

FLOYD COUNTY COMMUNITY HEALTH ASSESSMENT

SPONSORED BY:
FLOYD COUNTY
HEALTH DEPARTMENT

283 GOBLE STREET
PRESTONSBURG, KY 41653
(606) 886-2788
WWW.FCHDKY.ORG/



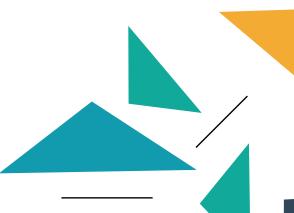
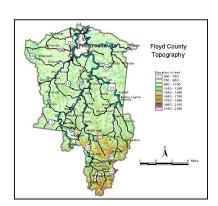


Table of Contents

Acknowledgements	3
Introduction	3
Floyd County Vision	3
Comprehensive Data Collection	4
County Health Rankings Measures	4
Community Health Status Assessment	4
Community Health Improvement Forum	4
Floyd County Community Health Profile	5
References	28
Appendices	30
Appendix A: CHI Partnerships	30
Appendix B: CHI Process	31
Appendix C: Community Health Status Assessment Survey Instrument & Results	35
Appendix D: County Health Data Presentation	84







Images Sources: https://en.wikipedia.org/wiki/Floyd County, Kentucky; https://en.wikipedia.org/wiki/Floyd County, Kentucky; https://en.wikipedia.org/wiki/Floyd County, Kentucky; https://floydcountytourism.com/; https://en.wikipedia.org/wiki/Floyd County, Kentucky; https://en.wikipedia.org/wiki/Floyd Topography.htm

Acknowledgements

Conducting a large-scale community health assessment (CHA) of this size is impossible without a collaborative approach from a variety of stakeholders across the community. The Floyd County Health Department (FCHD) would like to express its gratitude for the contributions made by those who participated in the development of this assessment. Special thanks to the agencies listed in **Appendix A** that contributed to the successful assessments and completion of this report that were critical to the success, breadth, and diversity of data collection. Partners were instrumental in survey distribution and community forum recruitment through their networking circles.

Introduction

A journey toward community health improvement (CHI) involves a CHA and improvement planning process. A CHA paints a comprehensive picture of a community's current health status, factors contributing to higher health risks or poorer health outcomes, and community resources available to improve health. The following 2024 Floyd County Community Health Assessment includes data and information from multiple sources (see **References**), which describe the district's demographics; health status; morbidity and mortality; socioeconomic characteristics; quality of life; community resources; behavioral factors; the environment (including the built environment); and other social and structural determinants of health status. This document includes a general overview of the county, then takes a deeper dive into Floyd County's health status. FCHD sponsored the CHI process, which was facilitated in collaboration with Eastern Kentucky University's Department of Environmental & Public Health, Administration, and Medical Sciences (EKU IRB Research Protocol #5717). Developing the CHA in partnership with other organizations and community members provided opportunities to foster a shared understanding among the public health system of the community's health needs. The CHA provides valuable insight to inform the basis of county-led community health improvement plan strategies. Mobilizing Action through Planning and Partnerships (MAPP) provides a structure for communities to assess their most pressing population health issues and align resources across sectors for strategic action.² See **Appendix B** for how a modified version of MAPP 2.0 was utilized for this CHI process.

Floyd County Partnership Vision

A partnership vision statement establishes a focus, direction, and purpose for the partnership's work. Partners consider an aspirational definition of how the partnership will impact the community, usually five to 10 years in the future. During the March 21, 2024 community forum, participants' responses were used to answer the following question, "What does a healthy and safe Floyd County look like to you? Consider important characteristics for all who live, work, and play here." These words/comments were synthesized into a vision statement. The final Floyd County Partnership Vision statement reads:

Floyd County envisions a well-informed community where increased access to health services combats obesity, addiction, and mental health challenges. We are committed to improving health education, transportation, and preventive screenings to empower every resident towards a healthier lifestyle.



Comprehensive Data Collection

Development of this CHA integrated primary, secondary, quantitative, and qualitative data from a variety of data sources collected during the CHI process. A description of each data collection method used is provided below.

County Health Rankings Measures³

Secondary data comparing Floyd County to Kentucky and the United States for health outcomes and health factors measures from the County Health Rankings Model was utilized. The County Health Rankings Model demonstrates how different elements affect health outcomes. County Health Rankings

measures the health of nearly all counties in the nation and ranks them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. Health Outcomes shows how long people live on average within a community, and how much physical and mental health people experience in a community while they are alive. Health Factors represent those things that can be improved to live longer and healthier lives. They are measures of the future health of our communities.

Health Outcomes include two sub-areas:

- 1. Length of Life
- 2. Quality of Life

Health Factors include four sub-areas:

- 1. Health Behaviors
- 2. Clinical Care
- 3. Social and Economic Factors
- 4. Physical Environment

Length of Life (50%) Health Outcomes Quality of Life (50%) Tobacco Use Diet & Exercise Alcohol & Drug Use Sexual Activity Access to Care Quality of Care Health Factors Education Employment omic Factor (40%) Community Safety Air & Water Quality Environiii (10%) Policies & Programs Housing & Transit

Community Health Status Assessment

A 27-question community health status assessment survey instrument was available to the Floyd County Community to complete from February 9, 2023, to May 31, 2023. This survey was promoted via partner listservs, social media, websites, and text messages. A total of 714 surveys were completed. This method collected primary quantitative and qualitative data. Results from this assessment are integrated throughout this CHA. See **Appendix C** for the survey instrument and results.

Community Health Improvement Forum

On March 21, 2024 a ½ day community health improvement forum was hosted at the Jenny Wiley State Resort Park. Community partners and members were invited to attend this forum to reflect on the community's health status by reviewing county-specific health data from the County Health Rankings Measures and findings from the Community Health Status Assessment survey results. Modified versions of MAPP 2.0 Community Partner and Community Context Assessments, which included discussions on health equity and social determinants of health, were incorporated into the community forum conversations. Floyd County members identified its priority health issues for the county by conducting a consensus voting technique during the forum. Floyd County will address these issues in a county-led community health improvement plan. Qualitative responses captured via notes and Google Jamboard during these community forum conversations are incorporated throughout the community health profile starting on Page 5 of this document.

Floyd County: Community Health Profile

Demographics



Floyd County is Rural (outside of urban cores of 10,000 or more population). In Floyd County, 83.9% of the population lives in a low population density area (500 or fewer people per square mile and less than 2,500 people). On July 1, 2023, Floyd County had an estimated population of 34,423 people with a median age of 42.9. Females represented 51.3% of the population, and persons under 18 years accounted for 22.4% of the population, with persons over 65 representing 19.7%. The four most prominent ethnic

groups are White (Non-Hispanic) (97.9%), Two or More Races (Non-Hispanic) (0.9%). Black or African American (Non-Hispanic) (0.8%) and Asian (Non-Hispanic) (0.3%). Hispanic or Latino people make up 0.9% of the population. In 2020, the Floyd County diversity index was 7% (percentages closer to 100% represent a more diverse community). Languages other than English spoken at home averaged 0.9% between 2018-2022.⁴

Residents who are U.S. citizens make up 99.5% of the population. As of 2020, 0.5% of Floyd County residents (172 people) were born outside of the United States, which is lower than the national average of 13.6%. The average number of veterans residing in Floyd County between 2018-2022 was 1,315 or 3.8% of the population. Persons with a disability under the age of 65 averaged 20.2% of the total Floyd County population between 2018-2022.⁴

Demographic Tables: Comparisons among Floyd County to KY and the US

	Total Population (July 1, 2023 Estimate)		
	Floyd County	КҮ	US
Total Population	34,423	4,512,310	333,287,557
Source: U.S. Census Bureau. (2023). QuickFacts. https://www.census.gov/quickfacts/Floydcountykentucky			

	Age and Sex (2022 Estimate)		
	Floyd County	КҮ	US
Persons Under 5 Years	5.8%	5.9%	5.7%
Persons Under 18 Years	22.4%	22.5%	22.2%
Persons 65 & Older	19.7%	17.1%	16.8%
Median Age	42.9	39	38.8
Female Persons	51.3%	50.5%	50.5%
Source: U.S. Census Bureau. (2023). QuickFacts. https://www.census.gov/quickfacts/Floydcountykentucky			

