2025 COMMUNITY HEALTH NEEDS ASSESSMENT

Saint Joseph London Service Area

Jackson, Laurel & Whitley Counties, Kentucky

Sponsored by

Saint Joseph London

CHI Saint Joseph Health
A member of CommonSpirit

Adopted May 20, 2025

2025-0428-02

Prepared by
www.PRCExcellence.com

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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 London (SJL). 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.

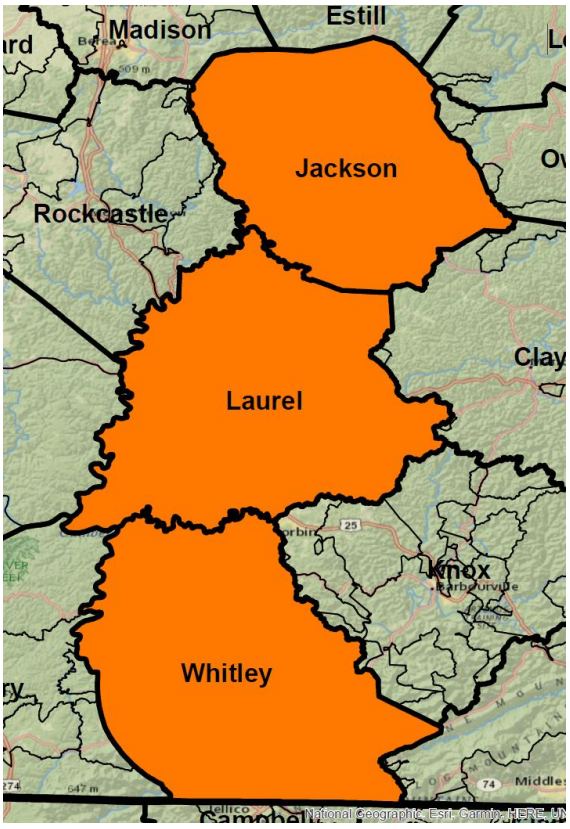
CHNA Collaborators

Saint Joseph London is the sole sponsor of this assessment, although one other hospital also serves our area. This assessment was conducted on behalf of Saint Joseph London 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 London is located at 1001 St. Joseph Lane, London, KY, 40741. 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 including 21 ZIP Codes in Jackson, Laurel, and Whitley counties in Kentucky.

These service area counties include the following ZIP Codes: 40004, 40013, 40051, 40107, 40403, 40353, 40402, 40434, 40447, 40481, 40486, 40701, 40702, 40729, 40737, 40740, 40741, 40744, 40759, 40763, and 40769.



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. **SUBSTANCE USE** ► Key informants identified this as a top concern in the community. Existing data revealed needs relative to cirrhosis/liver disease deaths and unintentional drug-induced deaths. Survey findings revealed needs related to use of prescription opioids.
2. **MENTAL HEALTH** ► Key informants identified this as a top concern in the community. Existing data revealed needs relative to suicides. Survey findings revealed needs related to diagnosed depression and the prevalence of mental health treatment.
3. **DIABETES** ► Key informants identified this as a top concern in the community. Existing data revealed needs relative to kidney disease deaths. Survey findings revealed needs related to diabetes prevalence.
4. **CANCER** ► Key informants identified this as a top concern in the community. Existing data show this to be a leading cause of death and revealed needs relative to cancer deaths (including lung and colorectal cancer deaths) as well as lung and colorectal cancer incidence. Survey findings revealed needs related to cancer prevalence and cervical cancer screenings.
5. **NUTRITION, PHYSICAL ACTIVITY & WEIGHT** ► Key informants identified this as a top concern in the community. Survey findings revealed needs related to a lack of leisure-time physical activity, meeting physical activity guidelines, and overweight/obesity prevalence among adults.
6. **TOBACCO USE** ► Key informants identified this as a top concern in the community. Survey findings revealed needs related to cigarette smoking (including smoking in the home) and use of vaping products.

7. **HEART DISEASE & STROKE** ▶ Existing data show heart disease to be a leading cause of death, with a relatively high mortality rate. Survey findings revealed needs related to heart disease prevalence, prevalence of high blood pressure and high blood cholesterol, and overall cardiovascular risk.

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

- DISABLING CONDITIONS
- ORAL HEALTH
- INJURY & VIOLENCE
- RESPIRATORY DISEASE
- ACCESS TO HEALTH CARE SERVICES
- INFANT HEALTH & FAMILY PLANNING

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
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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	26
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ASSESSMENT PROCESS & METHODS

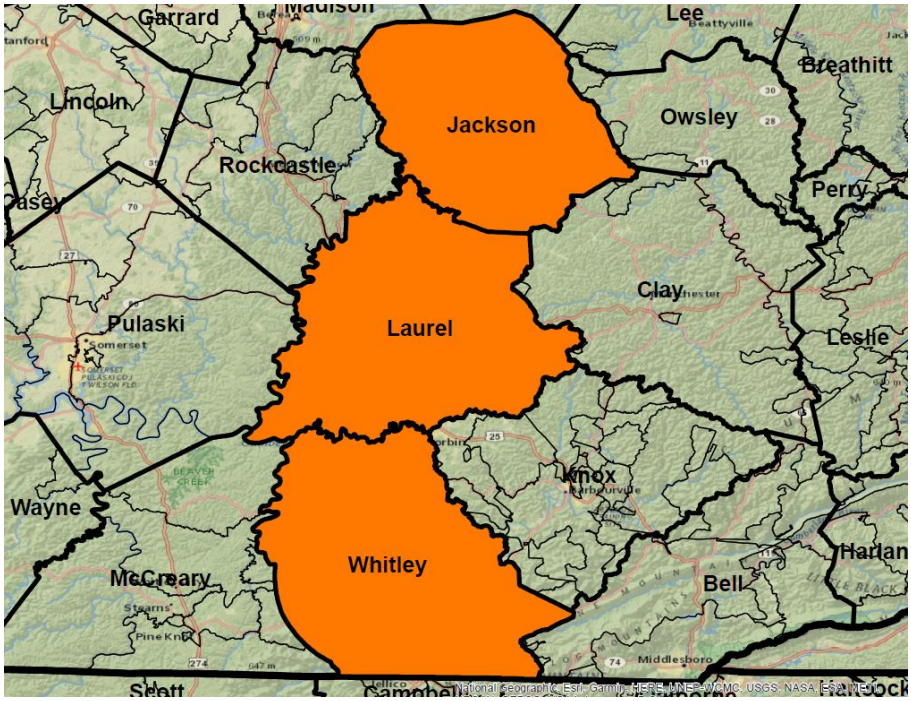
PRC Community Health Survey

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 London Service Area” or “SJL” in this report), determined based on the ZIP Codes of residence of recent patients of Saint Joseph London, includes Jackson, Laurel, and Whitley counties 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.

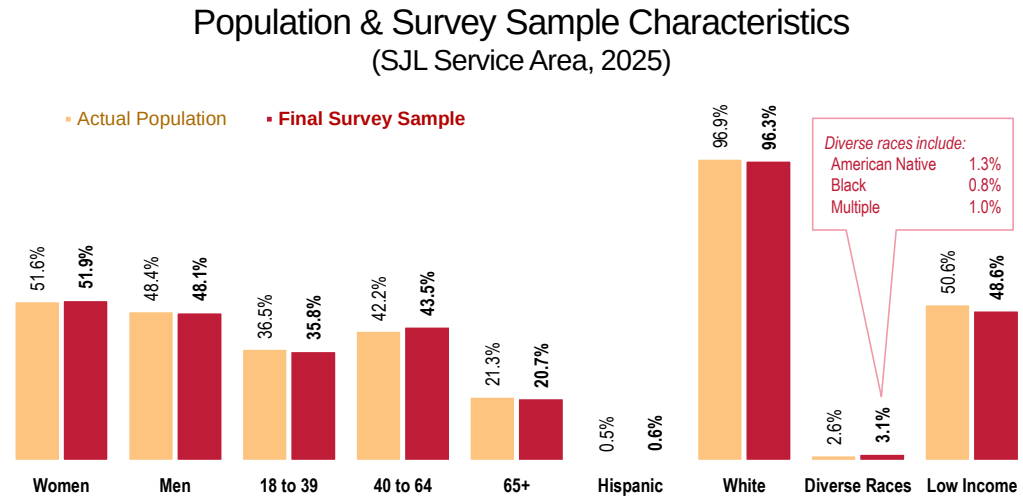
The sample design used for this effort consisted of a stratified random sample of 337 individuals age 18 and older in the Saint Joseph London Service Area. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the 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 337 respondents is ±5.7% at the 95 percent confidence level.

Sample Characteristics

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



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, 21 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	2
Public Health Representatives	2
Other Health Providers	1
Social Services Providers	3
Other Community Leaders	13

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
- Asians
- BIPOC
- Children being raised by relatives
- Disabled
- Elderly
- Foster youth
- Hispanic youth
- Hispanics
- Homebound
- Homeless
- Immigrants/refugees
- LGBTQIA+
- Low income
- Medicare/Medicaid patients
- Those who are isolated
- Those who need home health or hospice
- Those with dementia
- Those with language barriers
- Those with mental health issues
- Those with substance abuse issues
- Undocumented
- Uninsured/underinsured
- Veterans
- Youth

Final participation included representatives of the organizations outlined below.

- Come-Unity CO-OP Care
- Cumberland Valley Area Development District
- Cumberland Valley Domestic Violence Services, Inc.
- Department for Community Based Services
- Healing Minds Psychiatry and Counseling
- HeartStrings Mental Health
- Kentucky Communities Economic Opportunity Council Community Action Partnership
- Kentucky Legislature
- Knox County Public Schools
- Laurel County Agency for Substance Abuse Policy
- Laurel County Health Department
- Laurel County Public Schools
- Laurel Grocery
- Laurel London Chamber of Commerce
- Leadership Kentucky
- London-Laurel Economic Development Authority
- UNITE (Laurel County)
- United Way
- VNA Health at Home - Home Care and Hospice
- Whitley County Health Department

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 London 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 London 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 London 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	SJL Service Area	SJL SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
Linguistically Isolated Population (Percent)	0.3		0.0	
Population in Poverty (Percent)	22.7	16.1	12.4	8.0
Children in Poverty (Percent)	26.3	20.9	16.3	8.0
No High School Diploma (Age 25+, Percent)	18.1	11.5	10.6	
Unemployment Rate (Age 16+, Percent)	5.8	5.1	3.9	
% Unable to Pay Cash for a $400 Emergency Expense	44.8		34.0	
% Worry/Stress Over Rent/Mortgage in Past Year	40.7		45.8	
% Unhealthy/Unsafe Housing Conditions	19.1		16.4	
Population With Low Food Access (Percent)	15.8	19.8	22.2	
% Food Insecure	42.0		43.3	
		better	similar	worse

OVERALL HEALTH	SJL Service Area	SJL SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
% "Fair/Poor" Overall Health	29.9	21.9	15.7	
		better	similar	worse

ACCESS TO HEALTH CARE	SJL Service Area	SJL SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
% [Age 18-64] Lack Health Insurance	**4.6**	4.5	8.1	7.6
% Difficulty Accessing Health Care in Past Year (Composite)	**50.0**		52.5	
% Cost Prevented Physician Visit in Past Year	**14.0**	10.0	21.6	
% Cost Prevented Getting Prescription in Past Year	**18.3**		20.2	
% Difficulty Getting Appointment in Past Year	**22.8**		33.4	
% Inconvenient Hrs Prevented Dr Visit in Past Year	**18.9**		22.9	
% Difficulty Finding Physician in Past Year	**13.1**		22.0	
% Transportation Hindered Dr Visit in Past Year	**20.3**		18.3	
% Language/Culture Prevented Care in Past Year	**0.6**		5.0	
% Stretched Prescription to Save Cost in Past Year	**18.4**		19.4	
% Difficulty Getting Child's Health Care in Past Year	**5.4**		11.1	
% Typically Travel Over 25 Miles for Health Care Services	**18.9**			
% Traveled for Health Care 4+ Times in the Past Year	**26.3**			
Primary Care Doctors per 100,000	**73.9**	94.8	116.3	
% Have a Specific Source of Ongoing Care	**82.7**		69.9	84.0
% Routine Checkup in Past Year	**75.9**	78.6	65.3	

ACCESS TO HEALTH CARE SERVICES (continued)	SJL Service Area	SJL SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
% [Child 0-17] Routine Checkup in Past Year	94.4		77.5	
% Two or More ER Visits in Past Year	19.7		15.6	
% Rate Local Health Care "Fair/Poor"	20.9		11.5	
		better	similar	worse

CANCER	SJL Service Area	SJL SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
Cancer Deaths per 100,000	246.1	228.6	182.5	122.7
Lung Cancer Deaths per 100,000	78.3	64.8	39.8	25.1
Female Breast Cancer Deaths per 100,000	28.7	27.6	25.1	15.3
Prostate Cancer Deaths per 100,000	19.7	19.1	20.1	16.9
Colorectal Cancer Deaths per 100,000	23.9	21.3	16.3	8.9
Cancer Incidence per 100,000	509.3	506.8	442.3	
Lung Cancer Incidence per 100,000	101.7	84.4	54.0	
Female Breast Cancer Incidence per 100,000	120.0	126.7	127.0	
Prostate Cancer Incidence per 100,000	87.2	108.3	110.5	
Colorectal Cancer Incidence per 100,000	46.8	45.9	36.5	

CANCER (continued)	SJL Service Area	SJL SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
% Cancer	12.4	12.6	7.4	
% [Women 50-74] Breast Cancer Screening	72.6		64.0	80.5
% [Women 21-65] Cervical Cancer Screening	57.5		75.4	84.3
% [Age 45-75] Colorectal Cancer Screening	66.3		71.5	74.4
		better	similar	worse

CLIMATE, NATURE & HEALTH	SJL Service Area	SJL SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
% Consider Climate and Health Risk to be Connected	63.8			
% Health/Well-Being Impacted by Weather in the Past 3 Years	28.6			
% Access to Nature, Parks, or Greenspaces is “Fair/Poor”	12.0			
% Visit Nature, Parks, or Greenspaces Less Than Monthly	40.3			
		better	similar	worse

DIABETES	SJL Service Area	SJL SERVICE AREA vs. BENCHMARKS vs. KY	vs. US	vs. HP2030
Diabetes Deaths per 100,000	**31.9**	37.8	30.5	
% Diabetes/High Blood Sugar	**21.3**	14.8	12.8	
% Borderline/Pre-Diabetes	**13.5**		15.0	
Kidney Disease Deaths per 100,000	**33.4**	26.3	26.3	
		better	similar	worse

DISABLING CONDITIONS	SJL Service Area	SJL SERVICE AREA vs. BENCHMARKS vs. KY	vs. US	vs. HP2030
% 3+ Chronic Conditions	**55.3**		38.0	
% Activity Limitations	**41.3**		27.5	
% [With Limitations] Serious Difficulty Walking/Climbing Stairs	**56.2**			
% [With Limitations] Difficulty Dressing or Bathing	**24.2**			
% High-Impact Chronic Pain	**36.4**		19.6	6.4
Alzheimer's Disease Deaths per 100,000	**29.3**	34.6	35.8	
% Caregiver to a Friend/Family Member	**24.5**		22.8	
		better	similar	worse

HEART DISEASE & STROKE	SJL Service Area	SJL SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
Heart Disease Deaths per 100,000	345.1	257.1	209.5	127.4
% Heart Disease	16.8	9.5	10.3	
Stroke Deaths per 100,000	56.4	52.7	49.3	33.4
% Stroke	3.6	4.6	5.4	
% High Blood Pressure	54.3	39.9	40.4	42.6
% High Cholesterol	44.7		32.4	
% 1+ Cardiovascular Risk Factor	94.3		87.8	
		better	similar	worse

INFANT HEALTH & FAMILY PLANNING	SJL Service Area	SJL SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
No Prenatal Care in First 6 Months (Percent of Births)		5.5	6.1	
Teen Births per 1,000 Females 15-19	40.4	25.7	16.6	
Low Birthweight (Percent of Births)	9.4	8.9	8.3	
Infant Deaths per 1,000 Births	5.4	5.8	5.6	5.0
		better	similar	worse

INJURY & VIOLENCE	SJL Service Area	SJL SERVICE AREA vs. BENCHMARKS vs. KY	vs. US	vs. HP2030
Unintentional Injury Deaths per 100,000	**93.4**	94.3	67.8	43.2
Motor Vehicle Crash Deaths per 100,000	**16.8**	17.5	13.3	10.1
Homicide Deaths per 100,000	**5.9**	8.2	7.6	5.5
Violent Crimes per 100,000			0.0	
% Victim of Violent Crime in Past 5 Years	**4.6**		7.0	
% Victim of Intimate Partner Violence	**26.6**		20.3	
		better	similar	worse

MENTAL HEALTH	SJL Service Area	SJL SERVICE AREA vs. BENCHMARKS vs. KY	vs. US	vs. HP2030
% "Fair/Poor" Mental Health	**28.6**		24.4	
% Diagnosed Depression	**38.4**	25.8	30.8	
% Symptoms of Chronic Depression	**50.5**		46.7	
% Typical Day Is "Extremely/Very" Stressful	**20.7**		21.1	
Suicide Deaths per 100,000	**20.1**	18.1	14.7	12.8
Mental Health Providers per 100,000	**308.2**	319.9	312.5	
% Receiving Mental Health Treatment	**29.0**		21.9	
% Unable to Get Mental Health Services in Past Year	**10.8**		13.2	

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	SJL Service Area	SJL SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
% "Very/Somewhat" Difficult to Buy Fresh Produce	32.6		30.0	
% No Leisure-Time Physical Activity	41.1	26.4	30.2	21.8
% Meet Physical Activity Guidelines	17.1	15.3	30.3	29.7
% [Child 2-17] Physically Active 1+ Hours per Day	50.1		27.4	
% Overweight (BMI 25+)	71.9	71.8	63.3	
% Obese (BMI 30+)	44.0	37.7	33.9	36.0
% [Child 5-17] Overweight (85th Percentile)	27.9		31.8	
% [Child 5-17] Obese (95th Percentile)	21.1		19.5	15.5
		better	similar	worse

ORAL HEALTH	SJL Service Area	SJL SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
% Have Dental Insurance	77.5		72.7	75.0
% Dental Visit in Past Year	49.0	60.3	56.5	45.0
% [Child 2-17] Dental Visit in Past Year	85.7		77.8	45.0
		better	similar	worse

RESPIRATORY DISEASE	SJL Service Area	SJL SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
Lung Disease Deaths per 100,000	**97.2**	72.3	43.5	
Pneumonia/Influenza Deaths per 100,000	**20.1**	17.8	13.4	
% Asthma	**15.9**	10.8	17.9	
% [Child 0-17] Asthma	**12.2**		16.7	
% COPD (Lung Disease)	**14.9**	11.7	11.0	
		better	similar	worse

SEXUAL HEALTH	SJL Service Area	SJL SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
HIV Prevalence per 100,000	**96.0**	222.5	386.6	
Chlamydia Incidence per 100,000	**307.4**	381.9	492.2	
Gonorrhea Incidence per 100,000	**59.2**	134.4	179.0	
		better	similar	worse

SUBSTANCE USE	SJL Service Area	SJL SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
Alcohol-Induced Deaths per 100,000	13.9	14.7	15.7	
Cirrhosis/Liver Disease Deaths per 100,000	23.9	20.2	16.4	10.9
% Excessive Drinking	12.6	13.8	34.3	
Unintentional Drug-Induced Deaths per 100,000	48.5	48.9	29.7	
% Used an Illicit Drug in Past Month	7.2		8.4	
% Used a Prescription Opioid in Past Year	22.8		15.1	
% Ever Sought Help for Alcohol or Drug Problem	10.1		6.8	
% Personally Impacted by Substance Use	48.0		45.4	
		better	similar	worse

TOBACCO USE	SJL Service Area	SJL SERVICE AREA vs. BENCHMARKS		
		vs. KY	vs. US	vs. HP2030
% Smoke Cigarettes	33.0	17.4	23.9	6.1
% Someone Smokes at Home	27.6		17.7	
% Use Vaping Products	24.8	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	SUBSTANCE USE	▪ Unintentional Drug-Induced Deaths ▪ Use of Prescription Opioids ▪ Key Informants: *Substance Use* ranked as a top concern.
2	MENTAL HEALTH	▪ Diagnosed Depression ▪ Suicide Deaths ▪ Receiving Treatment for Mental Health ▪ Key Informants: *Mental Health* ranked as a top concern.
3	DIABETES	▪ Diabetes Prevalence ▪ Kidney Disease Deaths ▪ Key Informants: *Diabetes* ranked as a top concern.
4	CANCER	▪ Leading Cause of Death ▪ Cancer Deaths – Including Lung Cancer and Colorectal Cancer Deaths ▪ Cancer Incidence – Including Lung Cancer and Colorectal Cancer ▪ Cancer Prevalence ▪ Cervical Cancer Screening ▪ Key Informants: *Cancer* ranked as a top concern.

5	NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Lack of Leisure-Time Physical Activity ▪ Meeting Physical Activity Guidelines ▪ Overweight & Obesity [Adults] ▪ Key Informants: *Nutrition, Physical Activity & Weight* ranked as a top concern.
6	TOBACCO USE	▪ Cigarette Smoking ▪ Cigarette Smoking in the Home ▪ Use of Vaping Products ▪ Key Informants: *Tobacco Use* ranked as a top concern.
7	HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ Heart Disease Deaths ▪ Heart Disease Prevalence ▪ High Blood Pressure Prevalence ▪ High Blood Cholesterol Prevalence ▪ Overall Cardiovascular Risk

Other health needs identified in this assessment include:

- DISABLING CONDITIONS
- ORAL HEALTH
- INJURY & VIOLENCE
- RESPIRATORY DISEASE
- ACCESS TO HEALTH CARE SERVICES
- INFANT HEALTH & FAMILY PLANNING

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

Hospital Implementation Strategy

Saint Joseph London 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 London Service Area, the focus of this Community Health Needs Assessment, includes Jackson, Laurel, and Whitley counties. It encompasses 1,216.85 square miles and houses a total population of 112,489 residents, according to latest census estimates.

The Saint Joseph London Service Area is predominantly rural.

Note the following demographic makeup of our community.

Core Demographic Summary

	SJL Service Area
Urbanization	78.7% Rural
Total Population Size	112,489
Race & Ethnicity — *Hispanic*	1.7%
White	95.2%
Black	0.6%
Asian	0.2%
Native Hawaiian/Pacific Islander	0.1%
Average Household Income	$66,409
Percent of Population Living in Poverty (Below 100% FPL)	22.7%
Unemployment Rate (December 2024)	5.8%
Percent of People Age 5 and Older Who are Non-English Speaking	0.5%
Percent of People Without Health Insurance	7.1%
Percent of People with Medicaid	39.7%
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.

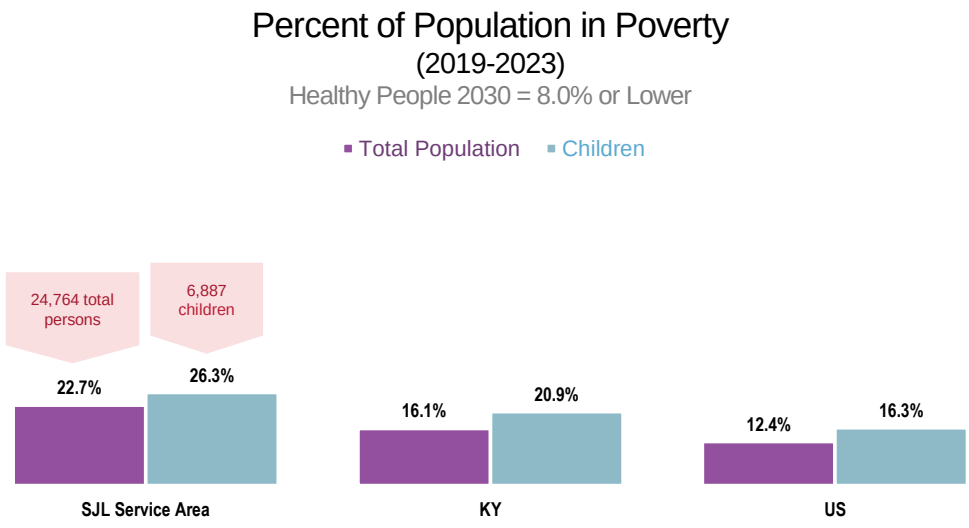
– Healthy People 2030 (https://health.gov/healthypeople)

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.

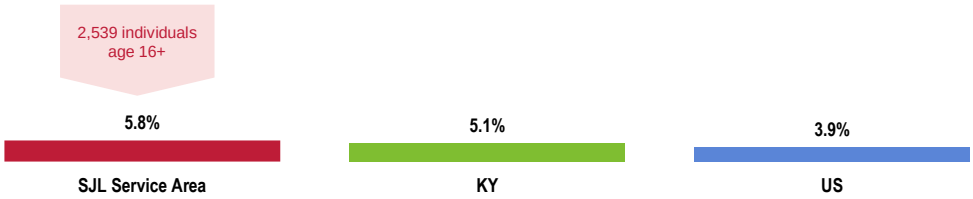


Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Employment

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

Unemployment Rate
(As of December 2024)



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).

