2025
COMMUNITY HEALTH NEEDS ASSESSMENT

Saint Joseph Berea Service Area
Madison County, Kentucky

Sponsored by
Saint Joseph Berea

CHI Saint Joseph Health.
A member of CommonSpirit

Adopted May 20, 2025

TABLE OF CONTENTS

INTRODUCTION

EXECUTIVE SUMMARY

CHNA Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs in the community served by Saint Joseph Berea (SJB). The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

CommonSpirit Health Commitment & Mission

The hospital's commitment to engaging with the community, assessing priority needs, and helping to address them with community partners is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

CHNA Collaborators

Saint Joseph Berea is the sole sponsor of this assessment, although one other hospital also serves our area. This assessment was conducted on behalf of Saint Joseph Berea by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Community Definition

Saint Joseph Berea is located at 305 Estill Street, Berea, KY 40403. The hospital tracks ZIP Codes of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. The hospital defines its primary service area as Madison County, which includes these ZIP Codes: 40004, 40385, 40403, 40404, 40405, 40475, 40358, 40745, 40507, 40575, 40348, and 40456.

Assessment Process & Methods

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for comparison to benchmark data at the state and national levels.

Primary Data Collection. Primary data represent the most current information provided in this assessment. The PRC Community Health Survey provides an aggregate snapshot of the health experience, behaviors, and needs of residents in the community. The PRC Online Key Informant Survey allows key community leaders and providers in the area an opportunity to give extensive qualitative input about what they see as the most pressing issues in the populations they serve.

Secondary Data Collection. Secondary data provide information from existing data sets (e.g., public health records, census data, etc.) that complement the primary research findings.

Identifying & Prioritizing Significant Health Needs

Significant health needs for the community were identified through a review of the data collected for this assessment. These were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the key informants giving input to this process.

Prioritization of the health needs was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

This process yielded the following prioritized list of community health needs:

1. *TIE:*

    DIABETES ► Key informants identified this as a top concern in the community.

    NUTRITION, PHYSICAL ACTIVITY & WEIGHT ► Key informants identified this as a top concern in the community. Survey findings revealed a high prevalence of overweight/obesity among adults.

    SUBSTANCE USE ► Key informants identified this as a top concern in the community. Existing data revealed a very high unintentional drug-induced death rate.

4. **MENTAL HEALTH** ► Key informants identified this as a top concern in the community. Existing data revealed high suicide mortality and a low mental health provider ratio. Survey findings revealed needs related to diagnosed depression and receiving mental health treatment.

5. **DISABLING CONDITIONS** ► Key informants identified this as a top concern in the community. Existing data revealed needs relative to Alzheimer's disease deaths. Survey findings revealed high prevalence of activity limitations and high-impact chronic pain.

6. **CANCER** ► Existing data show cancer to be a leading cause of death and particularly high mortality and incidence for lung and colorectal cancers. Survey findings revealed needs related to cervical cancer screening.

Other health needs identified (through a combination of survey findings, key informant input, and/or other health data) include:

- HEART DISEASE & STROKE
- TOBACCO
- ACCESS TO HEALTH CARE SERVICES
- INJURY & VIOLENCE
- RESPIRATORY DISEASE

Further, the **social determinants of health** are an important lens through which to understand and address all of these health issues.

Resources Potentially Available to Meet Significant Health Needs

Measures and resources (such as programs, organizations, and facilities in the community) potentially available to address the significant health needs were identified by key informants giving input to this process. While not exhaustive, this list — which includes many potential resources — draws on the experiences and wide knowledge base of those directly serving our community.

Report Adoption, Availability & Comments

This CHNA report was adopted by the CHI Saint Joseph Health Board of Directors on May 20, 2025.

The report is widely available to the public at CHI Saint Joseph Health's website on the Healthy Communities page. Written comments on this report can be submitted to CHI Saint Joseph Health, Healthy Communities, 1451 Harrodsburg Road, Suite A-410, Lexington, KY 40504, or by e-mail to mailto:Sherri.Craig@commonspirit.org.

IRS FORM 990, SCHEDULE H COMPLIANCE

For nonprofit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

| IRS FORM 990, SCHEDULE H	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	9
Part V Section B Line 3b Demographics of the community	30
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	111
Part V Section B Line 3d How data was obtained	7
Part V Section B Line 3e The significant health needs of the community	14
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	25
Part V Section B Line 3h The process for consulting with persons representing the community's interests	11
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	114

ASSESSMENT PROCESS & METHODS

PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by CHI Saint Joseph Health and PRC.

Community Definition

The study area for this assessment (referred to as "Saint Joseph Berea Service Area" or "SJB" in this report), determined based on the ZIP Codes of residence of recent patients of Saint Joseph Berea, includes Madison County in Kentucky, as illustrated in the following map.
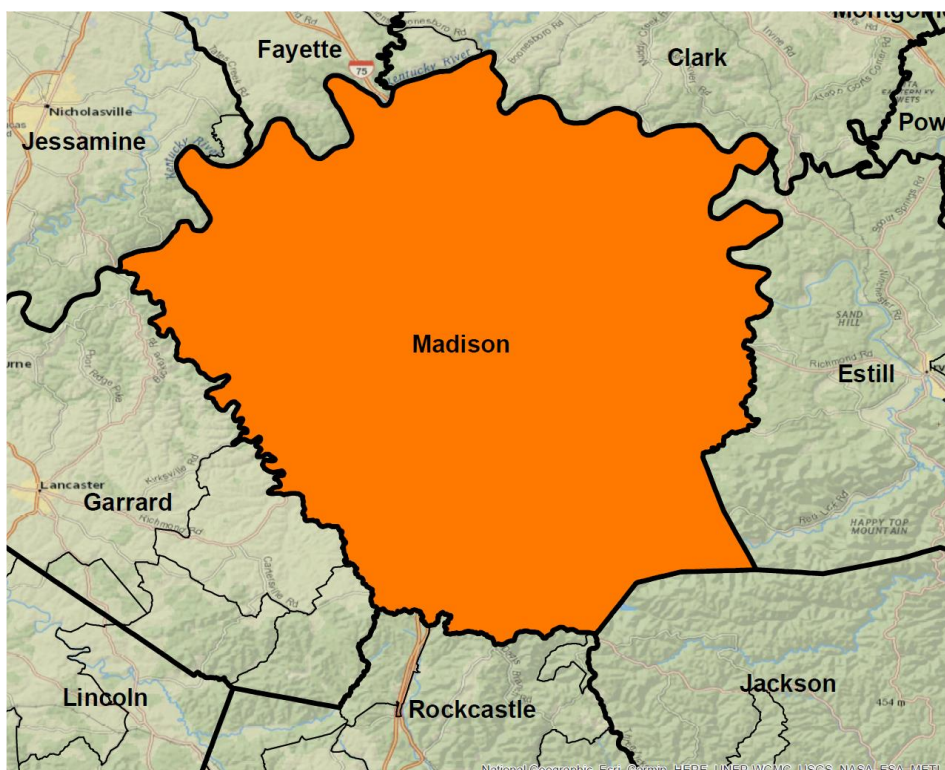
Sample Approach & Design

A precise and carefully implemented methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires. The surveys were administered September through December 2024.

The sample design used for this effort consisted of a stratified random sample of 202 individuals age 18 and older in the Saint Joseph Berea Service Area. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the service area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.
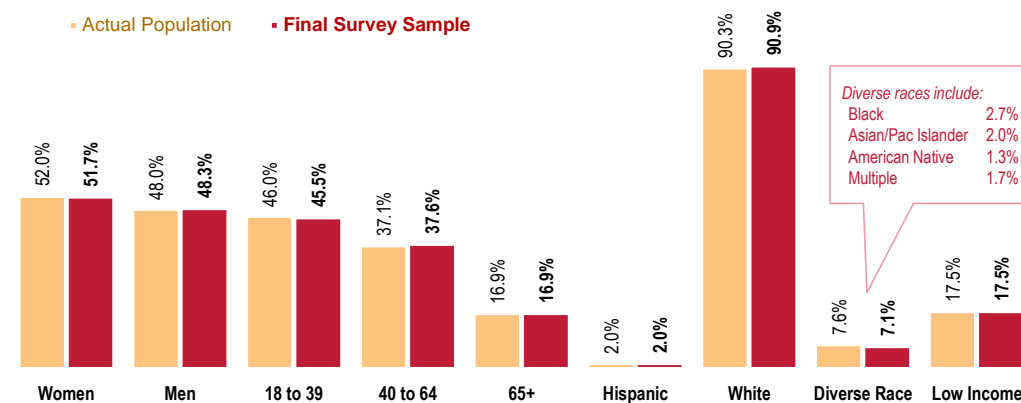
For statistical purposes, the maximum rate of error associated with a sample size of 202 respondents is ±6.9% at the 95 percent confidence level.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses might contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics might have been slightly oversampled, might contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Saint Joseph Berea Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's health care needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics
(SJB Service Area, 2025)

■ Actual Population   ■ **Final Survey Sample**

	Actual Population	Final Survey Sample
Women	52.0%	51.7%
Men	48.0%	48.3%
18 to 39	46.0%	45.5%
40 to 64	37.1%	37.6%
65+	16.9%	16.9%
Hispanic	2.0%	2.0%
White	90.3%	90.9%
Diverse Race	7.6%	7.1%
Low Income	17.5%	17.5%

Diverse races include:
Black — 2.7%
Asian/Pac Islander — 2.0%
American Native — 1.3%
Multiple — 1.7%

Sources:
● US Census Bureau, 2016-2020 American Community Survey.
● 2025 PRC Community Health Survey, PRC, Inc.
Notes:
● "Low Income" reflects those living under 200% of the federal poverty level, based on guidelines established by the US Department of Health & Human Services.
● All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. "Diverse Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented in January and February 2025 as part of this process. A list of recommended participants was provided by CHI Saint Joseph Health; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, six community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

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

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. These populations include:

- African-Americans
- All populations
- Elderly
- Hispanics
- Homeless
- Immigrants/refugees
- LGBTQIA+
- Low income
- Those with substance use issues

Final participation included representatives of the organizations outlined below.

- Berea Home Village
- City of Berea
- Community Farm Alliance
- Hospice, Madison County
- Madison County Health Department
- UP Initiative

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the Saint Joseph Berea Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Comparisons

Kentucky Data

State-level findings are provided where available as an additional benchmark against which to compare local findings. For survey indicators, these are taken from the most recently published data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

National survey data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level findings (from various existing resources) are also provided for comparison of secondary data indicators.

Healthy People 2030 Objectives

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After receiving feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

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

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, LGBTQ+ residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be individually identifiable or might not comprise a large-enough sample for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

CHI Saint Joseph Health invited written comments on its most recent CHNA reports and implementation strategies both in the documents and on its website, where they are widely available to the public. Seven comments were received; these comments were taken into account when planning this assessment.

SUMMARY OF FINDINGS

Summary Tables: Comparison With Benchmark Data

Reading the Summary Tables

▪ In the following tables, Saint Joseph Berea Service Area results are shown in the larger, gray column.

▪ The columns to the right of the service area column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether the Saint Joseph Berea Service Area compares favorably (☀), unfavorably (☠), or comparably (☁) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

SOCIAL DETERMINANTS	SJB Service Area	SJB SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
Linguistically Isolated Population (Percent)	0.5		⛈ worse 0.0	
Population in Poverty (Percent)	15.8	☁ similar 16.1	⛈ worse 12.4	⛈ worse 8.0
Children in Poverty (Percent)	18.5	☁ similar 20.9	☁ similar 16.3	⛈ worse 8.0
No High School Diploma (Age 25+, Percent)	8.8	☀ better 11.5	☀ better 10.6	
Unemployment Rate (Age 16+, Percent)	4.5	☁ similar 5.1	☁ similar 3.9	
% Unable to Pay Cash for a $400 Emergency Expense	40.0		☁ similar 34.0	
% Worry/Stress Over Rent/Mortgage in Past Year	42.6		☁ similar 45.8	
% Unhealthy/Unsafe Housing Conditions	16.4		☁ similar 16.4	
Population With Low Food Access (Percent)	25.8	⛈ worse 19.8	☁ similar 22.2	
% Food Insecure	36.5		☁ similar 43.3	

☀ better   ☁ similar   ⛈ worse

OVERALL HEALTH	SJB Service Area	SJB SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
% "Fair/Poor" Overall Health	16.6	☁ similar 21.9	☁ similar 15.7	

☀ better   ☁ similar   ⛈ worse

ACCESS TO HEALTH CARE	SJB Service Area	vs. KY	vs. US	vs. HP2030
% [Age 18-64] Lack Health Insurance	9.2	☁️ 4.5	☁️ 8.1	☁️ 7.6
% Difficulty Accessing Health Care in Past Year (Composite)	52.1		☁️ 52.5	
% Cost Prevented Physician Visit in Past Year	18.3	🌧️ 10.0	☁️ 21.6	
% Cost Prevented Getting Prescription in Past Year	19.7		☁️ 20.2	
% Difficulty Getting Appointment in Past Year	24.5		☀️ 33.4	
% Inconvenient Hrs Prevented Dr Visit in Past Year	16.4		☀️ 22.9	
% Difficulty Finding Physician in Past Year	15.4		☀️ 22.0	
% Transportation Hindered Dr Visit in Past Year	13.8		☁️ 18.3	
% Language/Culture Prevented Care in Past Year	0.6		☀️ 5.0	
% Stretched Prescription to Save Cost in Past Year	20.2		☁️ 19.4	
% Difficulty Getting Child's Health Care in Past Year	7.3		☁️ 11.1	
% Typically Travel Over 25 Miles for Health Care Services	16.3			
% Traveled for Health Care 4+ Times in the Past Year	24.3			
Primary Care Doctors per 100,000	82.0	🌧️ 94.8	🌧️ 116.3	
% Have a Specific Source of Ongoing Care	71.8		☁️ 69.9	🌧️ 84.0
% Routine Checkup in Past Year	72.2	🌧️ 78.6	☀️ 65.3	

ACCESS TO HEALTH CARE SERVICES (continued)	SJB Service Area	SJB SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
% [Child 0-17] Routine Checkup in Past Year	87.7		☀ better 77.5	
% Two or More ER Visits in Past Year	23.2		🌧 worse 15.6	
% Rate Local Health Care "Fair/Poor"	17.7		🌧 worse 11.5	

☀ better   ⛅ similar   🌧 worse

CANCER	SJB Service Area	SJB SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
Cancer Deaths per 100,000	202.0	⛅ 228.6	⛅ 182.5	🌧 122.7
Lung Cancer Deaths per 100,000	57.9	⛅ 64.8	🌧 39.8	🌧 25.1
Female Breast Cancer Deaths per 100,000	17.7	☀ 27.6	☀ 25.1	⛅ 15.3
Prostate Cancer Deaths per 100,000	14.3	☀ 19.1	☀ 20.1	☀ 16.9
Colorectal Cancer Deaths per 100,000	19.9	⛅ 21.3	🌧 16.3	🌧 8.9
Cancer Incidence per 100,000	484.9	⛅ 506.8	⛅ 442.3	
Lung Cancer Incidence per 100,000	79.9	⛅ 84.4	🌧 54.0	
Female Breast Cancer Incidence per 100,000	128.8	⛅ 126.7	⛅ 127.0	
Prostate Cancer Incidence per 100,000	110.0	⛅ 108.3	⛅ 110.5	
Colorectal Cancer Incidence per 100,000	43.0	⛅ 45.9	🌧 36.5	

CANCER (continued)	SJB Service Area	SJB SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
% Cancer	9.2	☁ 12.6	☁ 7.4	
% [Women 50-74] Breast Cancer Screening	82.6		☀ 64.0	☁ 80.5
% [Women 21-65] Cervical Cancer Screening	61.4		🌧 75.4	🌧 84.3
% [Age 45-75] Colorectal Cancer Screening	71.9		☁ 71.5	☁ 74.4

☀ better   ☁ similar   🌧 worse

CLIMATE & HEALTH	SJB Service Area	SJB SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
% Consider Climate and Health Risk to be Connected	65.5			
% Health/Well-Being Impacted by Weather in the Past 3 Years	29.6			
% Access to Nature, Parks, or Greenspaces is "Fair/Poor"	11.6			
% Visit Nature, Parks, or Greenspaces Less Than Monthly	37.3			

☀ better   ☁ similar   🌧 worse

DIABETES

DIABETES	SJB Service Area	SJB SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
Diabetes Deaths per 100,000	15.4	☀ better 37.8	☀ better 30.5	
% Diabetes/High Blood Sugar	14.7	☁ similar 14.8	☁ similar 12.8	
% Borderline/Pre-Diabetes	14.1		☁ similar 15.0	
Kidney Disease Deaths per 100,000	25.1	☁ similar 26.3	☁ similar 26.3	

☀ better ☁ similar 🌧 worse

DISABLING CONDITIONS

DISABLING CONDITIONS	SJB Service Area	SJB SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
% 3+ Chronic Conditions	39.2		☁ similar 38.0	
% Activity Limitations	37.4		🌧 worse 27.5	
% [With Limitations] Serious Difficulty Walking/Climbing Stairs	51.0			
% [With Limitations] Difficulty Dressing or Bathing	20.6			
% High-Impact Chronic Pain	27.8		🌧 worse 19.6	🌧 worse 6.4
Alzheimer's Disease Deaths per 100,000	50.9	🌧 worse 34.6	🌧 worse 35.8	
% Caregiver to a Friend/Family Member	26.8		☁ similar 22.8	

☀ better ☁ similar 🌧 worse

HEART DISEASE & STROKE

HEART DISEASE & STROKE	SJB Service Area	SJB SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
Heart Disease Deaths per 100,000	189.1	☀ better 257.1	☁ similar 209.5	🌧 worse 127.4
% Heart Disease	7.2	☁ similar 9.5	☁ similar 10.3	
Stroke Deaths per 100,000	39.4	☀ better 52.7	☀ better 49.3	🌧 worse 33.4
% Stroke	3.1	☁ similar 4.6	☁ similar 5.4	
% High Blood Pressure	40.9	☁ similar 39.9	☁ similar 40.4	☁ similar 42.6
% High Cholesterol	31.7		☁ similar 32.4	
% 1+ Cardiovascular Risk Factor	92.3		🌧 worse 87.8	

☀ better ☁ similar 🌧 worse

INFANT HEALTH & FAMILY PLANNING

INFANT HEALTH & FAMILY PLANNING	SJB Service Area	SJB SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
Teen Births per 1,000 Females 15-19	14.8	☀ better 25.7	☁ similar 16.6	
Low Birthweight (Percent of Births)	8.9	☁ similar 8.9	☁ similar 8.3	
Infant Deaths per 1,000 Births	4.7	☀ better 5.8	☀ better 5.6	☁ similar 5.0

☀ better ☁ similar 🌧 worse

INJURY & VIOLENCE	SJB Service Area	vs. KY	vs. US	vs. HP2030
Unintentional Injury Deaths per 100,000	107.1	☁ 94.3	🌧 67.8	🌧 43.2
Motor Vehicle Crash Deaths per 100,000	10.8	☀ 17.5	☀ 13.3	☁ 10.1
% Victim of Violent Crime in Past 5 Years	3.7		☀ 7.0	
% Victim of Intimate Partner Violence	25.7		☁ 20.3	

☀ better	☁ similar	🌧 worse

MENTAL HEALTH	SJB Service Area	vs. KY	vs. US	vs. HP2030
% "Fair/Poor" Mental Health	29.6		☁ 24.4	
% Diagnosed Depression	38.6	🌧 25.8	🌧 30.8	
% Symptoms of Chronic Depression	49.3		☁ 46.7	
% Typical Day Is "Extremely/Very" Stressful	24.4		☁ 21.1	
Suicide Deaths per 100,000	18.1	☁ 18.1	🌧 14.7	🌧 12.8
Mental Health Providers per 100,000	193.1	🌧 319.9	🌧 312.5	
% Receiving Mental Health Treatment	30.6		🌧 21.9	
% Unable to Get Mental Health Services in Past Year	9.7		☁ 13.2	

☀ better	☁ similar	🌧 worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	SJB Service Area	SJB SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
% "Very/Somewhat" Difficult to Buy Fresh Produce	23.3		☀ better 30.0	
% No Leisure-Time Physical Activity	29.3	☁ similar 26.4	☁ similar 30.2	🌧 worse 21.8
% Meet Physical Activity Guidelines	26.6	☀ better 15.3	☁ similar 30.3	☁ similar 29.7
% [Child 2-17] Physically Active 1+ Hours per Day	47.9		☀ better 27.4	
% Overweight (BMI 25+)	77.5	☁ similar 71.8	🌧 worse 63.3	
% Obese (BMI 30+)	41.8	☁ similar 37.7	🌧 worse 33.9	☁ similar 36.0
% [Child 5-17] Overweight (85th Percentile)	35.5		☁ similar 31.8	
% [Child 5-17] Obese (95th Percentile)	19.5		☁ similar 19.5	☁ similar 15.5

☀ better   ☁ similar   🌧 worse

ORAL HEALTH

ORAL HEALTH	SJB Service Area	SJB SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
% Have Dental Insurance	73.5		☁ similar 72.7	☁ similar 75.0
% Dental Visit in Past Year	53.1	🌧 worse 60.3	☁ similar 56.5	☀ better 45.0
% [Child 2-17] Dental Visit in Past Year	78.1		☁ similar 77.8	☀ better 45.0

☀ better   ☁ similar   🌧 worse

RESPIRATORY DISEASE	SJB Service Area	SJB SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
Lung Disease Deaths per 100,000	57.9	☀️ 72.3	🌧️ 43.5	
Pneumonia/Influenza Deaths per 100,000	12.6	☀️ 17.8	☁️ 13.4	
% Asthma	15.0	☁️ 10.8	☁️ 17.9	
% [Child 0-17] Asthma	11.4		☁️ 16.7	
% COPD (Lung Disease)	9.3	☁️ 11.7	☁️ 11.0	

	☀️ better	☁️ similar	🌧️ worse

SEXUAL HEALTH	SJB Service Area	SJB SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
HIV Prevalence per 100,000	103.6	☀️ 222.5	☀️ 386.6	
Chlamydia Incidence per 100,000	356.6	☁️ 381.9	☀️ 492.2	
Gonorrhea Incidence per 100,000	80.6	☀️ 134.4	☀️ 179.0	

	☀️ better	☁️ similar	🌧️ worse

SUBSTANCE USE	SJB Service Area	SJB SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
Alcohol-Induced Deaths per 100,000	9.4	☀️ 14.7	☀️ 15.7	
Cirrhosis/Liver Disease Deaths per 100,000	18.8	☁️ 20.2	☁️ 16.4	🌧️ 10.9
% Excessive Drinking	25.4	🌧️ 13.8	☀️ 34.3	
Unintentional Drug-Induced Deaths per 100,000	73.3	🌧️ 48.9	🌧️ 29.7	
% Used an Illicit Drug in Past Month	7.5		☁️ 8.4	
% Used a Prescription Opioid in Past Year	15.7		☁️ 15.1	
% Ever Sought Help for Alcohol or Drug Problem	7.6		☁️ 6.8	
% Personally Impacted by Substance Use	43.6		☁️ 45.4	

	☀️ better	☁️ similar	🌧️ worse

TOBACCO USE	SJB Service Area	SJB SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
% Smoke Cigarettes	24.3	🌧️ 17.4	☁️ 23.9	🌧️ 6.1
% Someone Smokes at Home	22.4		☁️ 17.7	
% Use Vaping Products	29.9	🌧️ 10.5	🌧️ 18.5	

	☀️ better	☁️ similar	🌧️ worse

Prioritized Description of Significant Community Health Needs

Identification of Significant Health Needs

The following represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the preceding section).