Race and Hispanic Origin (2022 Estimate)			
	Floyd County	КУ	US
White	97.9%	87.1%	75.8%
Black or African American	0.8%	8.6%	13.6%
American Indian and Alaska Native	0.2%	0.3%	1.3%
Asian	0.3%	1.7%	6.1%
Native Hawaiian and Other Pacific Islander	*	0.1%	0.3%
Two or More Races	0.9%	2.2%	29%
Hispanic or Latino	0.9%	4.2%	18.9%
Source: U.S. Census Bureau. (2023). QuickFacts. https://www.census.gov/quickfacts/Floydcountykentucky			

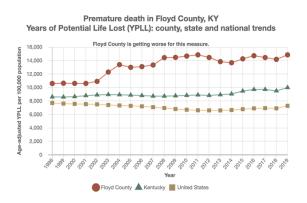
Languages Spoken (2018-2022)			
	Floyd County	КҮ	US
English	99.1%	94.1%	78.4%
Other Languages	0.9%	3.2%	8.6%
Source: U.S. Census Bureau. (2023). QuickFacts. https://www.census.gov/quickfacts/Floydcountykentucky			

Population Characteristics (2018-2022)			
	Floyd County	КҮ	US
Veterans	1,315	250,239	17,431,290
Foreign Born Persons	0.5%	4.0%	13.6%
Persons with Disability under age 65 (2021)	20.2%	13.2%	8.7%
Persons in Poverty (2022)	34.8%	16.5%	11.5%
Source: U.S. Census Bureau. (2023). QuickFacts. https://www.census.gov/quickfacts/Floydcountykentucky			

Health Outcomes

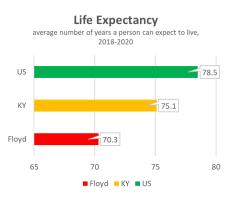
Health outcomes represent how healthy a county is right now, in terms of length of life but quality of life as well. The 2023 County Health Rankings framework ranked Floyd County as the 108 healthiest county in Kentucky; ranking it among the least healthiest counties in Kentucky (lowest 0%-25%).³

Life Expectancy: From 2018-2020, the average life expectancy in Floyd County was 70.3 years, which is more than 5 years lower than Kentucky and the United States. Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.



Premature Death:

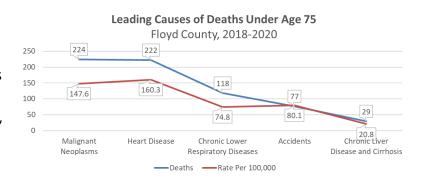
Premature death looks at years of potential life lost. In 2022, 14,181 years of life were lost to deaths of people under age 70.3 per



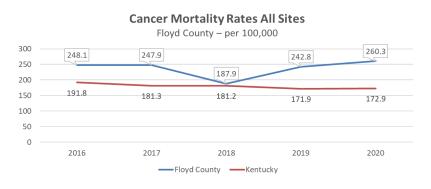
100,000 people. Data trending for this measure over time is getting worse. Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.

Leading Causes of Death: For 2018-2020, the top five leading causes of death for

persons under age 75 in Floyd County were (1) malignant neoplasms (cancer), (2) diseases of heart, (3) chronic lower respiratory diseases, (4) accidents (unintentional injuries), and (5) chronic liver disease and cirrhosis.⁵ Data disaggregated by subpopulation, including race and ethnicity, is unreliable for this measure.



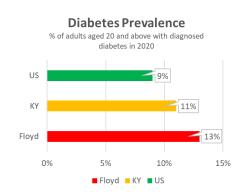
Cancer Mortality Rates (Malignant Neoplasms): Cancer mortality rates represent the number of cancer deaths per 100,000 population during a specific time period. In 2020, the cancer mortality rate for all cancer sites in Floyd County was 260.3 per 100,000, this increased from the 2019 rate of 242.9 per 100,000.6 Data disaggregated by subpopulation, including race and ethnicity, is unreliable for this measure.



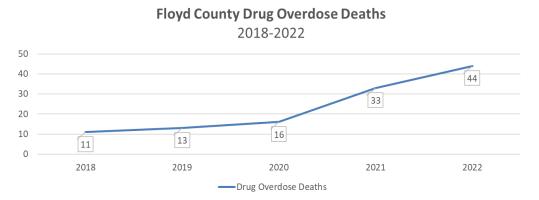
Diabetes Prevalence: The Kentucky Behavioral Risk Factor

Surveillance System (KyBRFS) reports that in 2020, 13% of adults aged 20 or older in Floyd County were living with a diagnosis of diabetes.⁷ A 2021 KyBRFS Area Development District (ADD) report indicated 15.9% of persons living in Big Sandy ADD have diabetes.⁸ Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.

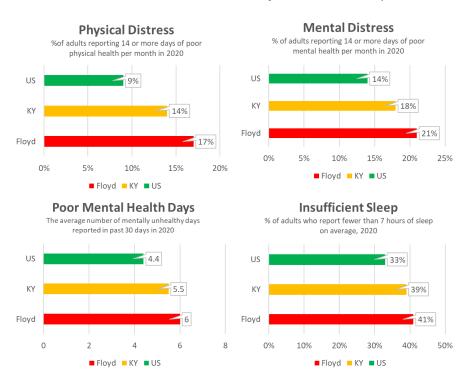
Drug Overdose Deaths: Drug overdose deaths are a leading contributor to premature death and are largely preventable. In 2022, there were 44 reported drug overdose deaths according to the 2022



Kentucky Overdose Fatality Report published by the Kentucky Office of Drug Control Policy. This is a four-fold increase from 2018 when 11 overdose deaths were reported. Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.⁹

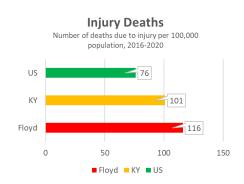


Physical and Mental Health: In 2020, the KyBRFS results indicate that 25% of adults in Floyd County reported that they consider themselves in fair or poor health, 17% reported experiencing poor physical health for 14 or more of the last 30 days, and adults reported that their physical health was not good on

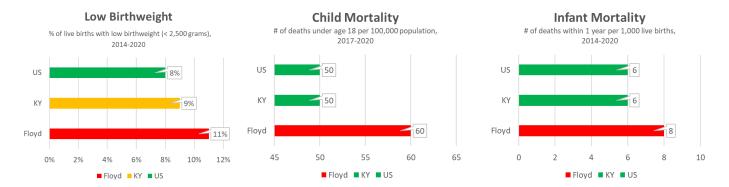


5.4 of the previous 30 days. Additionally, 21% reported experiencing poor mental distress for 14 or more of the last 30 days and their mental health was not good on 6 of the previous 30 days, compared to Kentucky at 5.5, and the US at 4.4.⁷ Sleep is an important part of a healthy lifestyle, and a lack of sleep can have serious negative effects on one's own health. In Floyd County in 2020, 41% of adults reported getting fewer than 7 hours of sleep per night on average. Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.

Injury Deaths: Injuries happen when a place is unsafe or when people engage in unsafe behaviors. Injuries may be intentional or unintentional. Intentional injuries are usually related to violence caused by oneself or by another. Unintentional injuries are accidental in nature. Unintentional injury death rates are higher in rural places than urban places. In Floyd County there were an average of 116 deaths due to injury such as homicides, suicides, motor vehicle crashes and poisonings, per 100,000 people from 2016-2020.⁵ Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.



Low Birthweight, Child and Infant Mortality: Low birthweight is the percentage of live births with low birthweight (< 2,500 grams). Infants born with low birthweight have approximately 20 times greater chance of dying than those with normal birth weight. Infants who survive may face adverse health outcomes such as lower IQ, impaired language development, and chronic conditions during adulthood. In Floyd County from 2014-2020, on average, 11% of babies had low birth weights. The infant mortality rate is the number of infant deaths (within 1 year) per 1,000 live births. In Floyd County there were 8 deaths among children less than 1 year of age per 1,000 live births from 2014-2020.⁵ .⁵ The child mortality rate is the number of deaths among residents under age 18 per 100,000 population. In Floyd County there were an average of 60 deaths per 100,000 children under age 18 between 2017-2020.⁵ Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.