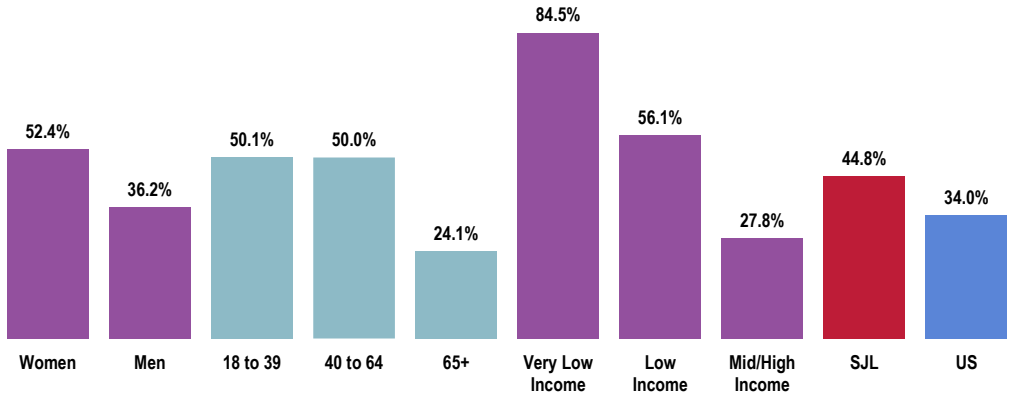
Notes:
- Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).

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 London 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
(SJL Service Area, 2025)



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.

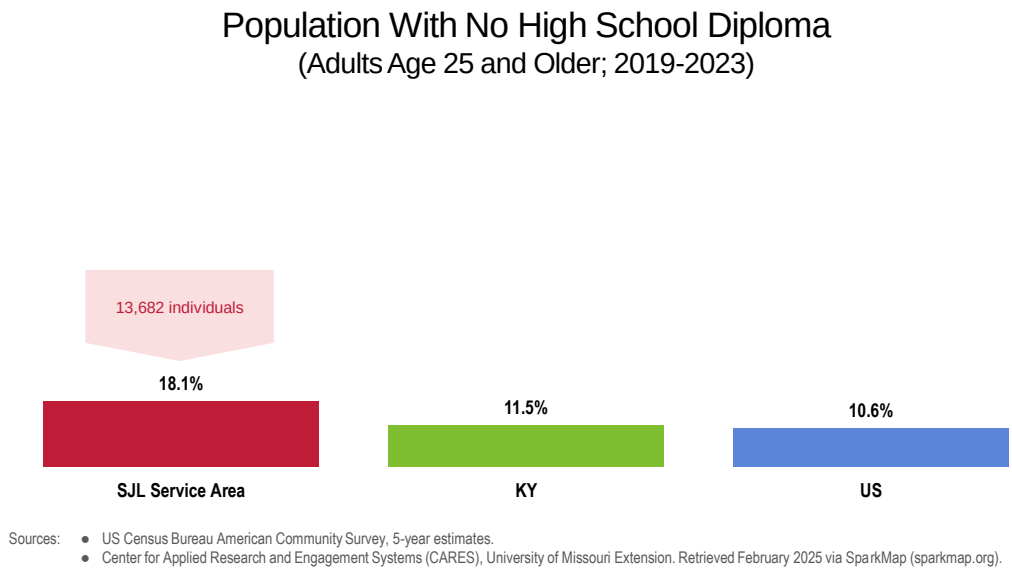
INCOME & RACE/ETHNICITY

INCOME ► Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2024 guidelines place the poverty threshold for a family of four at $30,700 annual household income or lower). In sample segmentation: “very low income” refers to community members living in a household with defined poverty status; “low income” refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ► While the survey data are representative of the full racial and ethnic makeup of the population, samples were not of sufficient size for independent analysis by race and/or ethnicity.

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.

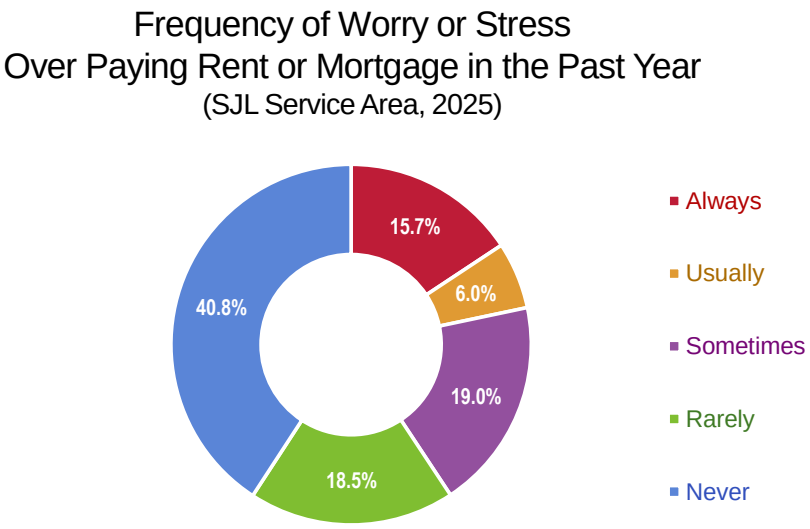


Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Housing

Housing Insecurity

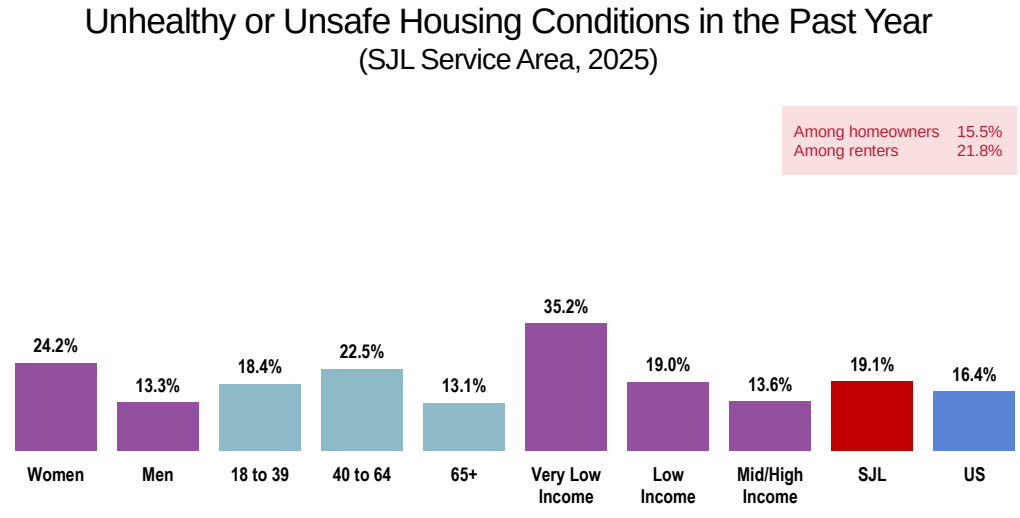
PRC SURVEY ► "In the past 12 months, how often were you worried or stressed about having enough money to pay your rent or mortgage? Would you say you were worried or stressed: always, usually, sometimes, rarely, or never?"



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?"



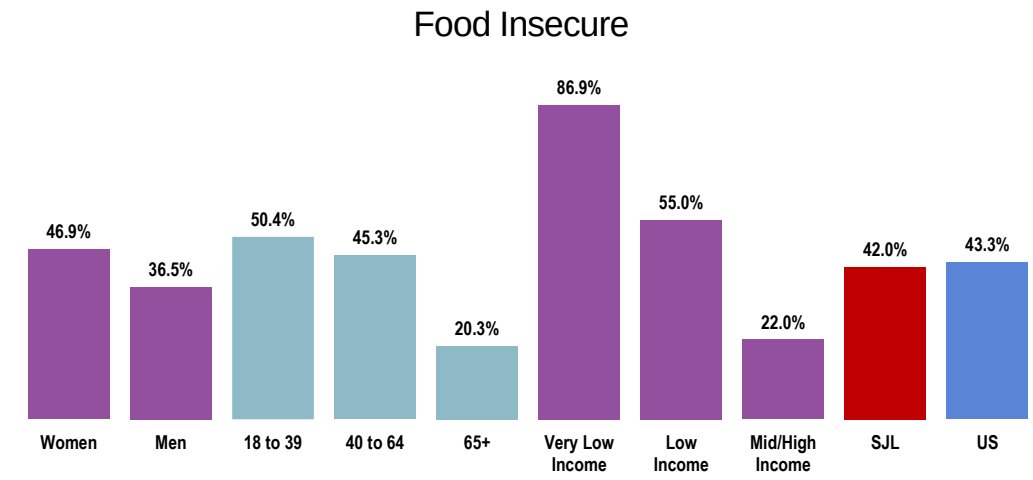
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 55]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions 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.



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

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.

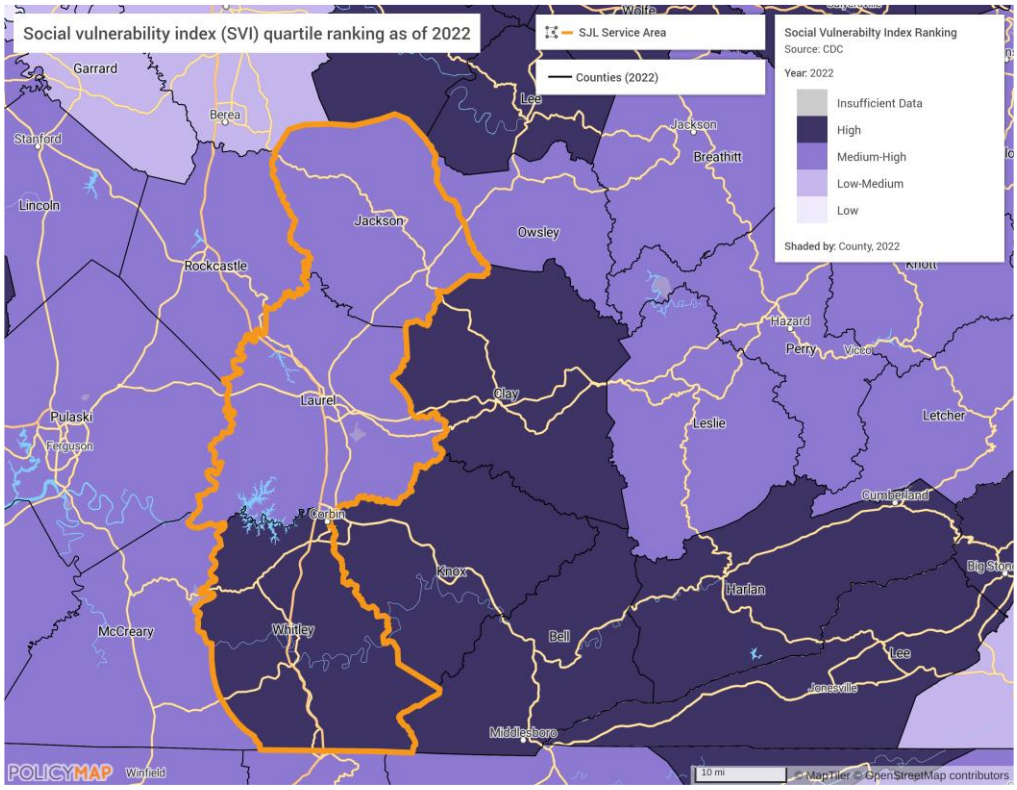
The CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI) uses 16 US census variables to help local officials identify communities that may need support before, during, or after disasters.

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 London Service Area with the highest social vulnerability.

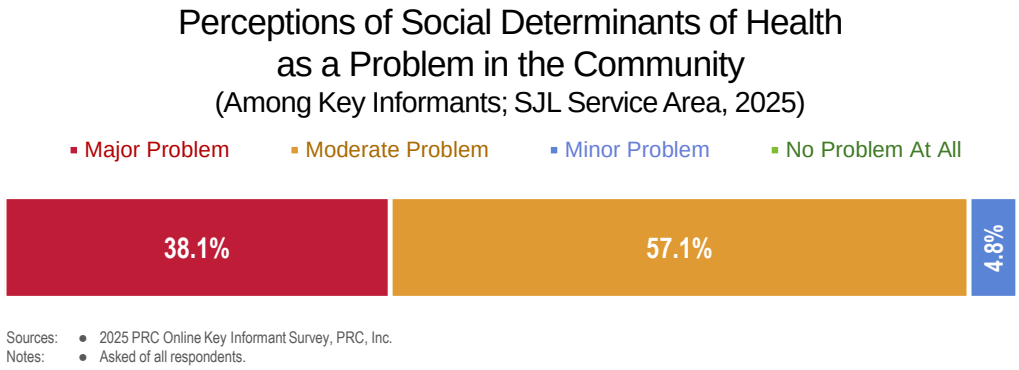
Social Vulnerability



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:



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

Income/Poverty

> Poverty — Public Health Representative
>
> Poverty- Generational poverty perpetuates a cycle where families struggle to break free from economic hardships, affecting health outcomes across multiple generations. Many residents are stuck in low-wage or unstable jobs that do not provide health insurance or other benefits, limiting their ability to afford preventive and routine healthcare. Lack of Education- Education levels in Eastern Kentucky are lower than the national average, with many residents lacking high school diplomas or higher education degrees. Lower educational attainment is strongly correlated with poor health outcomes, as it limits job opportunities, health literacy, and the ability to navigate complex healthcare systems. Housing instability- Many residents live in substandard housing with poor insulation, mold, and inadequate heating, which can exacerbate respiratory issues and other health problems. — Health Care Provider
>
> There are biases towards families in poverty and they do not receive same care or services as others. I have personally witnessed the difference in care for a family in poverty and family in upper-middle class. Also, several families are often deemed as drug seeking when they go to a medical facility for chronic pain when in actuality, they need care and pain relief. — Community Leader

Awareness/Education

> Lack of awareness of their impact, or those seeking assistance do not know where to look. Many issues have root causes that are social determinants. — Community Leader
>
> The percentage of high school graduates is 83% but the percentage of college graduates is 16.5% for Laurel County over the last 5 years. This leads to a population with overall low income. KY Medicaid rate is 22%, while Laurel County is 26%. This creates a gap in healthcare literacy and a barrier to adequate resources to prioritize preventive health measures. — Physician

Housing

> Lack of affordable housing options and the inability of landlords who own rental properties to meet the standards set by the entities that provide money for low-income housing participants. — Community Leader

Diagnosis/Treatment

> Several of our citizens utilize the ER as a Doctors office, rather than an emergency. — Community Leader

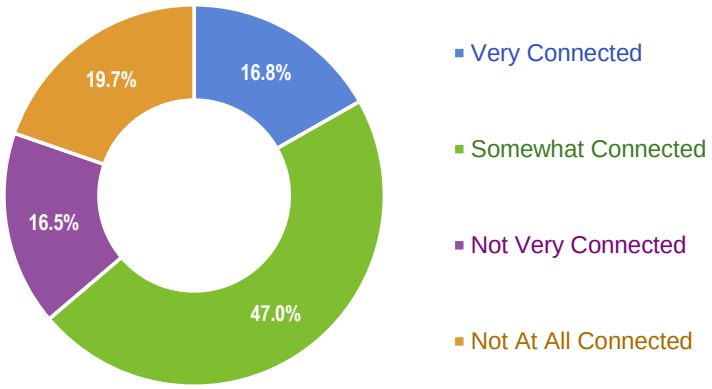
CLIMATE, NATURE & HEALTH

Climate/Health Connection

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.

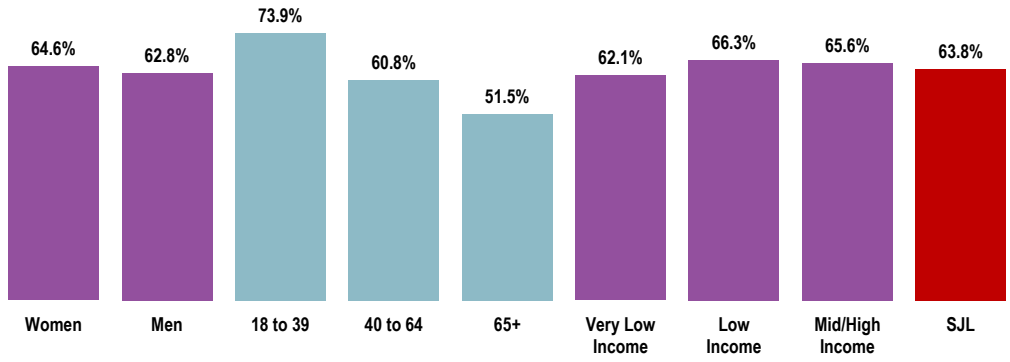
PRC SURVEY ► "To what extent do you feel that climate is connected to health risks? Would you say it is very connected, somewhat connected, not very connected, or not at all connected?"

Perception of Climate's Connection to Health Risks
(SJL Service Area, 2025)



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.

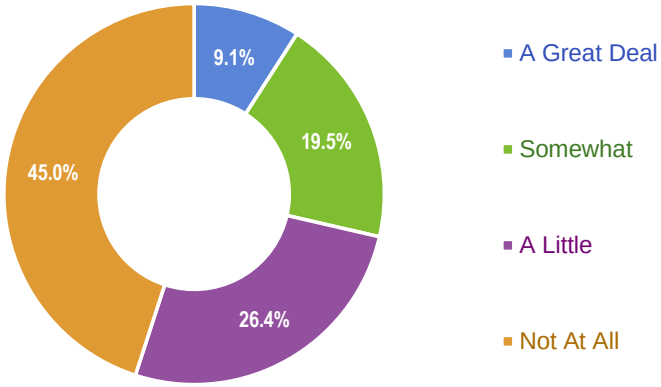
Climate and Health Risk Are "Very/Somewhat Connected"
(SJL Service Area, 2025)



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.

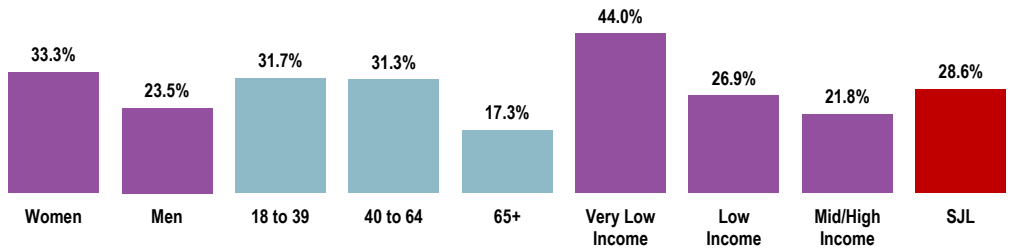
PRC SURVEY ► "In the past three years, to what extent has your health or well-being been impacted by weather events? Would you say a great deal, somewhat, a little, or not at all?"

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



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
(SJL Service Area, 2025)

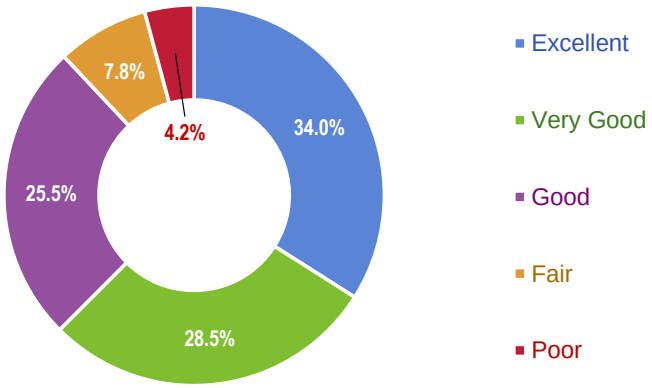


Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: ● Asked of all respondents.

Access to Nature, Parks & Greenspaces

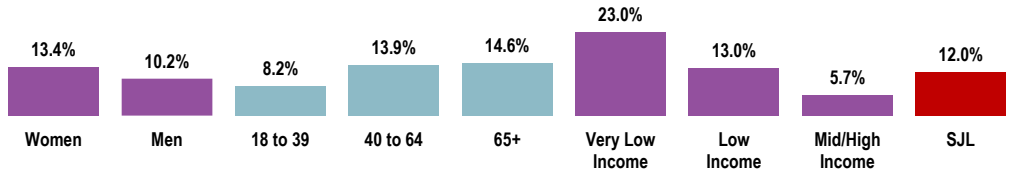
PRC SURVEY ► "How would you rate access to nature, parks, or greenspaces in your area? Would you say excellent, very good, good, fair, or poor?"

Rating of Access to Nature, Parks, or Greenspaces
(SJL Service Area, 2025)



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

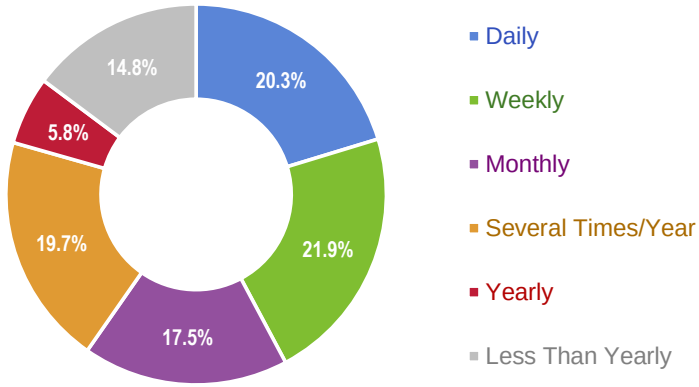
Access to Nature, Parks, or Greenspaces is "Fair" or "Poor"
(SJL Service Area, 2025)



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

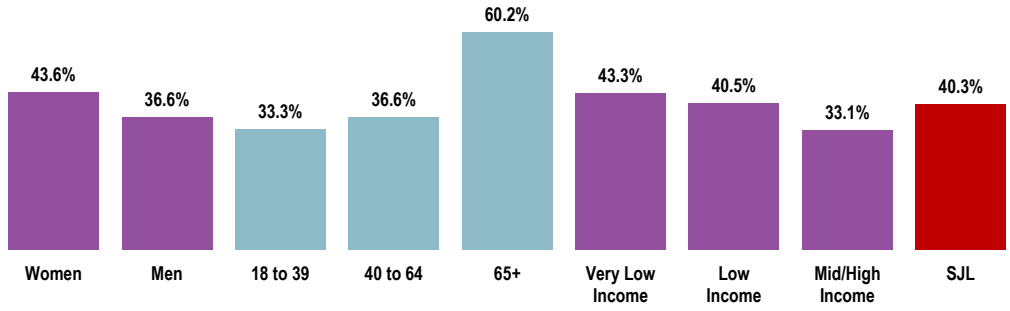
PRC SURVEY ► "How often do you spend time in nature, parks, or greenspaces in your area?"

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



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 309]
Notes: ● Asked of all respondents.

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



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 309]
Notes: ● Asked of all respondents.

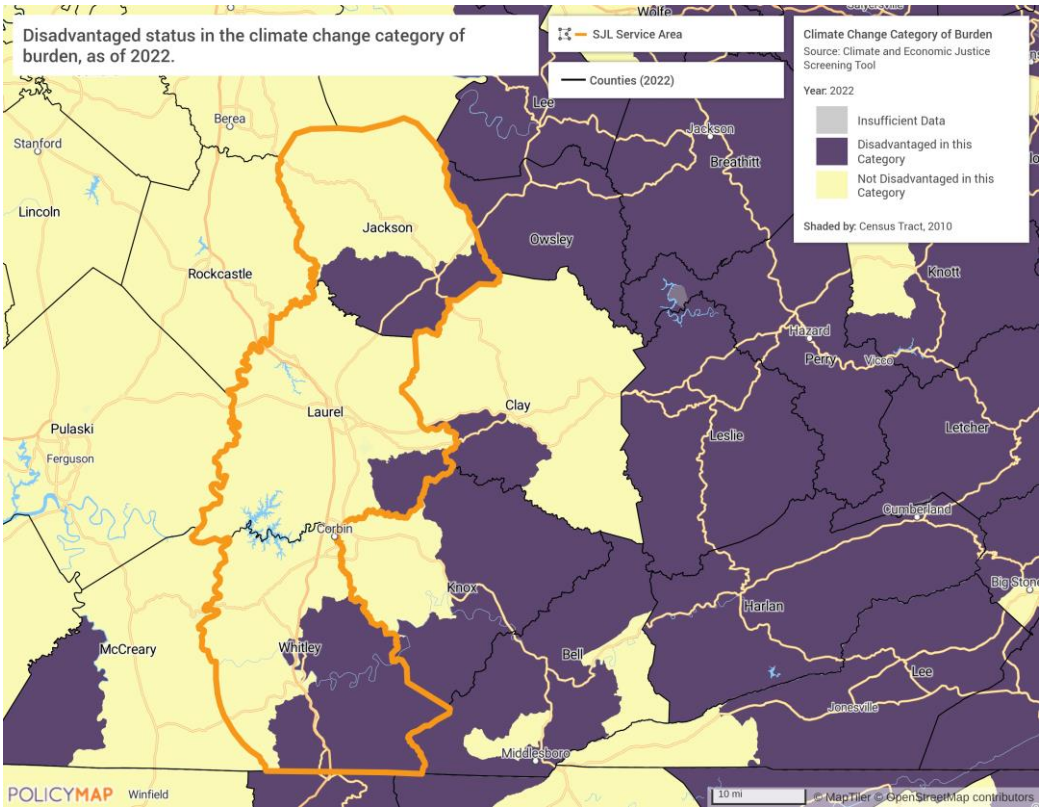
Climate Change Burden

The Climate and Economic Justice Screening Tool (CEJST) was developed by the Council on Environmental Quality to identify disadvantaged communities that face burdens across eight categories: climate change, energy, health, housing, legacy pollution, transportation, water and wastewater, and workforce development. CEJST combines a number of publicly available national datasets to identify disadvantaged communities.

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 London Service Area with the highest burden relative to climate change.