The significant health needs were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the key informants giving input to this process.

Community Feedback on Prioritization

Prioritization of the health needs identified in this assessment was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

PRIORITIZED LIST OF SIGNIFICANT HEALTH NEEDS		
Priority	Significant Health Need	Key Supporting Evidence
1 (tie)	DIABETES	▪ Key Informants: *Diabetes* ranked as a top concern.
1 (tie)	NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Overweight & Obesity [Adults] ▪ Key Informants: *Nutrition, Physical Activity & Weight* ranked as a top concern.
1 (tie)	SUBSTANCE USE	▪ Unintentional Drug-Induced Deaths ▪ Key Informants: *Substance Use* ranked as a top concern.
4	MENTAL HEALTH	▪ Diagnosed Depression ▪ Suicide Deaths ▪ Mental Health Provider Ratio ▪ Receiving Treatment for Mental Health ▪ Key Informants: *Mental Health* ranked as a top concern.
5	DISABLING CONDITIONS	▪ Activity Limitations ▪ High-Impact Chronic Pain ▪ Alzheimer's Disease Deaths ▪ Key Informants: *Disabling Conditions* ranked as a top concern.

6	CANCER	▪ Leading Cause of Death
		▪ Cancer Deaths
		  – Including Lung Cancer and Colorectal Cancer Deaths
		▪ Cancer Incidence
		  – Including Lung Cancer and Colorectal Cancer Incidence
		▪ Cervical Cancer Screenings

Other health needs identified in this assessment include:

- HEART DISEASE & STROKE

- TOBACCO USE

- ACCESS TO HEALTH CARE SERVICES

- INJURY & VIOLENCE

- RESPIRATORY DISEASES

Key informants also expressed significant concern about **Social Determinants of Health**, which impact <u>all</u> of the aforementioned health issues.

Hospital Implementation Strategy

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

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

COMMUNITY DESCRIPTION

DEMOGRAPHIC SUMMARY

The Saint Joseph Berea Service Area, the focus of this Community Health Needs Assessment, is located in Madison County, Kentucky. It encompasses 437.93 square miles and houses a total population of 94,064 residents, according to latest census estimates.

Just over half of the Saint Joseph Berea Service Area is considered to be urban.

Note the following demographic makeup of our community.

Core Demographic Summary

	SJB Service Area
Urbanization	54.1% Urban
Total Population Size	94,064
Race & Ethnicity *Hispanic*	3.4%
White	88.0%
Black	3.5%
Asian	0.9%
Native Hawaiian/Pacific Islander	0.2%
American Indian or Alaska Native	0.1%
Median Household Income	$62,407
Percent of Population Living in Poverty (Below 100% FPL)	15.8%
Unemployment Rate (December 2024)	4.5%
Percent of People Age 5 and Older Who are Non-English Speaking	0.5%
Percent of People Without Health Insurance	6.1%
Percent of People with Medicaid	28.2%
Health Professional Shortage Area	Yes
Medically Underserved Areas/Populations	Yes
Medically Underserved, Low Income, or Minority Populations	Multiple
Number of Other Hospitals Serving the Community	1

DATA CHARTS & KEY INFORMANT INPUT

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

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

SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

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

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

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

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

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

‒ Healthy People 2030 (https://health.gov/healthypeople)

Income & Poverty

Poverty

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

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

Percent of Population in Poverty
(2019-2023)
Healthy People 2030 = 8.0% or Lower

- Total Population - Children
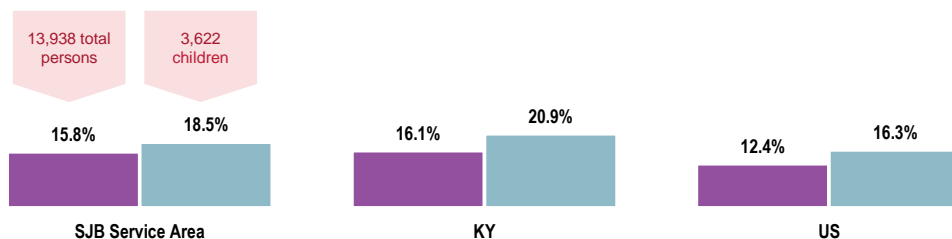
	SJB Service Area	KY	US
Total Population	15.8%	16.1%	12.4%
Children	18.5%	20.9%	16.3%

13,938 total persons
3,622 children

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Employment

Note the following unemployment data derived from the US Department of Labor.

Unemployment Rate
(As of December 2024)

2,238 individuals age 16+

4.5%	**5.1%**	**3.9%**
SJB Service Area	**KY**	**US**

Sources: ● US Department of Labor, Bureau of Labor Statistics.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).
Notes: ● Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).
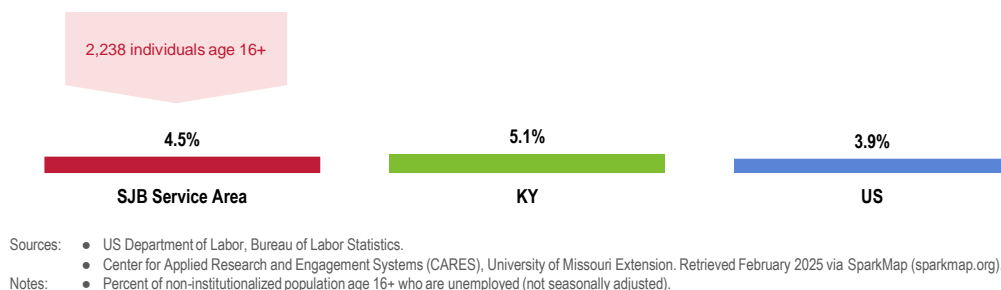
Financial Resilience

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

The following chart details "no" responses in the Saint Joseph Berea Service Area in comparison to benchmark data, as well as by basic demographic characteristics (such as gender, age groupings, and income [based on poverty status]).

Do Not Have Cash on
Hand to Cover a $400 Emergency Expense
(SJB Service Area, 2025)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	SJB	US
47.9%	31.4%	49.1%	40.2%	14.3%	67.1%	30.1%	40.0%	34.0%
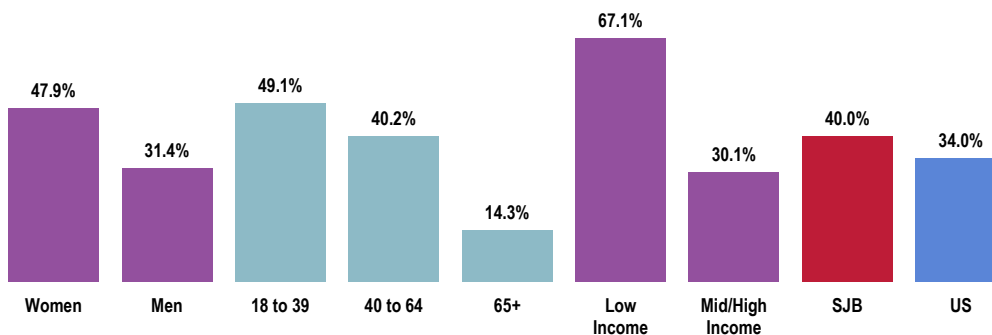
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 53]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Education

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

Population With No High School Diploma
(Adults Age 25 and Older; 2019-2023)
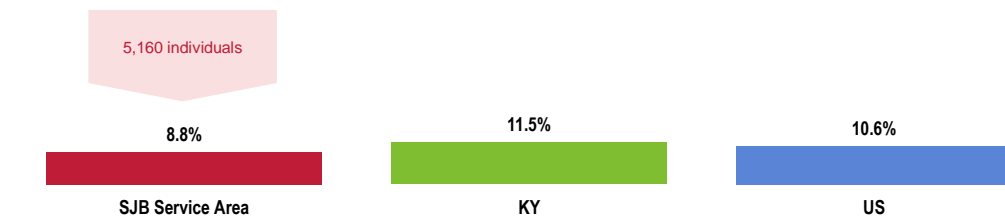
5,160 individuals

SJB Service Area	KY	US
8.8%	11.5%	10.6%

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Housing

Housing Insecurity

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

Frequency of Worry or Stress
Over Paying Rent or Mortgage in the Past Year
(SJB Service Area, 2025)

- Always — 15.2%
- Usually — 8.6%
- Sometimes — 18.8%
- Rarely — 14.6%
- Never — 42.8%
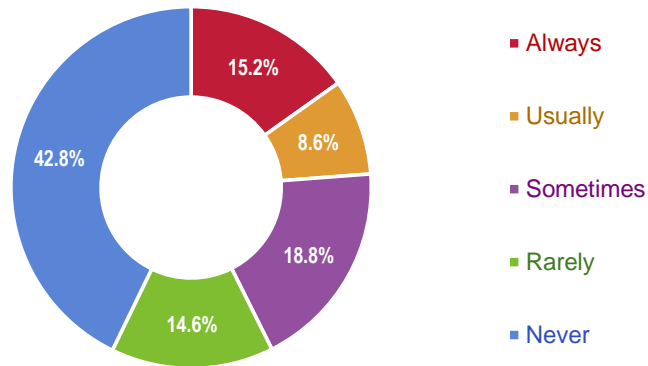
Sources:　● 2025 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes:　　● Asked of all respondents.

Unhealthy or Unsafe Housing

PRC SURVEY ▶ **"Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"**

Unhealthy or Unsafe Housing Conditions in the Past Year
(SJB Service Area, 2025)

| Among homeowners | 10.4% |
| Among renters | 29.5% |

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	SJB	US
19.5%	13.0%	22.8%	12.0%	8.8%	27.6%	12.3%	16.4%	16.4%
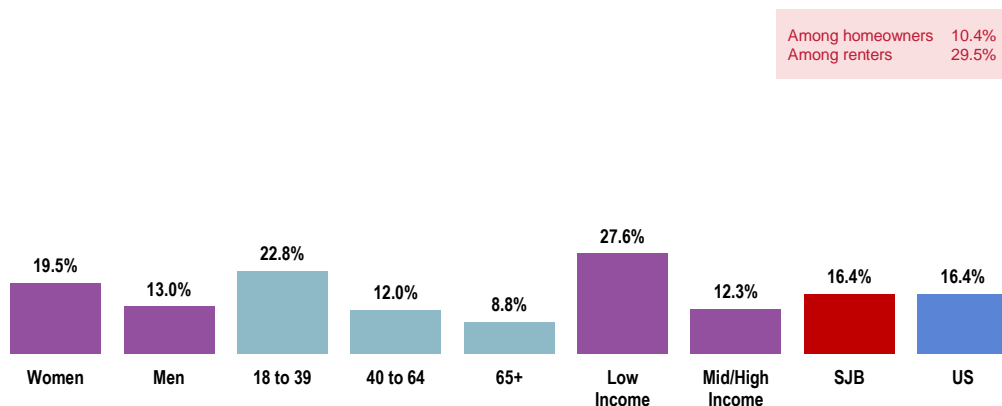
Sources:　● 2025 PRC Community Health Survey, PRC, Inc. [Item 55]
　　　　　● 2023 PRC National Health Survey, PRC, Inc.
Notes:　　● Asked of all respondents.
　　　　　● Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Food Insecurity

PRC SURVEY ► **"Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was 'often true,' 'sometimes true,' or 'never true' for you in the past 12 months.**

- 'I worried about whether our food would run out before we got money to buy more.'

- 'The food that we bought just did not last, and we did not have money to get more.'"

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

Food Insecure

39.7%	33.0%	45.6%	36.6%	12.5%	58.2%	28.1%	36.5%	43.3%
Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	SJB	US
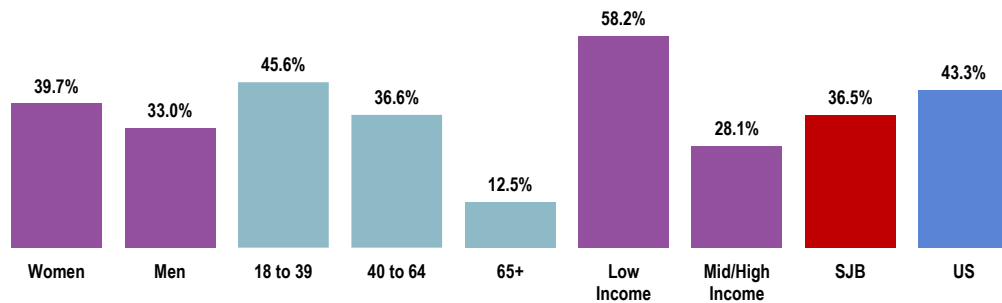
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 98]
          ● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
        ● Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Social Vulnerability Index

The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability.

The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability.

The following illustrates those census tracts in the Saint Joseph Berea Service Area with the highest social vulnerability.

Social vulnerability refers to the potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.

The CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI) uses 16 US census variables to help local officials identify communities that may need support before, during, or after disasters.

Social Vulnerability

Source: Agency for Toxic Substances and Disease Registry, Centers for Disease Control and Prevention (CDC). Accessed via PolicyMap.

Key Informant Input: Social Determinants of Health

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

Perceptions of Social Determinants of Health
as a Problem in the Community
(Among Key Informants; SJB Service Area, 2025)

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

83.3%	16.7%

Sources: ●   2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ●   Asked of all respondents.
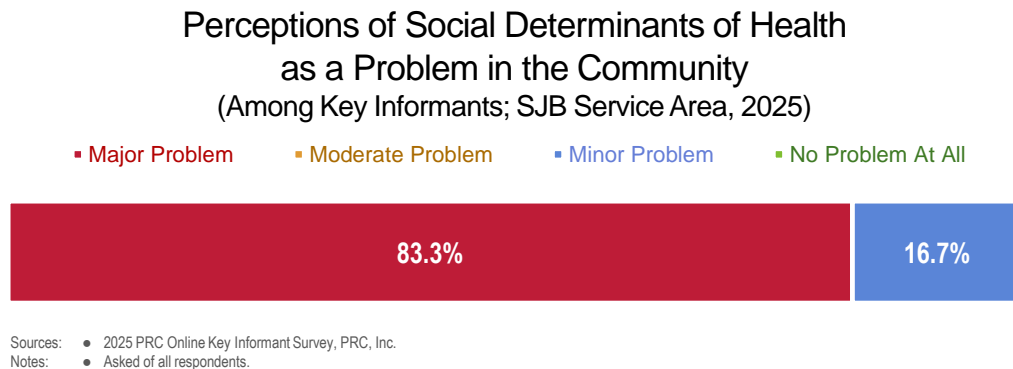
Among those rating this issue as a "major problem," reasons related to the following:

Housing

> Serious lack of affordable housing, large, unhoused community, high cost of living, high rates for rental and housing costs. — Community Leader

> There is inadequate housing for low-income folks. There are many homeless. — Social Services Provider

Income/Poverty

> Inflation, rising costs, families have issues with transportation, income that supports families, affordable housing and groceries - even those with good jobs may not seek health care services because the increased costs are a luxury instead of a need - so they can ensure their family has a place to live and food on the table. — Public Health Representative

> Madison Co generally has a low median income which contributes to poor nutrition and exercise. Lack of awareness around why and how to make healthier choices is a big issue. — Social Services Provider

CLIMATE, NATURE & HEALTH

Climate/Health Connection

PRC SURVEY ▶ **"To what extent do you feel that climate is connected to health risks? Would you say it is very connected, somewhat connected, not very connected, or not at all connected?"**

In this context, climate refers to general weather conditions in an area or over a long period of time, such as storms, tornadoes, extreme heat, flooding, or drought.

Perception of Climate's Connection to Health Risks
(SJB Service Area, 2025)
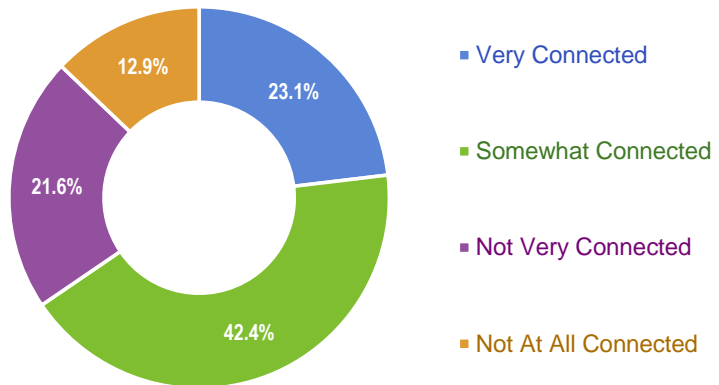
- 23.1% — ■ Very Connected
- 42.4% — ■ Somewhat Connected
- 21.6% — ■ Not Very Connected
- 12.9% — ■ Not At All Connected

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 306]
Notes: ● Asked of all respondents.
● In this case, climate refers to general weather conditions in an area or over a long period of time, such as storms, tornadoes, extreme heat, flooding, or drought.

Climate and Health Risk Are "Very/Somewhat Connected"
(SJB Service Area, 2025)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	SJB
70.8%	59.9%	62.3%	69.0%	66.2%	62.1%	68.9%	65.5%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 306]
Notes: ● Asked of all respondents.
● In this case, climate refers to general weather conditions in an area or over a long period of time, such as storms, tornadoes, extreme heat, flooding, or drought.

Health or Well-Being Has Been
Impacted by Weather in the Past Three Years
(SJB Service Area, 2025)

- A Great Deal — 3.8%
- Somewhat — 25.8%
- A Little — 32.1%
- Not At All — 38.3%
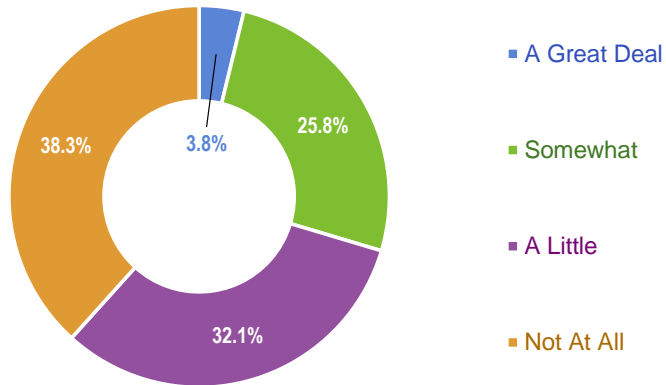
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: • Asked of all respondents.

Health or Well-Being Has Been Impacted
"A Great Deal/Somewhat" by Weather in the Past Three Years
(SJB Service Area, 2025)
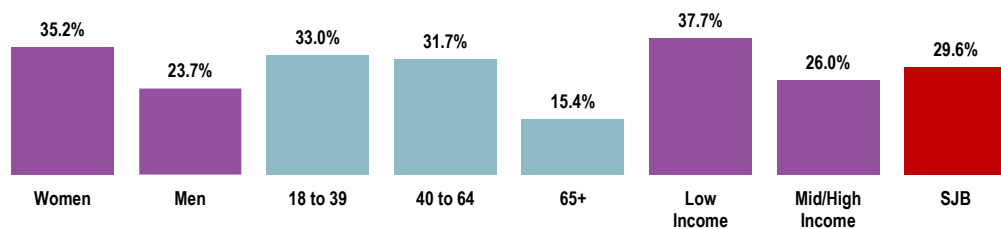
Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	SJB
35.2%	23.7%	33.0%	31.7%	15.4%	37.7%	26.0%	29.6%

Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: • Asked of all respondents.

Access to Nature, Parks & Greenspaces

PRC SURVEY ► "How would you rate access to nature, parks, or greenspaces in your area? Would you say excellent, very good, good, fair, or poor?"

Rating of Access to Nature, Parks, or Greenspaces
(SJB Service Area, 2025)
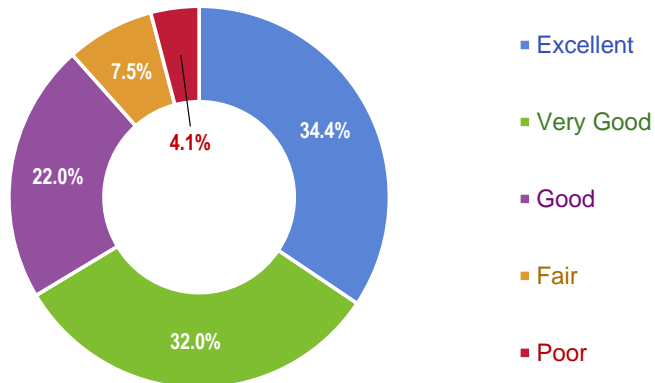
- ■ Excellent — 34.4%
- ■ Very Good — 32.0%
- ■ Good — 22.0%
- ■ Fair — 7.5%
- ■ Poor — 4.1%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 308]
Notes: ● Asked of all respondents.