FCHD Programs & Services Addressing Health Outcomes in Floyd County

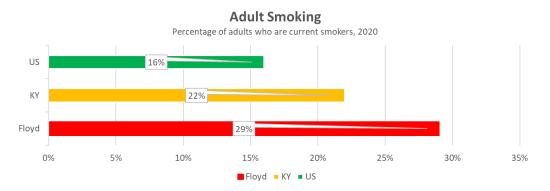
- Breast and Cervical Cancer screenings available to income eligible women who have no third party payer.
- Kentucky Diabetes Prevention & Control Program patient education classes and awareness programs.
- Syringe Services Program and Harm Reduction Services that provide linkage to substance use disorder treatment; access to and disposal of sterile syringes and injection equipment; vaccination, testing, and linkage to care for treatment of infectious diseases.
- *Teen Outreach Program* and *Choosing the Best* provides education to reduce high risk behaviors, increase awareness of healthy lifestyles and skills to increase resiliency.
- *Tobacco Prevention and Control Education* works to prevent the initiation of tobacco use and vaping among young people to prevent lung and bronchus/other cancers associated with tobacco use.
- Maternal and Child Health Programs, Child Fatality Review, Family Planning, School Health, Womens, Infants, and Children (WIC), WellChild, Breastfeeding Counseling, Car Seat Check Point, and HANDS Program prevent infant and child morbidity and mortality across the area.

Health Factors

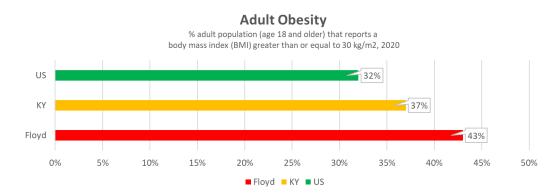
Health Factors can be modified to improve the length and quality of life for residents. Measures for four Health Factors are included in this CHA: *Health Behaviors*, including alcohol and drug use, diet and exercise, sexual activity and tobacco use; *Clinical Care*, including health care access and quality; *Social and Economic Factors*, including education, employment, income, family and social support and community safety, and; *Physical Environment*, including air and water quality, housing, and transit.³

Health Behaviors

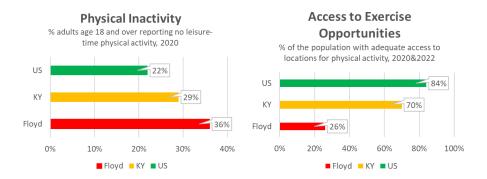
Adult Smoking: Adult Smoking is the percentage of the adult population in a county who both report that they currently smoke every day or some days and have smoked at least 100 cigarettes in their lifetime. Cigarette smoking is identified as a cause of various cancers (including lung and bronchus cancer⁶), cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. In 2020, 29% of the Floyd County population were current smokers. Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.



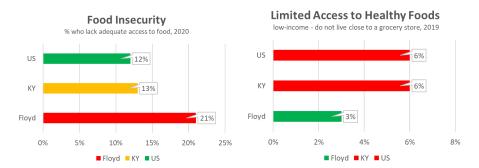
Adult Obesity: Adult obesity represents the percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted). Adult obesity is a chronic condition that puts individuals at increased risk of hypertension, heart disease, type 2 diabetes, breathing problems, chronic inflammation, mental illness, and some cancers. Obesity is a product of environmental and individual factors. Environmental factors such as accessibility and affordability of nutrient-dense foods and the prevalence of fast-food marketing. In Floyd County in 2020, 43%, or nearly 2 out of 5 individuals age 18 and older, reported they were obese. Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.



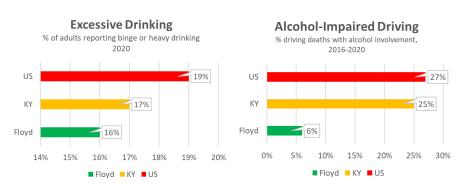
Physical Inactivity & Access to Exercise Opportunities: Physical inactivity is the percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted). In Floyd County in 2020, 36% of adults reported participating in no physical activity outside of work.⁷ Access to exercise opportunities is the percentage of the population with adequate access to locations for physical activity. In Floyd County in 2020, 26% of people lived close to a park or recreation facility.⁷ Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.



Food Insecurity & Limited Access to Healthy Foods: Food insecurity represents the percentage of the population who lack adequate access to food. In Floyd County in 2020, 21% of people did not have a reliable source of food. Limited access to healthy foods is the percentage of the population who are low-income and do not live close to a grocery store. In Floyd County in 2019, 3% of people had low incomes and did not live close to a grocery store, limiting their ability to access healthy foods. Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.



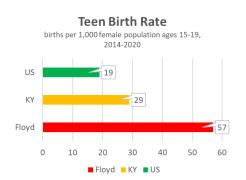
Excessive Drinking & Alcohol-Impaired Deaths: Excessive drinking represents the percentage of adults reporting binge or heavy drinking (age-adjusted). In Floyd County in 2020, 16% of adults reported binge or



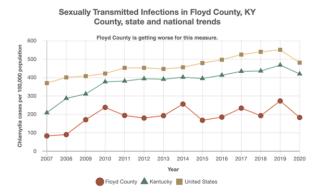
heavy drinking.⁷ Alcohol-impaired deaths is the percentage of driving deaths with alcohol involvement. In Floyd County, 6% of motor vehicle crash deaths involved alcohol on average from 2016-2020.¹² Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.

Teen Births:Teen births represent the number of births per 1,000 female population ages 15-19. In Floyd County, there were 57 teen births per 1,000 females ages 15-19 on average between 2014-2020.¹³ Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.

Infectious Diseases: Infectious diseases, also known as communicable diseases or transmissible diseases, are illnesses that result from the infection, presence and growth of pathogenic (capable of causing disease) biologic agents in an individual human

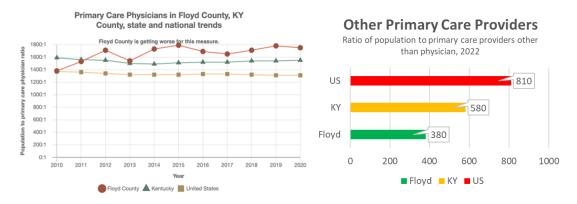


or other animal host.¹⁴ Sexually transmitted infections is the number of newly diagnosed chlamydia cases per 100,000 population. In Floyd County in 2020, 182.6 new cases of chlamydia were diagnosed per 100,000 people.¹⁵ In terms of trending, Floyd County is getting worse for this measure with rates higher than Kentucky and the United States. Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.

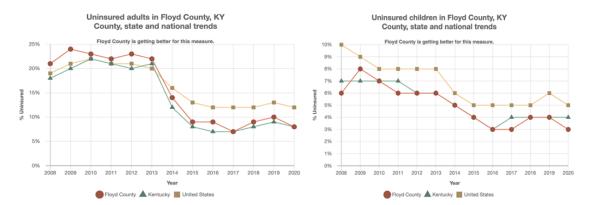


Clinical Care

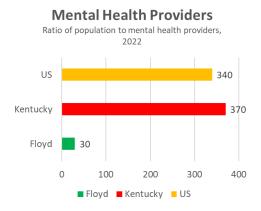
Primary Care Physicians & Other Primary Care Providers: There was one primary care physician per 1,750 people in Floyd County. Trending over time, Floyd County is getting worse for this measure.¹⁶ There was one primary care provider other than a physician per 380 people registered in Floyd County. This includes nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists who can provide routine and preventative care. Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.



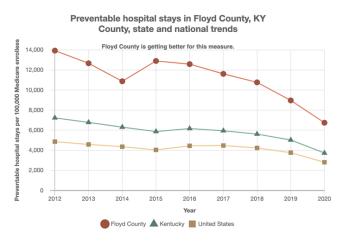
Uninsured: Percentage of population under age 65 without health insurance. In Floyd County in 2020, 8% of people under the age of 65 did not have health insurance. Uninsured children is the percentage of children under age 19 without health insurance. In Floyd County in 2020, 3% of children under age 19 did not have health insurance. For trending, Floyd County is getting better for both measures. ¹⁷ Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.



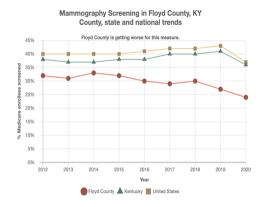
Mental Health Providers: Ratio of population to mental health providers. In 2022, there was one mental health provider per 30 people registered in Floyd County. Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.