Disadvantaged Status for Climate Change Category of Burden

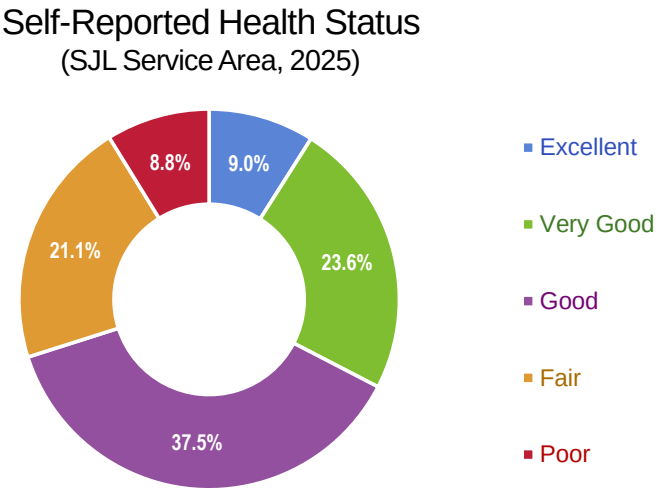


Source: Council on Environmental Quality, Climate and Economic Justice Screening Tool (CEJST). Accessed via PolicyMap.

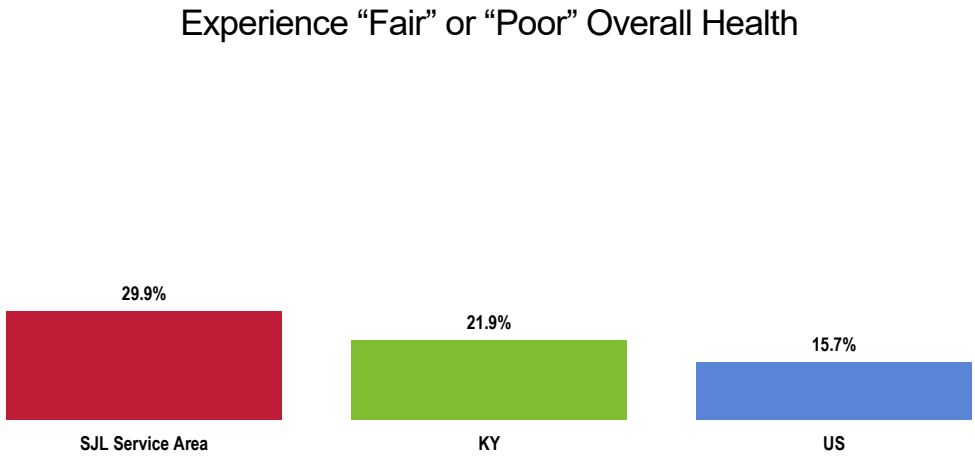
HEALTH STATUS

Overall Health

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

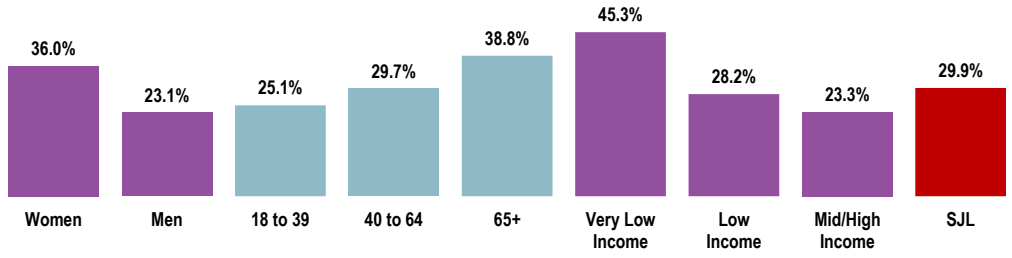


Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: ● Asked of all respondents.



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
(SJL Service Area, 2025)



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

Mental Health

ABOUT MENTAL HEALTH & MENTAL DISORDERS

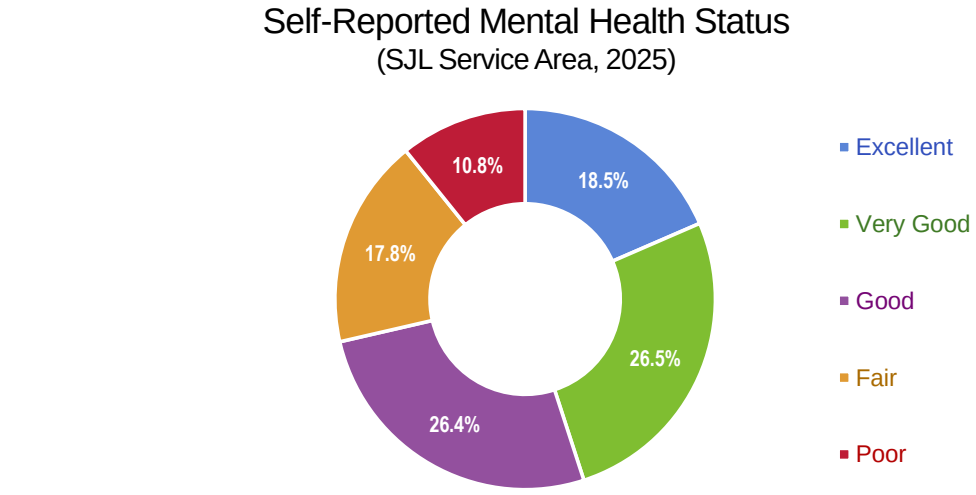
About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental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

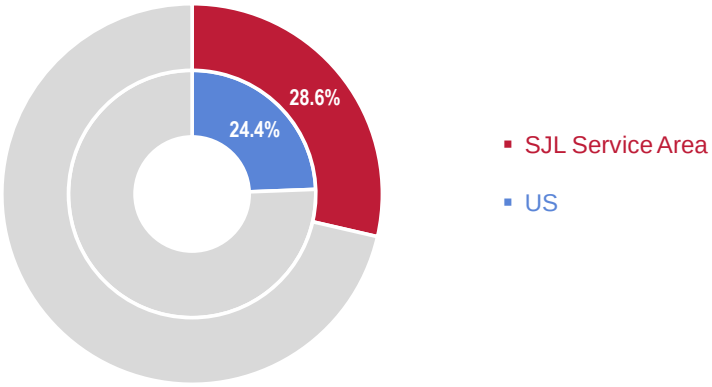
Mental Health Status

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?"



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: ● Asked of all respondents.

Experience “Fair” or “Poor” Mental Health



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

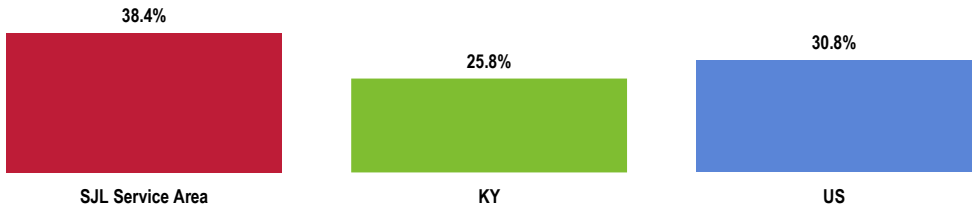
Notes:
- Asked of all respondents.

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



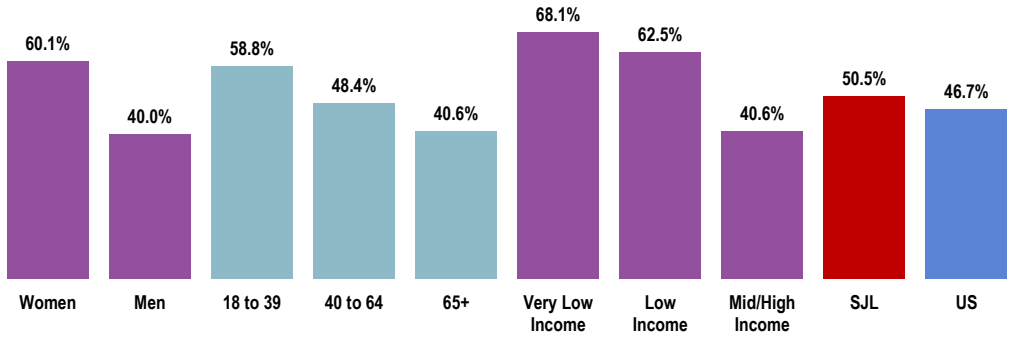
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 80]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
- 2023 PRC National Health Survey,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



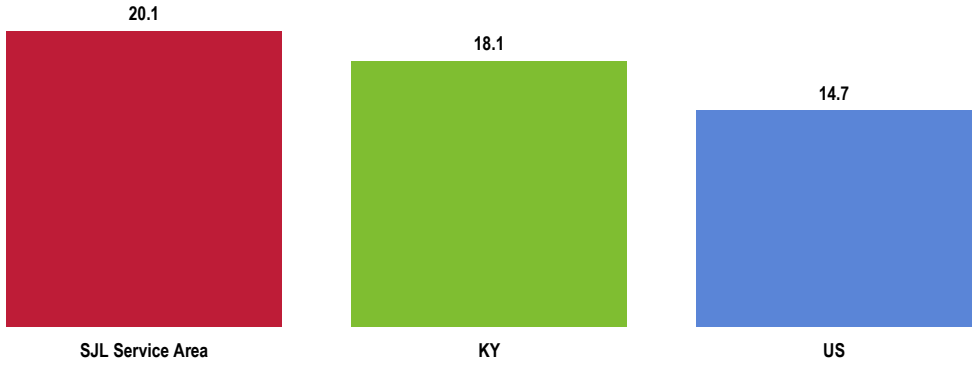
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 78]
- 2023 PRC National Health Survey, PRC, Inc.

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



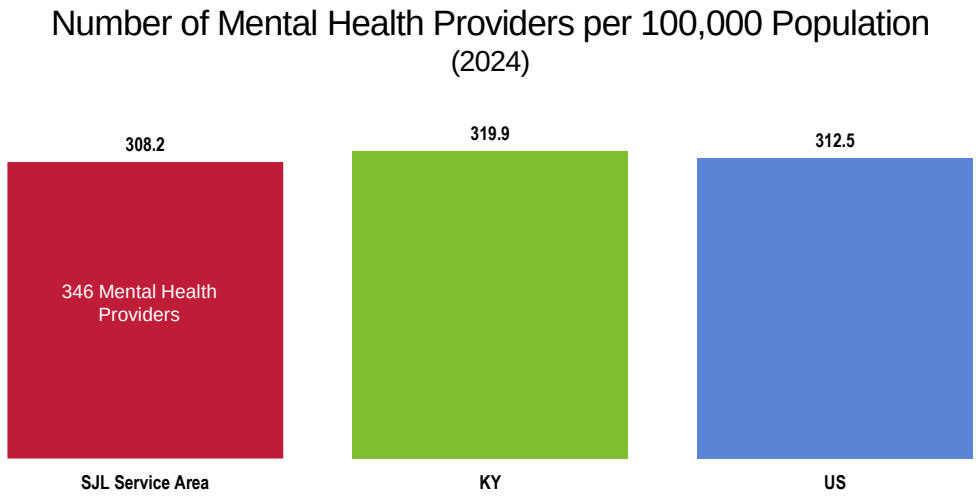
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

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

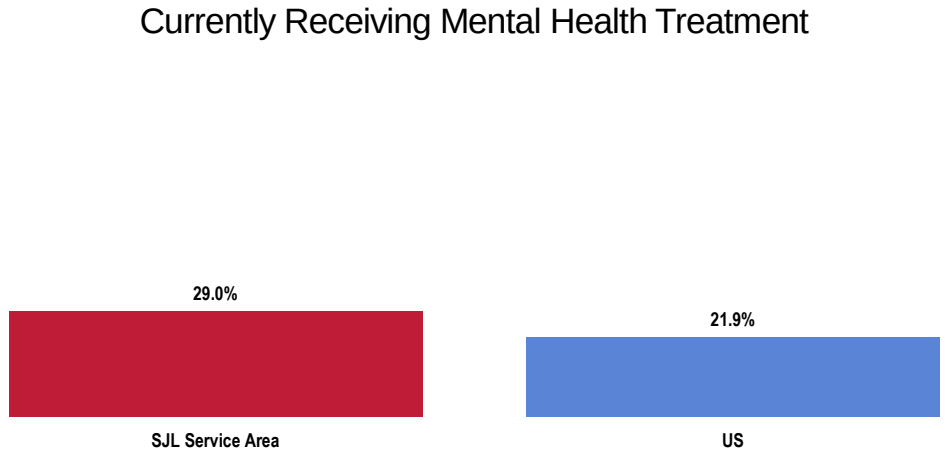
The following chart outlines access to mental health providers, expressed as the number of providers (psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care) per 100,000 residents.



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.

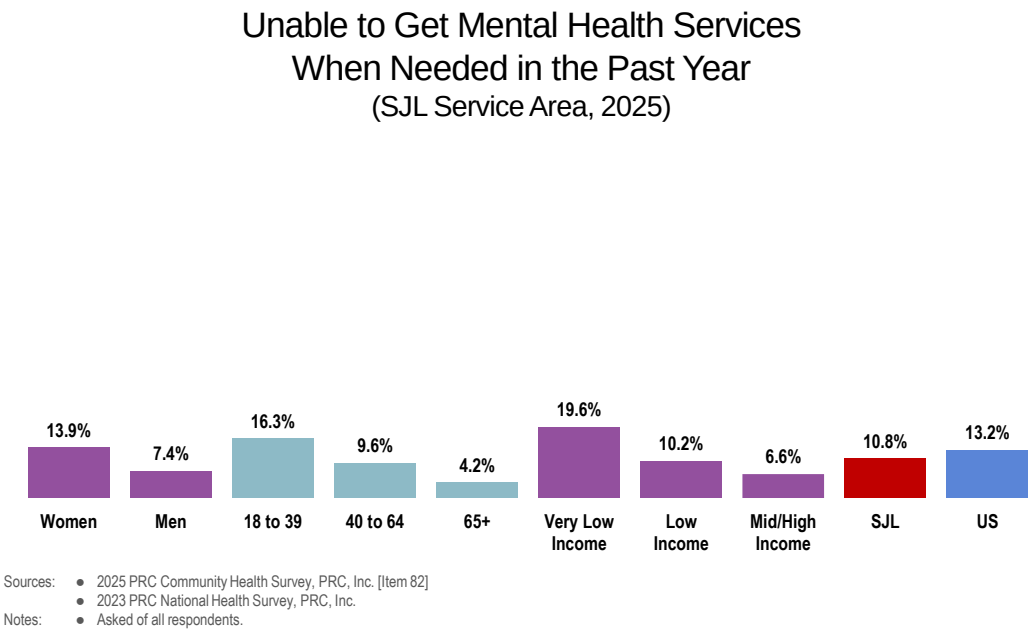
PRC SURVEY ► "Are you now taking medication or receiving treatment from a doctor, nurse, or other health professional for any type of mental health condition or emotional problem?"



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 81]
- 2023 PRC National Health Survey, PRC, Inc.

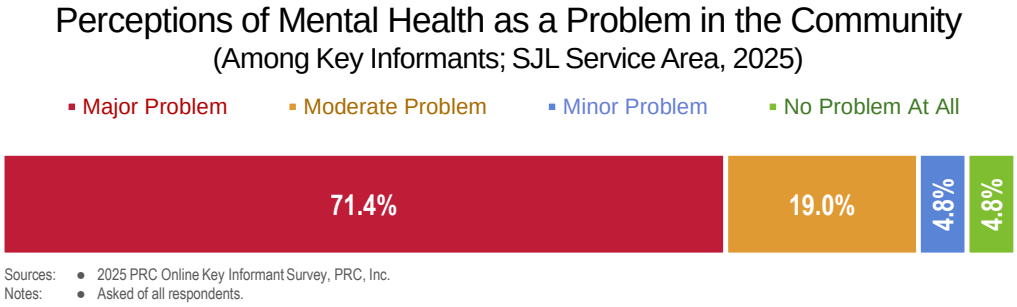
Notes:
- Asked of all respondents.
- Includes individuals now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.

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



Key Informant Input: Mental Health

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



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

Denial/Stigma

> Stigma with getting help or going to appointments. Transportation to appointments, scheduling conflicts and payments. Cannot afford prescriptions or they do not take prescriptions as prescribed. — Community Leader
>
> Stigma associated with mental health. Individuals either are not able to access or not willing to access professional mental health services. — Public Health Representative
>
> Stigma. — Public Health Representative
>
> Although I believe it is getting better, there is still a stigma that exists for those suffering with mental health challenges that make them hesitate to reach out for care. I also think there are a limited number of providers in our area. The number of suicides in the tri county area in the past 2 years is terrifying. — Community Leader

> Stigma- Cultural attitudes in rural areas like Eastern Kentucky often view mental health issues as a personal weakness rather than a medical condition. This stigma discourages many people from seeking help or discussing their struggles openly. Poverty- High poverty rates, unemployment, and economic instability contribute to chronic stress, anxiety, and depression. Education- Many residents lack awareness about mental health conditions, their symptoms, and the importance of seeking early intervention. Schools and workplaces often do not have robust mental health education programs or resources to support those in need. Isolation- Rural areas like Eastern Kentucky are geographically isolated, which can lead to social isolation, loneliness, and a lack of community support. — Health Care Provider

Diagnosis/Treatment

> Early diagnosis. — Social Services Provider
>
> Very little being done about diagnosis and treatment. Instead, people are just being referred to programs that are not specifically geared for the mentally ill. — Community Leader

Awareness/Education

> Knowing what resources are available and how to access them. I tried to find a drug rehab service for a family member on my own before and it was a nightmare. There are so many hoops to jump through I can see how someone would get frustrated and just give up. — Community Leader
>
> Lack of stability, lack of education and high addiction issues. — Community Leader

Access to Care/Services

> The lack of care and stereotypes around receiving help. — Social Services Provider

Housing

> Housing, basic life skills, caregivers and medication management. Not enough inpatient treatment resources. — Social Services Provider

Impact on Quality of Life

> Mental health issues can cause a lack of steady income. It can also cause one to be ostracized. Making sound decisions is not possible. — Community Leader

Income/Poverty

> The socioeconomic challenges, the recent isolation of the pandemic, the disruption of families related to substance abuse, and the political climate creates a general unrest and sense of helplessness for many people. The resultant depression and anxiety from these factors further interrupt healthy function in these communities. — Physician

Lack of Sleep

> I have two jobs and one is in the school system. One huge issue I see there is lack of sleep. I know that it's not a health problem, but I do believe it can lead to health problems and it certainly does affect a child's ability to perform well in school. — Community Leader

Transportation

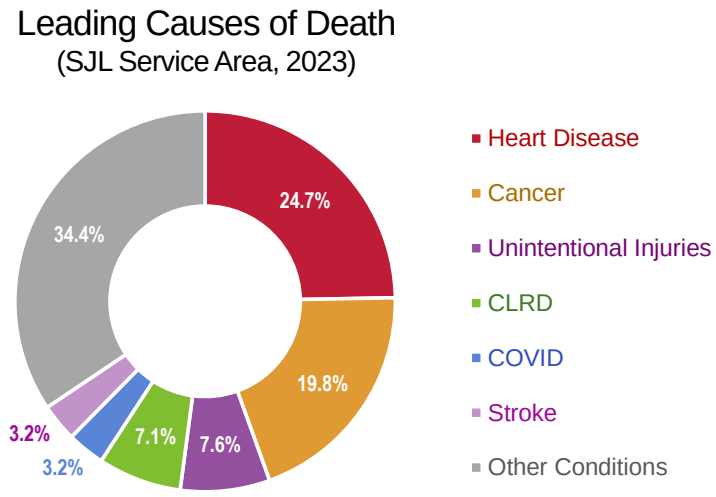
> Transportation to and from appointments. It's a major barrier to care. — Physician

DEATH, DISEASE & CHRONIC CONDITIONS

Leading Causes of Death

Distribution of Deaths by Cause

The following outlines leading causes of death in the community.



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

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

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)

	SJL Service Area	KY	US	Healthy People 2030
Heart Disease	345.1	257.1	209.5	127.4*
Cancers (Malignant Neoplasms)	246.1	228.6	182.5	122.7
Lung Disease (Chronic Lower Respiratory Disease)	97.2	72.3	43.5	—
Unintentional Injuries	93.4	94.3	67.8	43.2
Stroke (Cerebrovascular Disease)	56.4	52.7	49.3	33.4
Unintentional Drug-Induced Deaths	48.5	48.9	29.7	—
Kidney Disease	33.4	26.3	16.9	—
Diabetes	31.9	37.8	30.5	—
Alzheimer's Disease	29.3	34.6	35.8	—
Cirrhosis/Liver Disease	23.9	20.2	16.4	10.9
Pneumonia/Influenza	20.1	17.8	13.4	—
Suicide	20.1	18.1	14.7	12.8
Motor Vehicle Crashes	16.8	17.5	13.3	10.1
Alcohol-Induced Deaths	13.9	14.7	15.7	—
Homicide [2019-2023]	5.9	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.

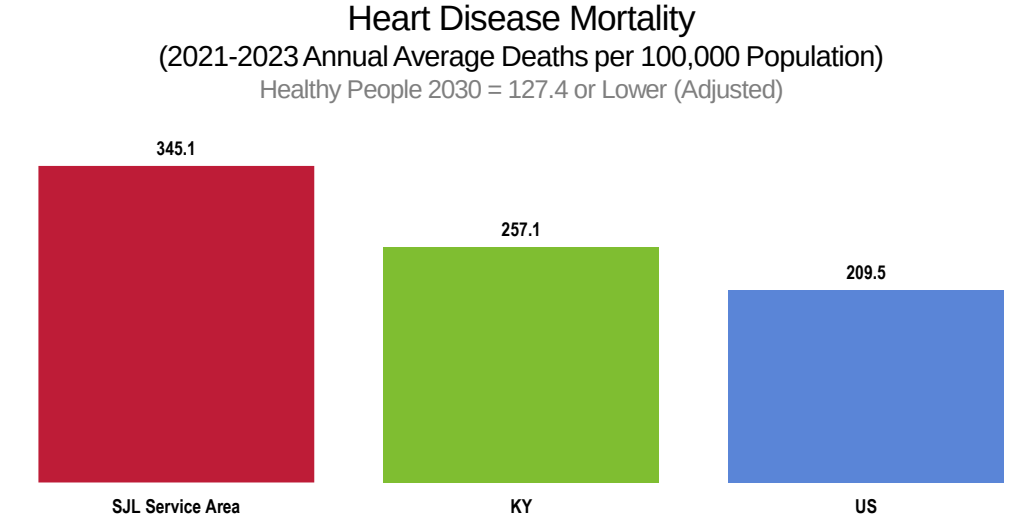
In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they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



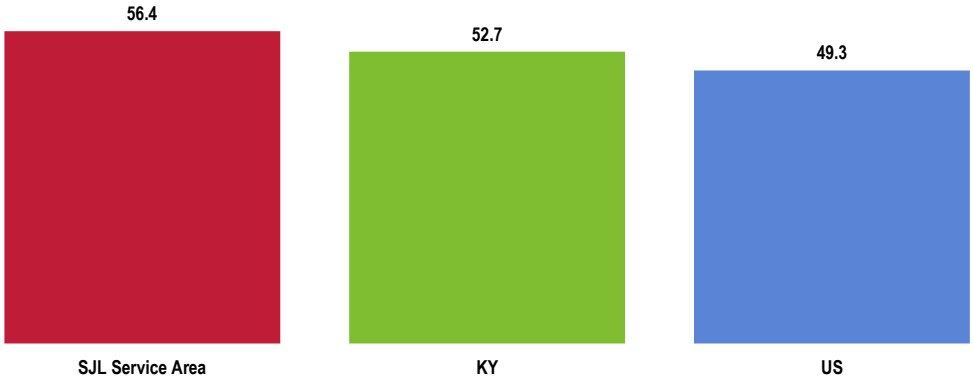
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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



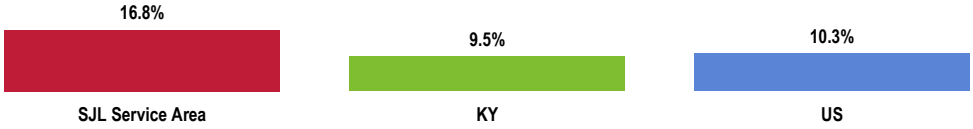
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

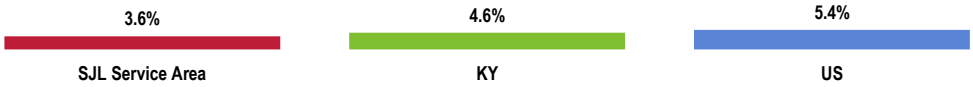


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 22]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.

PRC SURVEY ► "Have you ever suffered from or been diagnosed with a stroke?"

Prevalence of Stroke



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.