Access to Nature, Parks, or Greenspaces is "Fair" or "Poor"
(SJB Service Area, 2025)
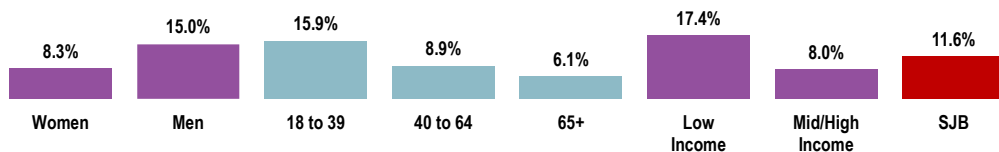
Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	SJB
8.3%	15.0%	15.9%	8.9%	6.1%	17.4%	8.0%	11.6%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 308]
Notes: ● Asked of all respondents.

Frequency of Time Spent in Nature, Parks, or Greenspaces
(SJB Service Area, 2025)

- Daily — 15.6%
- Weekly — 25.2%
- Monthly — 22.0%
- Several Times/Year — 17.3%
- Yearly — 5.1%
- Less Than Yearly — 14.8%
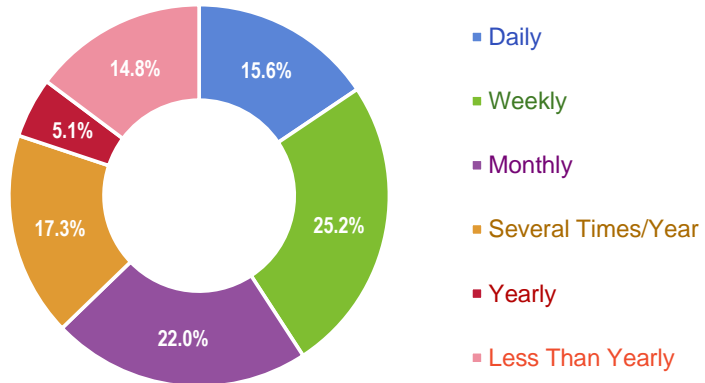
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 309]
Notes: ● Asked of all respondents.

Visit Nature, Parks, or Greenspaces Less Than Monthly
(SJB Service Area, 2025)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	SJB
32.9%	42.0%	33.0%	35.6%	52.3%	45.6%	30.4%	37.3%
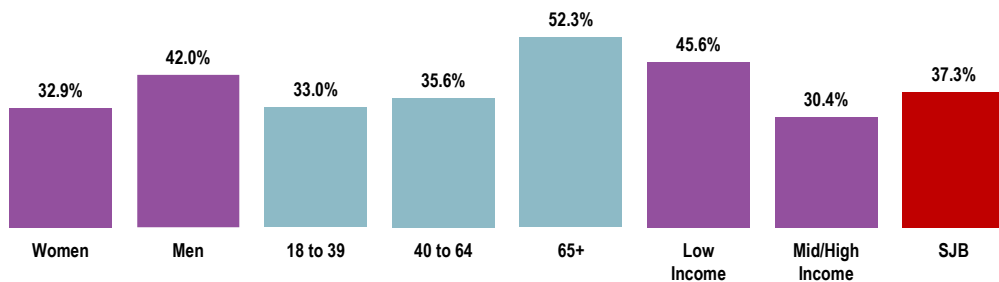
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 309]
Notes: ● Asked of all respondents.

Climate Change Burden

Census tracts are considered disadvantaged if they meet the thresholds for at least one of the CEJST categories of burden or if they are on land within the boundaries of Federally Recognized Tribes. Meeting one of the CEJST categories of burden requires that a tract be at or above specified thresholds for one or more environmental, climate, housing, health or other burdens and be at or above the threshold for an associated socioeconomic burden (e.g., low income or low educational attainment). Additionally, a census tract that is completely surrounded by disadvantaged communities and is at or above the 50th percentile for low income is also considered disadvantaged.

The following illustrates those census tracts in the Saint Joseph Berea Service Area with the highest burden relative to climate change.

Disadvantaged Status for Climate Change Category of Burden
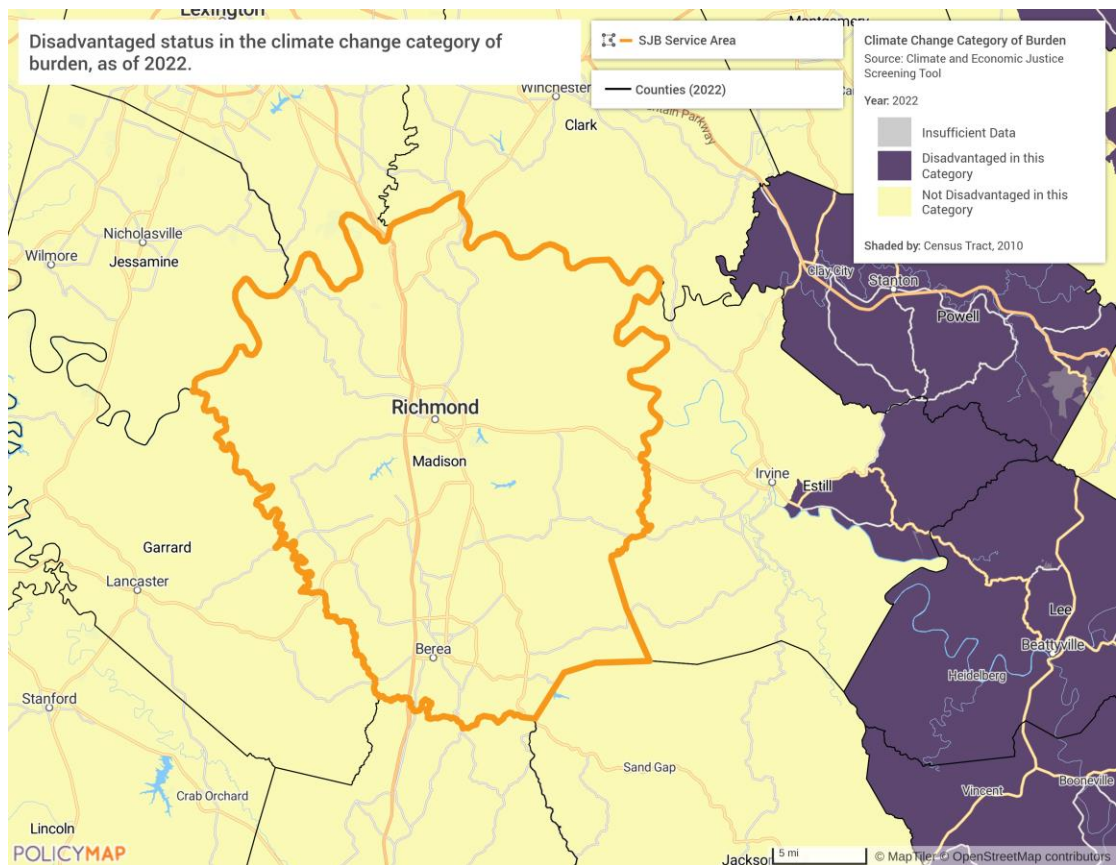
Source: Council on Environmental Quality, Climate and Economic Justice Screening Tool (CEJST). Accessed via PolicyMap.

HEALTH STATUS

Overall Health

PRC SURVEY ► **"Would you say that in general your health is: excellent, very good, good, fair, or poor?"**

Self-Reported Health Status
(SJB Service Area, 2025)
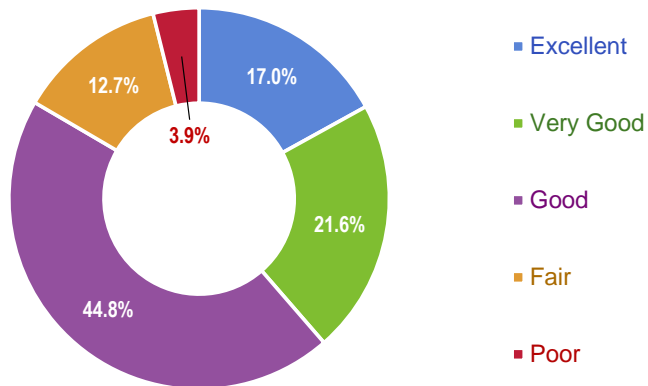
- Excellent — 17.0%
- Very Good — 21.6%
- Good — 44.8%
- Fair — 12.7%
- Poor — 3.9%

Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

Experience "Fair" or "Poor" Overall Health

SJB Service Area	KY	US
16.6%	21.9%	15.7%
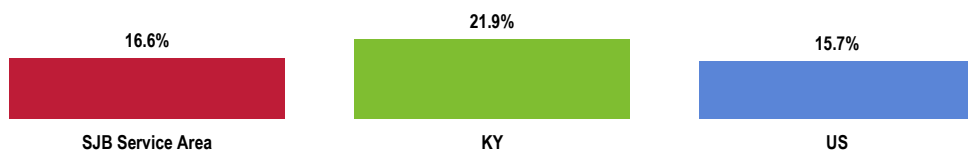
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Experience "Fair" or "Poor" Overall Health
(SJB Service Area, 2025)

22.5%	10.1%	8.8%	25.0%	18.9%	33.5%	8.0%	16.6%
Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	SJB
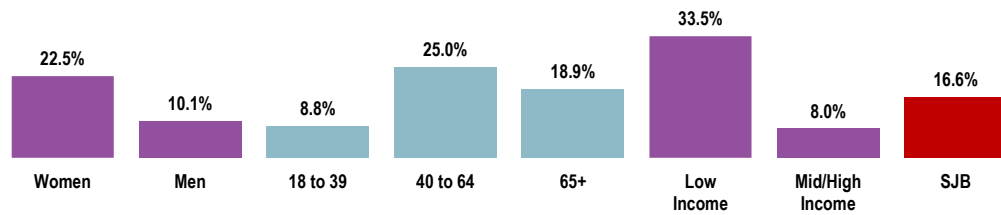
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: ● Asked of all respondents.

Mental Health

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

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

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

Mental Health Status

PRC SURVEY ▶ "Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair, or poor?"

Self-Reported Mental Health Status
(SJB Service Area, 2025)

- Excellent — 13.2%
- Very Good — 30.3%
- Good — 26.9%
- Fair — 19.9%
- Poor — 9.7%
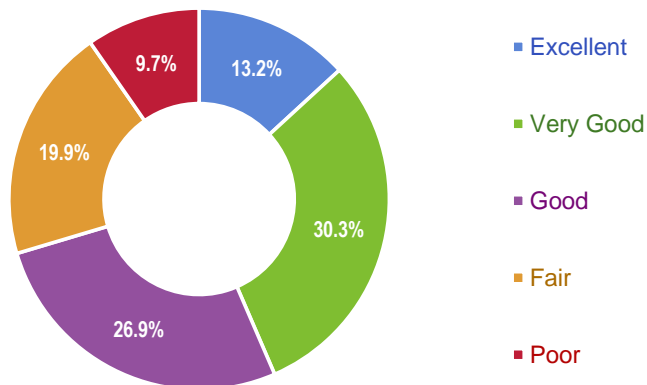
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: ● Asked of all respondents.

Experience "Fair" or "Poor" Mental Health

29.6% SJB Service Area
24.4% US

- SJB Service Area
- US
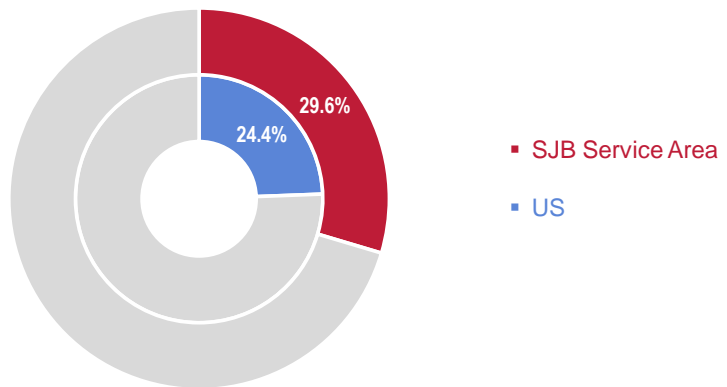
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 77]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Depression

Diagnosed Depression

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

Have Been Diagnosed With a Depressive Disorder

SJB Service Area	KY	US
38.6%	25.8%	30.8%
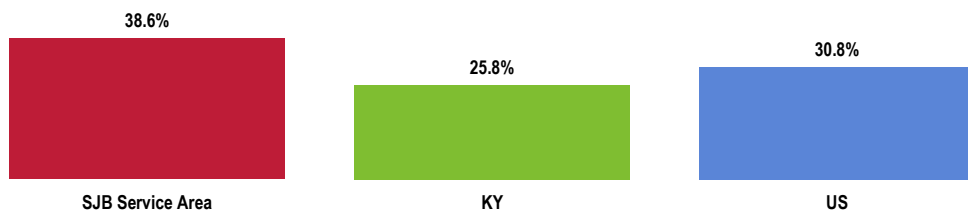
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 80]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

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

Have Experienced Symptoms of Chronic Depression
(SJB Service Area, 2025)

Category	Value
Women	61.4%
Men	36.4%
18 to 39	61.0%
40 to 64	43.8%
65+	29.5%
Low Income	66.9%
Mid/High Income	43.1%
SJB	49.3%
US	46.7%
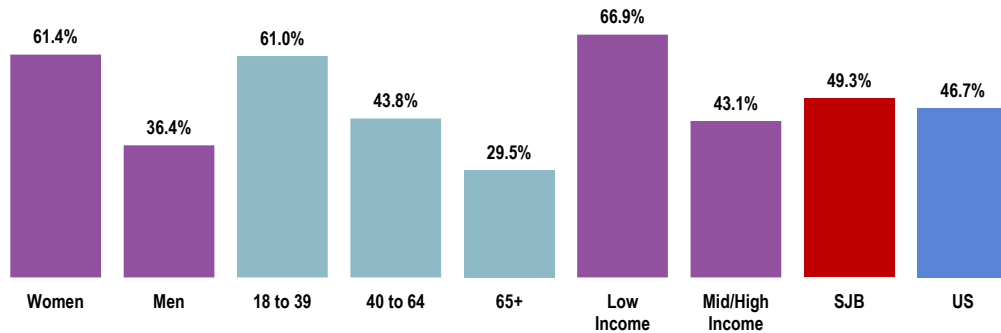
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 78]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Suicide

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

Suicide Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower
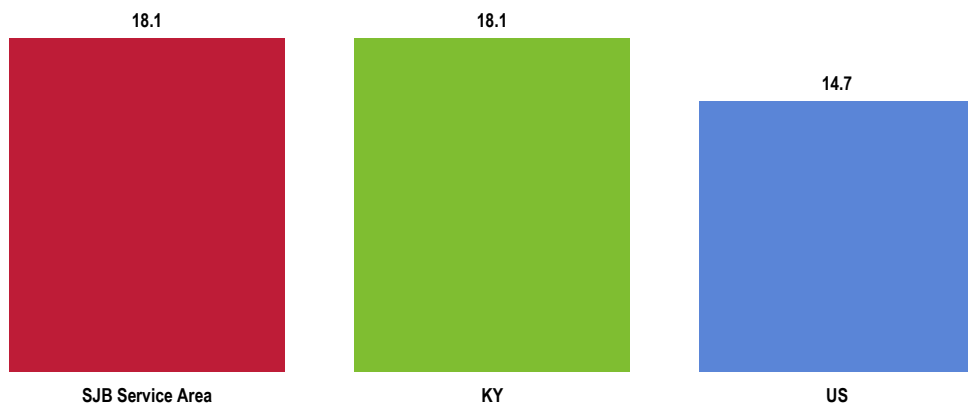
Category	Value
SJB Service Area	18.1
KY	18.1
US	14.7

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Mental Health Treatment

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

Number of Mental Health Providers per 100,000 Population
(2024)
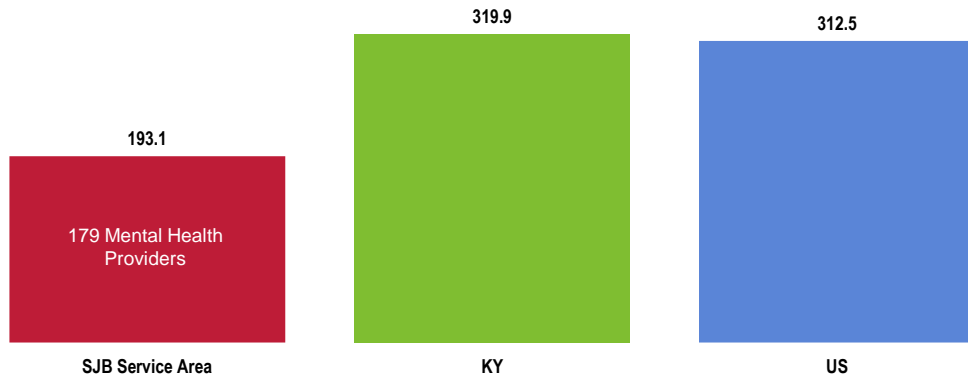
193.1	319.9	312.5
179 Mental Health Providers		
SJB Service Area	KY	US

Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of the county population to the number of mental health providers, including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

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

Currently Receiving Mental Health Treatment

30.6%	21.9%
SJB Service Area	US
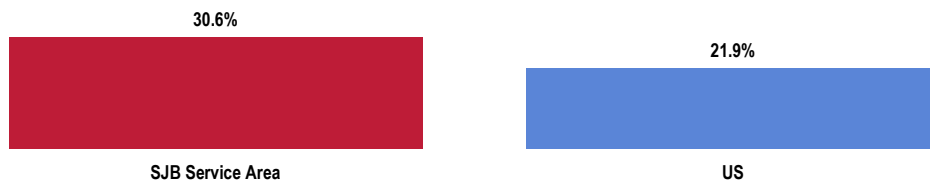
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 81]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes individuals now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.

Unable to Get Mental Health Services
When Needed in the Past Year
(SJB Service Area, 2025)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	SJB	US
11.3%	8.1%	12.6%	9.6%	2.7%	12.4%	8.7%	9.7%	13.2%

Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 82]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
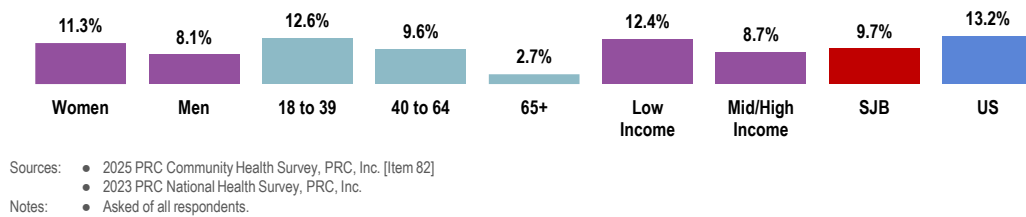
Key Informant Input: Mental Health

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

Perceptions of Mental Health as a Problem in the Community
(Among Key Informants; SJB Service Area, 2025)
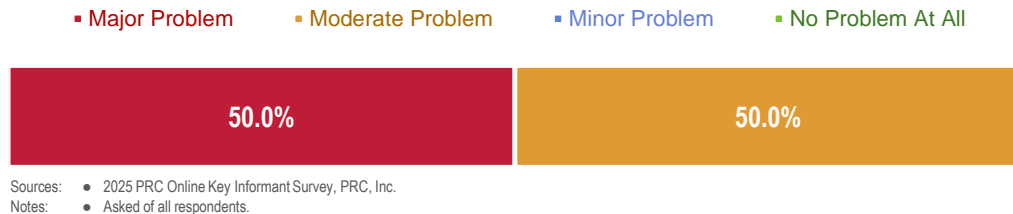
■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

Major Problem	Moderate Problem
50.0%	50.0%

Sources:
- 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Access to Care/Services

Lack of providers treating these needs. Limited availability for appointments, lack of therapists, transportation, advocacy and stigma. — Community Leader

Getting people into care quickly, people not understanding or acknowledging that they are ill is a huge barrier, referral process, outpatient and inpatient programs, qualified psychiatric providers locally, group therapies and IOP. — Public Health Representative

DEATH, DISEASE & CHRONIC CONDITIONS

Leading Causes of Death

Distribution of Deaths by Cause

The following outlines leading causes of death in the community.

Leading Causes of Death
(SJB Service Area, 2023)
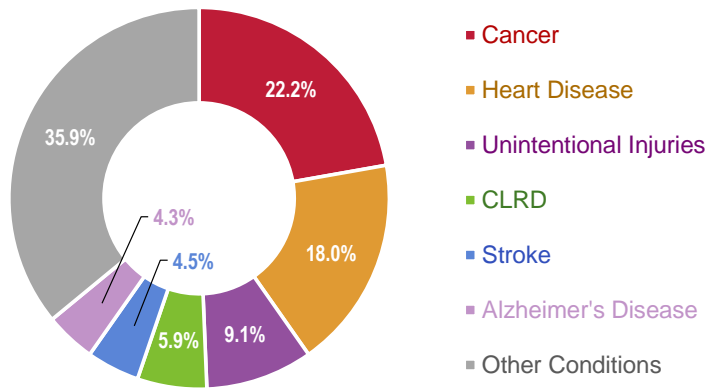
- Cancer 22.2%
- Heart Disease 18.0%
- Unintentional Injuries 9.1%
- CLRD 5.9%
- Stroke 4.5%
- Alzheimer's Disease 4.3%
- Other Conditions 35.9%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
Notes: ● Lung disease includes deaths classified as chronic lower respiratory disease.

Death Rates for Selected Causes

Here, deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population.

The following chart outlines annual average death rates per 100,000 population for selected causes of death.

