								
Emergency	0.00	(0.48)	8.50	2.70	N/A	12.40	7.87	0.48
Anesthesiology	0.00	(0.46)	8.30	7.00	N/A	N/A	7.65	0.46
Radiology	0.00	(0.51)	8.90	8.00	N/A	N/A	8.45	0.51
Pathology	0.00	(0.29)	5.60	4.10	N/A	N/A	4.85	0.29
Pediatric Cardiology	0.00	(0.01)	N/A	N/A	N/A	0.20	0.20	0.01
Pediatric Neurology	0.00	(0.01)	N/A	N/A	N/A	0.12	0.12	0.01
Pediatric Psychiatry	0.00	(0.03)	N/A	N/A	N/A	0.45	0.45	0.03
Other Pediatric Subspecialties	0.00	(0.05)	0.89	N/A	N/A	N/A	0.89	0.05
TOTALS	**25.00**	15.93						9.07

Appendix C Continued

Physician Needs Assessment Analysis for Cumberland County (within 25 miles)

A quantitative physician needs assessment analysis was completed for Cumberland County Hospital with a total population of 6,047. Physician needs assessment analysis uses a nationally recognized quantitative methodology to determine the need for physicians by physician specialty for a given geographic population area being assessed.

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

- Radiology: .51
- Emergency Med: .48
- Anesthesiology: .46

Appendix D

Demographic and Health Data, Community Health Rankings 2025

Adair County Demographics	County	State
Population	19,264	4,526,154
% below 18 years of age	19.7%	22.5%
% 65 and older	20.0%	17.8%
% Non-Hispanic Black	2.6%	8.4%
% American Indian & Alaska Native	0.5%	0.3%
% Asian	0.7%	1.8%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	3.4%	5.0%
% Non-Hispanic White	91.3%	82.4%
% not proficient in English	0.0%	1.0%
% Female	50.4%	50.4%
% Rural	73.5%	41.3%

Clinton County Demographics	County	State
Population	9,148	4,526,154
% below 18 years of age	21.5%	22.5%
% 65 and older	21.1%	17.8%
% Non-Hispanic Black	0.8%	8.4%
% American Indian & Alaska Native	0.4%	0.3%
% Asian	0.5%	1.8%
% Native Hawaiian/Other Pacific Islander	0.4%	0.1%
% Hispanic	3.6%	5.0%
% Non-Hispanic White	93.5%	82.4%
% not proficient in English	1.0%	1.0%
% Female	50.2%	50.4%
% Rural	100.0%	41.3%

Metcalfe County Demographics	County	State
Population	10,482	4,526,154
% below 18 years of age	23.3%	22.5%
% 65 and older	20.2%	17.8%
% Non-Hispanic Black	1.7%	8.4%
% American Indian & Alaska Native	0.3%	0.3%
% Asian	0.5%	1.8%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	2.6%	5.0%
% Non-Hispanic White	93.8%	82.4%
% not proficient in English	0.0%	1.0%
% Female	49.8%	50.4%
% Rural	100.0%	41.3%

Monroe County Demographics	County	State
Population	11,306	4,526,154
% below 18 years of age	23.8%	22.5%
% 65 and older	19.7%	17.8%
% Non-Hispanic Black	2.1%	8.4%
% American Indian & Alaska Native	0.2%	0.3%
% Asian	0.3%	1.8%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	4.6%	5.0%
% Non-Hispanic White	91.5%	82.4%
% not proficient in English	1.0%	1.0%
% Female	50.0%	50.4%
% Rural	100.0%	41.3%

Cumberland County Demographics	County	State
Population	6,047	4,526,154
% below 18 years of age	22.5%	22.5%
% 65 and older	23.1%	17.8%
% Non-Hispanic Black	3.2%	8.4%
% American Indian & Alaska Native	0.3%	0.3%
% Asian	0.3%	1.8%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	2.1%	5.0%
% Non-Hispanic White	92.4%	82.4%
% not proficient in English	1.0%	1.0%
% Female	50.4%	50.4%
% Rural	100.0%	41.3%

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