Preventable Hospital Stays: Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. In Floyd County in 2020, 6,748 hospital stays per 100,000 people enrolled in Medicare might have been prevented by outpatient treatment.¹⁹ Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.



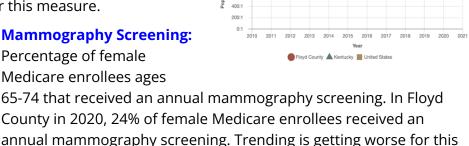
Dentists: Ratio of population to dentists. Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss. In 2021, there was one dentist per 1,360 people registered in Floyd County. Trending over time is getting better for this measure. 16 Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.



Mammography Screening:

ethnicity, is not available for this measure.

Percentage of female Medicare enrollees ages



Dentists in Floyd County, KY County, state and national trends

1600:1

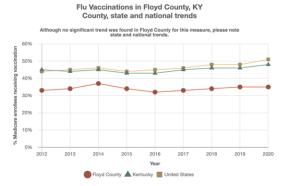
1400:1 1200:1

1000:1

800:1 600:1

measure. 19 Data disaggregated by subpopulation, including race and

Flu Vaccinations: Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination. In Floyd County in 2020, 35% of Medicare enrollees received an annual flu vaccine. No significant trend was found for this measure.¹⁹ Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.



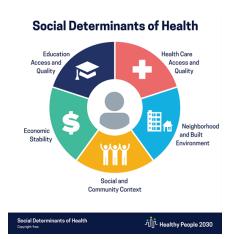
FCHD Programs & Services Addressing Health Behaviors and Clinical Care in Floyd County

- Breast and Cervical Cancer screenings are available to income eligible women who have no third party payer.
- Tobacco Prevention and Control Education works to prevent the initiation of tobacco use among young people to prevent lung and bronchus/other cancers associated with tobacco use.
- Womens, Infants, and Children (WIC) promotes nutritional education & healthy food vouchers for participants.
- Wellness Programs are offered for physical activity, osteoporosis, falls prevention, arthritis & safety.
- Clinical care and preventable services for *immunizations*, sexually transmitted infections, tuberculosis, nutrition education, & family planning are offered. Additionally, reportable disease surveillance, monitoring, reporting, and education are provided throughout the area.

Visit FCHD website for more information on these programs.

Social and Economic Factors

Social and economic factors look at social determinants of health. They represent the nonmedical factors that influence health outcomes and are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. They include Education Access & Quality, Economic Stability, Social & Community Context, Neighborhood and Built Environment, and Health Care Access & Quality.²⁰

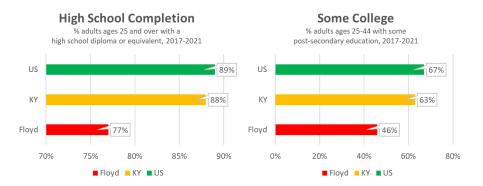


Education Access & Quality

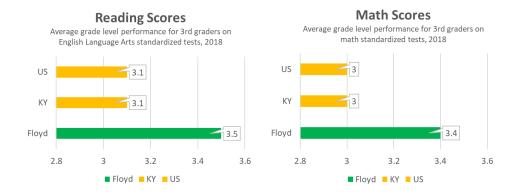
High School Completion & Some College: High school completion is

the percentage of adults ages 25 and over with a high school diploma or equivalent. In Floyd County, 77% of adults (age 25 or older) on average from 2017-2021 had a high school degree or equivalent, such as a GED.²¹ Some college is the percentage of adults ages 25-44 with some post-secondary education. In Floyd

County, 46% of adults (age 25-44) on average from 2017-2021 had completed some post-secondary education, including vocational/technical schools, junior colleges, or four-year colleges. This includes those who had and had not attained degrees.²² Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.

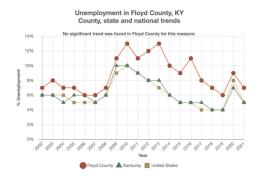


Reading and Math Scores: Reading scores is the average grade level performance for 3rd graders on English Language Arts (reading) and math standardized tests. In Floyd County in 2018, third grade students scored, on average, 3.5 on a standardized test for Reading Scores and 3.4 for math. A score of 3.0 indicates students performed at grade-level.²² Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.



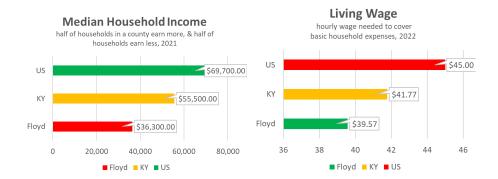
Economic Stability

Unemployment: Percentage of population ages 16 and older unemployed but seeking work. In Floyd County in 2021, 7.1% of people age 16 and older were unemployed but seeking work.²³ Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.

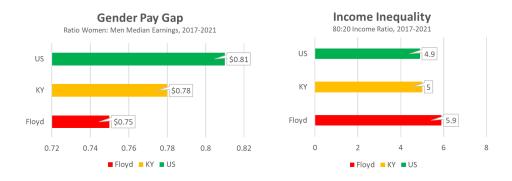


Median Household Income & Living Wage: The income where half

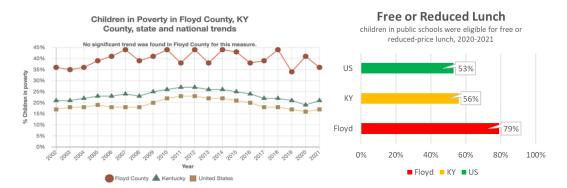
of households in a county earn more and half of households earn less. In Floyd County in 2021, the median household income was \$36,300. Half of all households had an annual income below this amount, and half had annual incomes above it.²⁴ Living wage is the hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children. In Floyd County in 2022, workers would need an hourly wage of \$39.57 to cover basic household expenses for a household of one adult and two children.²⁵ Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.



Gender Pay Gap & Income Inequality: Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar." In Floyd County from 2017-2021, women earned an average of \$0.75 for every \$1.00 men earned in annual income. Income inequality is the ratio of household income at the 80th percentile to income at the 20th percentile. In Floyd County from 2017-2021, households with higher incomes had income 5.9 times that of households with lower incomes. Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.

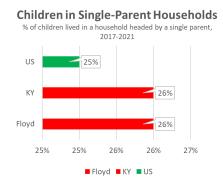


Children in Poverty & Free or Reduced Lunch: Children in poverty represents the percentage of people under age 18 in poverty. In Floyd County in 2021, 36% (1 out of 3) of children lived in poverty. ²⁴ In Floyd County for 2020-2021, 79% of children in public schools were eligible for free or reduced price lunch. ²⁶ Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.

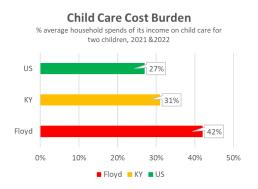


Family & Social Support

Children in Single-Parent Households: Children in Single-Parent Households represents the percentage of children that live in a household headed by a single parent. In Floyd County, 26% of children lived in a household headed by a single parent on average from 2017-2021.²¹ Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.

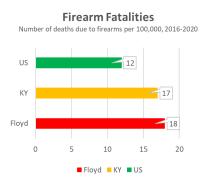


Child Care Cost Burden: Child care costs for a household with two children as a percent of median household income. In Floyd County in 2022, the average household spent 42% of its income on child care for two children. There were 3 child care centers per 1,000 children under age 5.^{24, 25} Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.

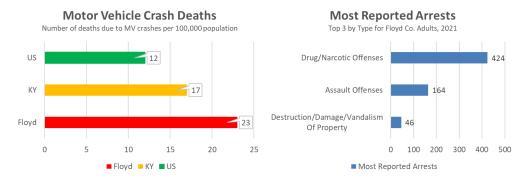


Community Safety

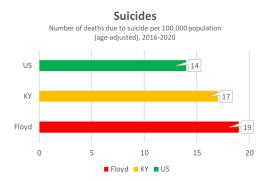
Firearm Fatalities: Firearm fatalities is the number of deaths due to firearms per 100,000 population. In Floyd County, there were 18 firearm-related deaths per 100,000 people on average from 2016-2020.⁵ Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.



Motor Vehicle Crash Deaths & Most Reported Arrests: Motor vehicle crash deaths represents the number of motor vehicle crash deaths per 100,000 population. In Floyd County, there were 23 deaths from motor vehicle crashes per 100,000 people on average from 2014-2020. Most reported arrests represent the total number of arrests reported by all law enforcement agencies in Floyd County during 2021, drug/narcotic offenses was the number one reported arrest in 2021, at 424 offenses. Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.