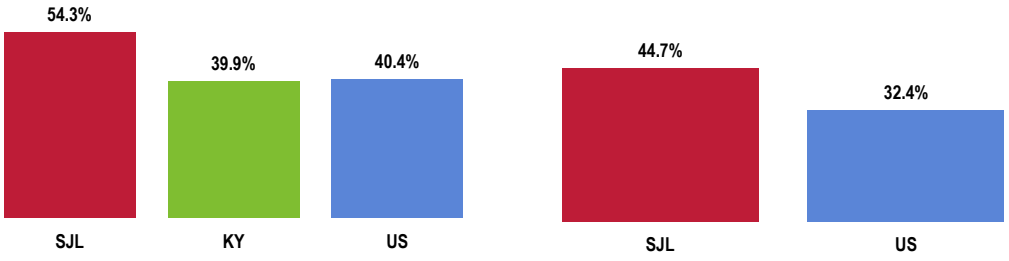
Cardiovascular Risk Factors

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

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:

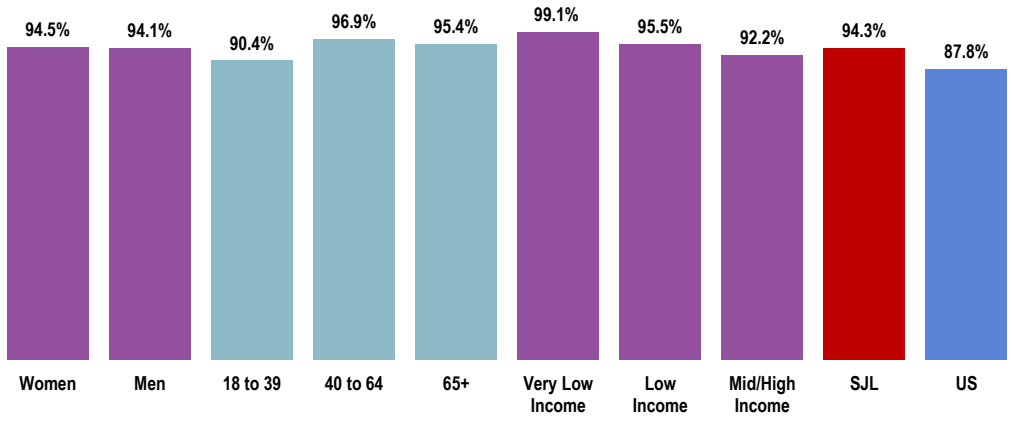
- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

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 London 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
(SJL Service Area, 2025)

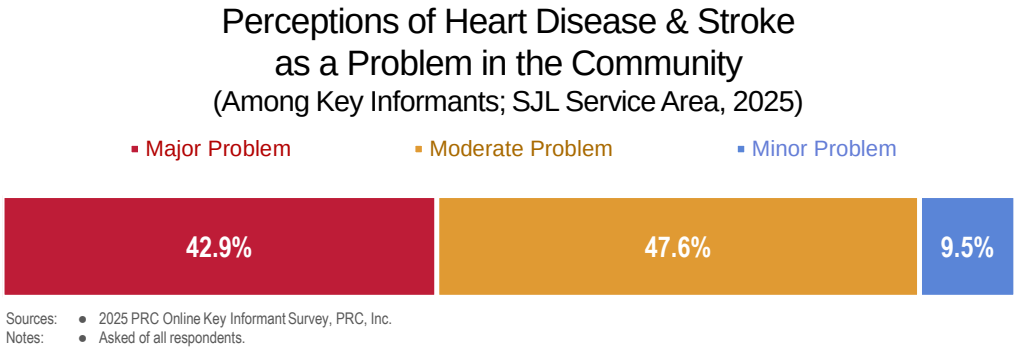


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 100]
- 2023 PRC National Health Survey, PRC, Inc.

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:



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

Incidence/Prevalence

> Heart disease is a leading problem in our nation and especially in our community. I feel like this also goes back to other health problems, such as diabetes. — Social Services Provider
>
> The area is higher than the national averages. The physicians in the area have a high patient rate. — Community Leader
>
> More and more people having heart attacks and there seems to be younger people having them. — Community Leader
>
> Many families I work with have a loved one who has struggled with these issues. My own husband and father have experienced heart attacks. Most of the people I work with have poor diets and get very little exercise. — Community Leader

Lifestyle

> Diet, cigarettes, lack of exercise and physical activity. When you get into the heart of this community, the working people, they live on cigarettes and coffee/Mt. Dew. People stay so stressed about trying to make it from day to day. It shouldn't be this way for folks. — Community Leader

Tobacco Use

> Smoking- Eastern Kentucky has some of the highest smoking rates in the U.S., and tobacco use is a leading cause of heart disease and stroke. The long-standing cultural acceptance of smoking, combined with historical ties to the tobacco industry, has contributed to widespread usage. Diet- The traditional Appalachian diet, rich in fried foods, high-fat meats, and processed carbohydrates, is a significant contributor to high rates of obesity, hypertension, and high cholesterol—key risk factors for cardiovascular disease. Obesity- Sedentary lifestyles are common in the region, often due to a lack of safe or accessible places for exercise, such as gyms, parks, or walking trails. — Health Care Provider

Obesity

> Obesity is major contributor to heart disease and high blood pressure. This community has an obesity rate of 37%. — Community Leader

Awareness/Education

> Due to people not being educated as to prevention and lacking the will to change their lifestyle and habits. — Social Services Provider

Cancer

ABOUT CANCER

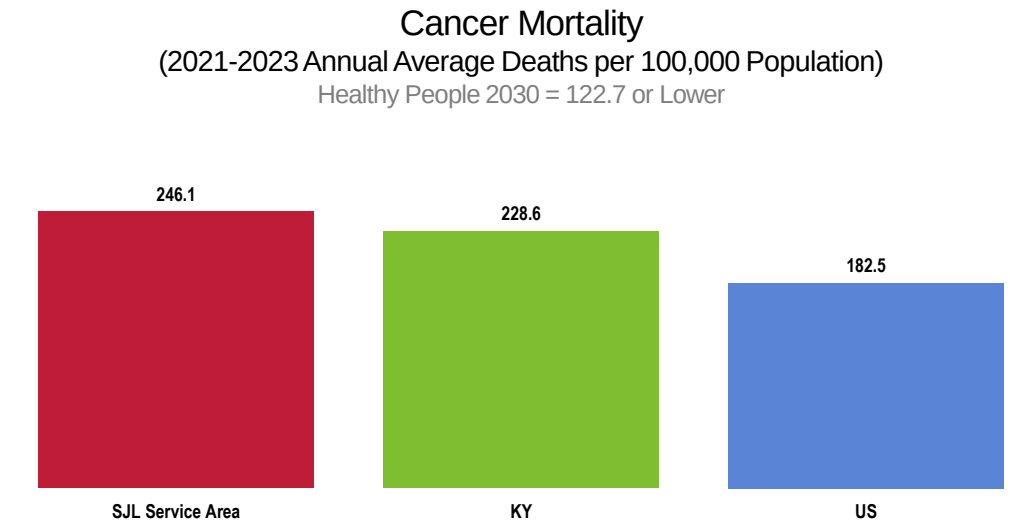
Cancer is the second leading cause of death in the United States. …The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are 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).



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)

	SJL Service Area	KY	US	Healthy People 2030
ALL CANCERS	246.1	228.6	182.5	122.7
Lung Cancer	78.3	64.8	39.8	25.1
Female Breast Cancer	28.7	27.6	25.1	15.3
Colorectal Cancer	23.9	21.3	16.3	8.9
Prostate Cancer	19.7	19.1	20.1	16.9

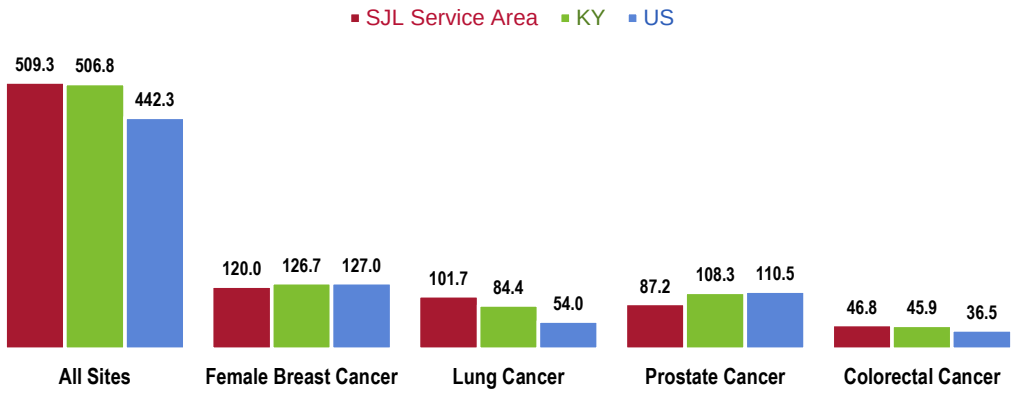
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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)



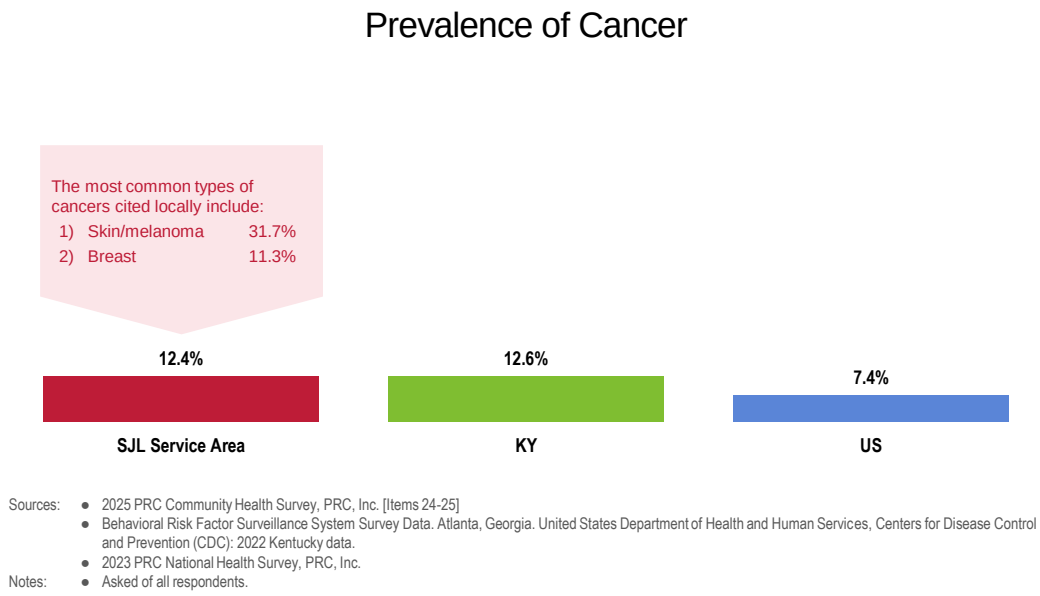
Sources:
- National Cancer Institute, State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

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?"

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



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 24-25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 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?"

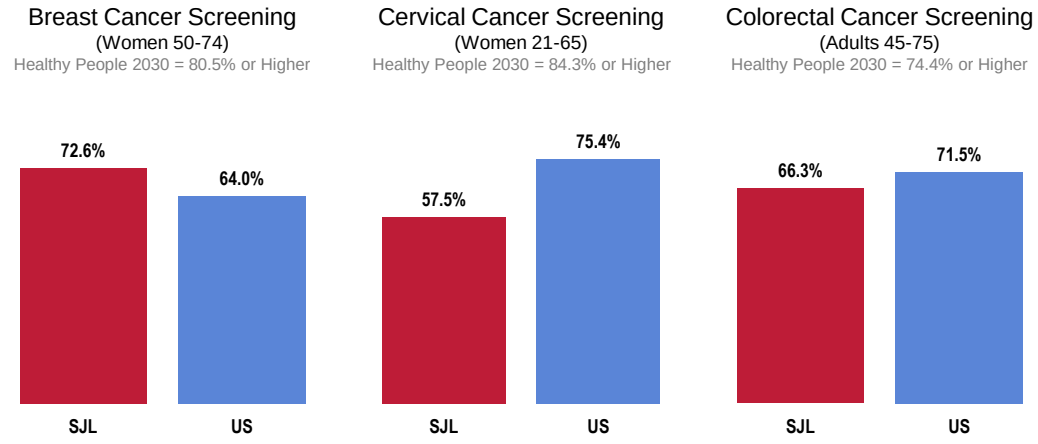
"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.

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.

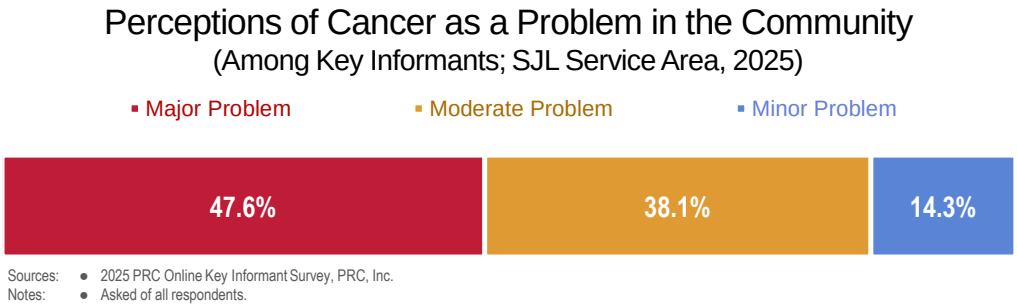


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 101-103]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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:



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

Incidence/Prevalence

> I personally know numerous people who have been diagnosed with cancer or who have died from cancer. — Community Leader
>
> Almost every family has been affected by cancer. People are still dying from preventable cancer. — Community Leader
>
> The rate of cancer is very high in the area. — Community Leader
>
> Increase diagnosis in younger adults and children in the school setting in the past three to four years. — Community Leader
>
> Cancer has been a major problem for the community because so many people are facing this health problem. There are some people who have to travel out of town or out of state to receive care. Not everyone has the capability to travel for that care. — Social Services Provider
>
> Only that I seem to hear that a lot of people are being diagnosed with cancer. — Community Leader
>
> I work with so many families who have had a cancer diagnoses, especially young children, and it is devastating to them. Besides the medical treatments, families face unpaid time off work for the patient as well as family members who are caring for them. Couple that with travel costs and families are burdened financially too. — Community Leader
>
> You cannot talk to anyone, where you work, where you go to church, or even a random stranger at Wal-Mart, who has not in some way, been impacted by cancer. If not them personally, then a family member or significant other. This is because of the lifestyle of this region. Healthy food is an option at the store, but when it costs triple, than the soup beans and fried potatoes that folks are used to eating, they are logically going to choose the cheaper option. Because most individuals in this community that we work with are on some kind of fixed income and have to shop based off of priorities, not choices. Also, exercise and physical activity. If you do not have the transportation needed to go to important medical appointments, you sure don't have transportation to go to the gym or the park and walk around. Sadly. — Community Leader

Social Norms/Community Attitude

> Eastern Kentucky has historically high rates of smoking and tobacco use. Cultural norms around tobacco farming and use have contributed to this trend. Many areas in Eastern Kentucky experience high levels of poverty, which can limit access to regular medical care, cancer screenings, and early diagnosis. Poor diet and limited access to fresh, nutritious foods can lead to obesity, which is another significant risk factor for various cancers. — Health Care Provider

Health Equity

> Health equity and social determinants of health factors lead to increased risk factors for cancer. — Public Health Representative

Respiratory Disease

ABOUT RESPIRATORY DISEASE

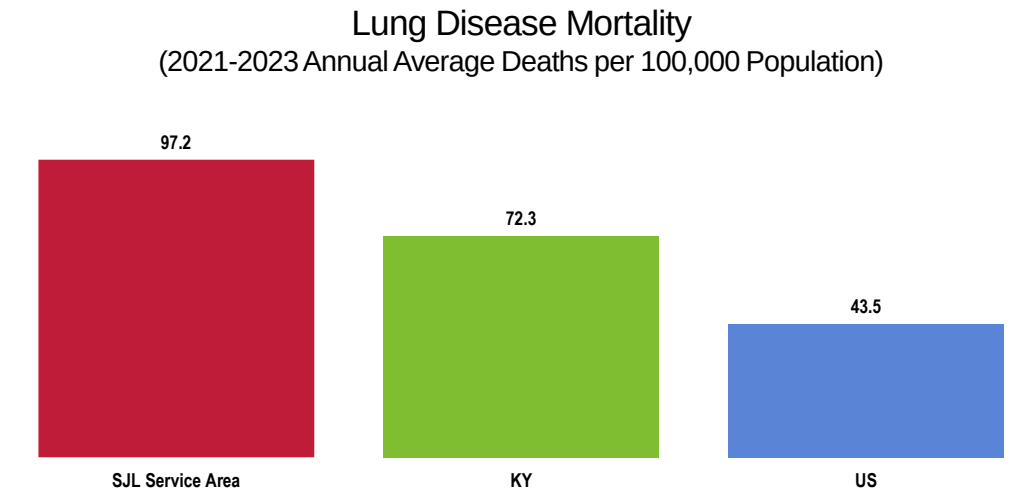
Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million 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.

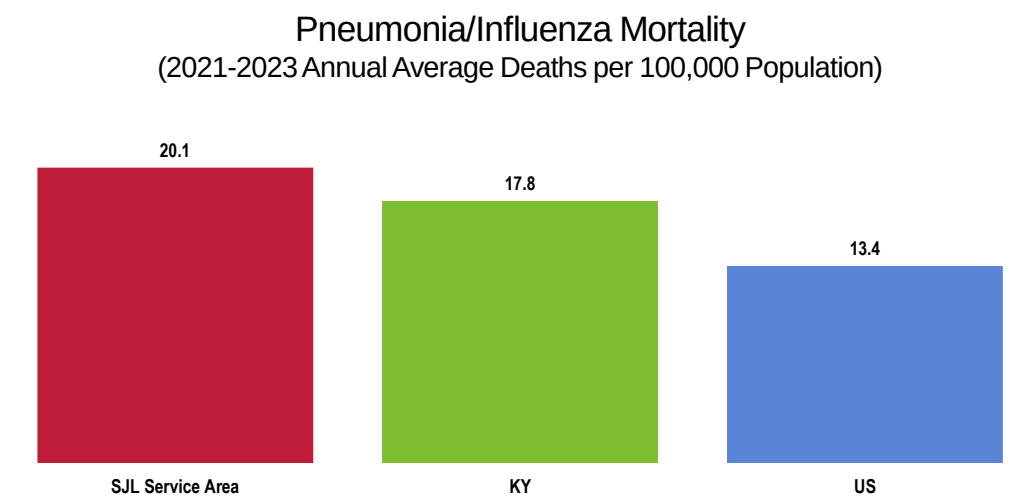


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

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.



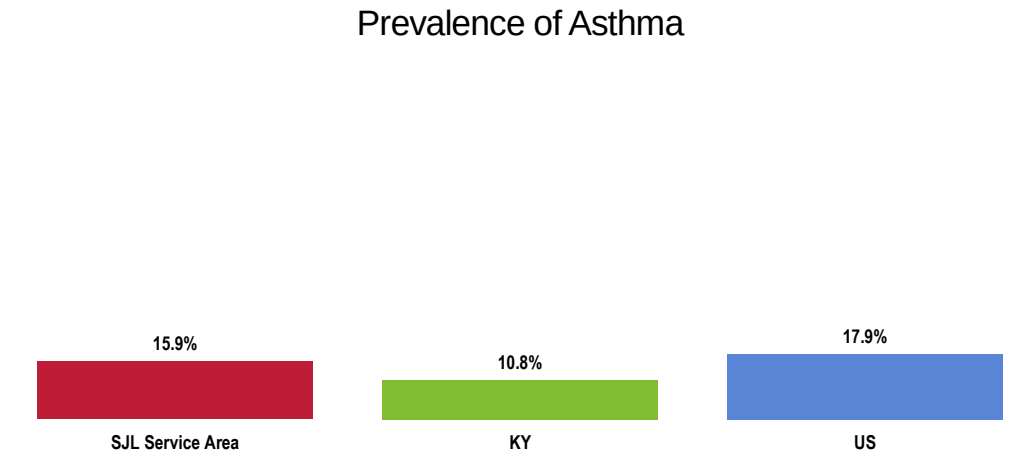
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

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

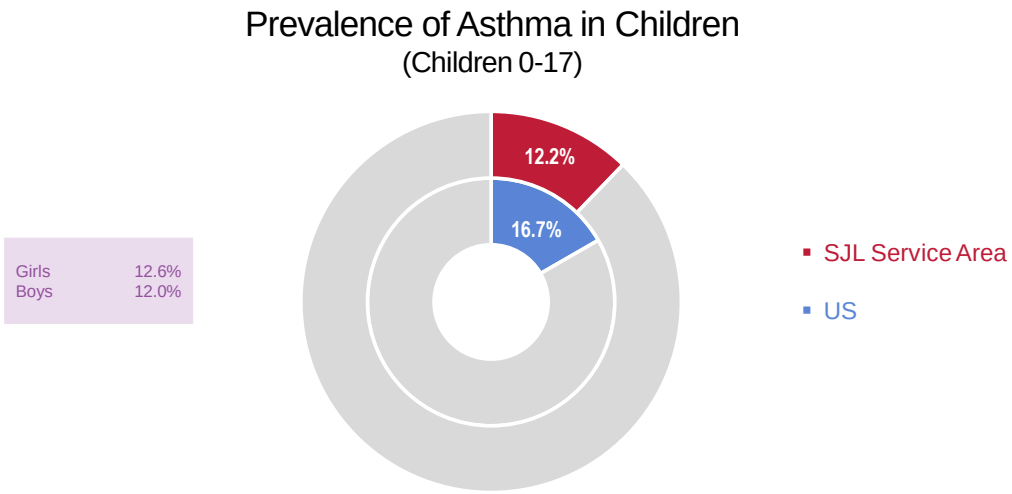
PRC SURVEY ► "Do you currently have asthma?"



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.

PRC SURVEY ► [Among parents of children age 0-17] **"Has a doctor, nurse, or other health professional ever told you that this child had asthma?"**

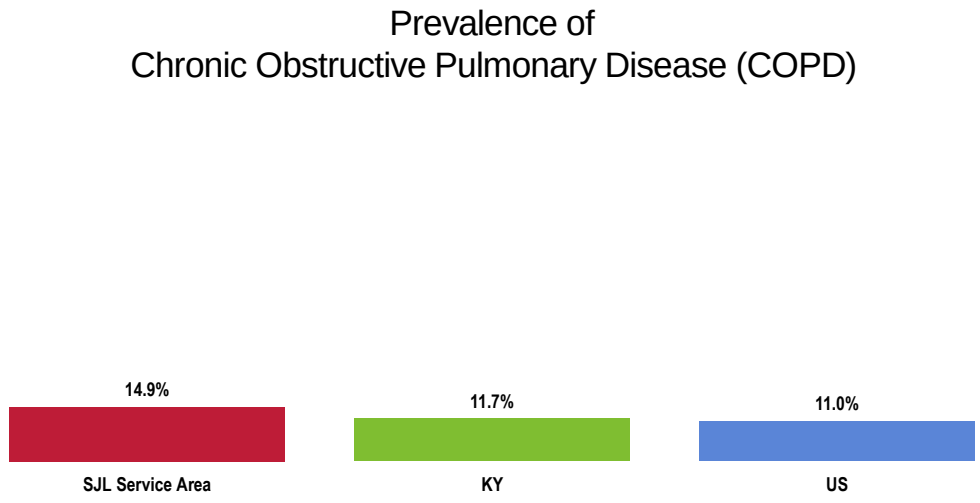


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 92]
- 2023 PRC National Health Survey, PRC, Inc.