Death Rates for Selected Causes
(2021-2023 Deaths per 100,000 Population)

	SJB Service Area	KY	US	Healthy People 2030
Cancers (Malignant Neoplasms)	202.0	228.6	182.5	122.7
Heart Disease	189.1	257.1	209.5	127.4*
Unintentional Injuries	107.1	94.3	67.8	43.2
Unintentional Drug-Induced Deaths	73.3	48.9	29.7	—
Lung Disease (Chronic Lower Respiratory Disease)	57.9	72.3	43.5	—
Alzheimer's Disease	50.9	34.6	35.8	—
Stroke (Cerebrovascular Disease)	39.4	52.7	49.3	33.4
Kidney Disease	25.1	26.3	16.9	—
Cirrhosis/Liver Disease	18.8	20.2	16.4	10.9
Suicide	18.1	18.1	14.7	12.8
Diabetes	15.4	37.8	30.5	—
Pneumonia/Influenza	12.6	17.8	13.4	—
Motor Vehicle Crashes	10.8	17.5	13.3	10.1
Alcohol-Induced Deaths	9.4	14.7	15.7	—
Homicide [2021-2023]	N/A	8.2	7.6	5.5

Sources:
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople.

Note:
● *The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Cardiovascular Disease

ABOUT HEART DISEASE & STROKE

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

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

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

Heart Disease & Stroke Deaths

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

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

Heart Disease Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)
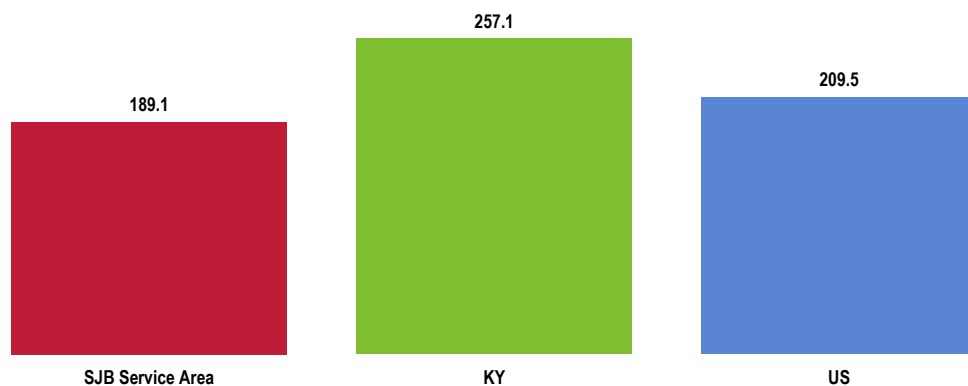
SJB Service Area	KY	US
189.1	257.1	209.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Stroke Mortality

(2021-2023 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower
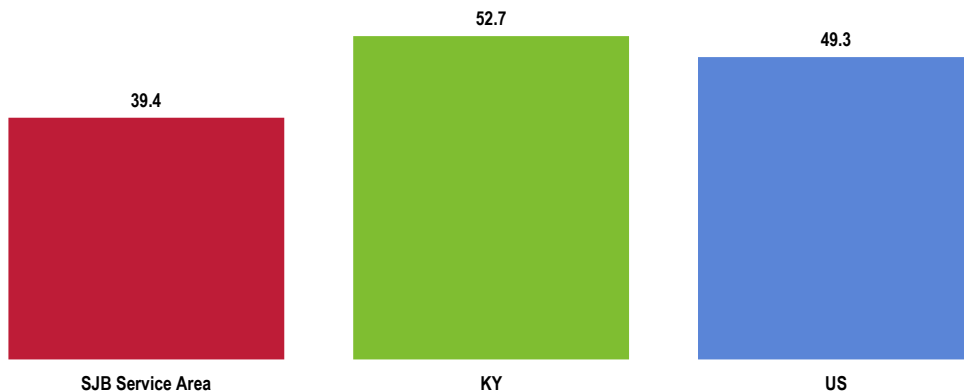
39.4	**52.7**	**49.3**
SJB Service Area	KY	US

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Prevalence of Heart Disease & Stroke

PRC SURVEY ► **"Have you ever suffered from or been diagnosed with heart disease, including heart attack or myocardial infarction, angina, or coronary heart disease?"**

Prevalence of Heart Disease

7.2%	**9.5%**	**10.3%**
SJB Service Area	KY	US
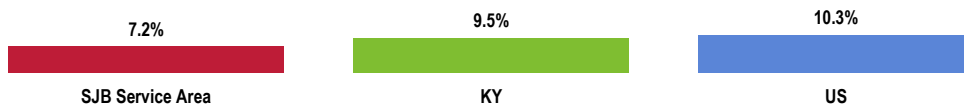
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 22]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes diagnoses of heart attack, angina, or coronary heart disease.

Prevalence of Stroke

3.1%	4.6%	5.4%
SJB Service Area	KY	US
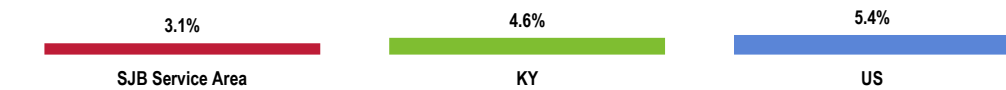
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

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

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

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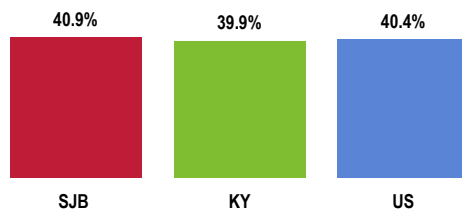
Prevalence of
High Blood Cholesterol

40.9%	39.9%	40.4%		31.7%	32.4%
SJB	KY	US		SJB	US

Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 29-30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

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

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

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

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

Exhibit One or More Cardiovascular Risks or Behaviors
(SJB Service Area, 2025)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	SJB	US
88.7%	96.1%	89.6%	92.8%	98.2%	88.8%	92.9%	92.3%	87.8%
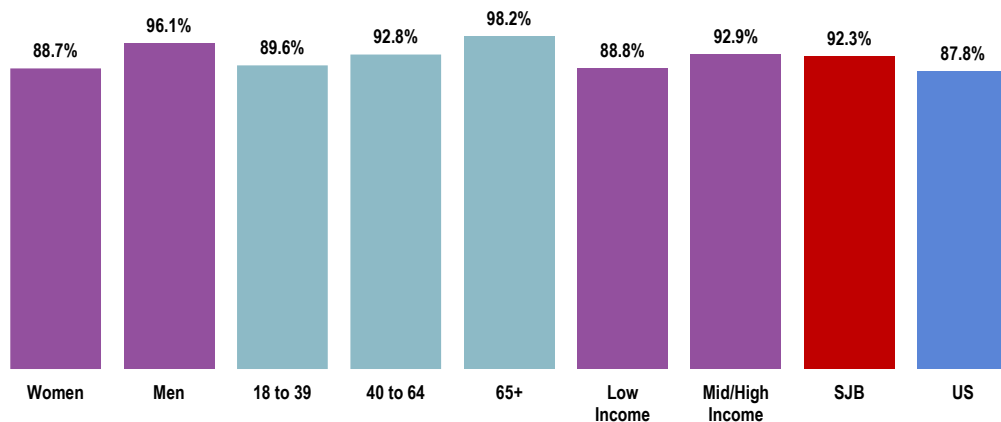
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 100]
- 2023 PRC National Health Survey, PRC, Inc.

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

Key Informant Input: Heart Disease & Stroke

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

Perceptions of Heart Disease & Stroke
as a Problem in the Community
(Among Key Informants; SJB Service Area, 2025)

- Major Problem   - Moderate Problem   - Minor Problem   - No Problem At All

33.3%	50.0%	16.7%

Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Incidence/Prevalence

Heart disease is a problem across Eastern Kentucky. — Health Care Provider

Lifestyle

Poor nutrition, lack of exercise and smoking. — Social Services Provider

Cancer

ABOUT CANCER

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

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

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

Cancer Deaths

The following chart illustrates cancer mortality (all types).
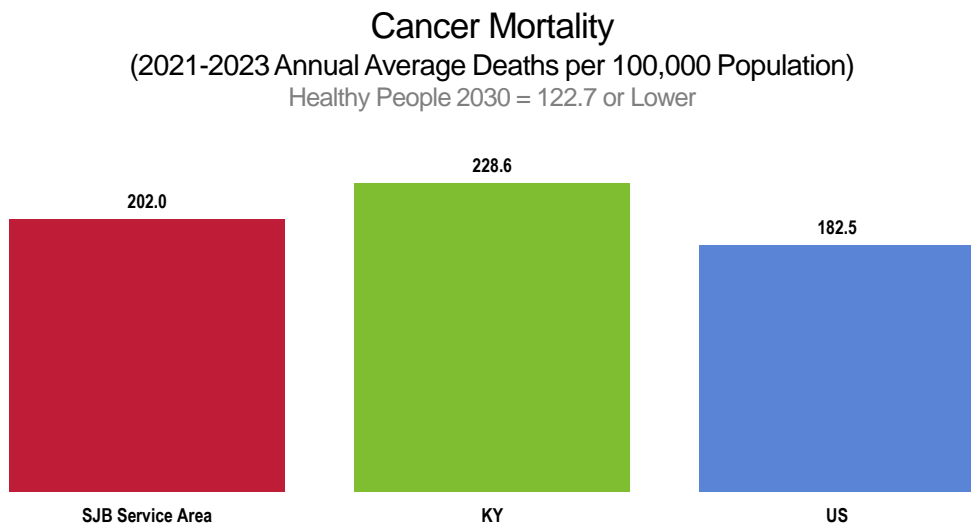
Cancer Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower

SJB Service Area	KY	US
202.0	228.6	182.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Lung cancer is by far the leading cause of cancer deaths.

Cancer Death Rates by Site
(2021-2023 Annual Average Deaths per 100,000 Population)

	SJB Service Area	KY	US	Healthy People 2030
ALL CANCERS	202.0	228.6	182.5	122.7
Lung Cancer	59.7	64.8	39.8	25.1
Colorectal Cancer	19.9	21.3	16.3	8.9
Female Breast Cancer	17.7	27.6	25.1	15.3
Prostate Cancer	14.3	19.1	20.1	16.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Cancer Incidence

"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. It is usually expressed as cases per 100,000 population per year.

Cancer Incidence Rates by Site
(2016-2020)

Legend: ■ SJB Service Area ■ KY ■ US

Site	SJB Service Area	KY	US
All Sites	484.9	506.8	442.3
Female Breast Cancer	128.8	126.7	127.0
Prostate Cancer	110.0	108.3	110.5
Lung Cancer	79.9	84.4	54.0
Colorectal Cancer	43.0	45.9	36.5

Sources:
- National Cancer Institute, State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the incidence rate (cases per 100,000 population per year) for select cancers.

Prevalence of Cancer

PRC SURVEY ▶ **"Have you ever suffered from or been diagnosed with cancer?"**

Prevalence of Cancer

9.2%	12.6%	7.4%
SJB Service Area	**KY**	**US**
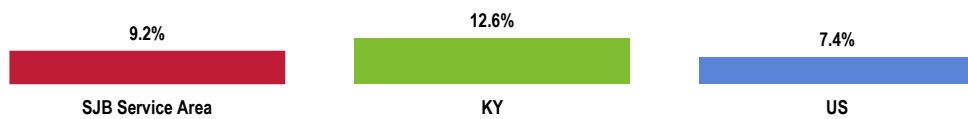
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cancer Screenings

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 50 to 74 years.

CERVICAL CANCER

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

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 45 years and continuing until age 75 years.

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

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

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

Breast Cancer Screening

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

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

Cervical Cancer Screening

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

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

Colorectal Cancer Screening

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

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

"Appropriate colorectal cancer screening" includes adults age 45 to 75 with a fecal occult blood test within the past year and/or lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

Breast Cancer Screening
(Women 50-74)
Healthy People 2030 = 80.5% or Higher

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

Colorectal Cancer Screening
(Adults 45-75)
Healthy People 2030 = 74.4% or Higher

	Breast (SJB)	Breast (US)	Cervical (SJB)	Cervical (US)	Colorectal (SJB)	Colorectal (US)
	82.6%	64.0%	61.4%	75.4%	71.9%	71.5%
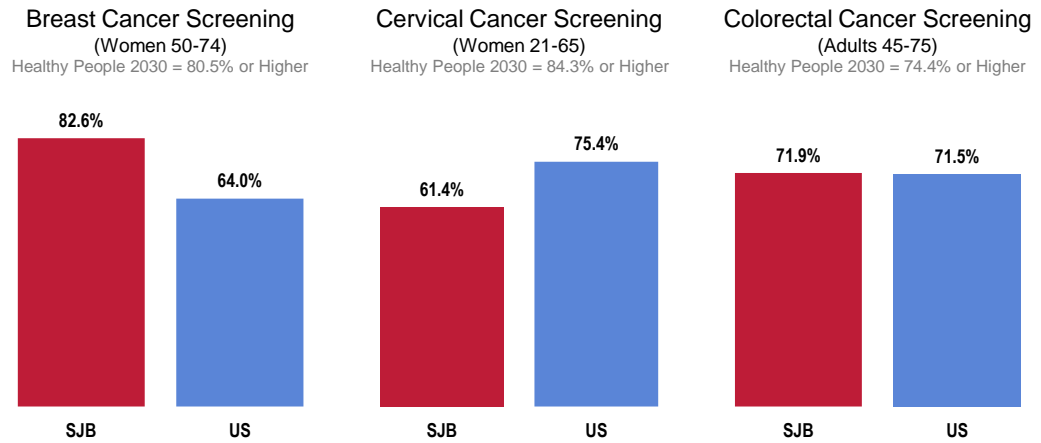
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 101-103]
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Each indicator is shown among the gender and/or age group specified.
● Note that national data for colorectal cancer screening reflect adults ages 50 to 75.

Key Informant Input: Cancer

The following chart outlines key informants' perceptions of the severity of *Cancer* as a problem in the community:
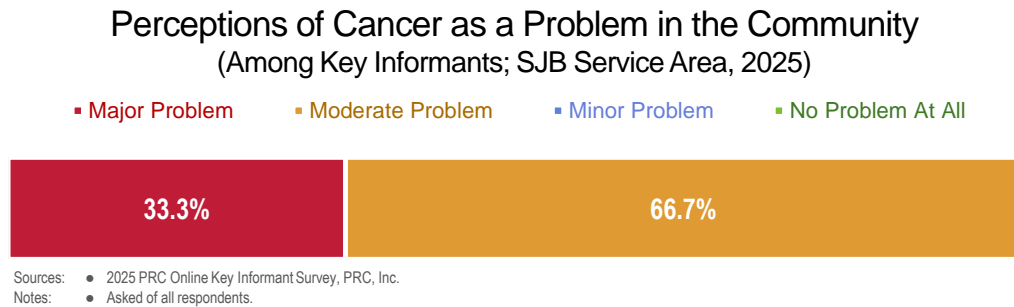
Perceptions of Cancer as a Problem in the Community
(Among Key Informants; SJB Service Area, 2025)

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

Major Problem	Moderate Problem
33.3%	66.7%

Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Incidence/Prevalence

> There seems to be more cancer than in the past. — Social Services Provider

Respiratory Disease

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

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

Respiratory Disease Deaths

Lung Disease Deaths

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

Lung Disease Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
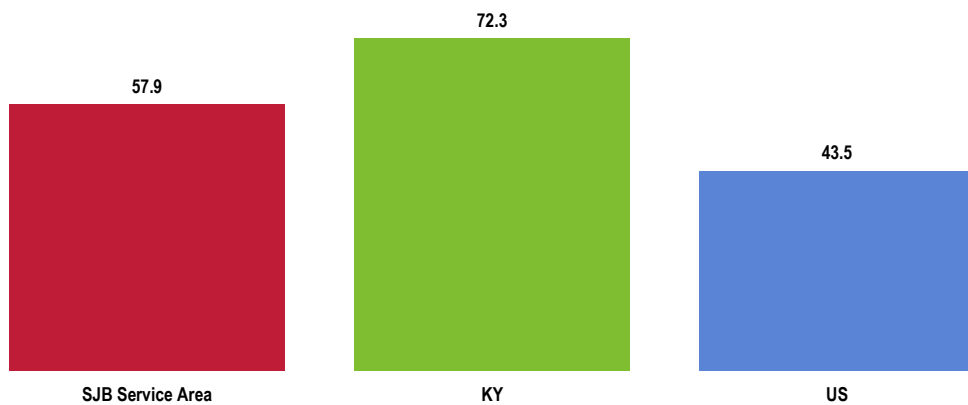
	SJB Service Area	KY	US
	57.9	72.3	43.5

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

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

Pneumonia/Influenza Deaths

Pneumonia and influenza mortality is illustrated here.

Pneumonia/Influenza Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
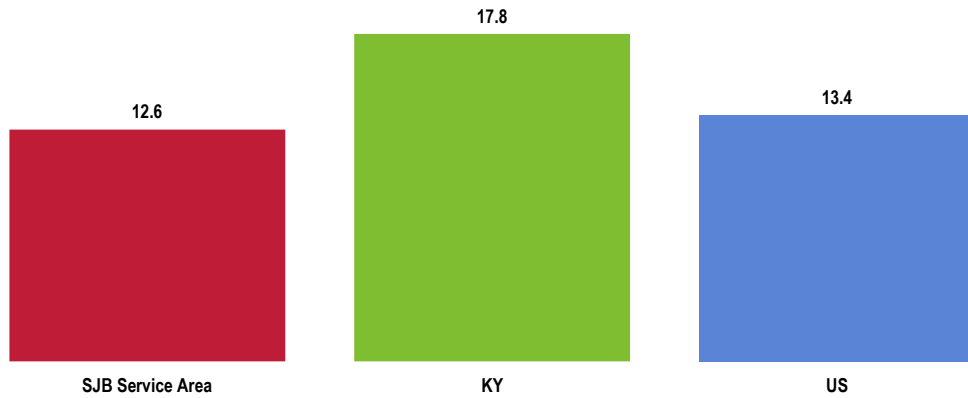
SJB Service Area	KY	US
12.6	17.8	13.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Prevalence of Respiratory Disease

Asthma

PRC SURVEY ▶ **"Do you currently have asthma?"**

Prevalence of Asthma

SJB Service Area	KY	US
15.0%	10.8%	17.9%

Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 26]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Asthma in Children
(Children 0-17)

11.4%

16.7%

▪ SJB Service Area

▪ US
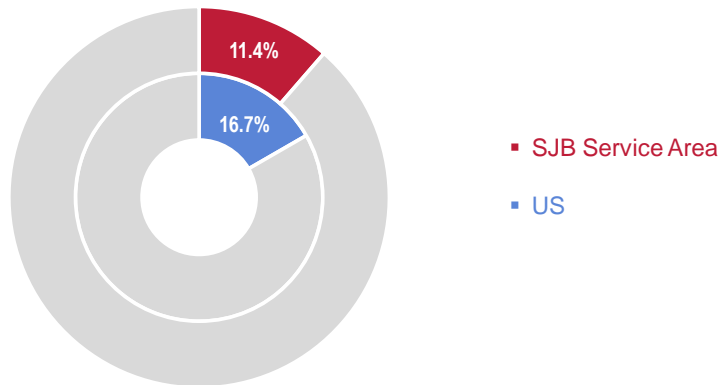
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 92]
- 2023 PRC National Health Survey, PRC, Inc.

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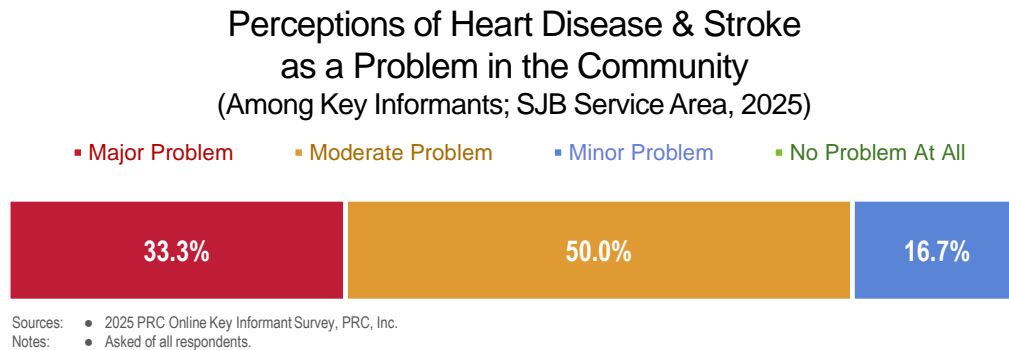- Asked of all respondents with children 0 to 17 in the household.

Chronic Obstructive Pulmonary Disease (COPD)

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

Prevalence of
Chronic Obstructive Pulmonary Disease (COPD)

9.3%	11.7%	11.0%
SJB Service Area	**KY**	**US**
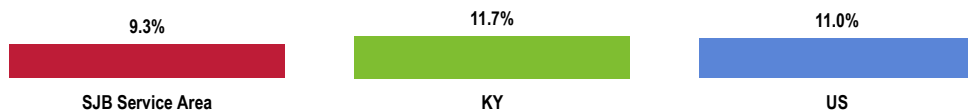
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 21]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes conditions such as chronic bronchitis and emphysema.