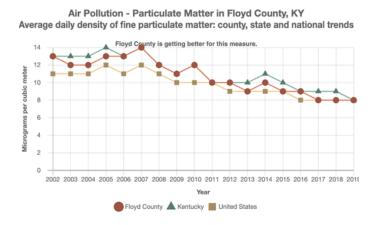
Suicides: Suicides represent the number of deaths due to self-inflicted injury per 100,000 population (age-adjusted). Suicide is defined by ICD-10 codes X60-X84 (self-harm). Deaths are counted in the county of residence of the deceased. So, even if a suicide occurred across the state, the death is counted in the home county of the individual who died. In Floyd County, there were 19 deaths by suicide per 100,000 people, on average, from 2016-2020.⁵ Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.



Physical Environment

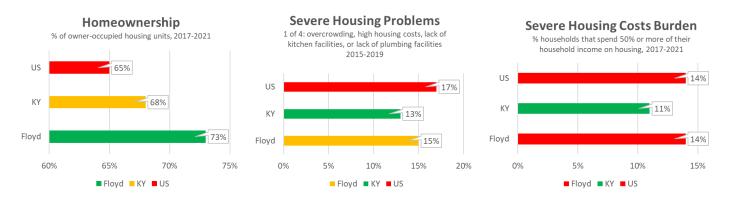
Air Pollution & Water Quality

Air Pollution - Particulate Matter & Water Quality Violations: Air pollution-particulate matter looks at average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). In Floyd County in 2019, an annual average of 8 micrograms per cubic meter of fine particulate matter was measured in the air. The Environmental Protection Agency (EPA) has primary annual average standards of 12.0 micrograms per cubic meter. For trending, this measure is getting better.²⁸ Water quality is measured by drinking water violations or the presence of health-related drinking water violations. At least one community water system in Floyd County in 2021 reported a health-based drinking water violation.²⁹



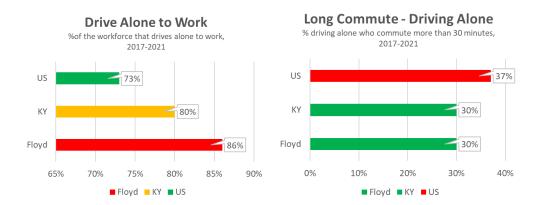
Housing

Homeownership, Severe Housing Problems, & Severe Housing Costs Burden: Homeownership is the Percentage of owner-occupied housing units. In Floyd County, 73% of housing units were owner-occupied on average from 2017-2021.²¹ Severe housing problems represent the percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. In Floyd County from 2015-2019, on average, 15% of households experienced at least one of the following housing problems: overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing facilities.³⁰ Severe housing costs burden is the percentage of households that spend 50% or more of their household income on housing. In Floyd County, 14% of households spent half or more of their income on housing on average from 2017-2021.²¹ The Floyd County Homeless Count of students in preschool-grade 12 for Academic Year 2021-22 was at 228.³¹ Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.



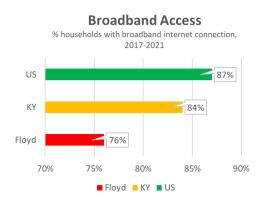
Transit

Driving Alone to Work & Long Commute: Driving alone to work is the percentage of the workforce that drives alone to work. In Floyd County, on average from 2017-2021, 86% of the workforce drives alone to work.²¹ Long commute is among workers who commute in their car alone, the percentage that commute more than 30 minutes. In Floyd County, on average from 2017-2021, 30% of workers who drive alone to work commute more than 30 minutes each way.²¹ Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.



Internet Connection

Broadband Access: Broadband Access represents the percentage of households with broadband internet connection. In Floyd County, on average from 2017-2021, 76% of households had a broadband internet connection.²¹ Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.



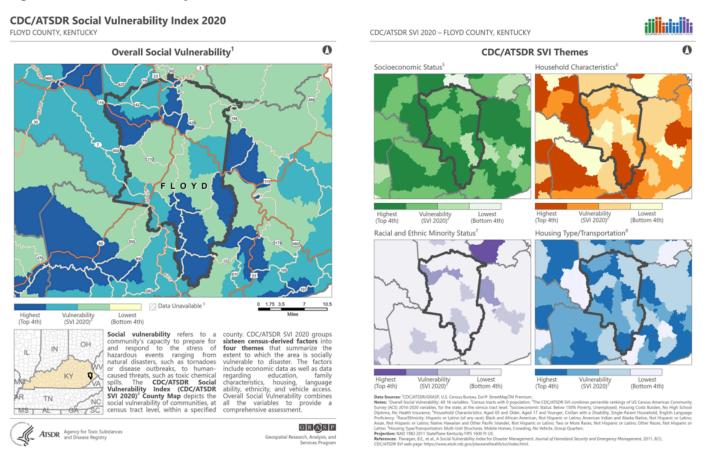
FCHD Programs & Services Addressing Community Safety & Physical Environment in Floyd County

- Food Safety Inspections, including restaurant Inspections, Facility Inspection Programs, Community Sanitation and Safety Programs, including private well water testing, public health nuisance complaints, vector and rodent control, and rabies prevention, and Sewage Inspections.
- *Tobacco Prevention and Control Education* works to eliminate non-smokers exposure to environmental tobacco smoke & e-cigarette aerosol.

Visit FCHD website for more information on these programs.

Social Vulnerability Index (SVI): Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, such as natural or human-caused disasters or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.³² The CDC's SVI uses Census data to determine the social vulnerability of every census tract. The SVI ranks each tract on 16 social factors and groups those factors into four related *themes: Socioeconomic Status (green map), Household Characteristics (orange map), Racial and Ethnic Minority Status (purple map), and Housing Type/Transportation (blue map). Each tract receives a separate ranking for each of the four themes, as well as an overall ranking (left side larger map). Darker shades indicate higher vulnerability.

The **2020 Overall Social Vulnerability Index theme score was 0.7553 for Floyd County**, indicating a **high level of vulnerability**.³³



***SVI Themes & Social Factors:**

- **Socioeconomic Status** (below 150% poverty, unemployed, housing cost burden, no high school diploma, no health insurance)
- Household Characteristics (aged 65 or older, aged 17 or younger, civilian with a disability, single-parent households, English language proficiency)
- Racial and Ethnic Minority Status (Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino)
- Housing Type & Transportation (multi-unit structures, mobile homes, crowding, no vehicle, group quarters)

Community Health Improvement Forum

During the community health improvement forum on March 21, 2024, a series of questions were posed to participants regarding their reactions to the data presentation (see **Appendix D**) plus community context concepts including social determinants of health, health equity, built environment, forces of change, and strengths, resources, and assets. Responses to these questions were captured in Jamboard, noted below.

Floyd County - Initial Reactions to Health Outcomes & Health Behaviors

Obesity, Social media has **Diabetes** Geography has an effect on what Health, downplayed sexuality Drinking rate is low, pregnancy-informatio n accurate? Rates in teenagers. Knowledge and numbers Nutrition. collisions are caused services may be planning-good by drugs but that verbage? accepted in the going up or down? Covid has had an exposure is greater. Providers have a Poverty. may be data is missing. Info Discussion/plan for community. There **Overdose** provided by police. are stigmas around greater responsibility change? effect on this. higher family planning. for educating. Rates Floyd County Mental Health-top data is **Barriers** in problem, but ranked Overdose and Emergency Cancer #1 cause of Narcan distribution Management-Forget high with providers. consistent accident rates increased-effected advertising for death, enrollees are There is a break about mental health the number of not receiving with data need to be family between linkage in overdose deaths? preventative care during planning from across planning. care. Stigma around separate overdoses? this topic. the state Lots of addiction Increase **Need covid** services, not Dual diagnosis with knowledge of enough mental vaccine Increase in What programs are mental health Quality of care already going, what infectious services of data-has it issues, don't have disease-rsv, strep, They sometimes get from primary can be decided on available, they lumped together. decreased to support that or flu. Absence of data. care providers treat. Pediatric is a are not being How many mental preventative Lack of prevention? whole other issue. illnesses are leading used. care? to drugs?