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?"**

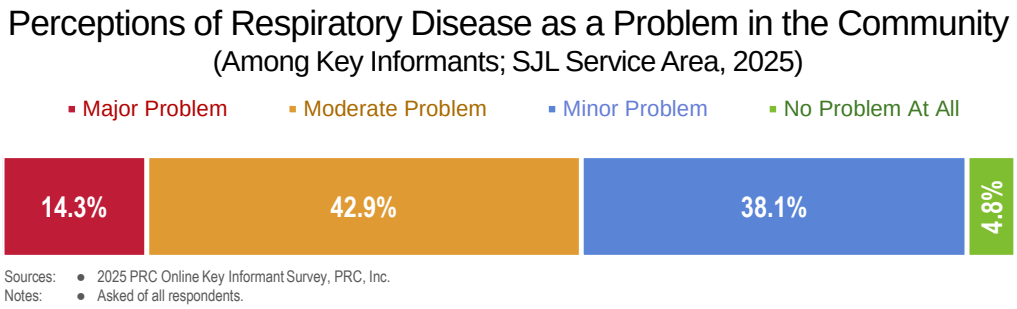


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 21]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
- 2023 PRC National Health Survey,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



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

Tobacco Use

> Smoking is still a problem in this community. — Community Leader
>
> Smoking- Tobacco use is deeply ingrained in the culture of Eastern Kentucky, with some of the highest smoking rates in the nation. Smoking is a primary cause of respiratory illnesses, including COPD, lung cancer, and chronic bronchitis. Poverty- Poverty rates are high in Eastern Kentucky, making it difficult for residents to afford healthcare, medications, or preventive screenings for respiratory illnesses. Lack of access to specialists like pulmonologists and respiratory therapists means many conditions go undiagnosed or untreated until they become severe. Allergens and poor air quality in the home- The region's lush vegetation, combined with seasonal allergens like pollen, contributes to high rates of asthma and allergic rhinitis. Damp and humid conditions in many homes lead to mold growth, which can worsen asthma and other respiratory conditions. — Health Care Provider
>
> Due to smoking, respiratory issues are very high in the area. — Community Leader

Injury & Violence

ABOUT INJURY & VIOLENCE

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

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

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

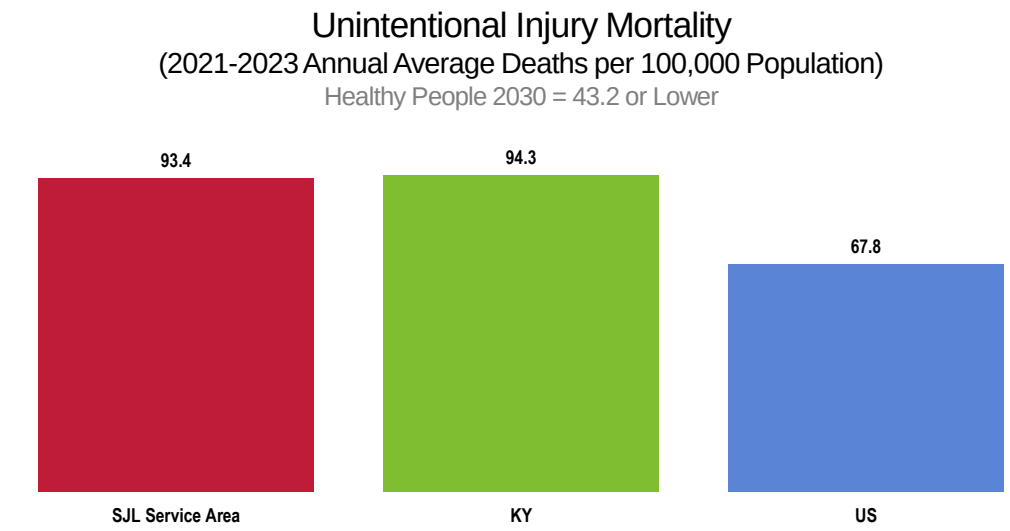
Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

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

Unintentional Injury

Unintentional Injury Deaths

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



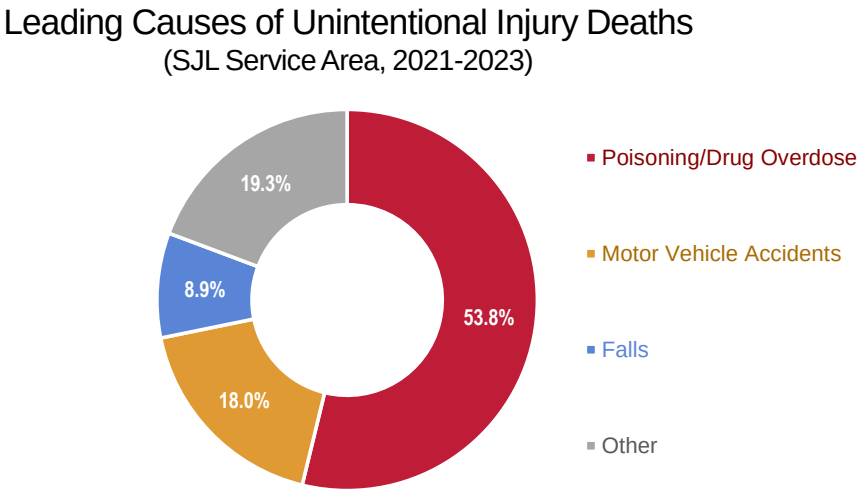
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

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

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



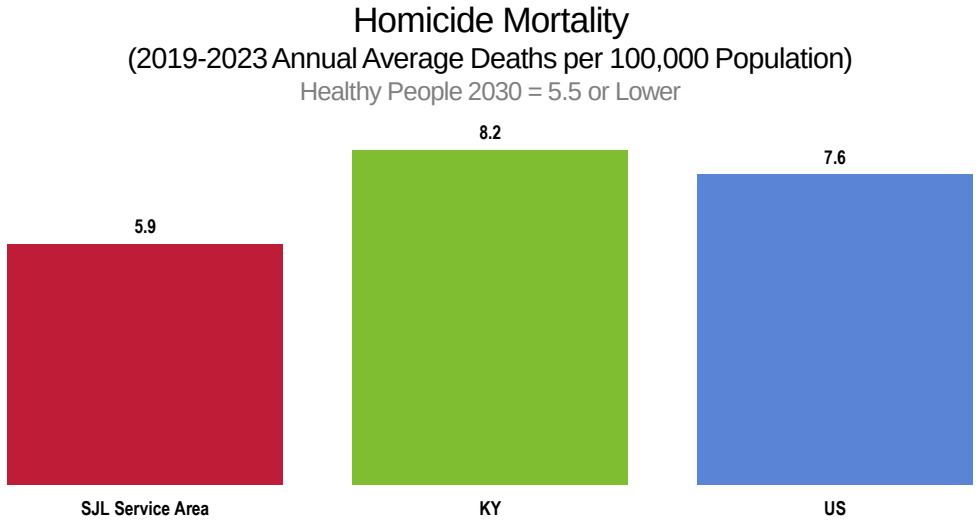
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

Intentional Injury (Violence)

Homicide Deaths

RELATED ISSUE
See also *Mental Health (Suicide)* in the **General Health Status** section of this report.

Mortality attributed to homicide is shown in the following chart.



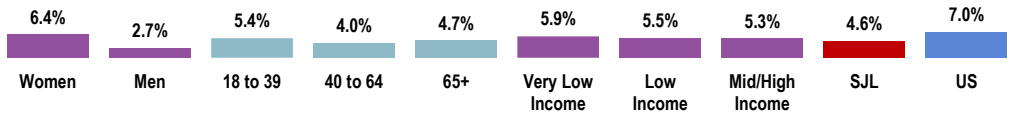
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

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
(SJL Service Area, 2025)



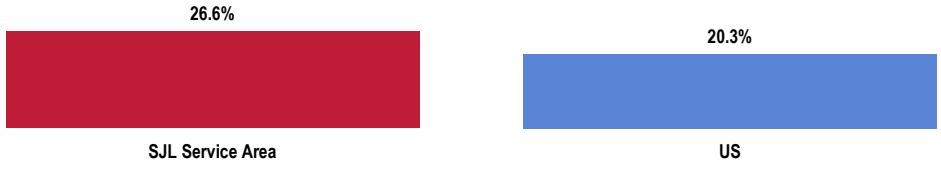
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 32]
- 2023 PRC National Health Survey, PRC, Inc.

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

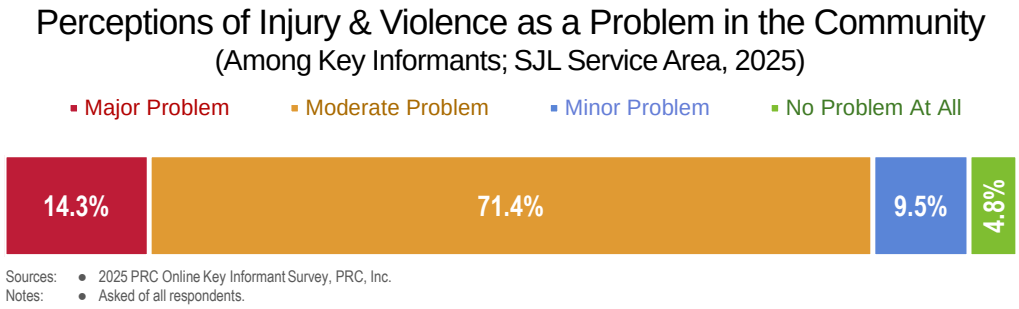


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 33]
- 2023 PRC National Health Survey, PRC, Inc.

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:



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

Gun Violence

> Violence has become a larger problem with the availability of guns with our youth. — Social Services Provider

Income/Poverty

> Poverty is a major contributor to violence and injury. Economic hardship can lead to increased stress, substance abuse, domestic violence, and criminal activity. Substance abuse: Eastern Kentucky has been heavily affected by the opioid crisis, which has fueled violent crime, domestic violence, and injuries related to overdoses and impaired driving. Domestic violence: Rates of domestic violence are high in many rural areas, including Eastern Kentucky. Factors such as economic stress, cultural norms surrounding family dynamics, and limited access to shelters or support services make it harder to address this issue. Mental health: high rates of untreated mental health issues, compounded by isolation, poverty, and stigma around seeking help, contribute to the prevalence of self-inflicted injuries and suicides. — Health Care Provider

Alcohol/Drug Use

> Drugs and substance abuse. It's a lot more prevalent than you may know. I myself have been a victim of domestic violence from an addicted family member. It's just around every corner. — Community Leader

Diabetes

ABOUT DIABETES

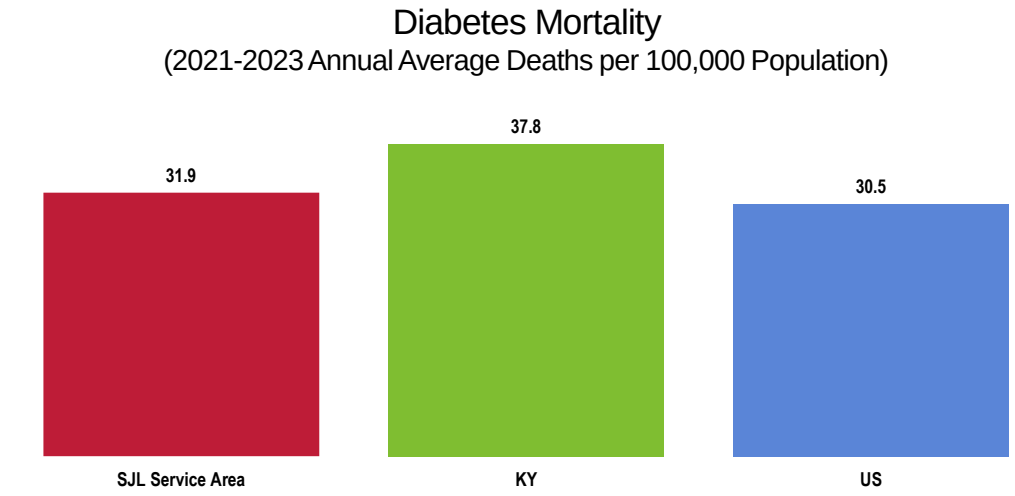
More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

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

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

Diabetes Deaths

Diabetes mortality for the area is shown in the following chart.



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.

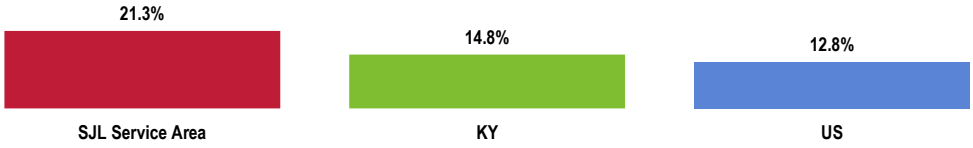
Prevalence of Diabetes

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

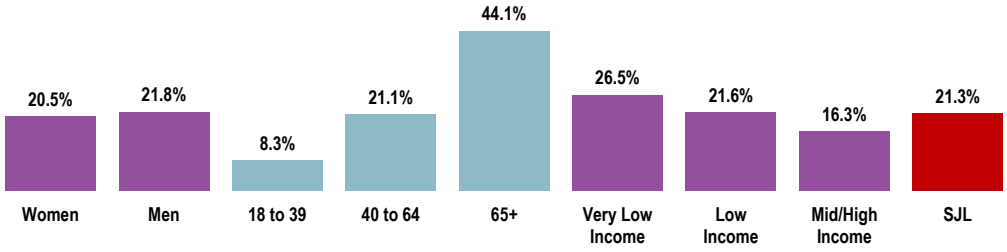
Another 13.5% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.



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
(SJL Service Area, 2025)

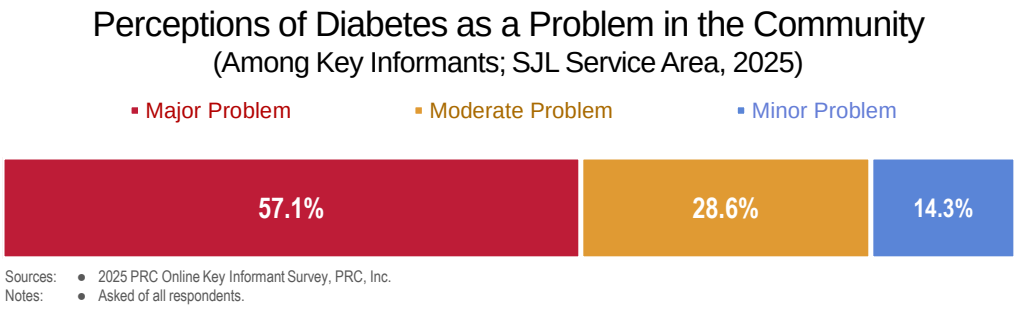


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 106]

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:



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

Awareness/Education

> I think there are many challenges associated with diabetes. Finding the right care and someone who is not only knowledgeable, but willing to educate those with diabetes is difficult sometimes. Education is an issue. Some of my clients are handed a stack of papers with information and sent on their way. They could benefit from an ongoing educational process. I did find an online class on diabetes offered through the health department, but most classes were during the day when my client worked. Sometimes, the food itself is a challenge. As one of my clients put it, I am on a limited budget and eating healthy is expensive. By the time I buy fresh fruits and vegetables, I could have bought 20 frozen pizzas and 10 cans of ravioli that would have lasted me much longer. — Community Leader
>
> Education about their condition, affordable medicine, meal preparation, and access to healthy foods. — Community Leader
>
> Lack of education and creating healthy food habits, as well as not having the financial resources to buy healthier foods. — Community Leader
>
> Education. — Social Services Provider
>
> Knowledge of healthy eating, cost of healthy food. Education on how to prevent and treat diabetes and its symptoms. Cost of getting medication and diabetic equipment. — Social Services Provider

Nutrition & Physical Activity

> Eating habits. the prevalence of sugar in everything we eat. Acceptance that getting diabetes is just a part of life in this area. — Community Leader
>
> Diet- Poverty often limits access to fresh fruits, vegetables, and lean proteins, making it difficult to follow a diabetic-friendly diet. Processed and high-carb foods, which are cheaper, are often the default. Traditional Appalachian diets often include high-calorie, high-fat, and high-sugar foods, which can be detrimental for managing diabetes. Education- Limited community education programs about diabetes prevention and management make it harder to raise awareness in the region. Many individuals may not fully understand diabetes management, including proper nutrition, the importance of regular monitoring, and recognizing the signs of complications. — Health Care Provider
>
> Diet and transportation in this community. Soup beans and fried potatoes and corn bread is the lifestyle, that's the diet of this region, what people live on. You cannot convince someone to change their diet, because they cannot afford to. And not only that, but half of them cannot also get to their medical appointments to control the diabetes. — Community Leader

Obesity

> High rates of obesity in our population results in high rate of DM. Nutritional education is poor and much of the population is poorly positioned to manage their disease, much less prevent it in their families. The socioeconomic limitations create issues with affording appropriate medications consistently. — Physician
>
> Obesity. — Public Health Representative

Access to Affordable Healthy Food

> One of the biggest problems is the costs of healthy eating in our community. We have great local options with healthy food, but it's not been affordable for everyone. — Social Services Provider

Disabling Conditions

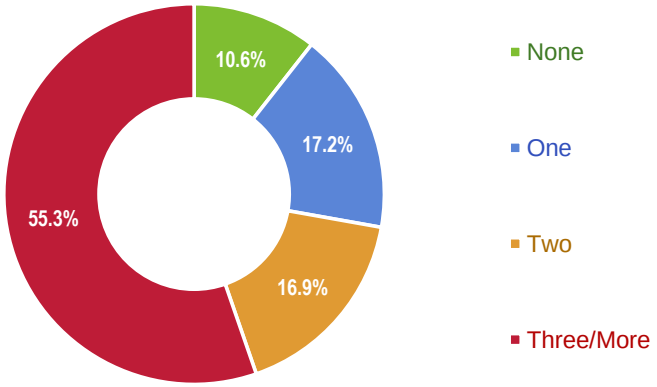
Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

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

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.

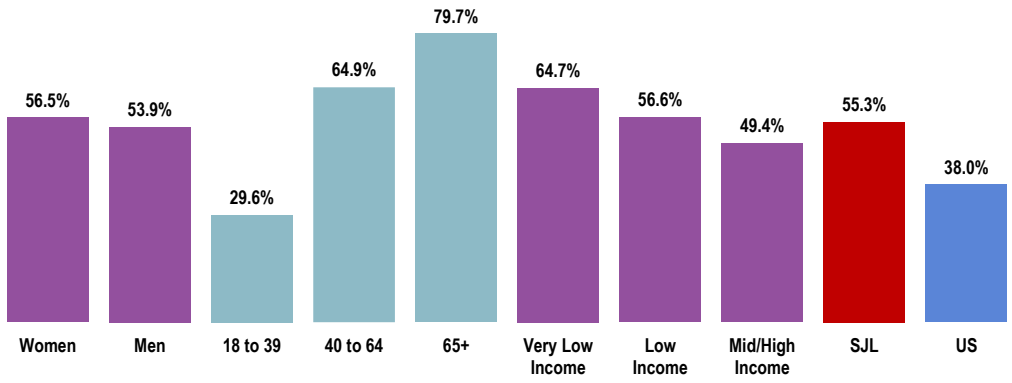
Number of Current Chronic Conditions
(SJL Service Area, 2025)



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
(SJL Service Area, 2025)



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

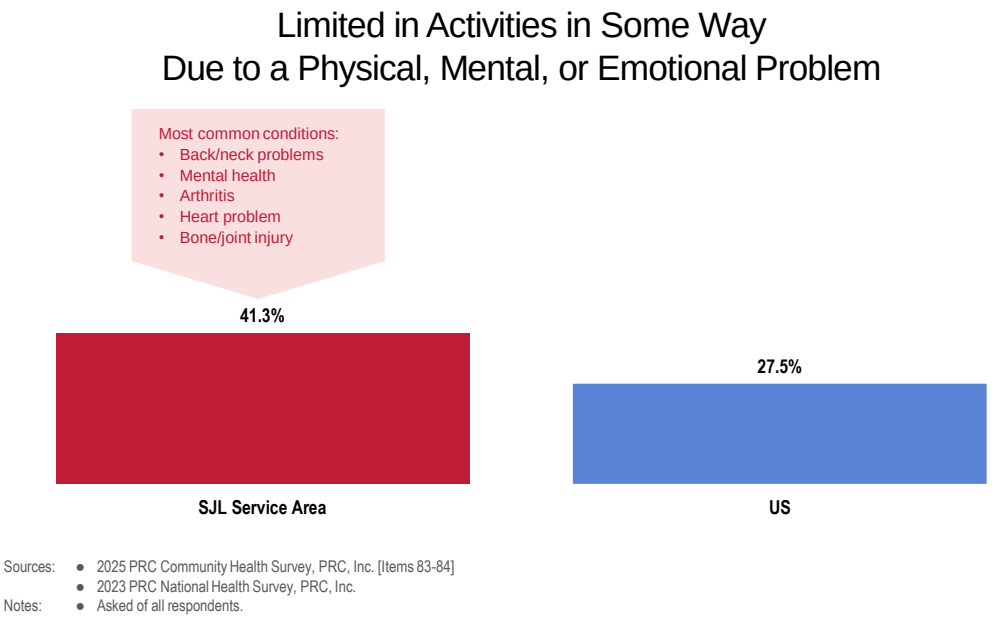
Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

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)

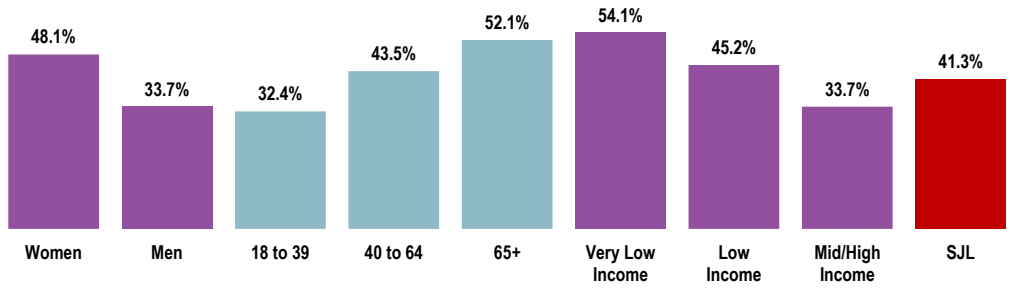
PRC SURVEY ► "Are you limited in any way in any activities because of physical, mental, or emotional problems?"

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



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 83-84]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

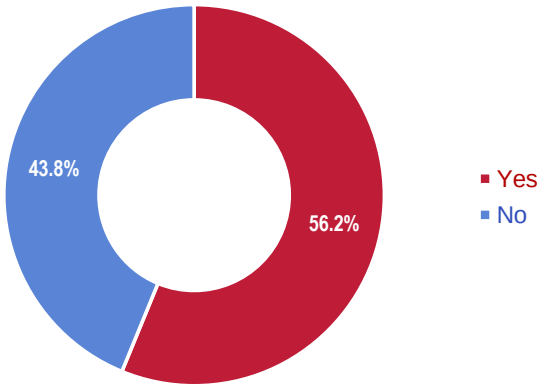
Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem
(SJL Service Area, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 83]
Notes: ● Asked of all respondents.

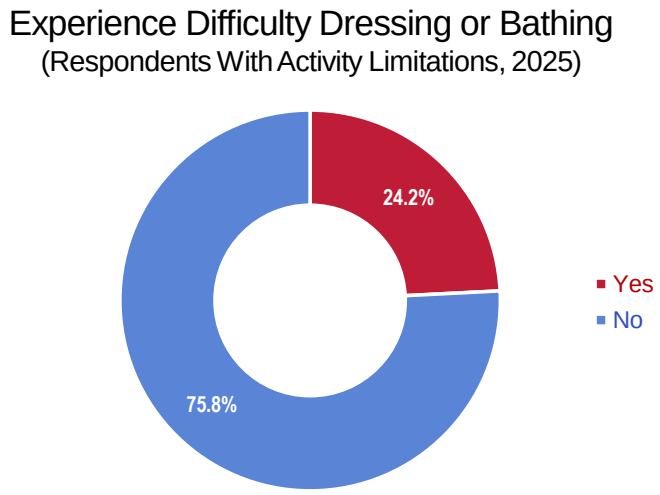
PRC SURVEY ► [Adults with activity limitations] **"Do you have serious difficulty walking or climbing stairs?"**

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



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 310]
Notes: ● Asked of all respondents.

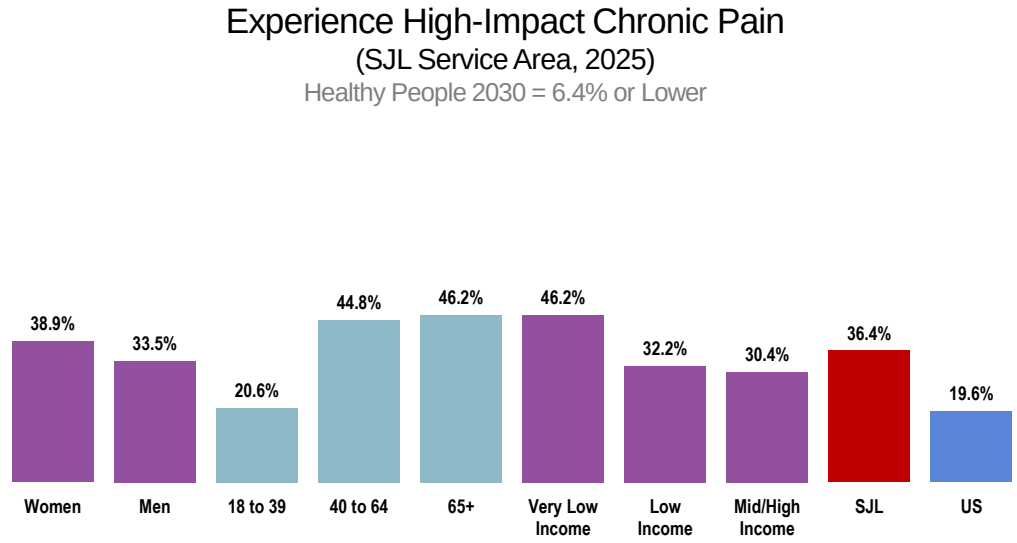
PRC SURVEY ► [Adults with activity limitations] **"Do you have difficulty dressing or bathing?"**



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.")



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

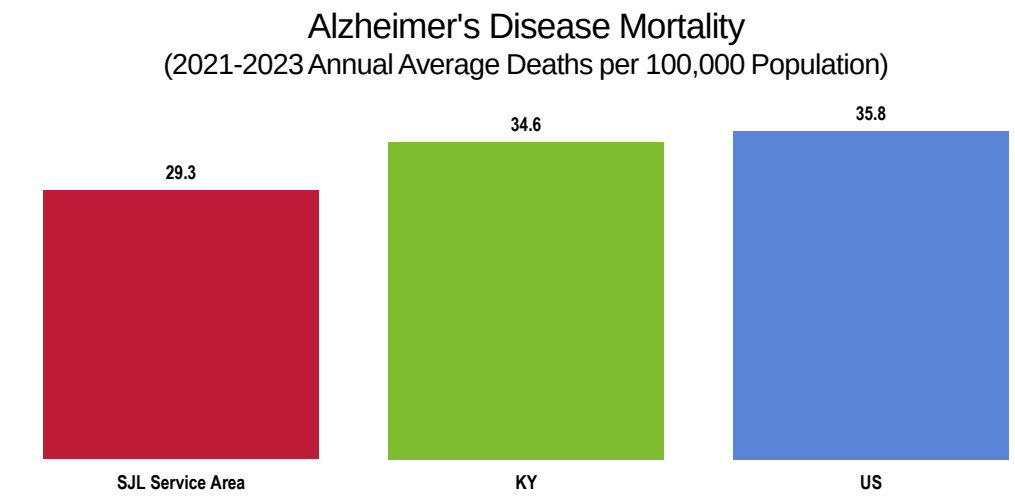
Alzheimer’s disease is the most common cause of dementia… . Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

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.