Key Informant Input: Respiratory Disease

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

Perceptions of Respiratory Disease as a Problem in the Community
(Among Key Informants; SJB Service Area, 2025)

▪ Major Problem   ▪ Moderate Problem   ▪ Minor Problem   ▪ No Problem At All

100.0%
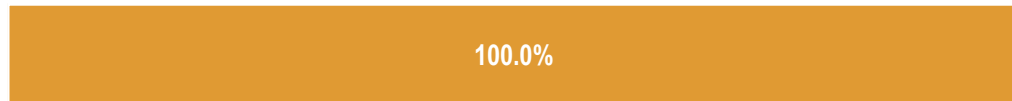
Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Injury & Violence

ABOUT INJURY & VIOLENCE

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

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

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

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

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

Unintentional Injury

Unintentional Injury Deaths

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

Unintentional Injury Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower
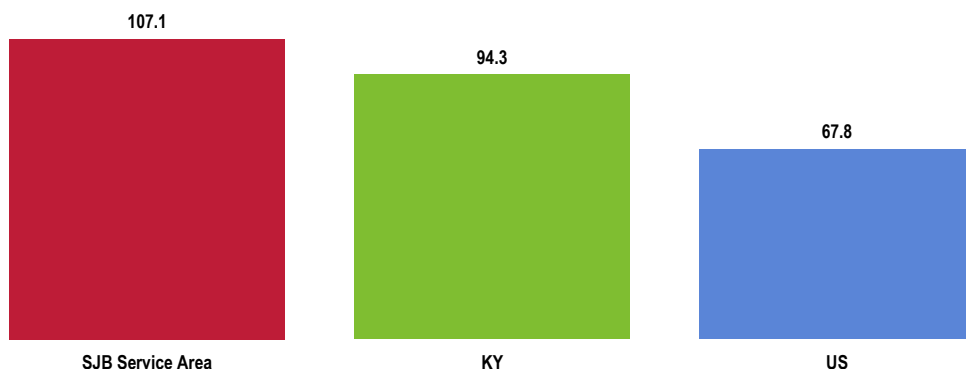
SJB Service Area	KY	US
107.1	94.3	67.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
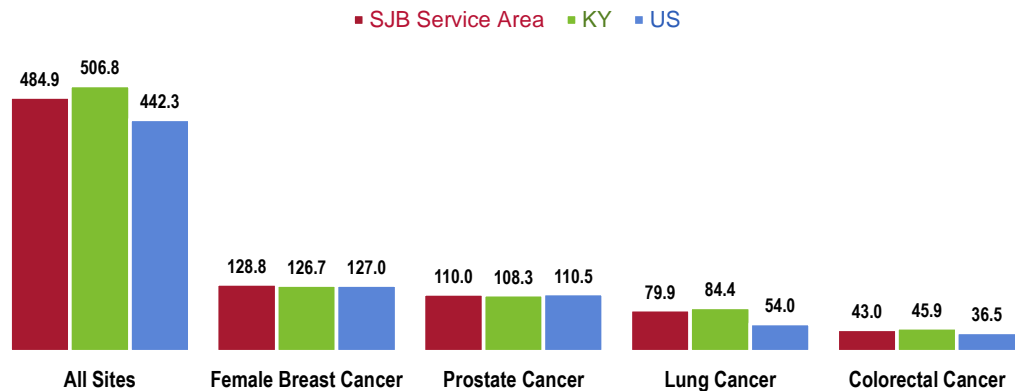
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Leading Causes of Unintentional Injury Deaths

The following outlines leading causes of accidental death in the area.

Leading Causes of Unintentional Injury Deaths
(SJB Service Area, 2021-2023)
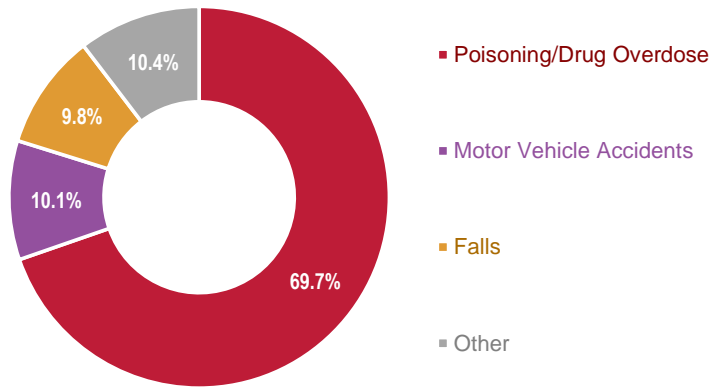
- Poisoning/Drug Overdose
- Motor Vehicle Accidents
- Falls
- Other

69.7% · 10.1% · 9.8% · 10.4%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

Violent Crime Experience

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

Victim of a Violent Crime in the Past Five Years
(SJB Service Area, 2025)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	SJB	US
5.5%	1.8%	4.1%	3.2%	3.8%	9.9%	0.8%	3.7%	7.0%
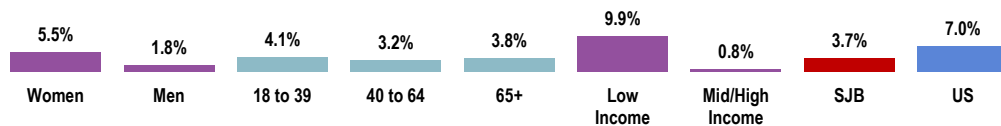
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 32]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Intimate Partner Violence

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

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

25.7%	20.3%
SJB Service Area	**US**

Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 33]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
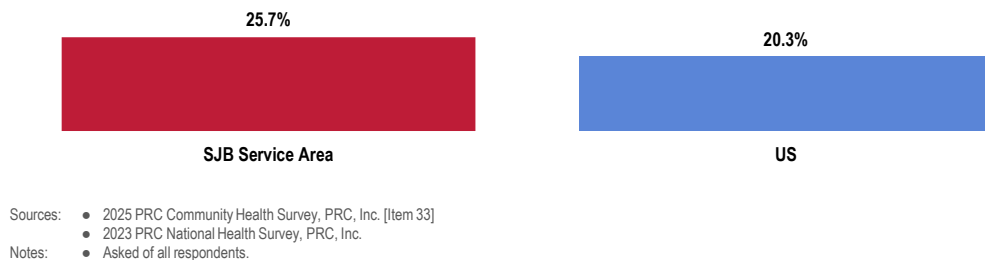
Key Informant Input: Injury & Violence

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

Perceptions of Injury & Violence as a Problem in the Community
(Among Key Informants; SJB Service Area, 2025)

▪ Major Problem   ▪ Moderate Problem   ▪ Minor Problem   ▪ No Problem At All

66.7%	33.3%

Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.
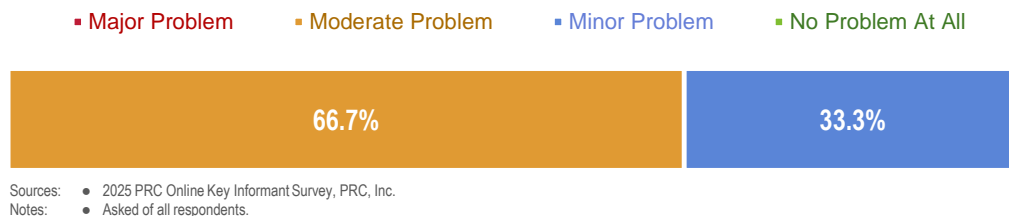
Diabetes

ABOUT DIABETES

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

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

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

Diabetes Deaths

Diabetes mortality for the area is shown in the following chart.
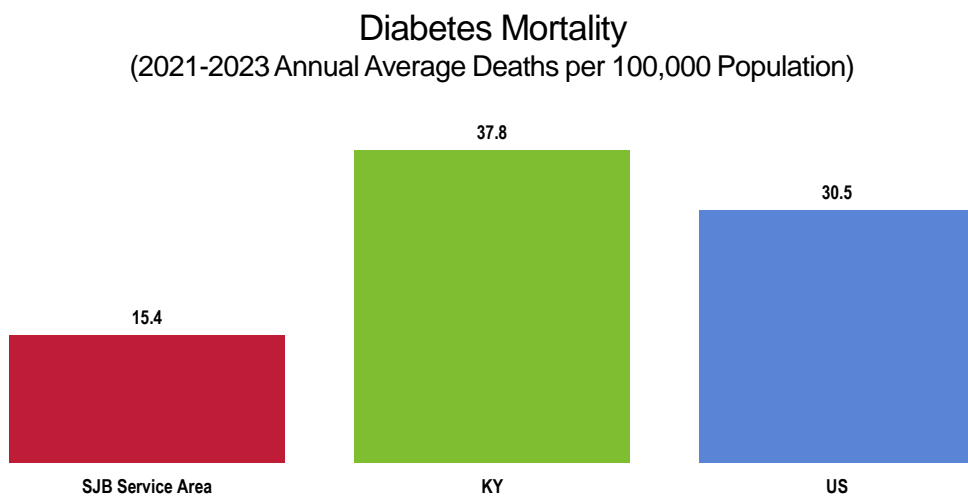
Diabetes Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)

SJB Service Area	KY	US
15.4	37.8	30.5

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Prevalence of Diabetes

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

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

Prevalence of Diabetes

Another 14.1% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

SJB Service Area	KY	US
14.7%	14.8%	12.8%
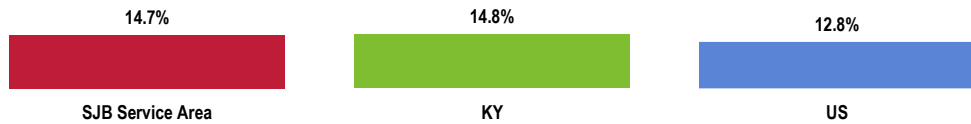
Sources:
● 2025 PRC Community Health Survey, PRC, Inc. [Item 106]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
● 2023 PRC National Health Survey, PRC, Inc.

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

Prevalence of Diabetes
(SJB Service Area, 2025)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	SJB
14.6%	14.8%	6.5%	20.2%	23.2%	21.0%	13.1%	14.7%
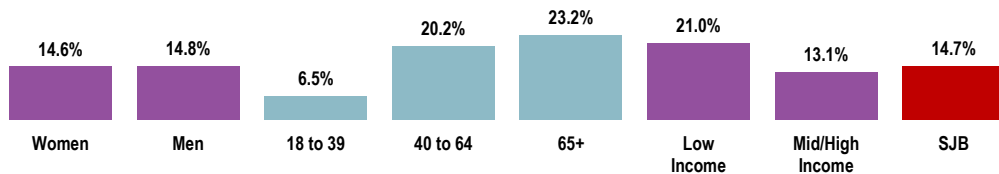
Sources:
● 2025 PRC Community Health Survey, PRC, Inc. [Item 106]

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

Key Informant Input: Diabetes

The following chart outlines key informants' perceptions of the severity of *Diabetes* as a problem in the community:
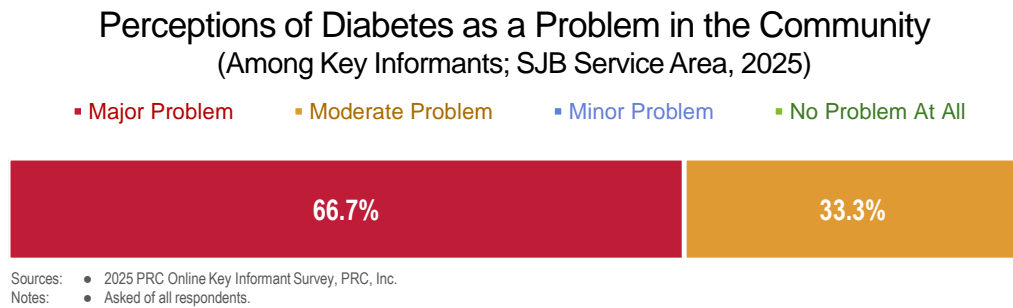
Perceptions of Diabetes as a Problem in the Community
(Among Key Informants; SJB Service Area, 2025)

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

66.7%	33.3%

Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Access to Affordable Healthy Food

> Access to affordable, healthy foods best suited for a diabetic diet. Access to quality healthcare without having to travel to other towns and counties. Support groups and guidance. — Community Leader

Nutrition & Physical Activity

> Proper diet and access to nutritional food and exercise. — Social Services Provider

Awareness/Education

> Education, willingness to adopt an appropriate diet, and commitment to exercise. We more or less need a lifestyle shift that is cultural. — Community Leader

Affordable Medications/Supplies

> Cost of medication; lots of red tape/hoops to jump thru with in insurance companies to get approval for GLP-1 medications, which are proven to lower A1C and other risks. Not enough education or resources to those newly diagnosed. When I was diagnosed in 2018 and inquired with my PCP about it, I was simply told "you just got to do better." How is that helpful to someone who's just found out they have a chronic, incurable disease? — Health Care Provider

Disabling Conditions

Multiple Chronic Conditions

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

Number of Current Chronic Conditions
(SJB Service Area, 2025)

- None — 18.1%
- One — 23.9%
- Two — 18.8%
- Three/More — 39.2%
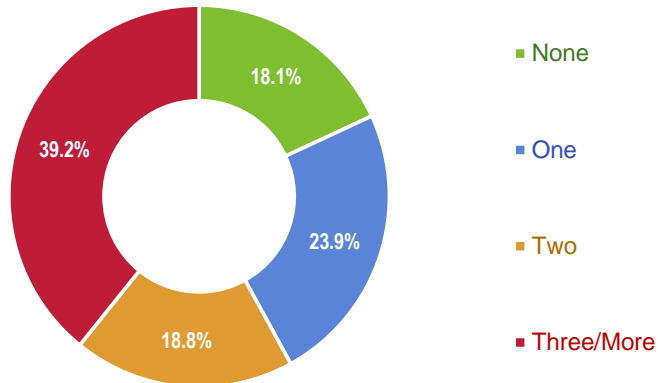
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 107]

Notes:
- Asked of all respondents.
- In this case, chronic conditions include lung disease, cancer, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.

Have Three or More Chronic Conditions
(SJB Service Area, 2025)

| Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	SJB	US
45.7%	32.2%	20.5%	50.8%	63.8%	52.9%	30.7%	39.2%	38.0%
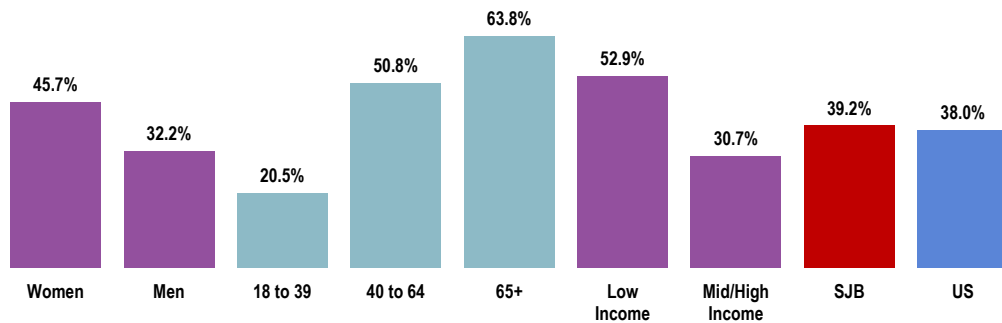
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 107]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- In this case, chronic conditions include lung disease, cancer, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.

Activity Limitations

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

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

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

PRC SURVEY ► **"Are you limited in any way in any activities because of physical, mental, or emotional problems?"**

PRC SURVEY ► [Adults with activity limitations] **"What is the major impairment or health problem that limits you?"**

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

Most common conditions:
- Back/neck problems
- Mental health
- Arthritis
- Difficulty walking
- Bone/joint injury

37.4% SJB Service Area

27.5% US
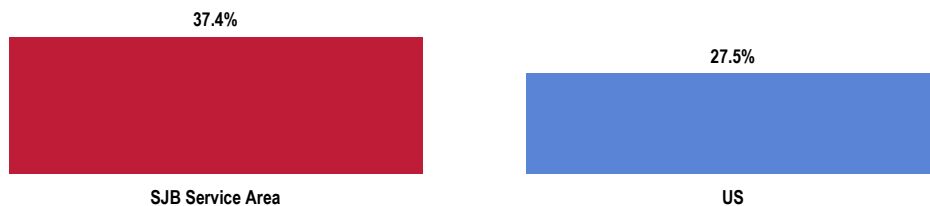
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 83-84]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Limited in Activities in Some Way
Due to a Physical, Mental, or Emotional Problem
(SJB Service Area, 2025)

46.3%	27.9%	28.9%	46.7%	40.4%	47.1%	33.3%	37.4%
Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	SJB

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 83]
Notes: ● Asked of all respondents.
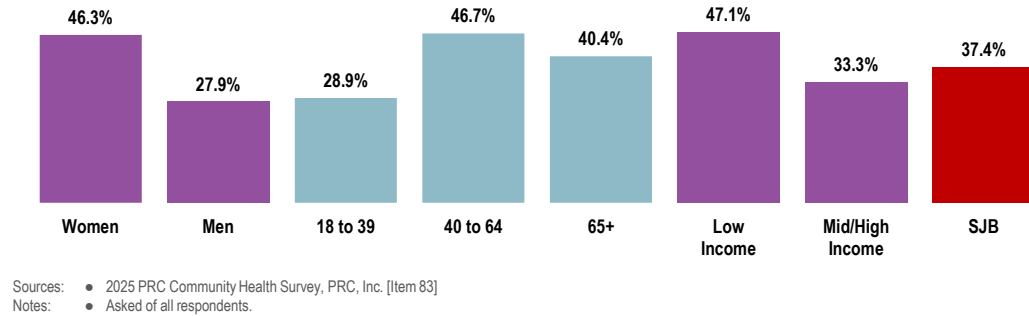
PRC SURVEY ▶ [Adults with activity limitations] **"Do you have serious difficulty walking or climbing stairs?"**

Have Serious Difficulty Walking or Climbing Stairs
(Respondents With Activity Limitations, 2025)

49.0% 51.0%

- Yes
- No

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 310]
Notes: ● Asked of all respondents.
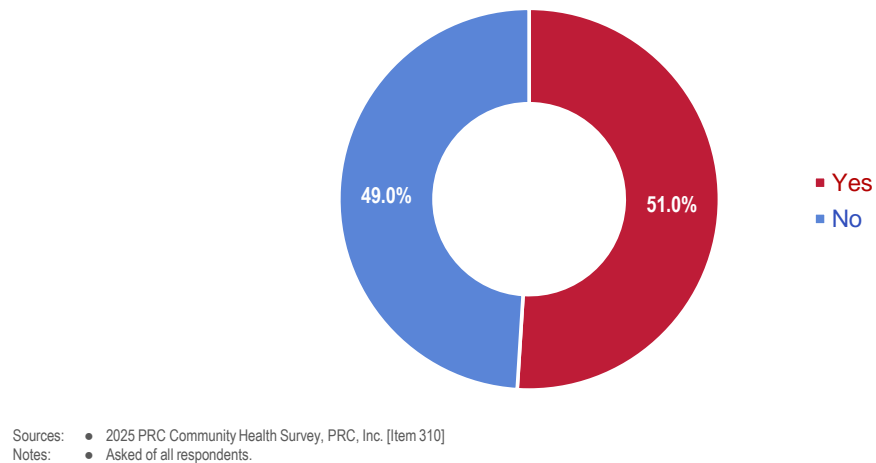
Experience Difficulty Dressing or Bathing
(Respondents With Activity Limitations, 2025)

■ Yes
■ No

20.6%

79.4%
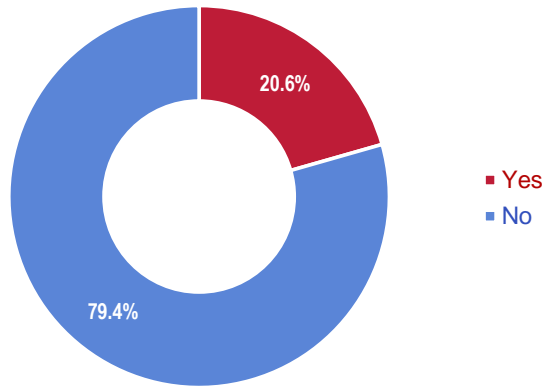
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 311]
Notes: ● Asked of all respondents.