Floyd County - Initial Reactions to Social & Economic Factors

Bullying, DV, unsafe Lack of sex, human SES issues relate to Only one working trafficking numbers jobs, mental health parent, one parent were low but those issues which can stays home and numbers were lower lead to drug related draws a check. expected to be Generational issue. higher. Population wages wasn't represented. Overall sense Income status. Income levels that Youth leaving-leave relates to all issues. of make insurance to go to school and No jobs, no public helplessness; unaffordable, but don't come back transportation, no still much to qualify because lack of learned childcare. Childcare for help. housing, jobs, etc. costs \$\$\$\$ helplessness.

Social Determinants of Health & Upstream Factors Negatively Impacting Floyd County Health?

Food Insecurity - top 5 on survey. 5 Food Banks that operate on different days of the week. Are they tied to the stigma of not being seen at food banks? Certain qualifications

Unable to cook/mentally able to prepare food

Maturity - lack of desire to be productive. Priorities. Transportation
- lack of public
health
transportation

Generational Culture change 20 year generation thinking.

What is Currently being done in Floyd County to Address Health Equity?

5 Food Banks Schools Backpack Program - for the weekend. SROs determine the child needs to prepare food/resources available. Hygiene products, too.

ARH Clinics asking about SDOH and Food Insecurities food boxes are given out. Community Health Workers identify SDOH and link to resources/directly provide it to those in need. Big Sandy Mental Health First Aid addressing Mental Health needs in the schools. Floyd community has best community partnerships and programs.

Three Hospitals in county

What are the Built Environment's Physical & Cultural Assets and how do those vary by neighborhood in Floyd County?

Outdoor Recreation Options: Bike Trails System in Prestonsburg. Kayaking. Mountain Art Center attracts adults and youth.

Science Center -Planetarium

Stonecrest Trails Rural county areas do not have access to opportunities like those in the city.

Programs like Diabetes Program tries to meet people where they are at in county

Sports center

Potential campground coming

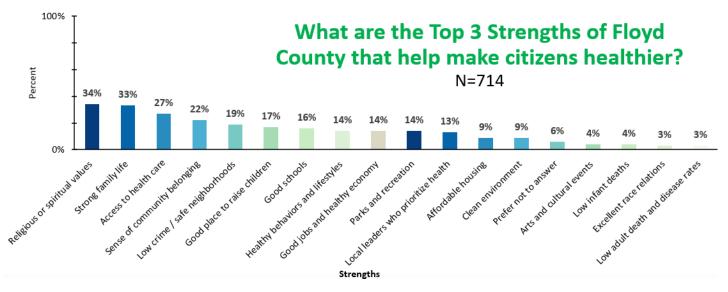
Bike trail to David Community Walking trails. Nice sidewalks on trails. Current and Historical Forces of Change (positive or negative) at play in the local community, regionally and globally, that shape political, economic, and social conditions for community members?



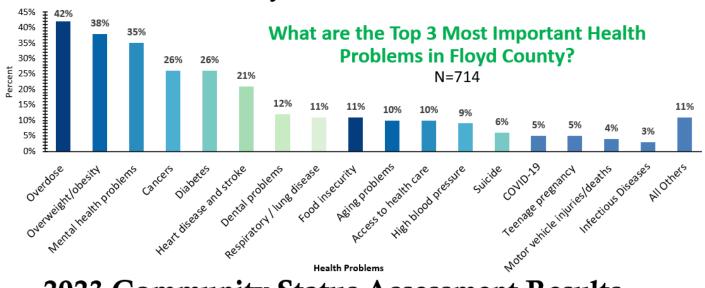
What Strengths, Resources, and Assets does Floyd County have that support health and well-being?



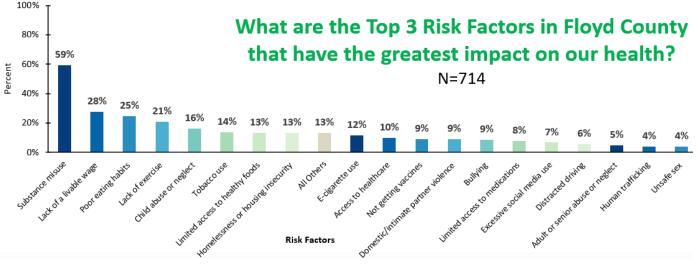
2023 Community Status Assessment Results



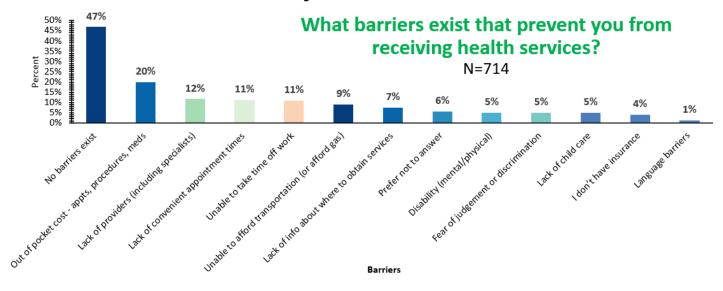
2023 Community Status Assessment Results



2023 Community Status Assessment Results



2023 Community Status Assessment Results



Floyd County 2023-2024 Community Health Status Assessment

The following infographic captures Floyd County highlights of the 2023-2024 Community Health Status Assessment.

2023-2024 FLOYD COUNTY COMMUNITY STATUS ASSESSMENT



FLOYD COUNTY



Published May 2024

In February 2023, Floyd County community partners and members initiated a community health assessment and improvement planning process. This process involved:

- assessing health data from various sources
- conducting a community survey
- · hosting a community health improvement forum for community members

In 2023, Floyd County Ranked 108 out of 120 in Health Outcomes for Kentucky's County Health Rankings

Source: University of Wisconsin Population Health Institute. County Health Rankings

Floyd County Quick Facts

Population Median Age

34,423

42.9

Hispanic or Latino 0.9%

Race/Ethnicity



White - 97.9% Black - 0.8% American Indian and Alaska Native - 0.2% Asian - 0.3% Multiracial - 0.9%

Community Health Improvement Forum

March 21, 2024 10:00 am - 2:00 pm Jenny Wiley State Resort Park

24 community members...

- · Reflected on Floyd County's Health Status
- · Reviewed county-specific health data from various sources
- Identified top priority health issues

Top Priority Health Issues Identified



Health Education



Mental Health



Overdoses



Cancer/Screening



Diabetes



FLOYD COUNTY

PUBLIC HEALTH 2023-2024 COMMUNITY STATUS ASSESSMENT HIGHLIGHTS

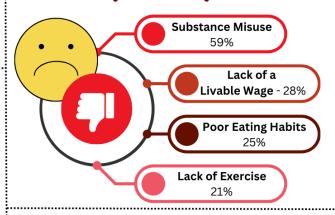




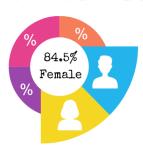
714 Surveys Completed by Community Members

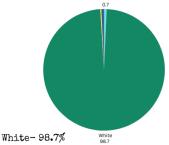
KEY FINDINGS

Top Risk Factors Impacting Floyd County Health



SURVEY DEMOGR



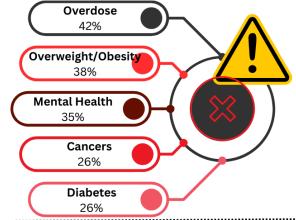


Black/African American- 0.8% American Indian/Alaska Native- 0.7% Asian- 0.6%

48.6 Average

Non-Hispanic 89.1%

Top Important Health Problems in Floyd County



FACTORS

Housing Today



Financial Well-Being

27% of respondents find it difficult or very difficult to get by

Risk of Homelessness

Poor Mental

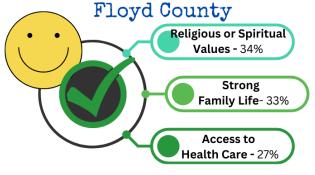
How Healthy is Floyd County?