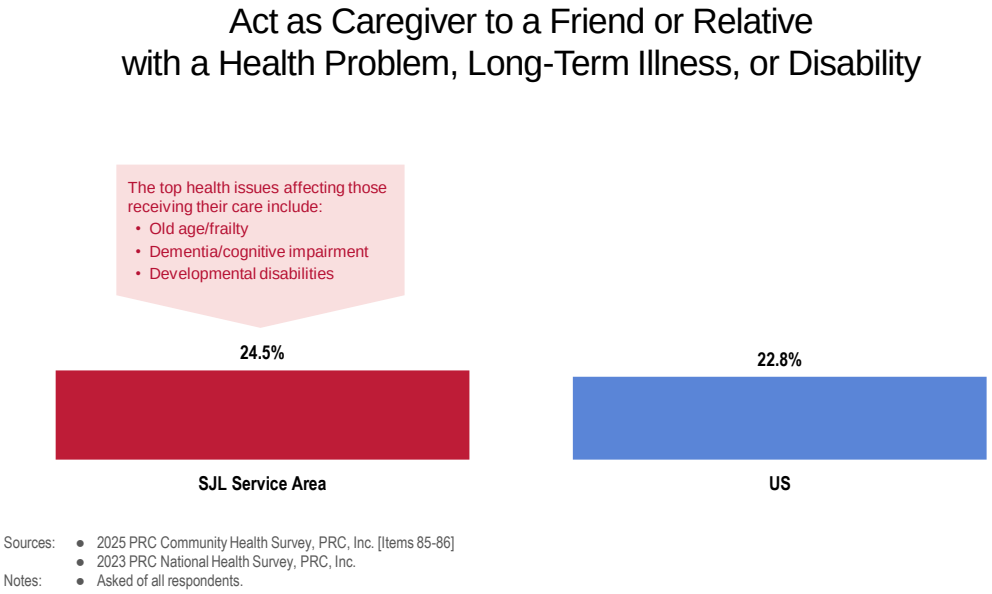


Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification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

Caregiving

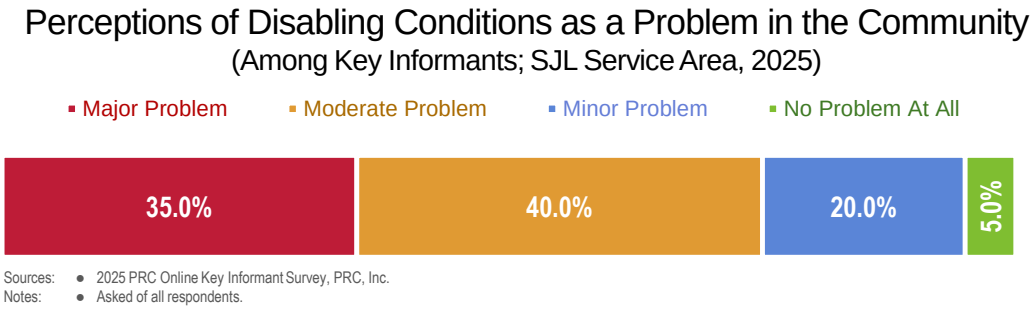
PRC SURVEY ► "People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past 30 days, did you provide any such care or assistance to a friend or family member?"

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



Key Informant Input: Disabling Conditions

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



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

Aging Population

> Dementia is a large problem with the aging community. There doesn't seem to be as many places to find care for that population. — Social Services Provider

Incidence/Prevalence

> I have witnessed a growing trend or increase in the number of people that have these issues. — Social Services Provider

Affordable Care/Services

> Many residents report not going to the doctor when a symptom or issue begins due to barriers such as cost, no insurance, no transportation. Then the issue or symptom goes untreated and interferes with ADLs. — Community Leader

Alcohol/Drug Use

> It's a combination of drug addicts who suffer the consequences of the drugs they choose to partake in and working people who have to work so hard and long, just to make it in this economy, they work themselves to death. I've seen both. — Community Leader

Work-Related

> Chronic pain related to arthritis and low back degenerative disc disease is widely present, partially due to decades of unsafe working conditions in farming, mining, healthcare, and other industries. With a poor emphasis on techniques to return to full function, many individuals are unable to work. The growing incidence of dementia in the population creates significant caregiver burden on the adult children and grandchildren of the community. — Physician

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.

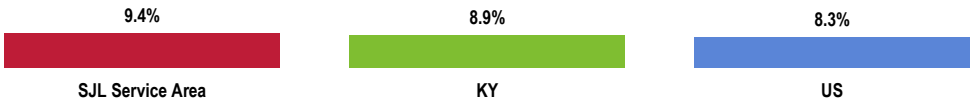
– Healthy People 2030 (https://health.gov/healthypeople)

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.

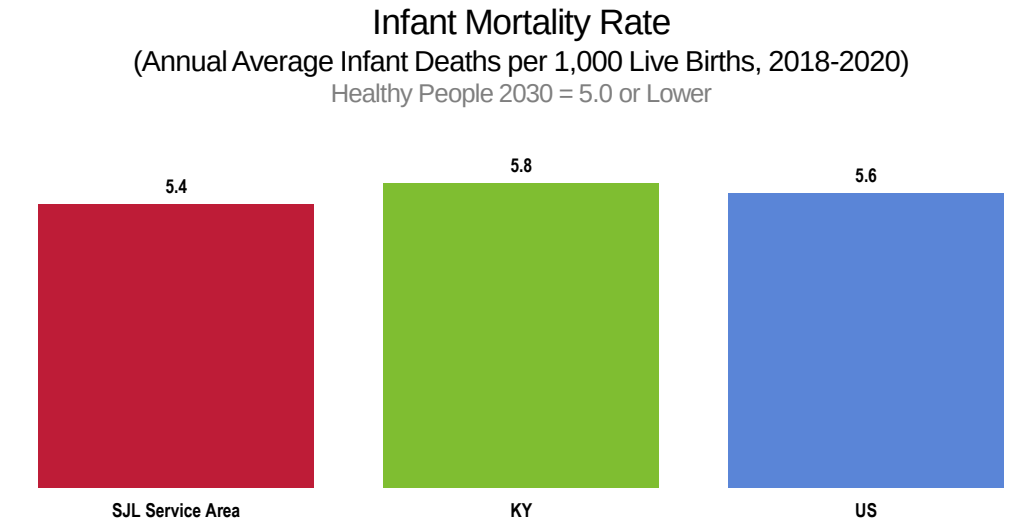
Low-Weight Births
(Percent of Live Births, 2016-2022)



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.



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

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression … family planning services can help increase the length of time between pregnancies, which can improve health for women and their infants.

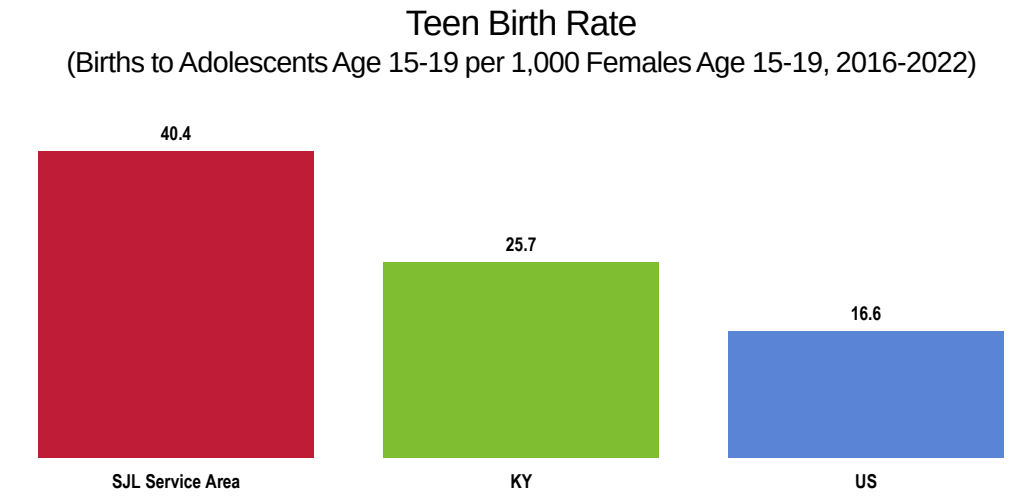
Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

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

Births to Adolescent Mothers

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

The following chart outlines 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.

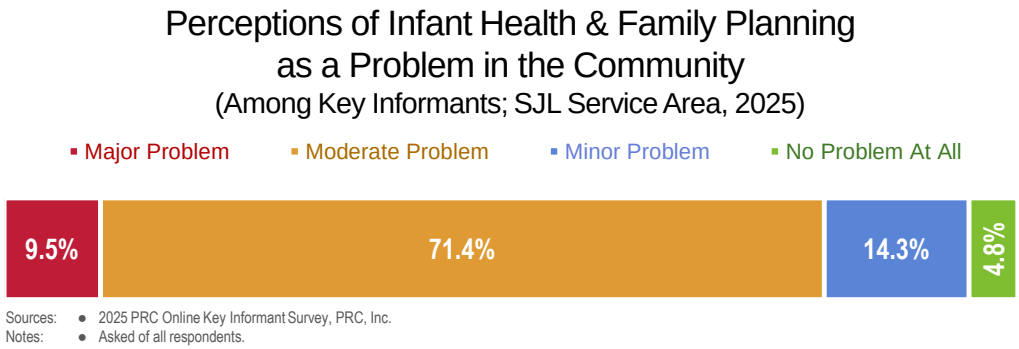


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

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:



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

Parental Influence

> I can attest to this personally. I work with many grandparents who are having to raise their grandchildren and even great grandchildren. It's such a sad situation. Most of the children who are being raised by grandparents have parents who are incarcerated or are on drugs. These children are our future. We have to invest in them and do better. — Community Leader

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.

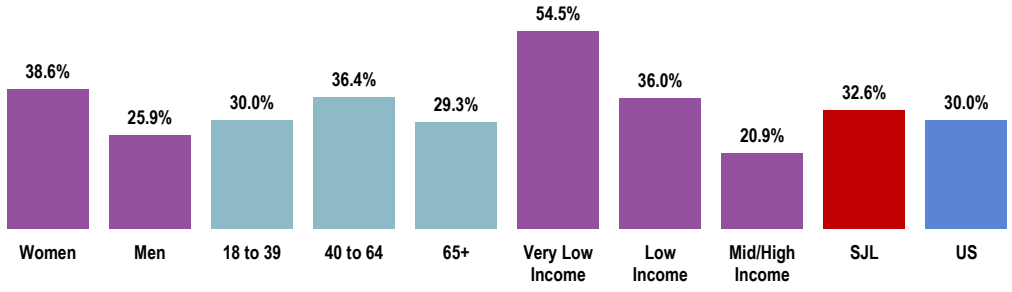
Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– 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
(SJL Service Area, 2025)

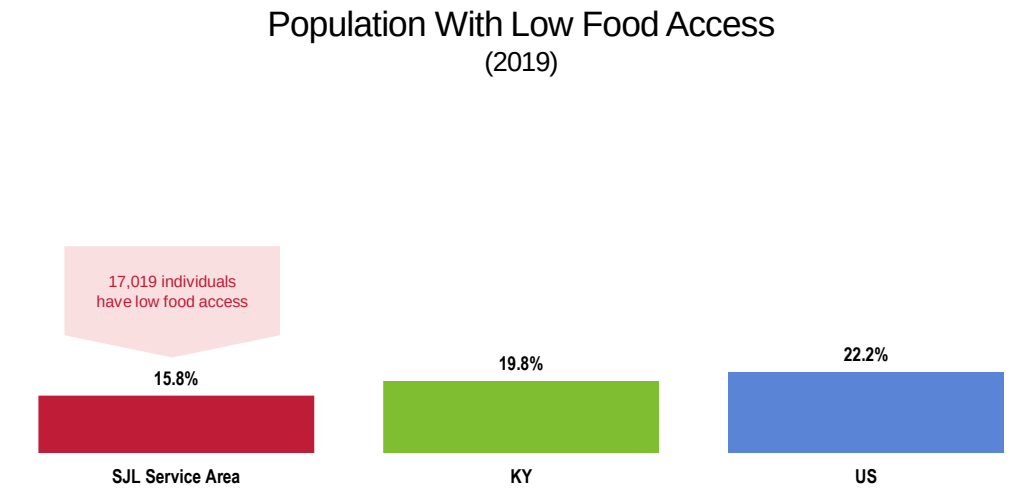


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 66]
- 2023 PRC National Health Survey, PRC, Inc.

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.



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

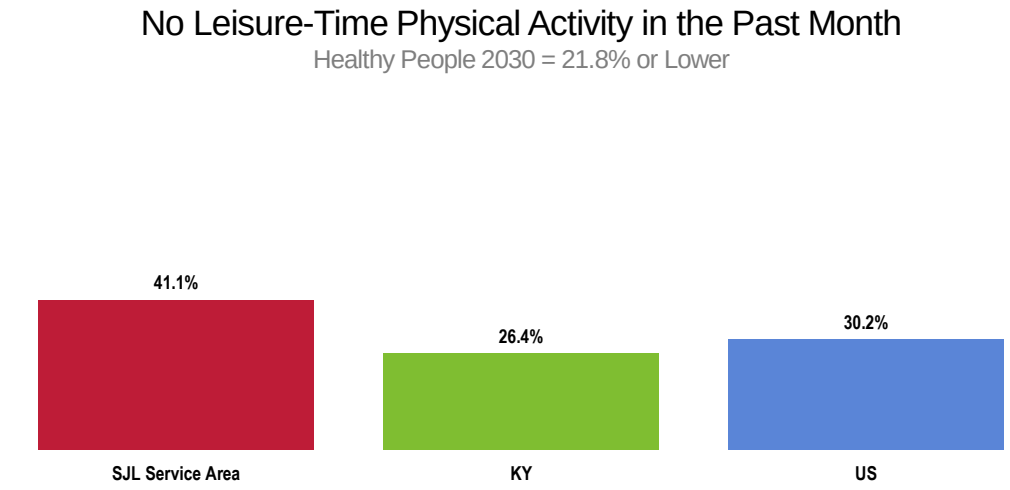
Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, 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?"



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 both aerobic and strengthening activity:

- **Aerobic activity** is at least 150 minutes per week of light-to-moderate activity, 75 minutes per week of vigorous physical activity, or an equivalent combination of both;
- **Strengthening activity** is at least 2 sessions per week of exercise designed to strengthen muscles.

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

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

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

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

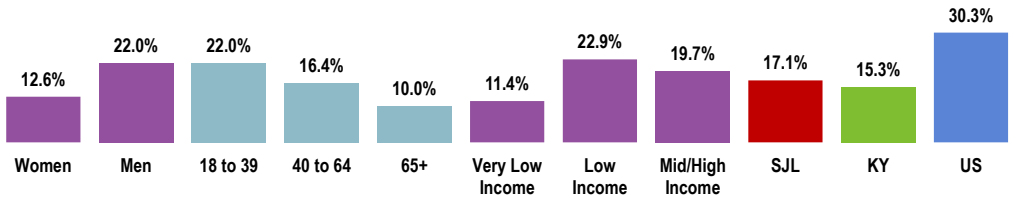
PRC SURVEY ► "And when you took part in this activity, for how many minutes or hours did you usually keep at it?"

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

Respondents were also asked about strengthening exercises:

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

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



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) *and* who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children's Physical Activity

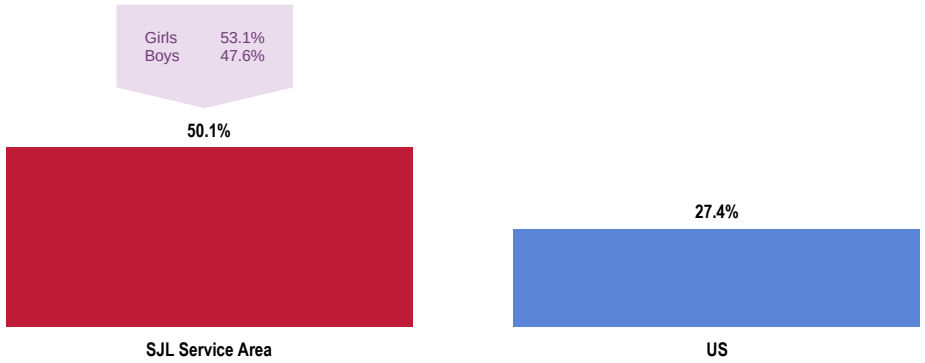
CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

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

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

PRC SURVEY ► [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)



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/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

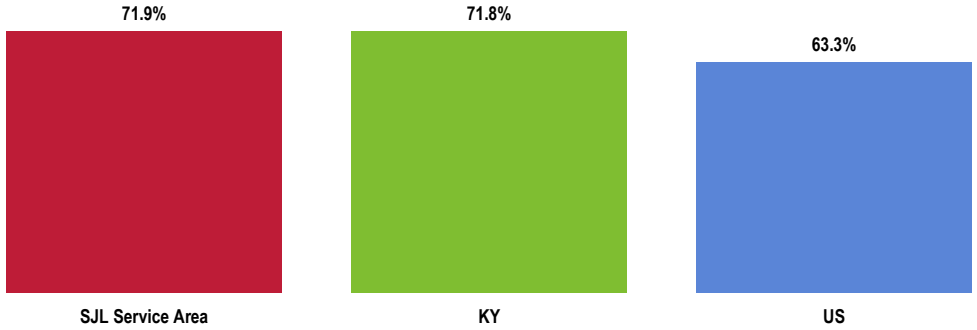
Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September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

PRC SURVEY ► "About how much do you weigh without shoes?"

PRC SURVEY ► "About how tall are you without shoes?"

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

Prevalence of Total Overweight (Overweight and Obese)

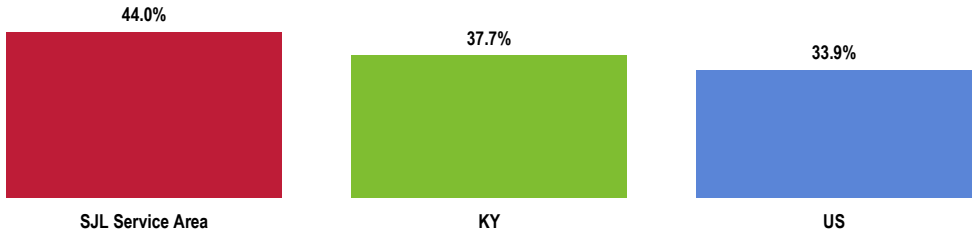


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
- 2023 PRC National Health Survey, 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

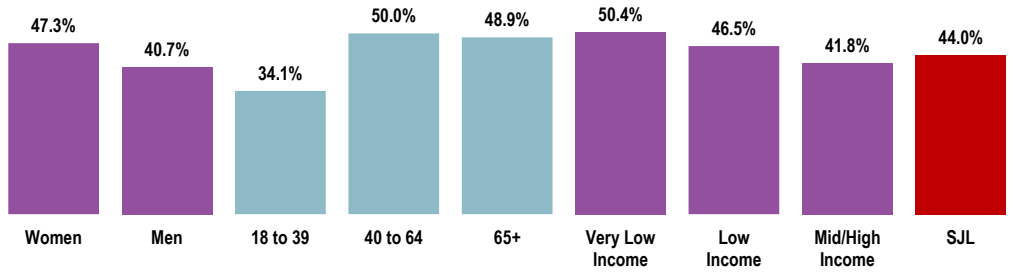
Healthy People 2030 = 36.0% or Lower



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
(SJL Service Area, 2025)
Healthy People 2030 = 36.0% or Lower



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

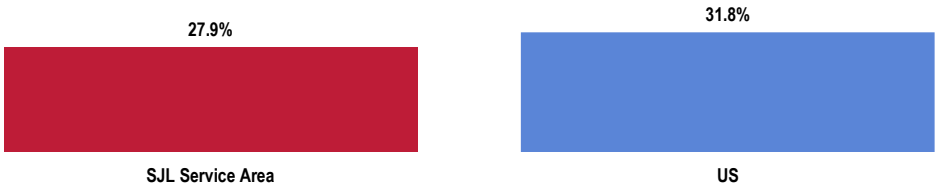
– Centers for Disease Control and Prevention

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)



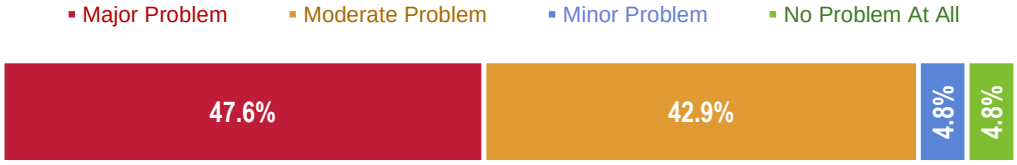
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.

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; SJL Service Area, 2025)



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 healthy food and education. — Community Leader
>
> Access to healthy foods. Food insecurity. — Public Health Representative
>
> Cost of nutritious foods and transportation to the store. Transportation to walking paths and parks. Cost of a personal trainer, transportation to a gym or center. Lack of motivation or failed previous attempts. — Community Leader
>
> The costs of healthy eating and access to whole foods. — Social Services Provider

Awareness/Education

> Lack of knowledge of how to eat correctly and physical activity benefits. People that live in rural areas do not have access to gyms, sidewalks, and due to financial struggles may not have the ability to travel to exercise or to buy the correct groceries on a regular basis. — Community Leader

Cultural/Personal Beliefs

> I think our heritage has influenced our diets. I think the cost of eating healthy and the knowledge about how to do it is a challenge. Families in our area used to work outdoors often which allowed them to have a bit of an unhealthy diet. We are very sedentary now. — Community Leader
>
> Cultural beliefs around diet and exercise, poor education, limited income, opportunities for physical activity for adults. — Physician

Safety

> Safe free places for physical activity and access to healthy food. — Public Health Representative

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.

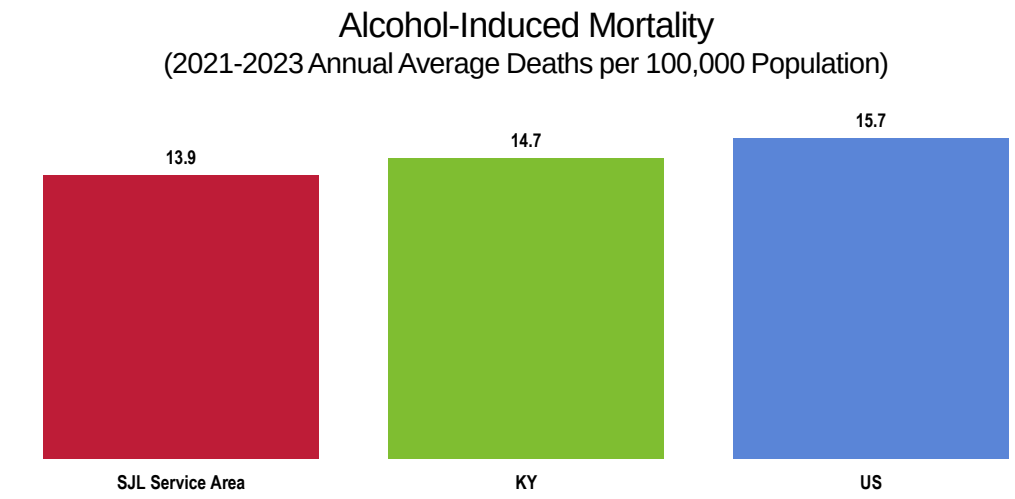
Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

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

Alcohol

Alcohol-Induced Deaths

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



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

Excessive drinking includes heavy and/or binge drinkers:

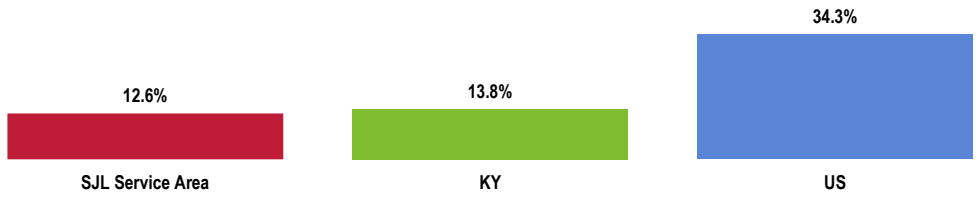
- HEAVY DRINKING ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- BINGE DRINKING ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

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

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

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

Engage in Excessive Drinking



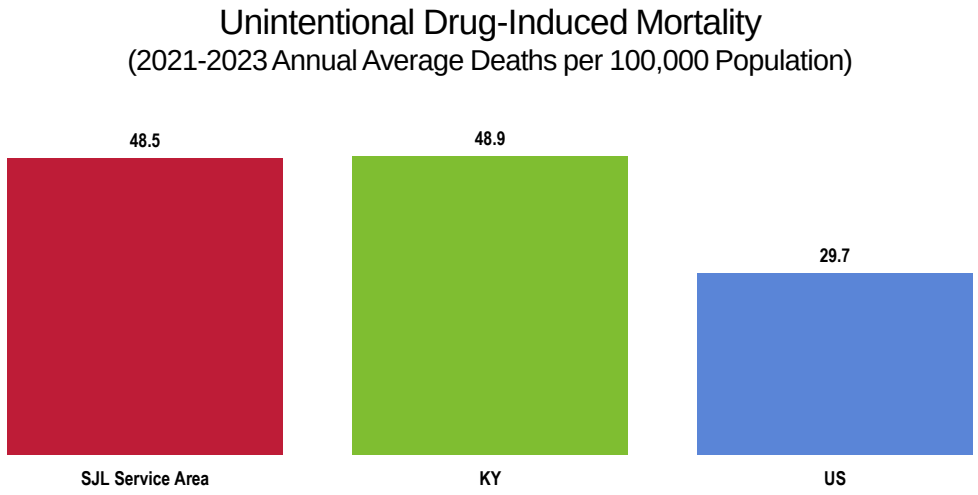
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 116]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
- 2023 PRC National Health Survey,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



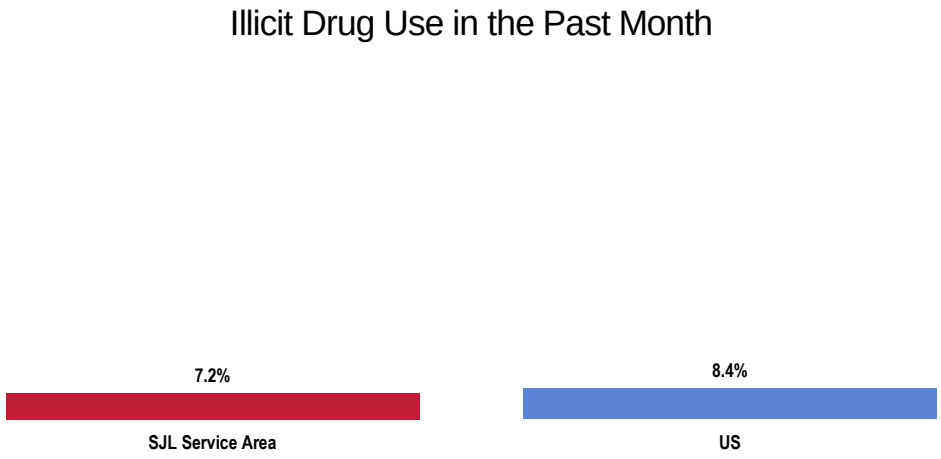
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

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

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

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



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
(SJL Service Area, 2025)

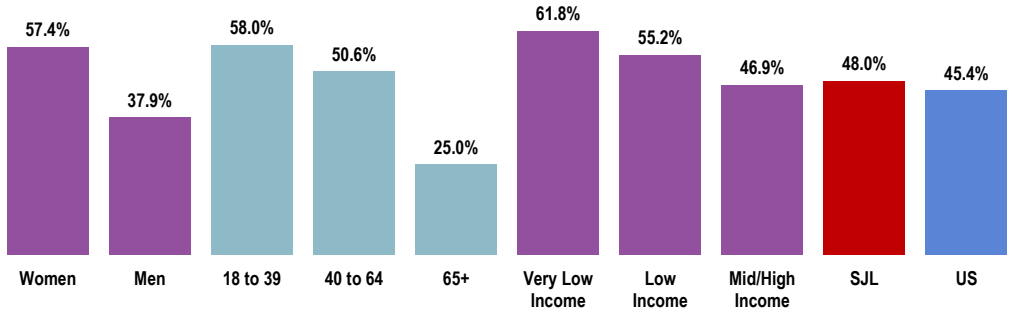
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 41]
- 2023 PRC National Health Survey, PRC, Inc.