High-Impact Chronic Pain

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

Experience High-Impact Chronic Pain
(SJB Service Area, 2025)
Healthy People 2030 = 6.4% or Lower

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	SJB	US
30.1%	25.3%	19.5%	37.0%	29.7%	41.6%	20.3%	27.8%	19.6%
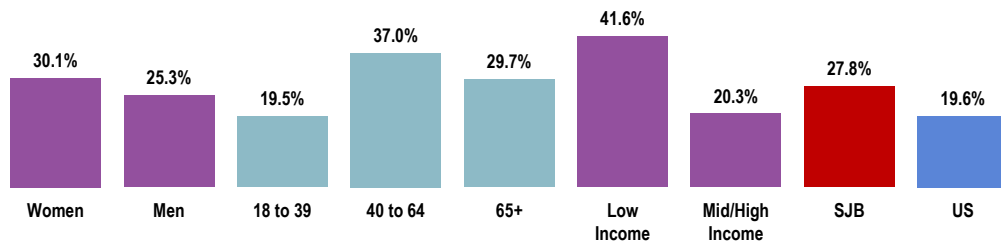
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 31]
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents.
● High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Alzheimer's Disease

ABOUT DEMENTIA

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

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

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

Alzheimer's Disease Deaths

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

Alzheimer's Disease Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
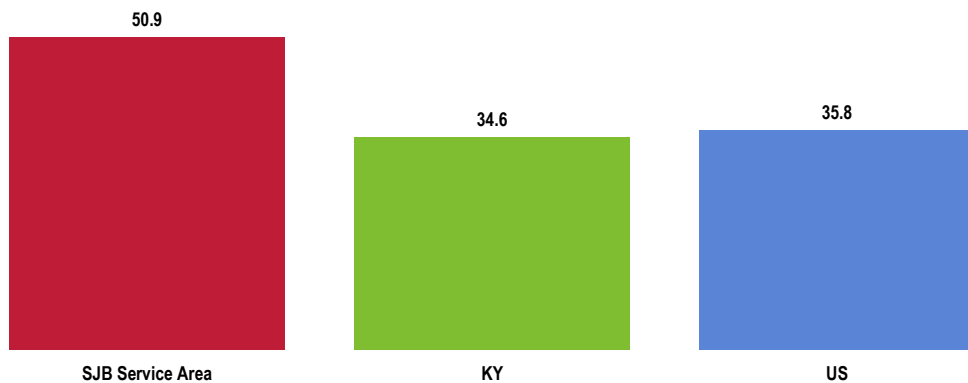
Area	Rate
SJB Service Area	50.9
KY	34.6
US	35.8

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Caregiving

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

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

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

The top health issues affecting those receiving their care include:
- Dementia/cognitive impairment
- Diabetes
- Old age/frailty

26.8%	**22.8%**
SJB Service Area	US
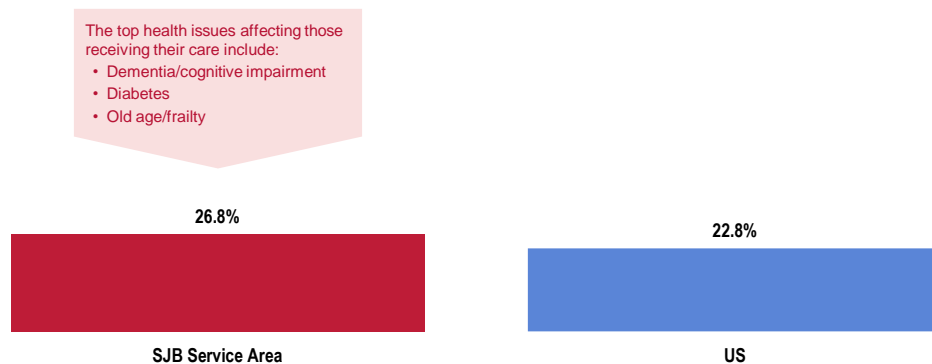
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Items 85-86]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Key Informant Input: Disabling Conditions

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

Perceptions of Disabling Conditions as a Problem in the Community
(Among Key Informants; SJB Service Area, 2025)

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

50.0%	**33.3%**	**16.7%**
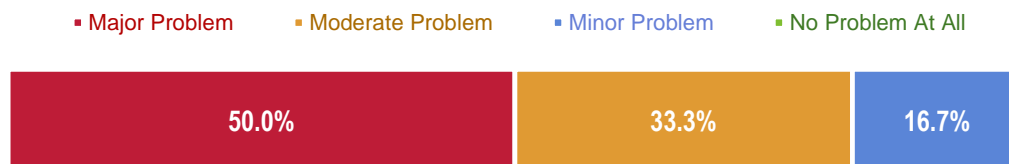
Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

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

Co-Occurrences

Weight related disabilities including diabetes, obesity, mental illness and illicit drug abuse. Cancer and cardiovascular disabilities are also prevalent in our community. — Community Leader

Diagnosis/Treatment

There is a lot of untreated chronic pain in Berea, which often leads to substance abuse. Many older folks cannot afford hearing aids. — Social Services Provider

BIRTHS

ABOUT INFANT HEALTH

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

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

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

Birth Outcomes & Risks

Low-Weight Births

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

Low-Weight Births
(Percent of Live Births, 2016-2022)

SJB Service Area	KY	US
8.9%	8.9%	8.3%
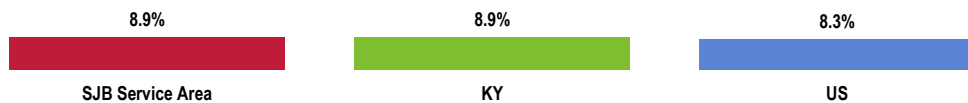
Sources: • University of Wisconsin Population Health Institute, County Health Rankings.
Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g).

Infant Mortality

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

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)
Healthy People 2030 = 5.0 or Lower
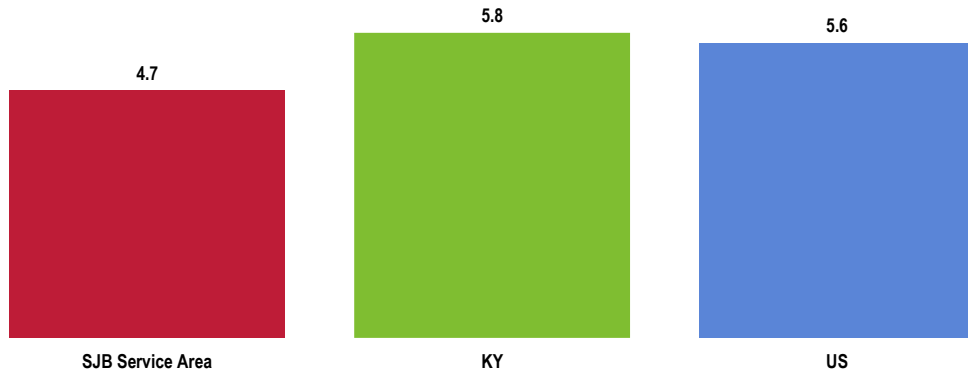
SJB Service Area	KY	US
4.7	5.8	5.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- This indicator reports deaths of children under 1 year old per 1,000 live births.

Family Planning

Births to Adolescent Mothers

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

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

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2016-2022)

SJB Service Area	KY	US
14.8	25.7	16.6
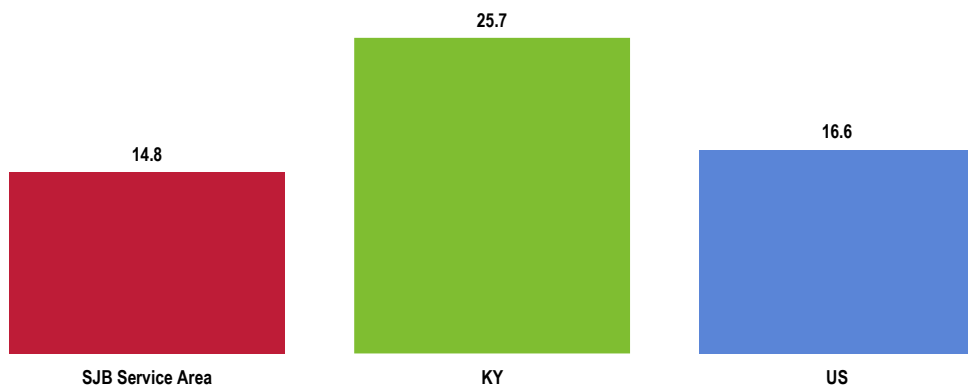
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of total births to women under the age of 15-19 per 1,000 female population age 15-19.

Key Informant Input: Infant Health & Family Planning

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

Perceptions of Infant Health & Family Planning as a Problem in the Community
(Among Key Informants; SJB Service Area, 2025)

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

16.7%	50.0%	16.7%	16.7%

Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.
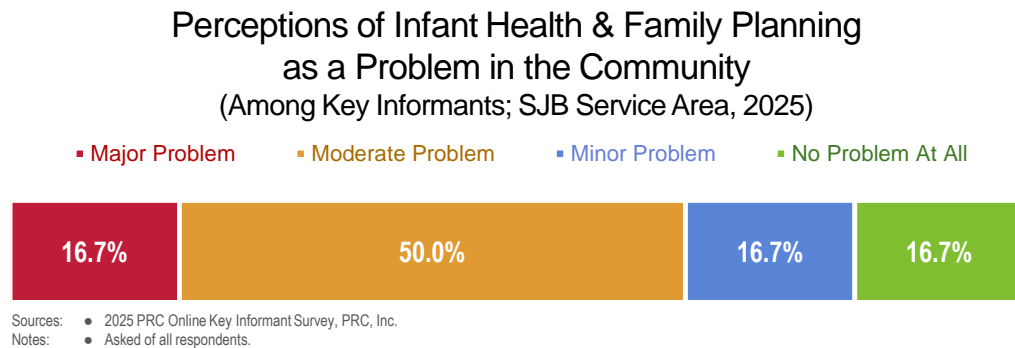
Among those rating this issue as a "major problem," reasons related to the following:

Vulnerable Populations

> Providers that offer Title X services so that victims of violence aren't receiving bills at home. Madison County does not have a Title X provider. Kentucky Department for Public Health could help any provider become Title X.
> — Public Health Representative

MODIFIABLE HEALTH RISKS

Nutrition

ABOUT NUTRITION & HEALTHY EATING

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

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

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

Access to Fresh Produce

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

Find It "Very" or "Somewhat"
Difficult to Buy Affordable Fresh Produce
(SJB Service Area, 2025)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	SJB	US
27.5%	18.9%	22.4%	27.2%	17.3%	35.6%	17.2%	23.3%	30.0%
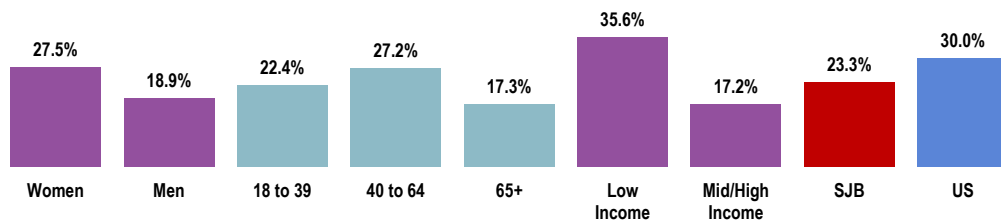
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 66]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Low Food Access

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

Population With Low Food Access
(2019)

21,349 individuals have low food access

25.8%	**19.8%**	**22.2%**
SJB Service Area	**KY**	**US**
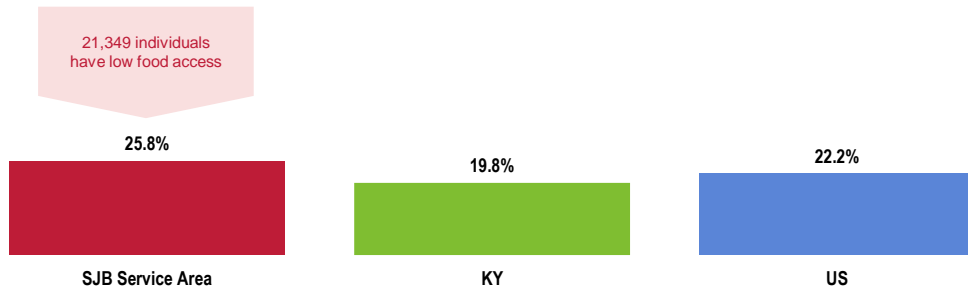
Sources: ● US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).
Notes: ● Low food access is defined as living far (more than 1 mile in urban areas, more than 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.

Physical Activity

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

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

Leisure-Time Physical Activity

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

No Leisure-Time Physical Activity in the Past Month
Healthy People 2030 = 21.8% or Lower

29.3%	26.4%	30.2%
SJB Service Area	KY	US
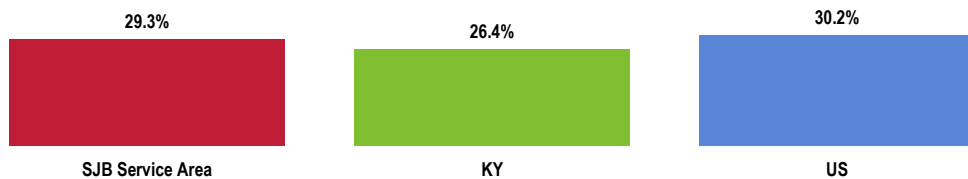
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 69]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents.

Meeting Physical Activity Recommendations

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

"Meeting physical activity recommendations" includes adequate levels of <u>both</u> aerobic and strengthening activity:

- **Aerobic activity** is at least 150 minutes per week of light-to-moderate activity, 75 minutes per week of vigorous physical activity, or an equivalent combination of both;

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

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

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

PRC SURVEY ► **"During the past month, what type of physical activity or exercise did you spend the most time doing?"**

PRC SURVEY ► **"And during the past month, how many times per week or per month did you take part in this activity?"**

PRC SURVEY ► **"And when you took part in this activity, for how many minutes or hours did you usually keep at it?"**

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

Respondents were also asked about strengthening exercises:

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

Meets Physical Activity Recommendations
(SJB Service Area, 2025)
Healthy People 2030 = 29.7% or Higher

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	SJB	KY	US
27.7%	25.5%	25.8%	31.3%	18.8%	23.2%	28.4%	26.6%	15.3%	30.3%
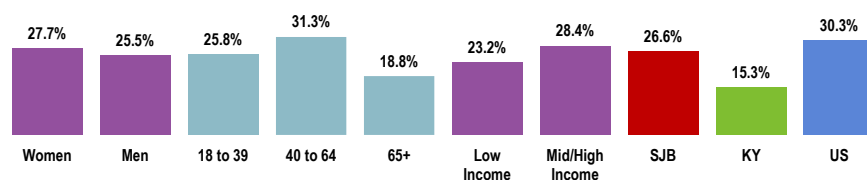
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 110]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) <u>and</u> who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children's Physical Activity

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

  – 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

PRC SURVEY ▶ [Among parents of children age 2-17] **"During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?"**

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

SJB Service Area	US
47.9%	27.4%
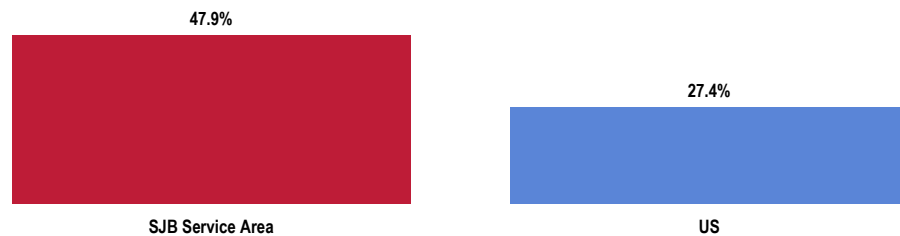
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 94]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 2-17 at home.
● Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Weight Status

ABOUT OVERWEIGHT & OBESITY

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

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

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

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

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

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m²)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

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

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

Prevalence of Total Overweight (Overweight and Obese)
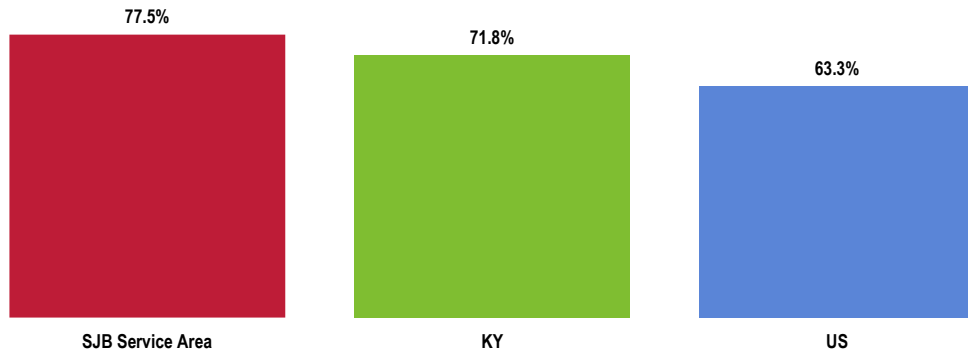
SJB Service Area	KY	US
77.5%	71.8%	63.3%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 112]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Based on reported heights and weights, asked of all respondents.
● The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0. The definition for obesity is a BMI greater than or equal to 30.0.

Prevalence of Obesity
Healthy People 2030 = 36.0% or Lower
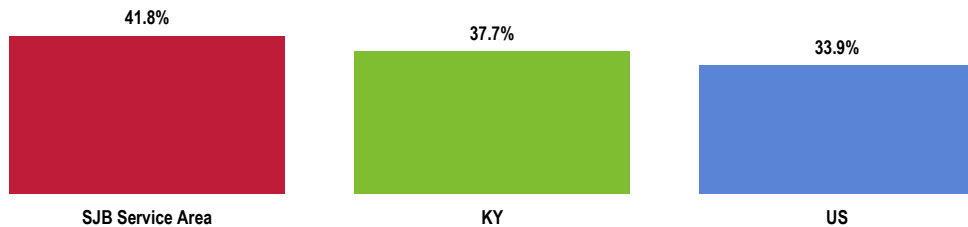
SJB Service Area	KY	US
41.8%	37.7%	33.9%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 112]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Based on reported heights and weights, asked of all respondents.
● The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.

Prevalence of Obesity
(SJB Service Area, 2025)
Healthy People 2030 = 36.0% or Lower

49.3%	33.8%	40.4%	46.8%	35.0%	52.6%	33.4%	41.8%
Women	**Men**	**18 to 39**	**40 to 64**	**65+**	**Low Income**	**Mid/High Income**	**SJB**

Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 112]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

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

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

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

– Centers for Disease Control and Prevention

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

PRC SURVEY ► [Among parents of children age 5-17] **"How much does this child weigh without shoes?"**

PRC SURVEY ► [Among parents of children age 5-17] **"About how tall is this child?"**

Prevalence of Overweight in Children
(Children 5-17)

SJB Service Area — 35.5%
US — 31.8%

Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.
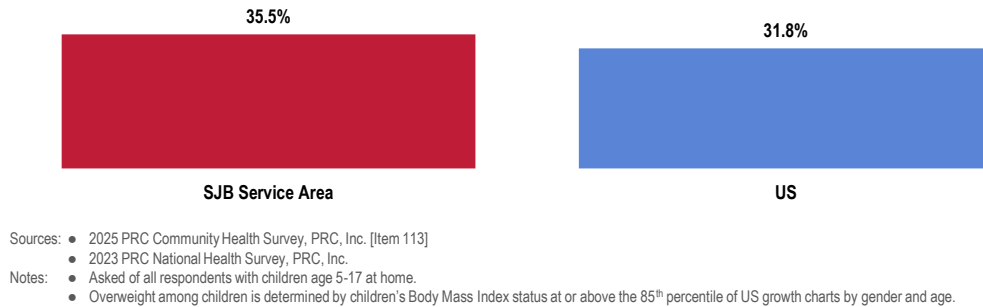
Key Informant Input: Nutrition, Physical Activity & Weight

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

Perceptions of Nutrition, Physical Activity & Weight as a Problem in the Community
(Among Key Informants; SJB Service Area, 2025)

- Major Problem
- Moderate Problem
- Minor Problem
- No Problem At All

Major Problem	Moderate Problem
66.7%	33.3%

Sources: 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

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

Access to Affordable Healthy Food

> Limited affordable grocery options, limited support groups, limited fitness and wellness center options. — Community Leader

Obesity

> Obesity from compulsive eating and poor nutrition is at the root of many physical diseases and mental conditions. — Social Services Provider

Awareness/Education

> Education around selecting and preparing nutritious foods, healthy options for shopping and dining out, limited financial resources. — Social Services Provider

Access to Care/Services

> Weight Watchers class closed in Berea. Access to too much junky food. — Social Services Provider

Cultural/Personal Beliefs

> Traditional and cultural diet that is high fat and heavy on red meat. Community education.
> — Community Leader

Built Environment

> Berea has a lot of great walking trails and paths, but there still is some work remaining to connect the existing trails into a broader loop. This would greatly contribute to accessibility and keeping people physically active. — Social Services Provider

Substance Use

ABOUT DRUG & ALCOHOL USE

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

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

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

Alcohol

Alcohol-Induced Deaths

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

Alcohol-Induced Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
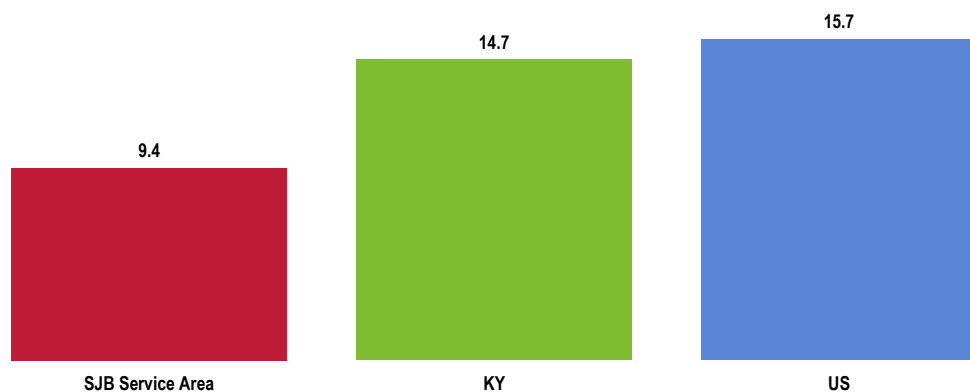
SJB Service Area	KY	US
9.4	14.7	15.7

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Excessive Drinking

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

PRC SURVEY ► **"On the day(s) when you drank, about how many drinks did you have on average?"**

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

Excessive drinking includes heavy and/or binge drinkers:

- HEAVY DRINKING ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.