38% answered

"Somewhat Unhealthy"

Top Community Strengths in



References

- PHAB Standards and Measures Initial Accreditation Version 2022. 2022. Accreditation. https://phaboard.org/wp-content/uploads/Standards-Measures-Initial-Accreditation-Version-2022.p
 df
- 2. NACCHO MAPP Network. 2022. https://virtualcommunities.naccho.org/mappnetwork/home
- **3.** University of Wisconsin Population Health Institute. 2023. County Health Rankings & Roadmaps 2023. https://www.countyhealthrankings.org/
- 4. U.S. Census Bureau. 2023. QuickFacts.

https://www.census.gov/quickfacts/fact/table/US/PST045222; https://data.census.gov/profile/Ke...?g=040XX00US21; & https://data.census.gov/profile/United_States?g=010XX00US

- **5.** National Center for Health Statistics Mortality Files. 2018-2020.
- 6. Kentucky Cancer Registry. https://www.cancer-rates.info/ky/
- 7. Behavioral Risk Factor Surveillance System. 2020.
- **8.** Behavioral Risk Factor Surveillance System. 2021. Kentucky Area Development District Report.
- Kentucky Office of Drug Control Policy Commonwealth of Kentucky Justice & Public Safety Cabinet
 2022 Overdose Fatality Report
 - https://odcp.ky.gov/Reports/2022%20Overdose%20Fatality%20Report.pdf
- **10.** Map the Meal Gap from Feeding America. 2018-2020.
- 11. United States Department of Agriculture Food Environment Atlas. 2019.
- **12.** Fatality Analysis Reporting System. 2016-2020.
- **13.** National Center for Health Statistics Natality files. 2014-2020.
- **14.** Communicable Diseases https://www.dhs.wisconsin.gov/disease/communicable.htm
- **15.** National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2020.
- 16. Area Health Resource File/American Medical Association. 2020.'
- 17. Small Area Health Insurance Estimates. 2020.
- 18. Centers for Medicare & Medicaid Services National Provider Identification, 2022.
- 19. Mapping Medicare Disparities Tool. 2020.
- 20. Social Determinants of Health. 2020. https://www.cdc.gov/about/sdoh/index.html
- 21. American Community Survey, 5-year estimates. 2017-2021.
- 22. Stanford Education Data Archive. 2018.
- 23. Bureau of Labor Statistics. 2021.
- 24. Small Area Income and Poverty Estimates. 2021.
- **25.** The Living Wage Calculator. 2022.

- **26.** National Center for Education Statistics. 2021-2022.
- **27.** Arrests: Kentucky State Police 2021 Crime in Kentucky Report: http://kentuckystatepolice.org/wp-content/uploads/2022/09/2021CrimeinKY.pdf
- 28. Environmental Public Health Tracking Network. 2019.
- 29. Safe Drinking Water Information System. 2021.
- **30.** Comprehensive Housing Affordability Strategy (CHAS) data. 2015-2019.
- **31.** Kentucky Department of Education. Homeless Children and Youth Data Collection and Reporting: 2021-2022.

 $\frac{https://education.ky.gov/federal/progs/txc/Documents/2021-2022\%20Homeless\%20Count\%20by\%}{20District\%20and\%20Grade.pdf} \&$

https://education.ky.gov/districts/tech/sis/Documents/DataStandard-Homeless.pdf

32. 2020 Social Vulnerability in Kentucky. Based on 2016-2020 American Community Survey Data. https://www.arcgis.com/apps/MapSeries/index.html?appid=b051448dfb4b4a69a39e8adf2e8ac44e

Appendix A: CHI Partnerships

Special thanks to the agencies and individuals representing various sectors listed below that contributed to the successful assessments and completion of this report that were critical to the success, breadth, and diversity of data collection. Partners were instrumental in survey distribution and community forum recruitment through their networking circles. Several partners listed also represent populations who are disproportionately affected by conditions that create poorer health outcomes or for whom systems of care are not appropriately designed. This representation is critical to undergoing a successful CHI process.

- AARP Jenny Wiley Chapter
- Appalachian College of Pharmacy
- AppalReD Legal Aid
- ARH Lady of Our Way
- Big Sandy Community Technical College Nursing Program
- Big Sandy Health Care
- City of Prestonsburg Mayor
- CDC's Public Health Associate Program Representative

- Floyd County Health Department
- Floyd County Schools
- Kentucky Department for Public Health
- Highlands ARH Regional Medical Center
- Mountain Comprehensive Care
- McDowell ARH Hospital
- OVP Health
- Prestonsburg Police Department
- Shaping Our Appalachian Region (SOAR)

Appendix B: CHI Process

Community Health Improvement Process

Facilitated by Eastern Kentucky University

Department of Environmental & Public Health, Administration, and Medical Sciences Created: 2023; Revised: 2024

OVERVIEW

Community Health Improvement

Eastern Kentucky University's (EKU) Department of Environmental & Public Health, Administration, and Medical Sciences (EPHAMS) within the College of Health Sciences is excited to partner with local health departments (LHDs) on their journey toward community health improvement (CHI). The EKU EPHAMS CHI process includes facilitating a community health assessment (CHA) to identify priority health issues. Then, the LHD will collaborate with its partners to develop a feasible and sustainable community health improvement plan (CHIP) to address these priority health issues. EKU EPHAMS will be available to assist with the CHIP development, but it is intended to be a community-led plan. Therefore, the LHD and its partners will share most of CHIP development and implementation.

Community Engagement Process

EKU EPHAMS addresses CHI meaningfully, effectively, and efficiently by implementing the National Association of City and County Officials (NACCHO) version 2.0 Mobilizing for Action Through Planning and Partnerships (MAPP) community engagement process. EKU EPHAMS partners with the Kentucky Department for Public Health, Kentucky Public Health Association, Kentucky Health Departments Association, and the Academy of Science Kentucky Group to implement existing resources geared toward CHI.

What to Expect

During the six-month* CHI process, EKU EPHAMS staff will work with the LHD to identify their CHI needs, then develop a plan of action most appropriate to meet these needs. Local public health system partners and community members will be engaged through a community status assessment, a community partner assessment, and a community context assessment. Each LHD should expect to participate in virtual or in-person meetings and community forums over six months.

CHI Requirements

EKU EPHAMS staff is familiar with the Kentucky public health transformation CHI requirements and the Public Health Accreditation Board (PHAB) standards and measures. While not a focal point, these requirements are advertently addressed in EKU EPHAMS' facilitated CHI process.

Final Thoughts

CHI is only successful if the community takes ownership and accountability in addressing its health needs. Therefore, EKU EPHAMS staff will stress the importance of the LHD having a board of health support and understanding that it will be responsible for ensuring the progress of CHI after EKU EPHAMS' portion is complete. EKU will always be available to answer questions or provide feedback, but it will be up to the LHD to sustain the CHI process.

Note: *EKU's facilitated CHI process is estimated to take 6 months, but this timeframe may be adjusted based on the LHD's CHI needs. The LHD will be responsible for continuing the CHI process by developing a CHIP and routine data collection to identify health trends.



Community Health Improvement FCHD Community Engagement Process

1. Initial Discussion (email communication on 02/01/23 & Zoom on 08/22/23 & between EKU and FCHD)

- Answer FCHD's initial questions regarding CHA/CHIP process
- Discuss previous CHA/CHIP Cycles
- o Participation (e.g., hospital-led) or Lead (e.g., FCHD-led)
- Existing partnerships/coalitions
- o Discussion concerning the steering committee
- Is Vision already established? (Revisit during CHA Partnership Kick-Off Meeting Poll Question)

2. EKU/FCHD Only Virtual Kick-Off Meeting (1 hour via Zoom on August 24, 2023)

- Community Engagement Process (Modified MAPP 2.0)
- Project Timelines
- Roles & Expectations
- Prepare for the partnership kick-off meeting

3. Community Status Assessment – Modified Mapp 2.0 (launched February 9, 2023 & closed on May 31, 2023)

- Recommended: KY Group Academy of Science: Alchemer CHA Template
 - o Survey can be tweaked to FCHD's needs
- Promotion of survey by all partners (electronic and paper)
 - o Translated copy per FCHD jurisdiction needs.
- Survey Availability Set
 - o Minimum 1-month
 - o Target number identified by partners & reflection of community demographics
- Survey Results Analyzed by EKU Staff
 - o Incorporate survey results with relevant health factors, outcomes piece in CHA

4. CHA Partnership - Identify Public Health System Partners (January 2, 2024 - January 30, 2024)

- Partners invited by FCHD to participate in CHI process
- o EKU provides a CHI stakeholder list and partner invitation letter that includes:
- o Overview of the CHA process
 - Brief overview of the community engagement process
 - Timelines
- o Partner Expectations
 - Sharing of available data, resources, and assets
 - Promotion of community survey to customers
 - Attendance at a community forum for feedback and input
- o EKU Responsibilities
 - In the process of collecting secondary data:
 - Demographics
 - Health Factors & Outcomes
 - Recent Hospital CHNA results
 - Scanning for health disparities
 - Ask for volunteers to review measures/data