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)
(SJL Service Area, 2025)

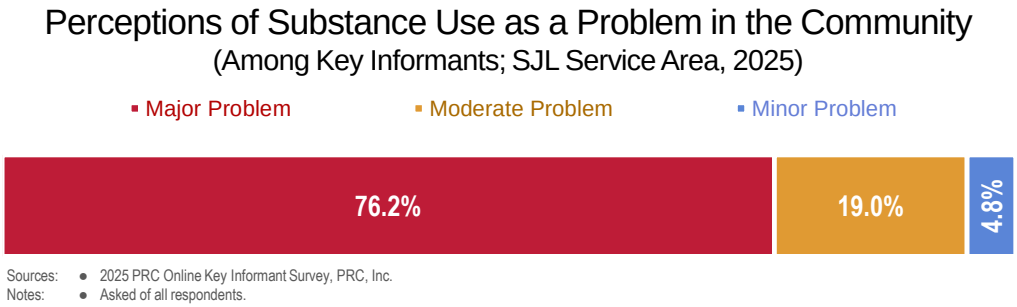


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 43]
- 2023 PRC National Health Survey, PRC, Inc.

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:



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

Denial/Stigma

> Stigma, transportation and cost. — Community Leader
>
> Still the stereotypes around substance use, funding of long-term treatment. — Social Services Provider
>
> Stigma, cost and transportation. Lack of interest and motivation to enter recovery. — Public Health Representative
>
> Stigma- Stigma around addiction is pervasive in rural areas, and many individuals fear being judged or ostracized by their families and communities for seeking treatment. Appalachian culture often values self-reliance, which can discourage individuals from admitting they need help or relying on external systems. Lack of Services- Many treatment programs do not offer a full continuum of care, such as detox, inpatient treatment, outpatient programs, counseling, and aftercare. Services like mental health counseling, family therapy, and vocational training—critical for long-term recovery—are often unavailable or disconnected from substance use treatment. Co-Occurring Mental Health Issues- High rates of untreated mental health conditions, such as depression, anxiety, and PTSD, often co-occur with substance use disorders. — Health Care Provider
>
> Stigma. Lack of confidence that the treatments work. — Community Leader

Access to Care/Services

> Local quality residential treatment options. — Public Health Representative
>
> I think the greatest barriers are the availability of facilities and the money to pay for the facility. — Community Leader

Awareness/Education

> Knowing which resources are available and actually being able to access them. I have tried to do this before for one of my own family members and we literally just gave up. It was an actual nightmare just trying to find placement with all the red tape. — Community Leader
>
> Knowing what is available. — Social Services Provider

Diagnosis/Treatment

> This is a mental health problem and all we are doing is looking for more drugs to battle the problem. We need more skilled therapists. — Physician
>
> Some providers are too strict on their treatment regiments which will limit addicts who are considering to rehab. Not enough funding or in-patient treatment centers. Not enough of the stakeholders in the communities care enough to eliminate the barriers. — Social Services Provider

Affordable Care/Services

> Lack of finances and insurance to cover the cost. The facilities that offer programs are normally overwhelmed and not prepared for all the needs. — Community Leader

Follow-Up/Support

> Not enough follow up with people afterward and programs do not keep people long enough to adequately address the issue. — Community Leader

Generational

> It can be a pattern or a way of life within families. Early education in the school system on the dangers of drug abuse. — 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.

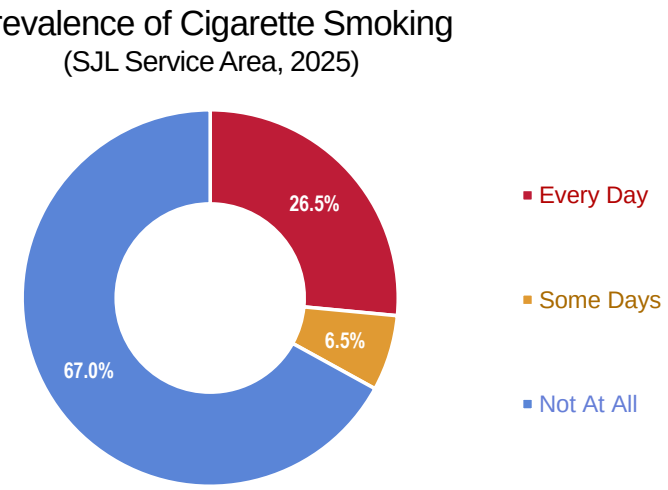
Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including 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

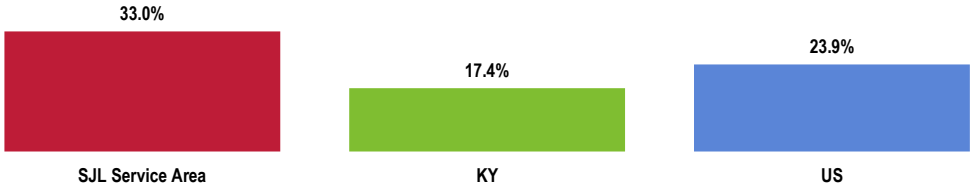
PRC SURVEY ► "Do you currently smoke cigarettes every day, some days, or not at all?"
("Currently Smoke Cigarettes" includes those smoking "every day" or on "some days.")



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



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

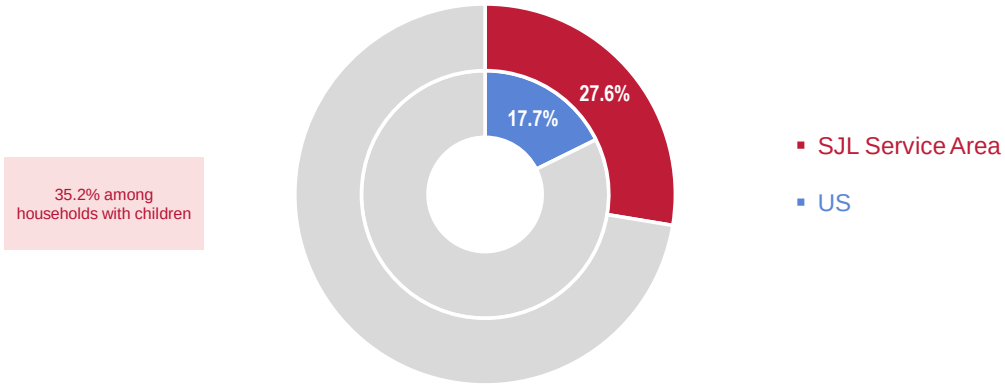
Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

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



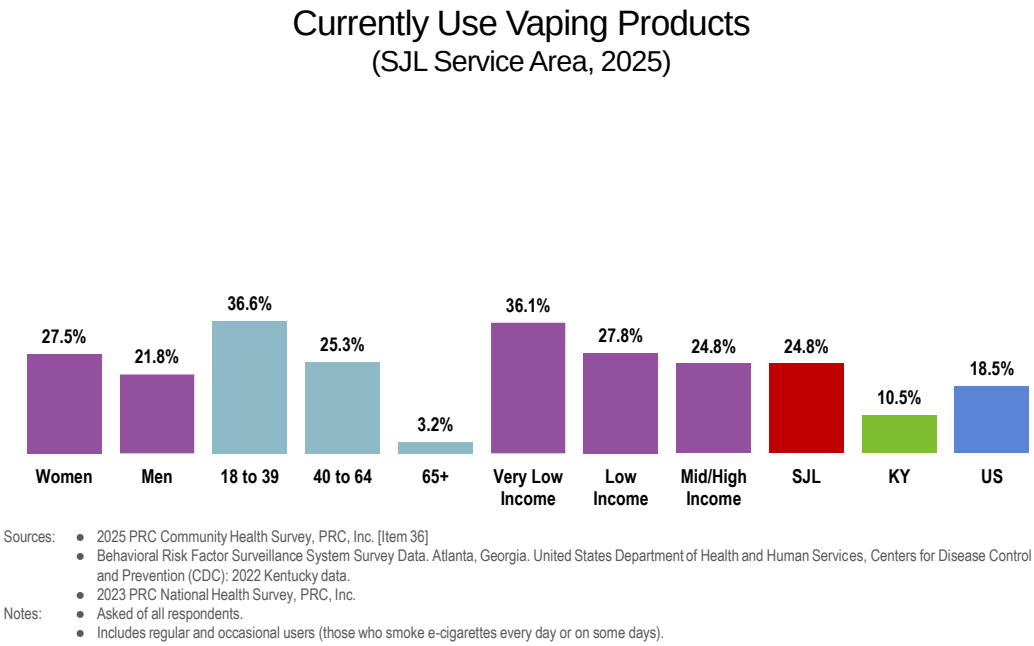
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 35, 114]
- 2023 PRC National Health Survey, PRC, Inc.

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

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

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

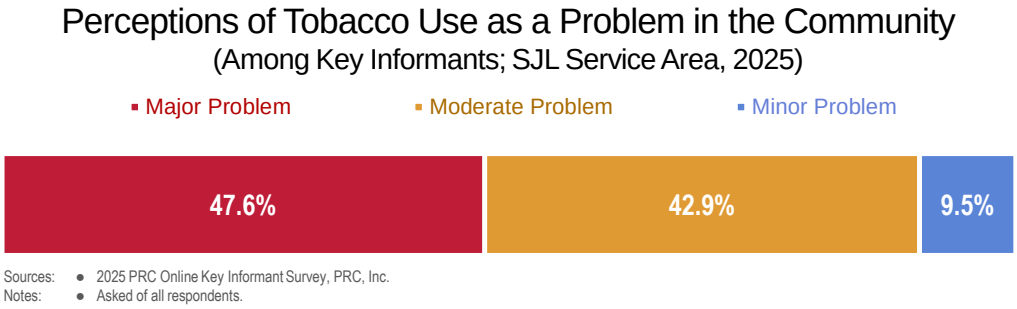


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 36]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Kentucky data.
- 2023 PRC National Health Survey, 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:



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

> Although it is getting better, I still see a lot of smokers and dip users. Vaping has become a major issue in our schools. — Community Leader
>
> Leading cause of cancer. — Community Leader
>
> High rate of smoking in adults and high rate of vaping in youth. — Public Health Representative

Social Norms/Community Attitude

> Accepted and normalized, easy to get. — Community Leader
>
> History- Tobacco farming was historically a significant part of the economy in Kentucky, creating a cultural connection to tobacco products. Families in the region often relied on tobacco farming as a livelihood, which normalized tobacco use and made it a culturally accepted habit. Cultural acceptance- Smoking is deeply ingrained in the culture of Eastern Kentucky, where tobacco use has often been viewed as a normal part of daily life, social interactions, and stress relief. Poverty- The region experiences high levels of economic hardship, unemployment, and stress, which can lead individuals to use tobacco as a coping mechanism. — Health Care Provider

Impact on Quality of Life

> People spend all of their money on tobacco instead of using their money for things they truly must have, like clothing, food, utilities, and rent. — Community Leader

Easy Access

> Due to easy access to any tobacco products. — Community Leader

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).

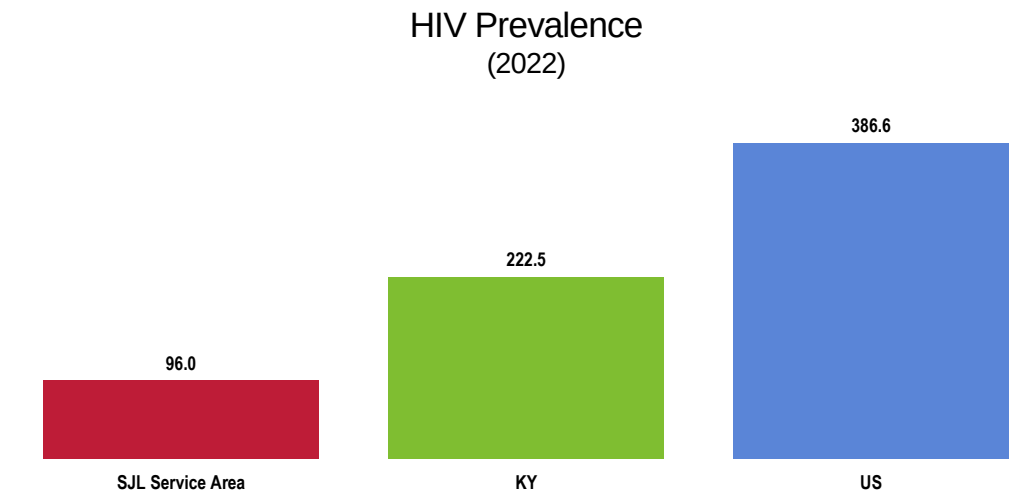
Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV.

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.



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)

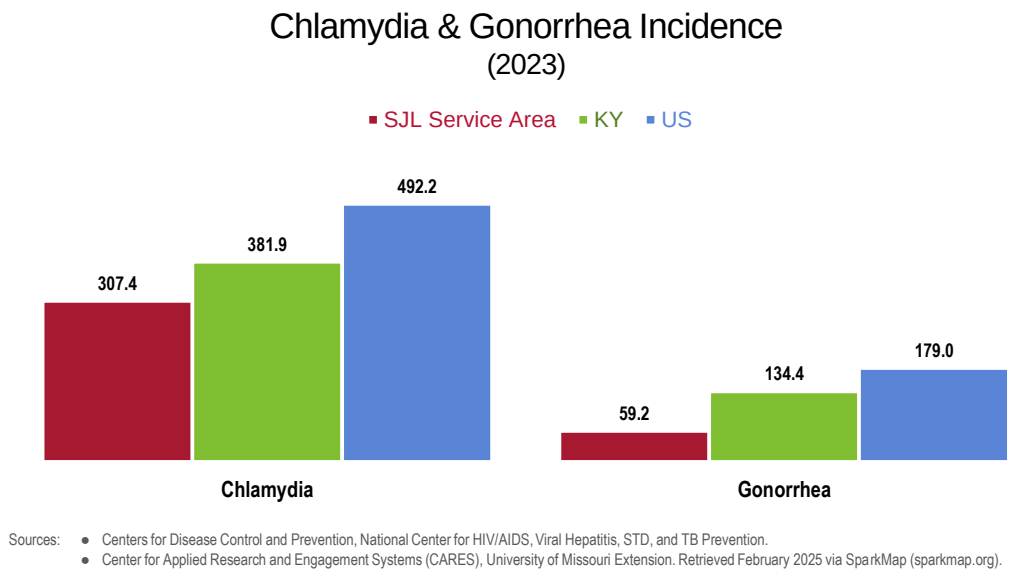
Chlamydia

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.

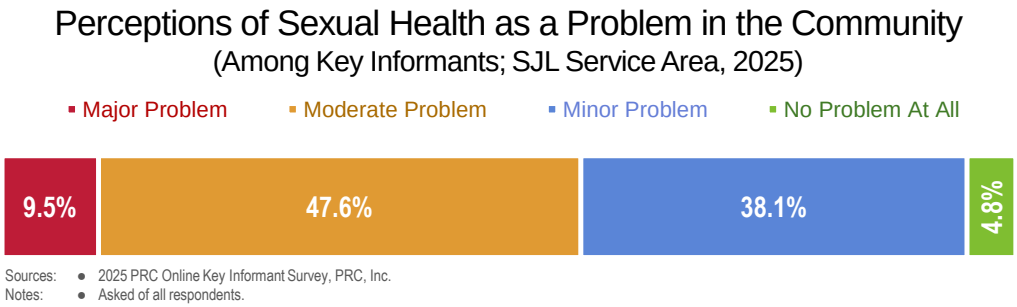
The following chart outlines local incidence for these STIs.



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:



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

> Sexual health is a major problem in our community because drugs are a major problem in our community. They go hand in hand. — Community Leader

Incidence/Prevalence

> Syphilis. — Public Health Representative

ACCESS TO HEALTH CARE

ABOUT HEALTH CARE ACCESS

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

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

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

Difficulties Accessing Health Care

Lack of Health Insurance Coverage

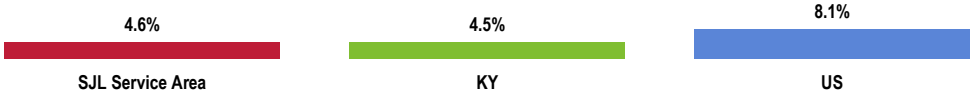
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans.

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?"

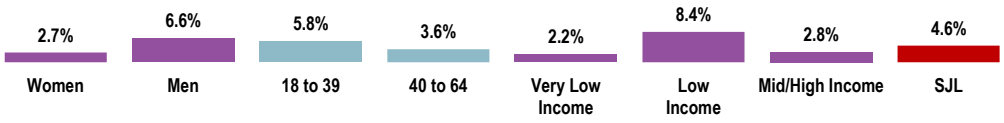
Lack of Health Care Insurance Coverage
(Adults 18-64)
Healthy People 2030 = 7.6% or Lower



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; SJL Service Area, 2025)
Healthy People 2030 = 7.6% or Lower



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?"

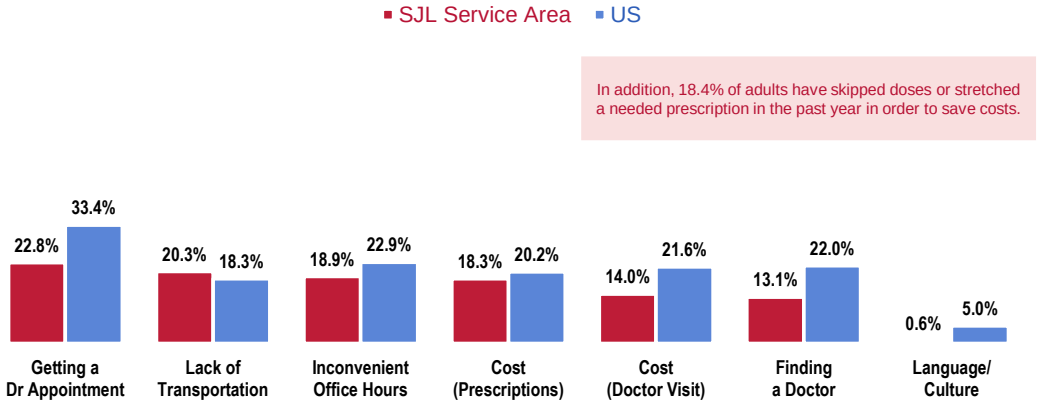
PRC SURVEY ► "Was there a time in the past 12 months when you were not able to see a doctor due to language or cultural differences?"

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



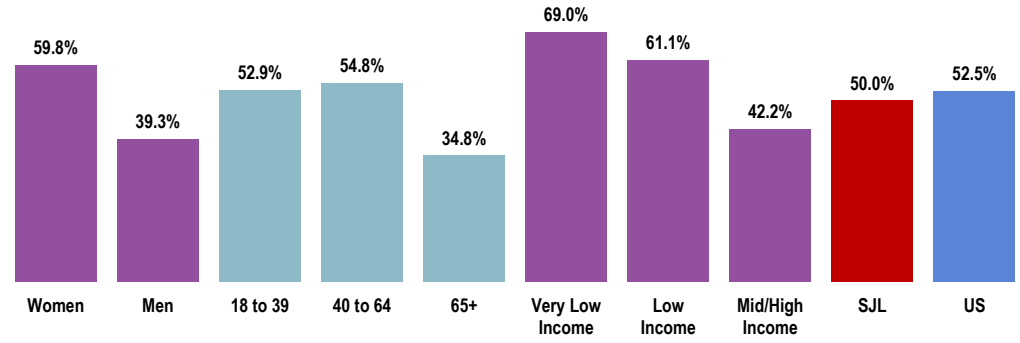
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 6-13]
- 2023 PRC National Health Survey, PRC, Inc.

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

(SJL Service Area, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 119]
- 2023 PRC National Health Survey, PRC, Inc.

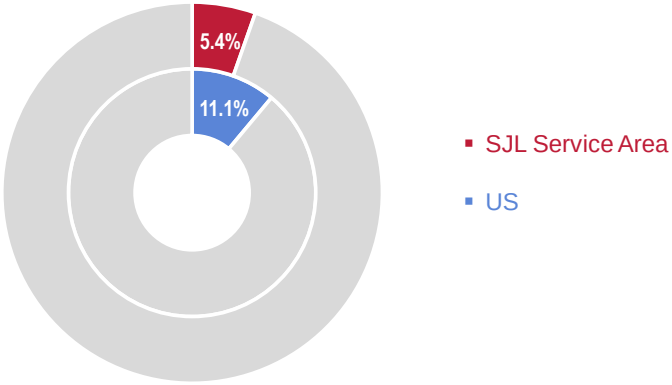
Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

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)

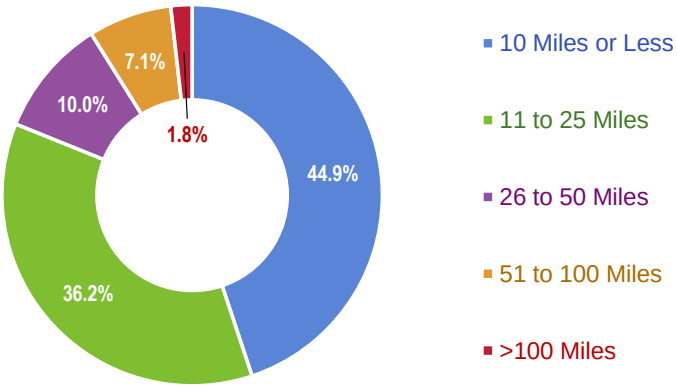


Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 90]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.

Outmigration for Health Care Services

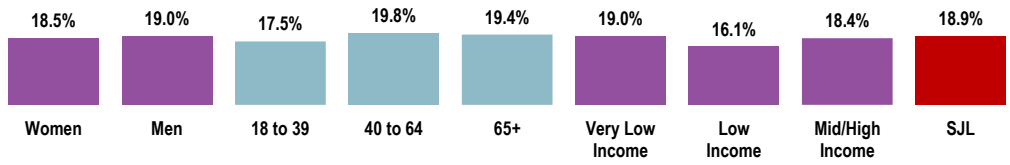
PRC SURVEY ► **"In general, how far do you typically travel for health care?"**

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



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 302]
Notes: ● Asked of all respondents.