- BINGE DRINKING ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

Engage in Excessive Drinking

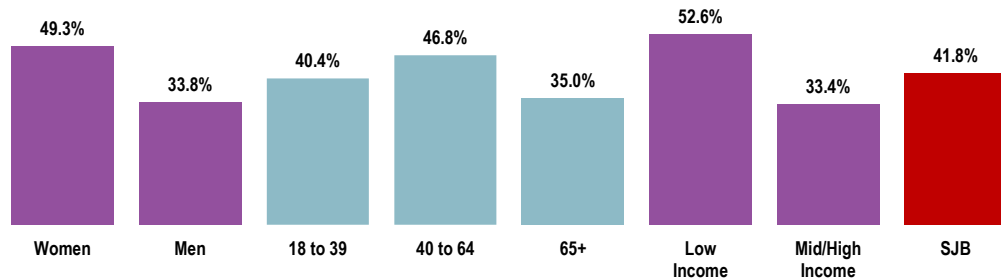| SJB Service Area	KY	US
25.4%	13.8%	34.3%
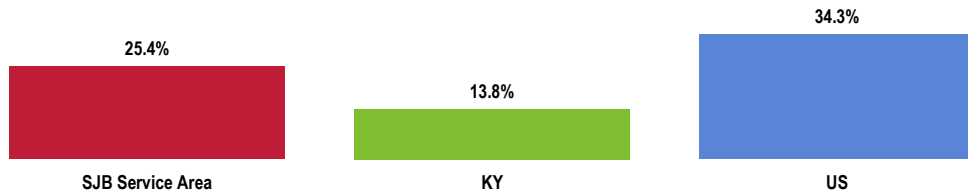
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 116]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drugs

Unintentional Drug-Induced Deaths

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

Unintentional Drug-Induced Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
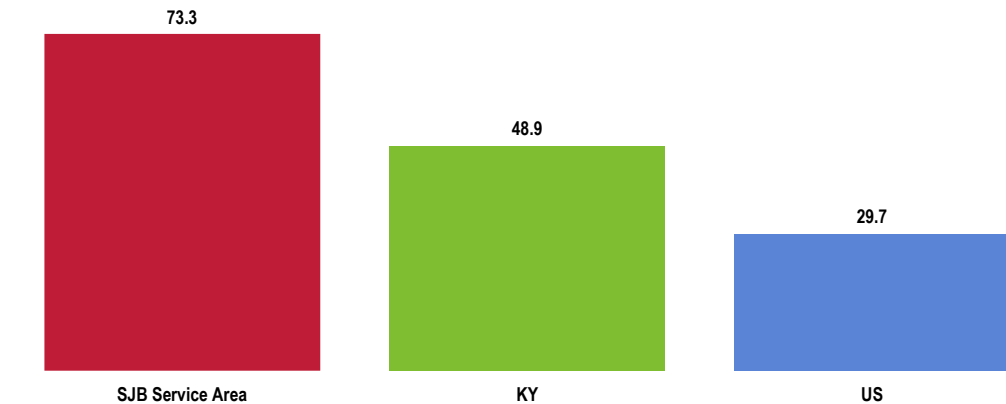
SJB Service Area	73.3
KY	48.9
US	29.7

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Illicit Drug Use

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

Illicit Drug Use in the Past Month

SJB Service Area	7.5%
US	8.4%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 40]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Use of Prescription Opioids

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

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

Used a Prescription Opioid in the Past Year
(SJB Service Area, 2025)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	SJB	US
22.1%	8.8%	8.1%	21.7%	22.7%	18.9%	16.6%	15.7%	15.1%

Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 41]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Personal Impact From Substance Use

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

Life Has Been Negatively Affected
by Substance Use (by Self or Someone Else)
(SJB Service Area, 2025)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	SJB	US
49.3%	37.5%	48.8%	43.9%	29.5%	56.1%	39.4%	43.6%	45.4%

Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 43]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes response of "a great deal," "somewhat," and "a little."

Key Informant Input: Substance Use

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

Perceptions of Substance Use as a Problem in the Community
(Among Key Informants; SJB Service Area, 2025)

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

66.7%	33.3%

Sources: ●   2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ●   Asked of all respondents.

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

Denial/Stigma

Stigma. — Social Services Provider

Access to Care/Services

Having programs that fit the needs of the people, transportation, and health care coverage for the program, while also allowing them to maintain their job and livelihood. — Public Health Representative

Affordable Care/Services

Cost, stigma, not wanting to get clean. — Community Leader

Tobacco Use

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

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

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

Cigarette Smoking

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

Prevalence of Cigarette Smoking
(SJB Service Area, 2025)

- Every Day: 17.9%
- Some Days: 6.3%
- Not At All: 75.8%
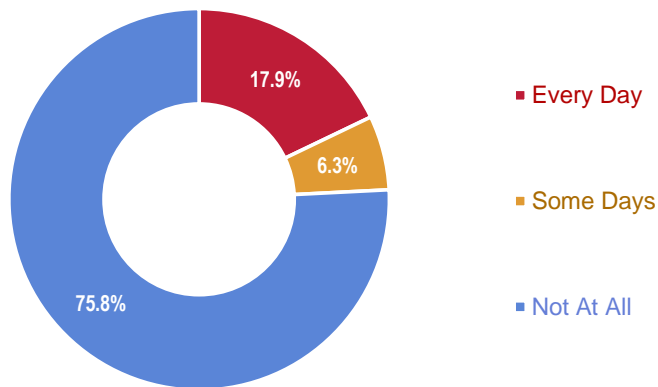
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: • Asked of all respondents.

Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower

SJB Service Area	KY	US
24.3%	17.4%	23.9%
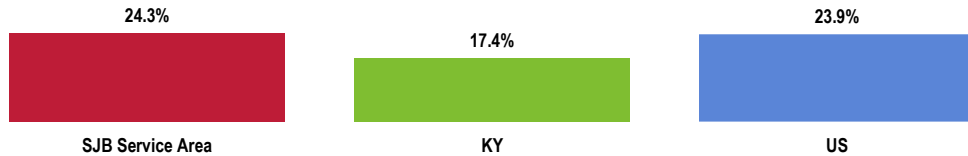
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 34]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Environmental Tobacco Smoke

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

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

Member of Household Smokes at Home

24.7% among households with children

- 22.4%
- 17.7%

- SJB Service Area
- US
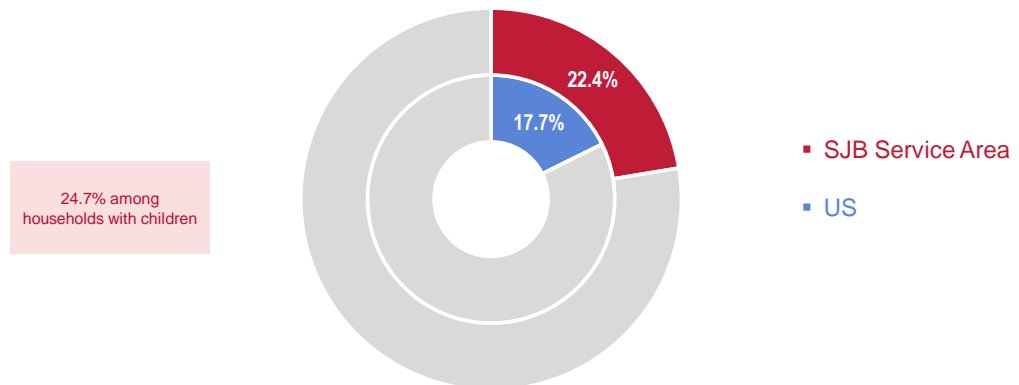
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 35, 114]
- 2023 PRC National Health Survey, PRC, Inc.

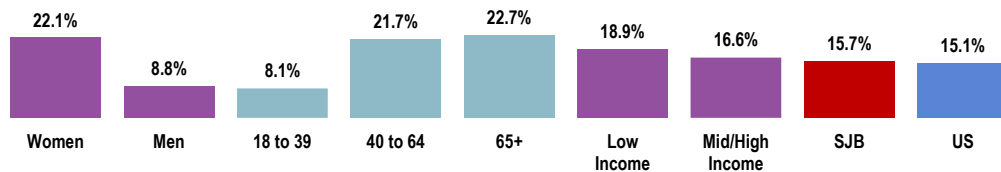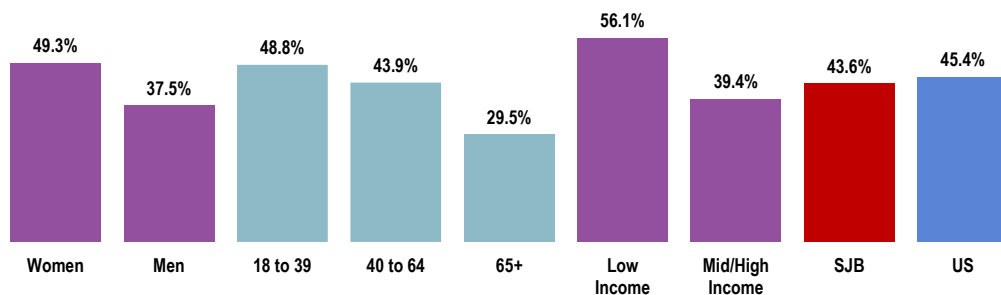Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Use of Vaping Products

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

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

Currently Use Vaping Products
(SJB Service Area, 2025)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	SJB	KY	US
31.5%	28.2%	46.8%	21.1%	3.3%	37.3%	30.3%	29.9%	10.5%	18.5%
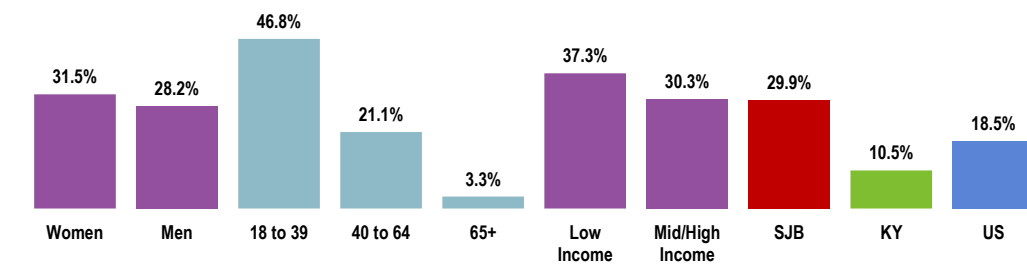
Sources:
● 2025 PRC Community Health Survey, PRC, Inc. [Item 36]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
● 2023 PRC National Health Survey, PRC, Inc.

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

Key Informant Input: Tobacco Use

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

Perceptions of Tobacco Use as a Problem in the Community
(Among Key Informants; SJB Service Area, 2025)

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

Major Problem	Moderate Problem	Minor Problem
33.3%	50.0%	16.7%

Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Social Norms/Community Attitude

> Kentucky tradition of growing and smoking tobacco. Some start as young as 10 years old. Peer pressure promotes smoking as cool. Smoking curbs appetite for weight control. — Social Services Provider

Sexual Health

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

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

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV.

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

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

HIV

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

HIV Prevalence
(Prevalence Rate per 100,000 Population, 2022)
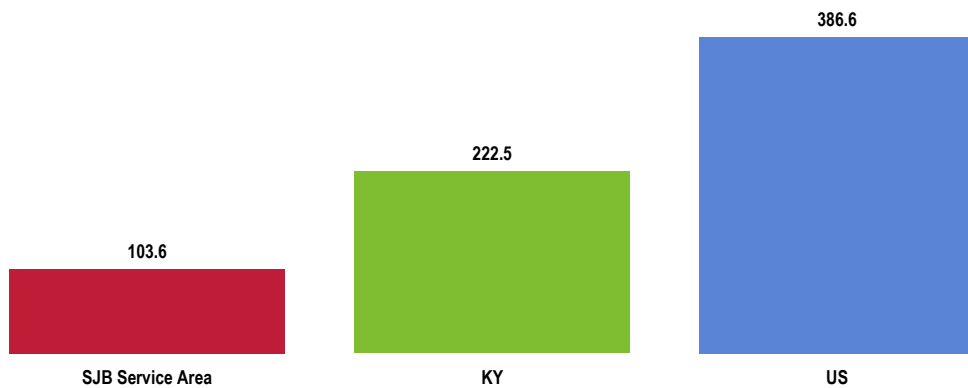
Region	Rate
SJB Service Area	103.6
KY	222.5
US	386.6

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Sexually Transmitted Infections (STIs)

Chlamydia

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

Gonorrhea

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

The following chart outlines local incidence for these STIs.
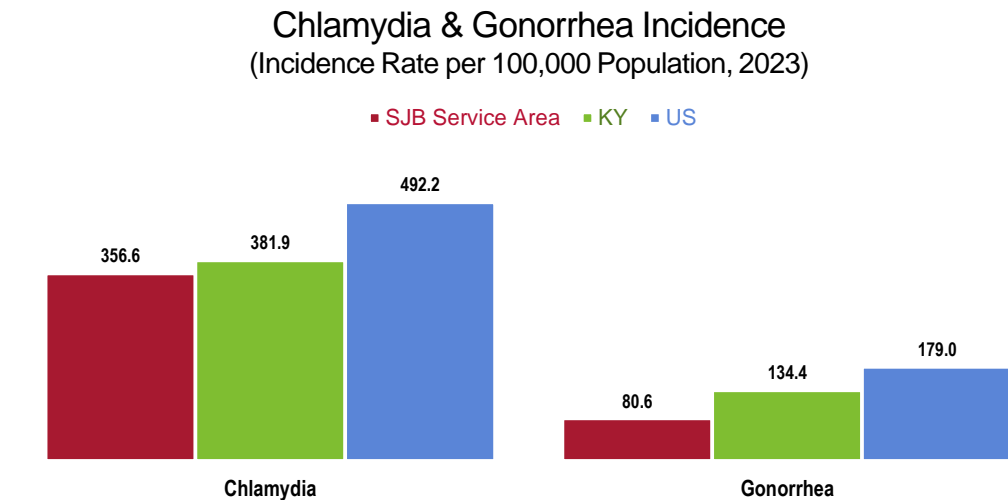
Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2023)

■ SJB Service Area   ■ KY   ■ US

	Chlamydia	Gonorrhea
SJB Service Area	356.6	80.6
KY	381.9	134.4
US	492.2	179.0

Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Key Informant Input: Sexual Health

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

Perceptions of Sexual Health as a Problem in the Community
(Among Key Informants; SJB Service Area, 2025)

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

Major Problem	Moderate Problem	Minor Problem
16.7%	16.7%	66.7%

Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.
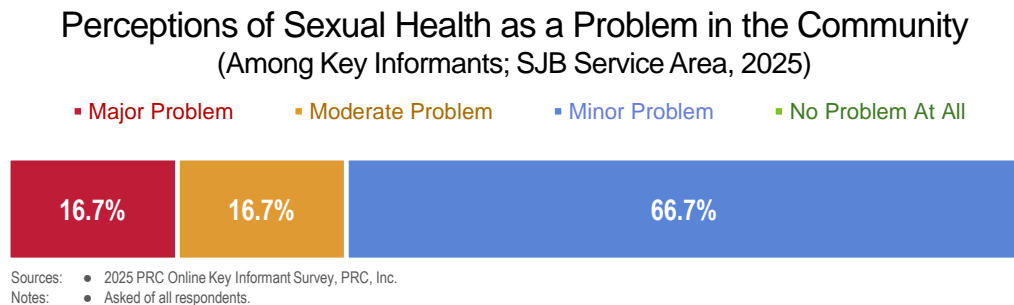
Among those rating this issue as a "major problem," reasons related to the following:

Alcohol/Drug Use

> Title X family planning provides STD screening services as well ties along with that. Having safe providers that will not send a bill to the patient's home and protect them from violence. — Public Health Representative

ABOUT HEALTH CARE ACCESS

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

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

‒ Healthy People 2030 (https://health.gov/healthypeople)

Difficulties Accessing Health Care

Lack of Health Insurance Coverage

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

PRC SURVEY ► "Do you have any government-assisted health care coverage, such as Medicare, Medicaid, or VA/military benefits?"

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

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

Lack of Health Care Insurance Coverage
(Adults 18-64)
Healthy People 2030 = 7.6% or Lower

SJB Service Area	KYK	US
9.2%	4.5%	8.1%
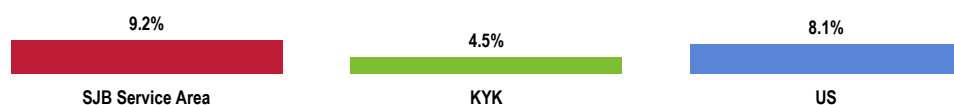
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 117]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

Lack of Health Care Insurance Coverage
(Adults Age 18-64; SJB Service Area, 2025)
Healthy People 2030 = 7.6% or Lower

	Women	Men	18 to 39	40 to 64	Low Income	Mid/High Income	SJB
	9.5%	8.9%	12.2%	5.6%	10.4%	7.0%	9.2%
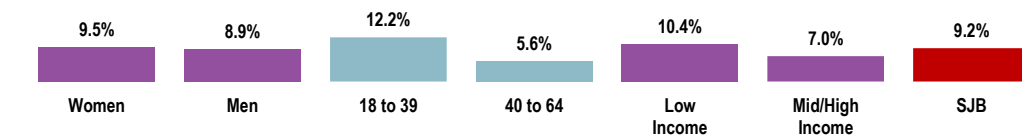
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 117]
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents under the age of 65.

Barriers to Health Care Access

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

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

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

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

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

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

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

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

Also:

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

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

Barriers to Access Have
Prevented Medical Care in the Past Year

■ SJB Service Area   ■ US

In addition, 20.2% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.

	Getting a Dr Appointment	Cost (Prescriptions)	Cost (Doctor Visit)	Inconvenient Office Hours	Finding a Doctor	Lack of Transportation	Language/ Culture
SJB Service Area	24.5%	19.7%	18.3%	16.4%	15.4%	13.8%	0.6%
US	33.4%	20.2%	21.6%	22.9%	22.0%	18.3%	5.0%
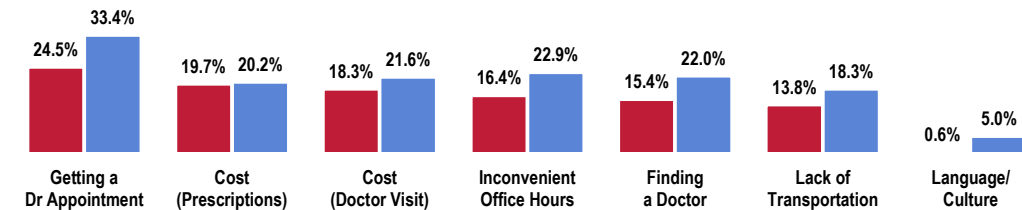
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 6-13]
          ● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

The following charts reflect the composite percentage of the total population experiencing problems accessing health care in the past year (indicating one or more of the aforementioned barriers), again regardless of whether they needed or sought care.

Experienced Difficulties or Delays of Some Kind
in Receiving Needed Health Care in the Past Year
(SJB Service Area, 2025)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	SJB	US
57.0%	47.0%	56.2%	55.9%	32.5%	66.4%	45.4%	52.1%	52.5%
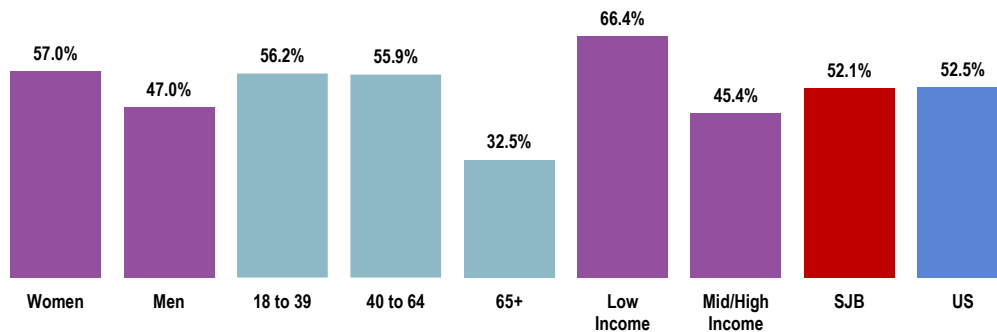
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 119]
          ● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
          ● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Accessing Health Care for Children

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

PRC SURVEY ▶ [Among parents of children age 0-17] **"Was there a time in the past 12 months when you needed medical care for this child but could not get it?"**

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

- 7.3%
- 11.1%

- ■ SJB Service Area
- ■ US
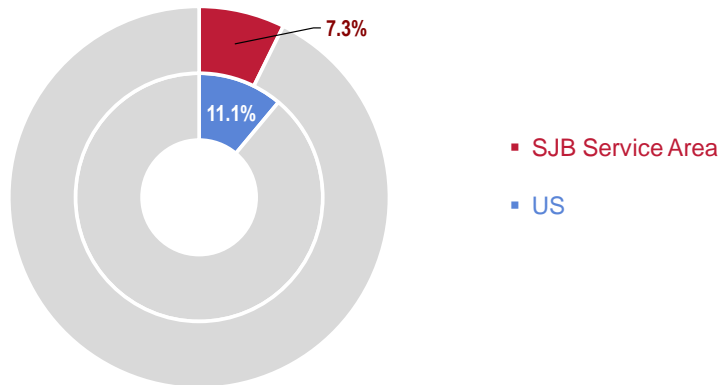
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 90]
- 2023 PRC National Health Survey, PRC, Inc.
Notes:
- Asked of all respondents with children 0 to 17 in the household.

Outmigration for Health Care Services

PRC SURVEY ▶ **"In general, how far do you typically travel for health care?"**

Distance Traveled for Health Care Services
(SJB Service Area, 2025)

- 13.5%
- 2.1%
- 0.7%
- 46.9%
- 36.8%

- ■ 10 Miles or Less
- ■ 11 to 25 Miles
- ■ 26 to 50 Miles
- ■ 51 to 100 Miles
- ■ >100 Miles
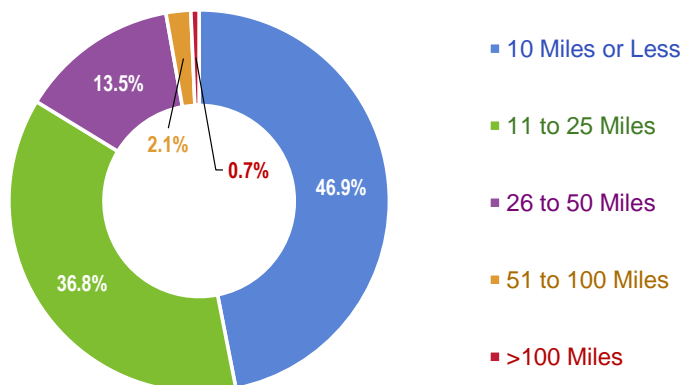
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 302]
Notes:
- Asked of all respondents.

Typically Travel Over 25 Miles for Health Care Services
(SJB Service Area, 2025)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	SJB
23.0%	9.0%	13.0%	16.2%	24.9%	20.0%	14.6%	16.3%
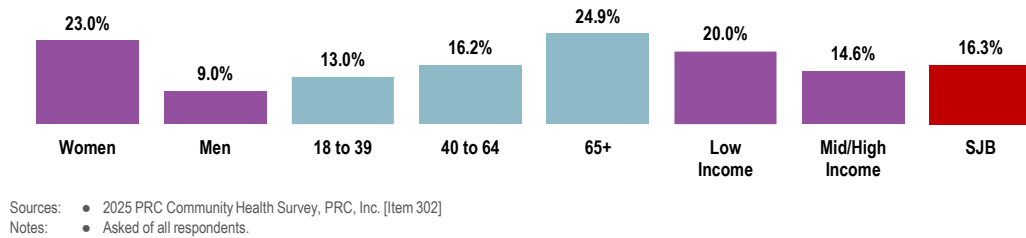
PRC SURVEY ► **"What is the biggest challenge, if any, that you have when traveling for health care?"**

Biggest Challenge When Traveling for Health Care
(SJB Service Area, 2025)
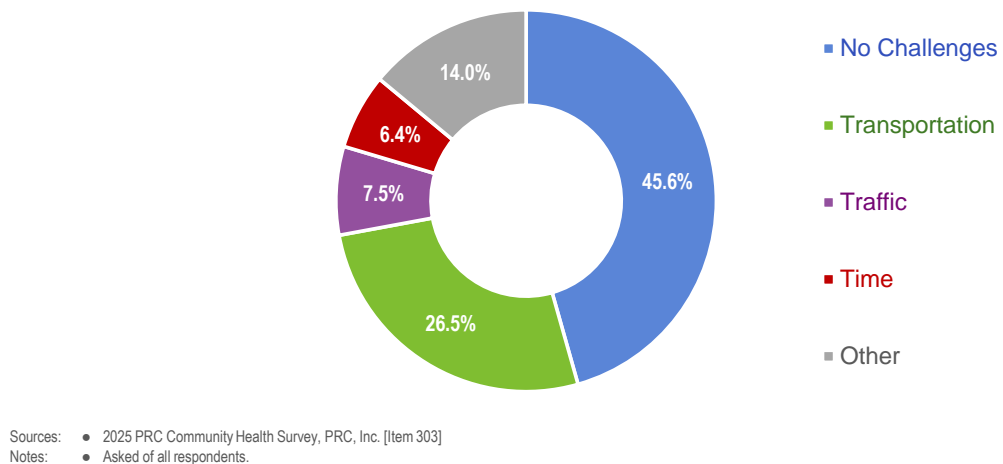
- No Challenges — 45.6%
- Transportation — 26.5%
- Traffic — 7.5%
- Time — 6.4%
- Other — 14.0%

Frequency of Leaving the
Community for Health Care in the Past Year
(SJB Service Area, 2025)

- Once — 14.1%
- Two or Three Times — 28.1%
- Four/More Times — 24.3%
- Never — 33.4%
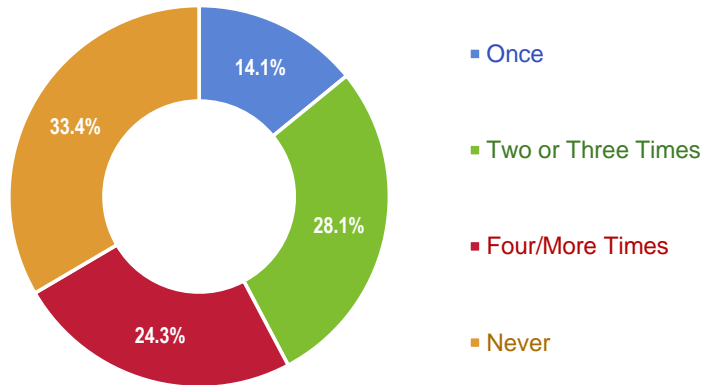
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 304]
Notes: ● Asked of all respondents.

Left the Community for
Health Care Four or More Times in the Past Year
(SJB Service Area, 2025)
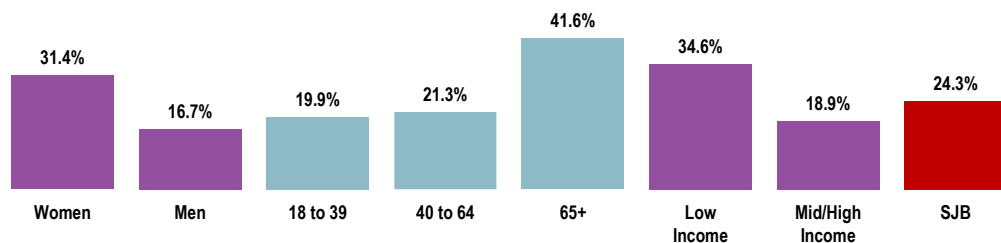
Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	SJB
31.4%	16.7%	19.9%	21.3%	41.6%	34.6%	18.9%	24.3%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 304]
Notes: ● Asked of all respondents.

Type of Care Needed When Leaving the Community for Services
(Respondents Who Left the Community for Care in the Past Year, 2025)

Legend:
- Specialty — 49.1%
- Primary — 25.0%
- Dental — 10.9%
- Emergency — 7.3%
- Mental Health — 3.8%
- Other — 3.6%
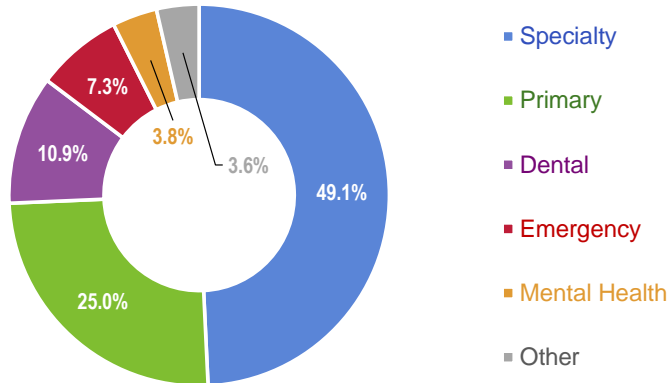
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: ● Asked of all respondents who left the community for health care services at least once in the past year.

Key Informant Input: Access to Health Care Services

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

Perceptions of Access to Health Care Services
as a Problem in the Community
(Among Key Informants; SJB Service Area, 2025)

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

Moderate Problem	Minor Problem
66.7%	33.3%
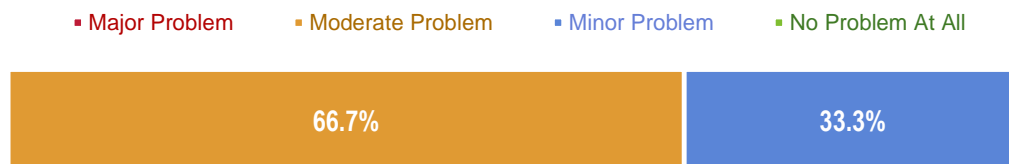
Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Primary Care Services

ABOUT PREVENTIVE CARE

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

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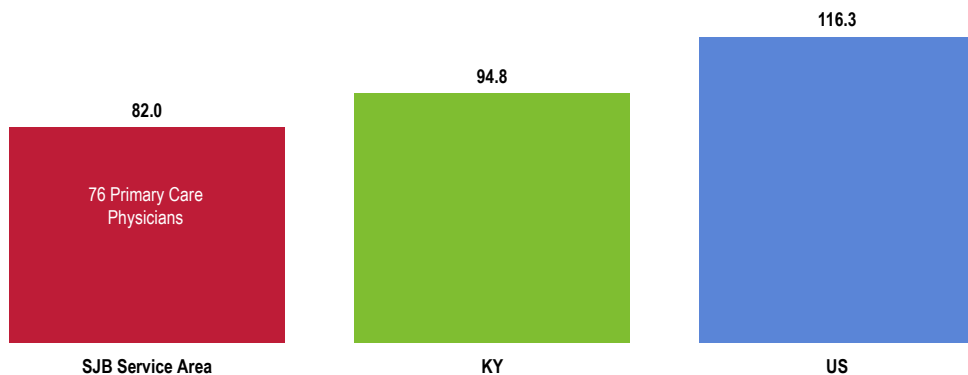
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

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

Access to Primary Care

The following chart shows the number of active primary care physicians per 100,000 population. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

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

Number of Primary Care Physicians per 100,000 Population
(2024)

	Value
SJB Service Area (76 Primary Care Physicians)	82.0
KY	94.8
US	116.3

Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Utilization of Primary Care Services

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

Have Visited a Physician for a Checkup in the Past Year

|		
SJB Service Area: 72.2%	KY: 78.6%	US: 65.3%
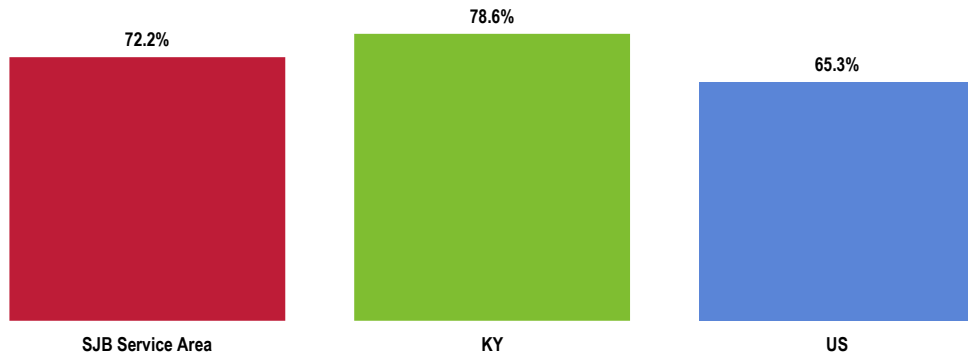
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 16]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

PRC SURVEY ▶ [Among parents of children age 0-17] **"About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?"**

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

SJB Service Area: 87.7%	US: 77.5%
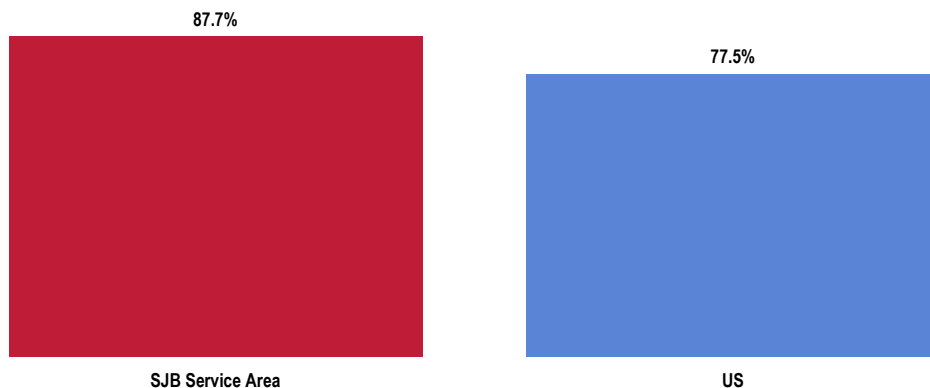
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 91]
- 2023 PRC National Health Survey, PRC, Inc.

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

Oral Health

Dental Care

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

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

SJB Service Area	KY	US
53.1%	60.3%	56.5%
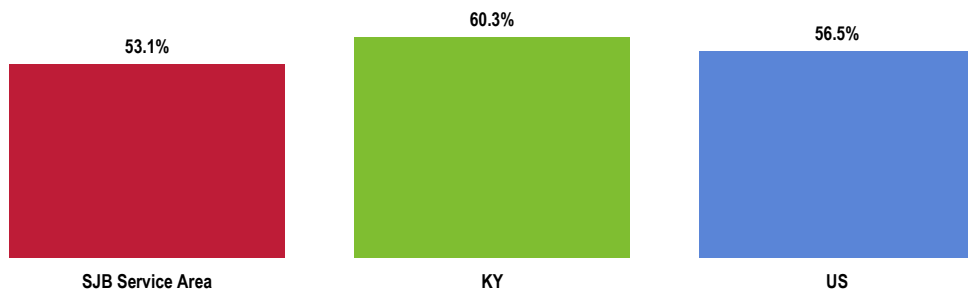
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Child Has Visited a Dentist or Dental Clinic Within the Past Year
(Parents of Children Age 2-17)
Healthy People 2030 = 45.0% or Higher

- SJB Service Area
- US

77.8%

78.1%
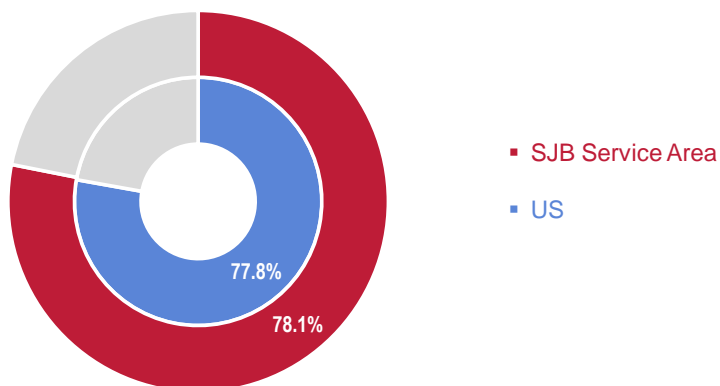
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 93]
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

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

Perceptions of Oral Health as a Problem in the Community
(Among Key Informants; SJB Service Area, 2025)

- Major Problem ▪ Moderate Problem ▪ Minor Problem ▪ No Problem At All

16.7%	66.7%	16.7%
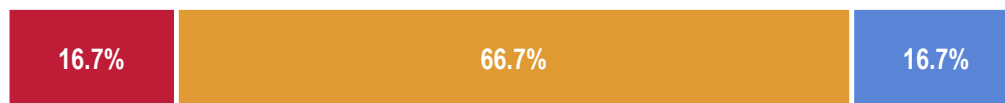
Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Children's Oral Health

> Majority of children are not seeing dentists or getting oral health care until there is a concern or need to invasive care. — Public Health Representative

LOCAL RESOURCES

Perceptions of Local Health Care Services

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

Ratings of Local Health Care Services
(SJB Service Area, 2025)

- Excellent — 20.3%
- Very Good — 36.8%
- Good — 25.2%
- Fair — 15.4%
- Poor — 2.3%
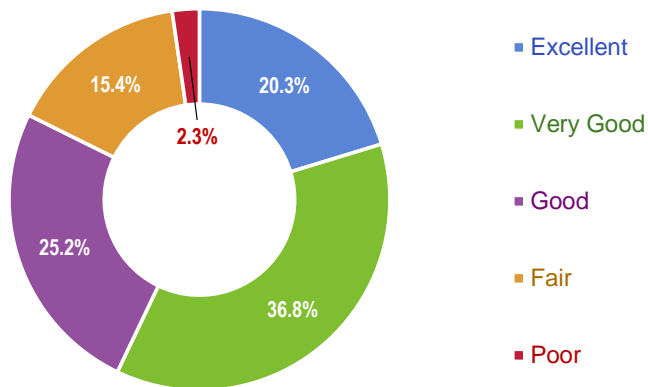
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.

Resources Available
to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Cancer

Baptist Health Richmond
Hospice

Diabetes

American Diabetes Association
Hospitals
Madison County Health Department
Madison County Schools
Saint Joseph Berea
White House Clinic

Disabling Conditions

Berea Home Village
Department for Veterans' Affairs
Hospice
Madison County Health Department
MORE
Social Security Administration

Heart Disease & Stroke

Saint Joseph Berea

Infant Health & Family Planning

Cabinet for Health and Family Services

Mental Health

Counseling Services

Nutrition, Physical Activity & Weight

24/7 Fitness
Berea Gym
Berea Senior Center
Berea Urban Farm
Doctors' Offices
Health Department
Kentucky Double Dollars
Parks and Recreation
Saint Joseph Berea
Save a Lot
White House Clinic

Social Determinants of Health

Berea Urban Farm
Kentucky Double Dollars
Libraries
University of Kentucky

Substance Use

AA/NA
Baptist Health Richmond
Dry Dock
Faith-Based Organizations
Liberty Place
MORE
Saint Joseph Berea
White House Clinic
Yonder Behavioral Health

Tobacco Use

Madison County Health Department

APPENDIX

EVALUATION OF PAST ACTIVITIES

2023-2025 Community Health Needs Assessment
Saint Joseph Berea
Impact of Action Taken

SUBSTANCE USE DISORDERS
GOAL: Reduce disease and death associated with substance use disorders through evidence-based prevention and treatment efforts

System / Hospital	Strategy	Key Accomplishments / Highlights
System	Advocate for public policies aimed at reducing use of tobacco products.	Substance Use Disorders were identified as a legislative priority for the Kentucky General Assembly in 2023, 2024 and 2025. Enacted 4 new laws in 2023: HB 248 Recovery Housing, HB 148 Substance Abuse or Mental Health Treatment Benefits, HB 353 Narcotic Drug Testing Products, HB 544 Hemp-Derived Products. Enacted 5 new laws in 2024: HB 11 prohibiting a retailer from selling certain products to persons under 21; HB142 banning tobacco, alternative nicotine and vapor products in public schools; HB 293 regulating kratom; HB 534 and SB 71 related to addiction treatment; and HB 462 providing a framework for certification of recovery residences. Advocated for Congressional reauthorization of the Comprehensive Addiction Recovery through Effective Employment and Reentry (CAREER) Act, which makes available competitive grants to treatment and recovery service providers to carry out evidence-based programs focused on supporting independent living and workforce participation among individuals in SUD treatment or recovery. (2023) Advocated in D.C. with the Central KY Policy Group to support federal efforts to curb the drug epidemic through prevention, treatment and criminal justice reforms. (2023) Joined coalition with American Cancer Society to advocate for $10M annually for Kentucky Tobacco Prevention & Cessation Program. (2024)

System	Expand pharmacist-driven initiation of medications for opioid use disorder.	Haley Busch, Manager, Performance Excellence-Opioid Program, worked with the system clinical informatics department to automate initiation of medications for opioid use disorder with an order set. Annual education for providers is given regarding use and ease of the order set. Education is also provided to case management across the system regarding longitudinal resources for patients with opioid use disorder. (FY23/FY24) The Kentucky Statewide Opioid Stewardship Program awarded Saint Joseph London and Saint Joseph Mount Sterling $50,000 each to participate in the ED Bridge Program, which recognizes that EDs have an opportunity to make opioid use disorder treatment accessible to all on a 24/7 basis. In addition to financial resources to establish a new position within both hospital EDs, KY SOS provided education on opioid stewardship best practices, support and coordination on the program, and access to clinical advisors and subject matter experts to guide the program towards sustainability. A peer support specialist was hired in 2024. (FY23/FY24) In FY23: ● 93% of providers received education ● 20% reduction in pain scores among patients ● 10% reduction in MME burden among patients ● 47% reduction in co-prescription of oral benzodiazepines with oral opioid
Saint Joseph Berea	Participate in and support the Madison Opioid Response and Empowerment project.	Violence Prevention Program in Madison County addresses substance use, bullying, suicide prevention, and unhealthy behaviors. ● 6 schools participate in program ● 23% of student body trained ● As reported in a survey conducted by the youth service centers, students reporting concerns for themselves and peers revolving around depression/anxiety at 68% (down from 71%), tobacco/vaping use at 60% of students (up from 56%), self esteem 58% (down from 63%), suicidal ideation (attempts) 39%, and alcohol/drug use at 35% (down from 43%). The survey shows a decrease in reports of bullying from 62% in 2020 down to 48% reported in 2023 (a 23% reduction). Suicide attempts/ideation is at 39%; reduced from the 2020 survey of 44% (an 11% reduction). Community benefit financial support for: ● $1,000 (2024) - The Bridge Ministry

MENTAL HEALTH & MENTAL DISORDERS
GOAL: Increase access to mental health services, enabling improved mental health outcomes for Kentucky residents

System / Hospital	Strategy	Key Accomplishments / Highlights
System	Advocate for public policies aimed at improving mental health outcomes.	Mental Health & Mental Disorders were identified as legislative priorities for the Kentucky General Assembly in 2023, 2024 and 2025. Enacted 4 new laws in 2023: HB 248 Recovery Housing, HB 148 Substance Abuse or Mental Health Treatment Benefits, SB 9 Hazing, SB 135 Postpartum Depression Care Enacted 3 new laws in 2024: HB385 allowing a patient's friend to make a health care decision when a patient lacks decisional capacity and has not executed a living will or advanced directive; HB 30 creating a suicide prevention program for service members, veterans and their families; SB 74 establishing the Kentucky Maternal Psychiatry Access Program which provides access to appropriate mental health services through a dedicated hotline and the Kentucky Maternal and Infant Health Collaborative to improve the quality and treatment of perinatal mental health disorders. 50 attendees at Catholic Conference of Kentucky Health Summit to heighten awareness about mental health issues and build a coalition of supporters. (2022) Advocated in D.C. with the Central KY Policy Group to increase resources for mental health treatment and research. (2023)
Saint Joseph Berea	Support local groups that have a mission to promote mental wellbeing and collaborate to develop and disseminate a list of mental health resources.	Community benefit financial support for: ● $1,000 (2024) - The Bridge Ministry ● $1,500 (2023) - Berea Home Village ● $500 (2023) - Madison Home Community Health Improvement Grant (2025) ● $10,000 - Hospice Care plus

WEIGHT STATUS, PHYSICAL ACTIVITY & NUTRITION
GOAL: Improve health and quality of life among community members by promoting healthy eating and regular physical activity

System / Hospital	Strategy	Key Accomplishments / Highlights
System	Advocate for initiatives that address the risk factors that lead to obesity and chronic disease in children.	Weight Status, Physical Activity & Nutrition were identified as legislative priorities for the Kentucky General Assembly in 2023, 2024 and 2025. Enacted 3 new laws in 2023: SB 9 Hazing, SB 229 Child Abuse, SB 80 Sex Offenders Enacted 1 new law in 2024: SB 74 supporting the Health Access Nurturing Development Services (HANDS) program which provides information related to lactation and breastfeeding.
Saint Joseph Berea	Educate community members on the risk factors for obesity and chronic diseases and provide screening at local events.	Heart Health screening at Spoonbread Festival Community Health Workers coordinated the contribution and distribution of: ● 100-150 pounds of fresh produce for patients with food insecurity ● 5 raised garden beds and garden tubs for patients with food insecurity 129 (2023) and 75 (2024) patients in Berea that screened positive for food insecurities were given emergency food boxes. Community Health Improvement Grants (2025) ● $16,000 Sustainable Berea