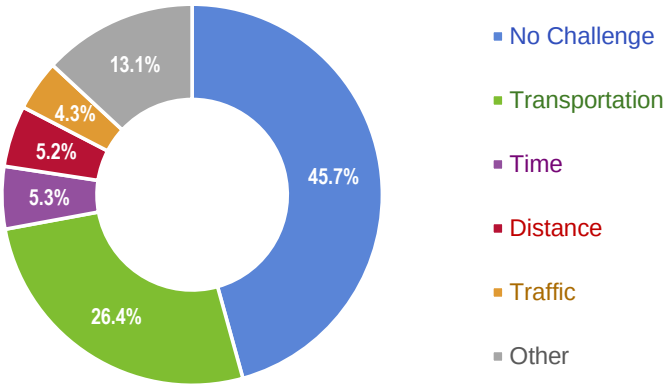
Typically Travel Over 25 Miles for Health Care Services
(SJL Service Area, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 302]
Notes: ● Asked of all respondents.

PRC SURVEY ► "What is the biggest challenge, if any, that you have when traveling for health care?"

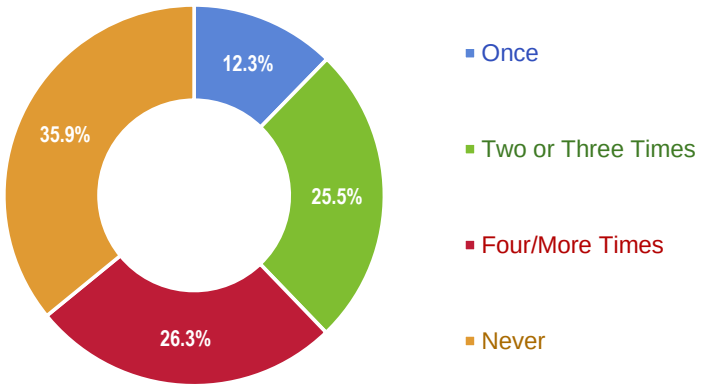
Biggest Challenge When Traveling for Health Care
(SJL Service Area, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 303]
Notes: ● Asked of all respondents.

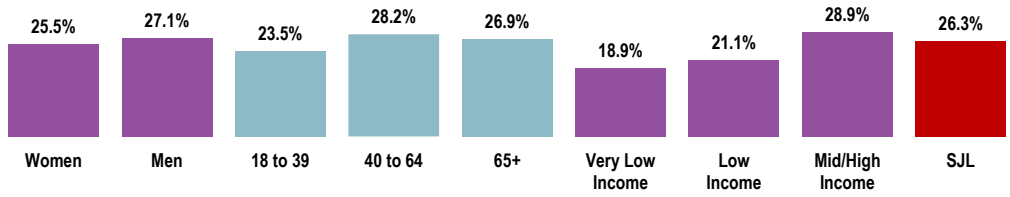
PRC SURVEY ► "In the past 12 months, about how many times have you traveled outside of your community for health care? Would you say once, two or three times, more than three times, or never?"

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



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

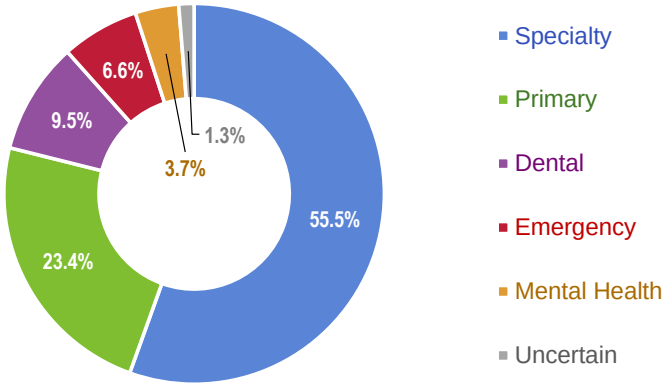
Left the Community for Health Care Four or More Times in the Past Year
(SJL Service Area, 2025)



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

PRC SURVEY ► [Among those leaving the community for care] **"For which type of health care do you most often travel outside of your community?"**

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



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; SJL Service Area, 2025)

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:

Transportation

> Transportation. — Public Health Representative

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.

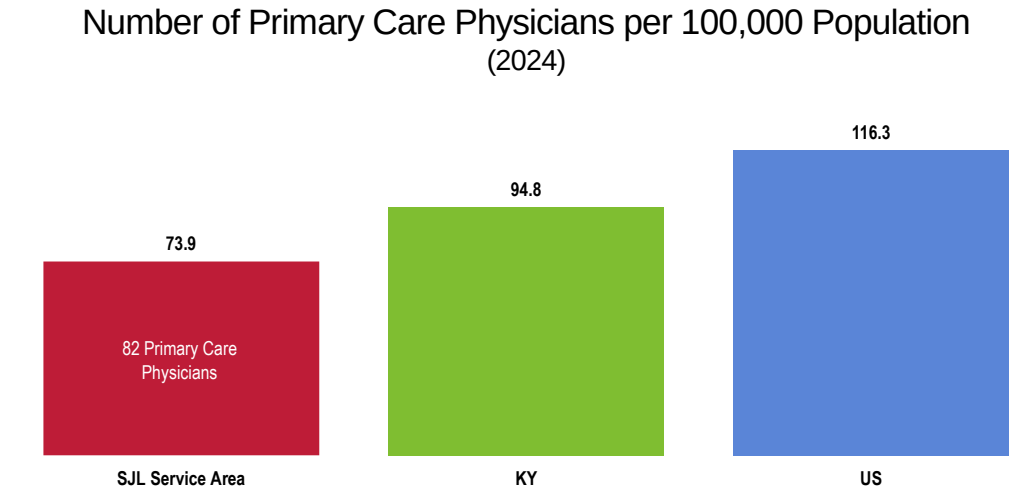
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

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

Access to Primary Care

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.

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.

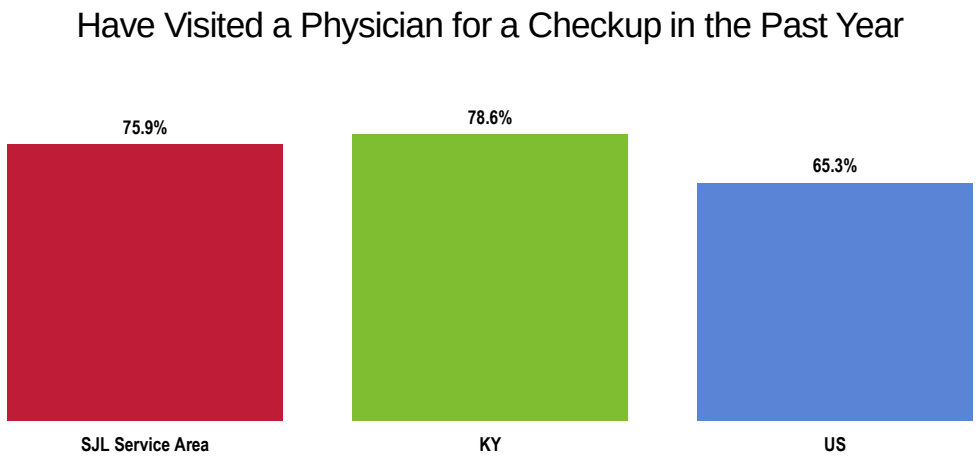


Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

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

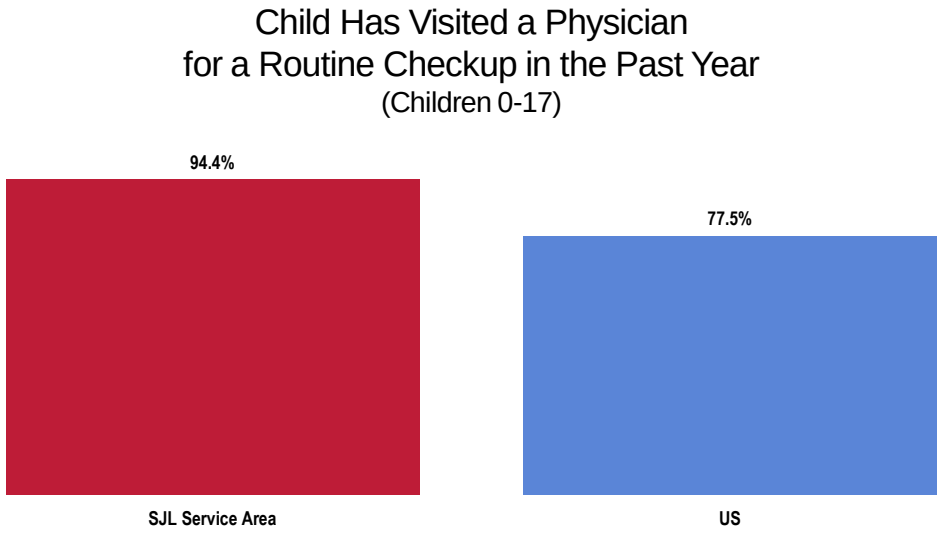
PRC SURVEY ► "A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?"



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?"



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

ABOUT ORAL HEALTH

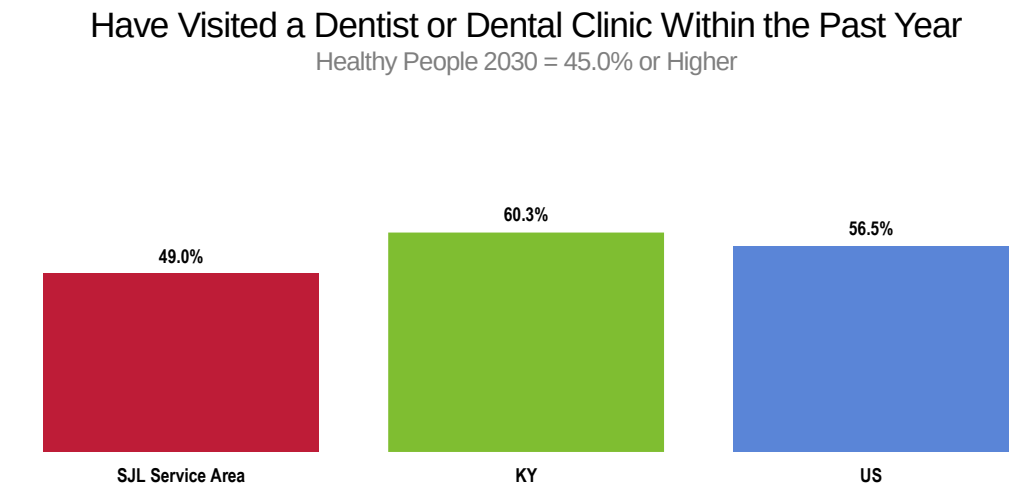
Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems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

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

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

Dental Care

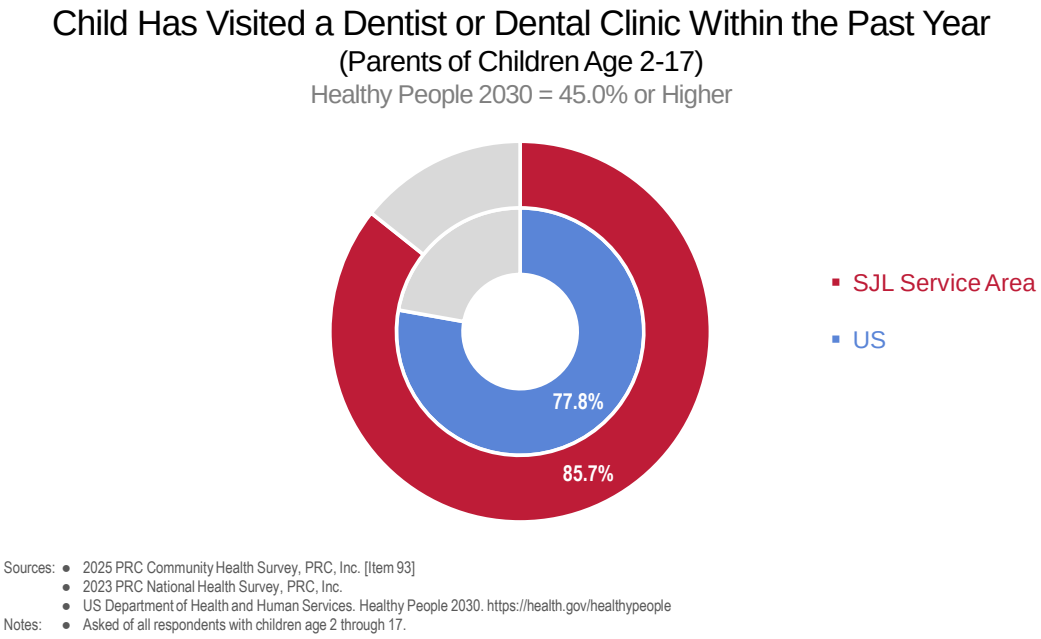
PRC SURVEY ► "About how long has it been since you last visited a dentist or a dental clinic for any reason?"



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

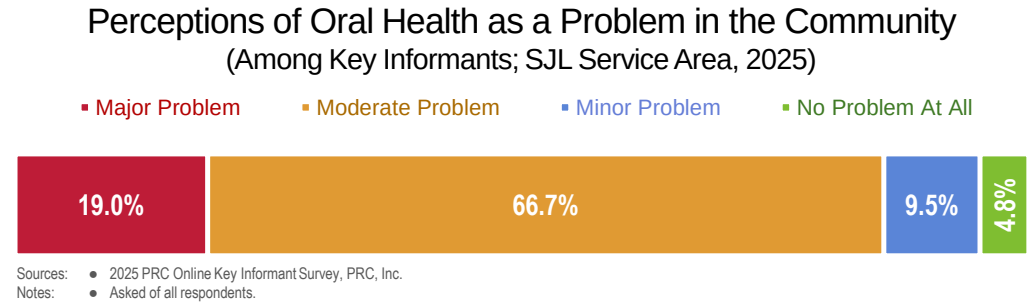
Notes:
- Asked of all respondents.

PRC SURVEY ► [Among parents of children age 2-17] **"About how long has it been since this child visited a dentist or dental clinic?"**



Key Informant Input: Oral Health

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



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

Impact on Quality of Life

> I see so many children with untreated oral needs and it affects every aspect of their life. They have trouble eating so nutrition becomes an issue. They are in pain so have trouble performing well at school. Some adults I work with either do not have any type of dental coverage, are afraid to go to the dentist or have issues getting into a dentist in a timely manner. — Community Leader

Alcohol/Drug Use

> Drug use has destroyed oral health for many people in our community. — Community Leader

Awareness/Education

> No one even takes oral health seriously. If you cannot afford to buy groceries or get your medicine, you're not going to pay someone to take you to the dentist to then again pay for dental services. They just go with the one time fix all solution and have their teeth extracted. — Community Leader

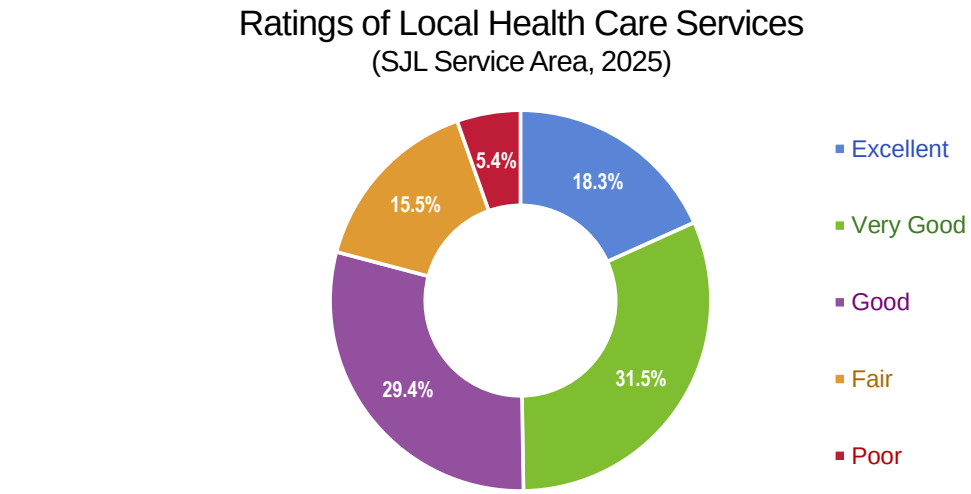
Incidence/Prevalence

> I see many people with poor dental hygiene, and they don't have suitable teeth or any at all. — Social Services Provider

LOCAL RESOURCES

Perceptions of Local Health Care Services

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



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.

Access to Health Care Services

- Dayspring Health
- Friends/Family
- Rural Transit Enterprises Coordinated
- Taxi
- Telehealth

Cancer

- American Cancer Society
- Baptist Health Oncology
- Breast and Cervical Cancer Screening Program
- Cancer Patient Funds
- CHI Saint Joseph Health, Cancer Care Center
- Come Unity Cooperative Care
- Commonwealth Cancer Center
- Daniel Boone Community Action Agency
- Daniel Boone Development
- Family Resource Center
- Laurel County Health Department
- Medicaid
- OPAC
- Over the Counter Screening Tools
- Saint Joseph London
- Tri-County Cancer Coalition
- United Way

Diabetes

- American Diabetes Association
- Diabetes Support Groups
- Doctors' Offices
- Extension Office
- Farmers' Markets
- Get Moving Whitley
- Hospitals
- Laurel County Extension
- Laurel County Health Department
- Prevent Diabetes EKY
- Saint Joseph London
- School System
- University of Kentucky

Disabling Conditions

- Doctors' Offices
- Facilities With Therapies
- Home Health
- Laurel Heights Nursing Home
- Local Area Development Districts
- Medicaid
- Mental Health Providers
- OPEC
- Parks and Recreation
- Physical and Occupational Therapists
- Planet Fitness
- Rural Transit Enterprises Coordinated
- Senior Citizens Center
- Social Security Administration

Heart Disease & Stroke

- American Heart Association
- Baptist Health Cardiac Care Center
- CHI Saint Joseph Medical Group, Cardiology
- Grocery Stores
- Home Health
- Hospitals
- Kentucky Heart Disease and Stroke Prevention Task Force
- Laurel County Health Department
- Saint Joseph London

Injury & Violence

- Cumberland Valley Domestic Violence Services
- Gun Locks
- Heartstrings Mental Health
- Kentucky State Police
- Recovery Works
- Saint Joseph London

Mental Health

- Baptist Health Behavioral Health
- Baptist Health Corbin
- Brightview

- Churches
- Come Unity Cooperative Care
- Comp Care
- Credible Minds
- Cultivate
- Cumberland River Behavioral Health
- Daniel Boone Transit
- Doctors' Offices
- Federally Qualified Health Centers
- Fuse
- Grace Health
- Health Department
- Heartstrings Mental Health
- Hospitals
- Independent Opportunities
- Kentucky Counseling Center
- London Women's Care
- Mental Health Providers
- New Hope
- Outpatient Facilities
- Rehab Facilities
- Rural Transit Enterprises Coordinated
- School System
- Second Mile Behavioral Health
- Social Services
- Spero Health
- Supports for Community Living Waiver Program
- Taxi
- Trillium Center

Nutrition, Physical Activity & Weight

- Community Gardens
- Extension Office
- Farmers' Markets
- Fitness Centers/Gyms
- Food Banks/Pantries
- Grocery Stores
- Hospitals
- Laurel County Extension
- Laurel County Health Department
- Laurel Harvest
- Libraries
- London Wellness Park
- OPAC
- Parks and Recreation
- Planet Fitness
- Saint Joseph London
- School System
- Silver Sneakers
- Supplemental Nutrition Assistance Program
- Women, Infants, and Children

Oral Health

- Dental Offices
- Elgin Dental
- Health Department
- School System

Respiratory Diseases

- American Lung Association
- CHI Saint Joseph Medical Group, Pulmonology
- Laurel County Health Department
- Saint Joseph London

Sexual Health

- Health Department

Social Determinants of Health

- Adult Education Centers
- Appalachian Regional Commission
- Baptist Health
- Cabinet for Health and Family Services
- City/County Government
- Come Unity Cooperative Care
- Community Action Kentucky
- Cumberland River Comprehensive Care
- Cumberland Valley Domestic Violence Services
- Doctors' Offices
- Extension Office
- Health Department
- Health in Motion Coalition
- Housing and Urban Development
- Housing Authorities
- Libraries
- Rural Transit Enterprises Coordinated
- Saint Joseph London
- Second Mile Behavioral Health

Substance Use

- Addiction Treatment Facilities
- Agency for Substance Abuse Policy
- Baptist Health Corbin
- Churches
- Cumberland River Behavioral Health
- Doctors' Offices
- Faith-Based Organizations
- Federally Qualified Health Centers
- Free Transportation
- Grace Health
- Heartstrings Mental Health
- Horizon Health
- Laurel County Health Department
- Law Enforcement
- Medicaid
- Operation Unlawful Narcotics Investigations, Treatment and Education
- Police Department
- Recovery Works
- Rehab Facilities
- Resource Directors
- School System
- Secular Treatment Centers
- Spero Health
- Treatment Facilities
- Trillium Center
- Volunteers of America
- Vouches for Treatment Cost

Tobacco Use

- American Lung Association
- Cabinet for Health and Family Services
- Insurance Companies
- Laurel County Health Department
- My Life My Quit
- Quit Now
- School System
- Script Pregnancy Cessation Program
- State Legislation
- Tobacco Prevention and Cessation Program
- Operation Unlawful Narcotics Investigations, Treatment and Education
- University of Kentucky

APPENDIX

EVALUATION OF PAST ACTIVITIES

2023-2025 Community Health Needs Assessment
Saint Joseph London
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. Legislature 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. Legislature 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 London	Collaborate with and support Laurel County Health Department on initiatives aimed at preventing and/or treating substance use disorders	Violence Prevention Program in Laurel County ● 182 medication lock boxes were made available in partnership with the Laurel County Agency for Substance Abuse/Policy ● 33 medication lock boxes were distributed in partnership with Recovery Oriented Systems of Care ● 277 Deterra disposal pouches distributed in 2023-24. ● 39 Pounds of medication collected at Drug Take Back Events 9 Partnerships formed to address substance use disorders: ● Health In Motion Coalition (regional conference for SUD; SUD subcommittee) ● Laurel County UNITE Coalition (Hooked on Fishing Not on Drugs) ● On The Move ● State Human Trafficking Task Force ● K Count ● Drug Take Back ● Give Me A Reason ● Laurel County Health Dept. ● Laurel County Agency for Substance Abuse/Policy

		40 hours/week, Peer Support Specialist now in SJL ER through Bridge Program Grant Internet Safety for the students at East Bernstadt Ind School 8 Webinars/Training: ● Overdose Prevention ● Risky Teen Behaviors ● Overdose Training ● Suicide Training ● Operation Fight Fentanyl ● Regional Conference for Substance Use Disorders ● Gun Violence ● National Overdose Prevention Leadership Summit

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. Legislature 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 Legislature 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 London	Support healing and enhance community wellbeing by employing mental health strategies in the current and post COVID-19 environment.	Community benefit financial support for: ● $6,000 (2022/2023/2024) - Alzheimer's Association, Southeast ● $2,500 (2023) - Operation UNITE Community Health Improvement Grant (2024) ● $50,000 Knox County Public Schools Violence prevention program in Laurel County ● 2 Safe Haven Baby Boxes installed ● 2,531 students education through Eddie Eagle Gun Safety; 8 schools in 2 school districts participating; 98% of participants could successfully recall steps to safety during a post-educational survey

		• Water Safety Education
		• Pediatric head trauma Training provided for University of Cumberlands Social Work Dept
		
		4 partnerships and coalitions:
		• Health In Motion Coalition and Health in Motion Mental Health Subcommittee
		• State Human Trafficking Task Force
		• Laurel Village Garden Project
		• Safe Child Coalition
		• TriCounty Cancer Coalition
		• Behavioral Health 360 (Credible Minds):
		  • Jan - June 2024 data:
		  • 1,178 Visits to site (New Users) with top topics being depression and anxiety
		
		Internet Safety training at East Bernstadt Ind Schools
		
		8 Webinars/Training:
		• Suicide Prevention
		• Overdose Prevention
		• Risky Teen Behaviors
		• Cyber Safety
		• Suicide Training
		• Gun Violence
		• Stop The Bleed Training
		• Social Media Influencers
		• Impacts on Body Image
		• Bullying and Internet Safety
		
		K Count (unsheltered homeless count for Laurel County)
		
		278 (2023) and 93 (2024) patients in London that screened positive for “feeling alone” were connected with community resources.
		
		Rae of Sunshine - Suicide prevention program at South Laurel Middle School

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. Legislature enacted 3 new laws in 2023: SB 9 Hazing, SB 229 Child Abuse, SB 80 Sex Offenders Legislature 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 London	Enhance health knowledge, promote healthy lifestyles and create social connections among community members by providing informal conversations with physicians through a walking program.	Other activities that address chronic health concerns:
		• Health In Motion Coalition
		• Health In Motion - Obesity/Chronic Disease Sub-Committee
		• Tri-County Cancer Coalition
		• Health Fairs:
		  • Community Health Day
		  • Jackson County High School Health Fair
		  • SperoHealth Health Fair
		  • Jackson County Health Fair
		  • Rotary Health Fair
		
		Hands Only CPR/AED use taught:
		• Keck Baptist Church
		• Laurel County SROs
		• Hospital Security Staff
		• EKU STEM event for local high school students 2023 & 2024
		• Hunter Hills Elementary (3rd-5th grade)
		• National Night Out
		• East Bernstadt Ind (middle school)
		• East Bernstadt Ind Open House
		• East Bernstadt Ind Gear Up day

		• McDaniel Learning Center • North Laurel High School Violence Prevention Program in Laurel County: • Water Safety • Move It To Improve It 5K 66 (2023) and 86 (2024) patients in London that screened positive for food insecurities were given emergency food boxes. Community Health Improvement Grant (2025) • $50,000 KCEOC - Knox Co. Public Schools • $25,190 Community Farm Alliance