5. ½ Day In-Person Community Forum (March 21, 2024)

- Facilitated by EKU
- FCHD secures the venues and invites community partners and members
- If available, send a draft of the CHA data presentation for review before the community forum
- Welcome and Introduction of CHI Process Purpose of Community Forum
- Health Outcomes, Health Behaviors, and Clinical Care Secondary Data Presentation with Community Status Assessment findings included where appropriate (EKU)
 - o Collect participants' reactions to the data (EKU)
 - o Preliminary Prioritization of Priority Health Issues (*unless the local hospital has recently conducted a CHNA, in which FCHD/partners may choose to select those*)
- Social and Economic Factors plus Physical Environment Secondary Data Presentation with Community Status Assessment findings included where appropriate (EKU)
 - o Collect participants' reactions to the data (EKU)

• Community Context Assessment - Modified MAPP 2.0 (EKU facilitates discussions)

- o Community Strengths and Assets
 - What strengths and resources does your community have that support health and well-being?
- o Built Environment
 - What are the physical and cultural assets in the built environment, and how do those vary by neighborhood?
- o Forces of Change
 - What are the current and historical forces of change at play in the local community, regionally and globally, shaping political, economic, and social conditions for community members?
 - What steps are being taken in the community to improve health outcomes? What solutions have the community already identified on its own to improve community health?

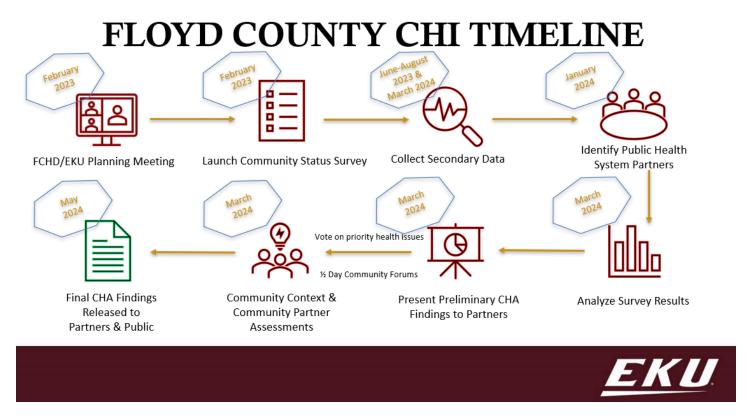
• Community Partner Assessment - Modified MAPP 2.0 (EKU facilitates discussions)

- o Health Equity
 - Perceived Social Determinants of Health & Upstream Factors?
 - Currently doing to address health equity?
 - Final Prioritization of Priority Health Issues (unless the local hospital has recently conducted a CHNA, in which FCHD/partners may choose to select those)

6. Post ½ Day In-Person Community Forum (after March 21, 2024)

- Input from the forum typed up and incorporated into the final CHA
- Final CHA document and 2-page summary infographic available to partners and public by December 31, 2023
- Community Health Improvement Plan CHIP (setting the stage)
 - o FCHD to consider skills & capacities the organization can bring to priority health issues
 - o Partners commit to CHI (pledge, form, or sign-ups)
 - o Schedule the next meeting date to work on CHIP goals, objectives, & activities
 - o Partnership might consider focus groups or community survey(s) tailored to a better understanding of priority health issues

Floyd County CHI Process Timeline (February 2023-May 2024)



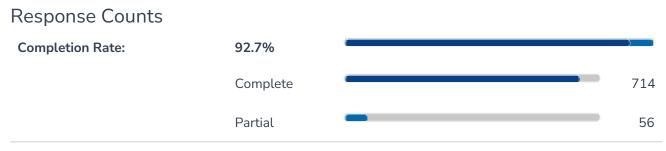
MAPP 2.0 Modified Assessments

EKU EPHAMS incorporates components of the National Association for County and City Health Officials' (NACCHO's) Mobilizing for Action through Planning and Partnerships (MAPP) framework. MAPP is a community-driven strategic planning process for improving community health. The MAPP 2.0 process includes an assessment phase of telling the community story by conducting the following assessments: Community Status Assessment, Community Partners Assessment, and Community Context Assessment. Through EKU EPHAMS CHI Process, each assessment's components are touched on strategically. See the figure below for more information on what these assessments address.



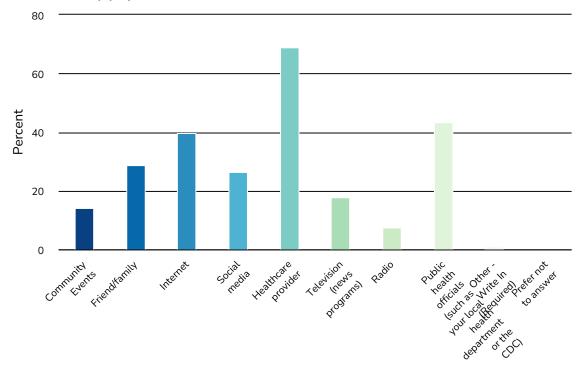
Source: https://www.naccho.org/uploads/full-width-images/MAPP-Evolution-Blueprint-Executive-Summary-V3-FINAL.pdf

Report for Floyd County Community Health Assessment - Floyd's Future



Totals: 770

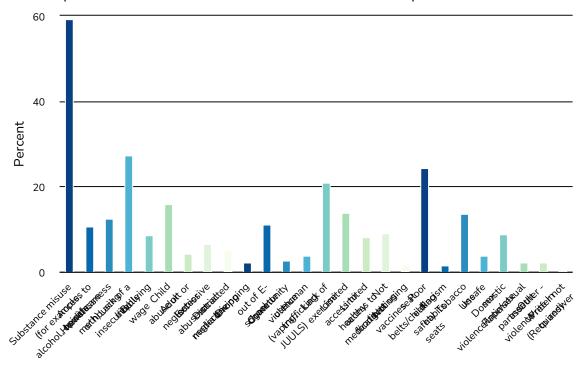
1. Who or what do you rely on most often for health information? Please select all that apply.



Value	Percent	Responses
Community Events	14.4%	111
Friend/family	28.8%	222
Internet	39.7%	306
Social media	26.4%	203
Healthcare provider	69.2%	533
Television (news programs)	17.9%	138
Radio	7.5%	58
Public health officials (such as your local health department or the CDC)	43.5%	335
Other - Write In (Required)	1.4%	11
Prefer not to answer	0.1%	1

Other - Write In (Required)	Count
All the above.	1
CDC,current guidelines, evidence based research.	1
Family doctor	1
God first	1
Hospital pages or websites	1
Natural workshops	1
News	1
Nothing I have no idea what is offered	1
Personal friends/healthcare providers	1
Research from outside US	1
medical journals	1
Totals	11

2. In your opinion, what are the risk factors in our community that have the greatest impact on our health? Please select the top 3.

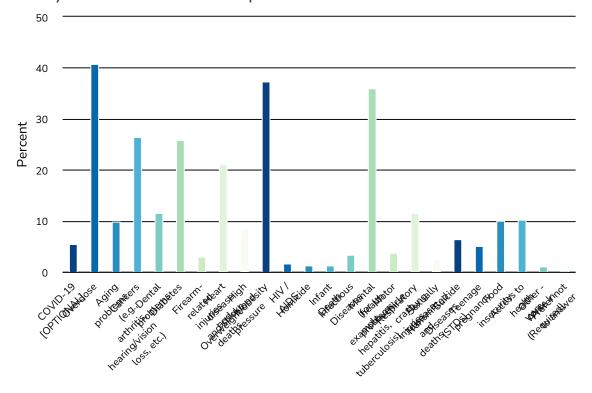


Value	Percent	Responses
Substance misuse (for example, alcohol, opioids, meth)	59.4%	457
Access to healthcare	10.8%	83
Homelessness or housing insecurity	12.5%	96
Lack of a livable wage	27.3%	210
Bullying	8.6%	66
Child abuse or neglect	16.0%	123
Adult or senior abuse or neglect	4.4%	34
Excessive social media use	6.6%	51
Distracted driving	5.2%	40

Value	Percent	Responses	
E-cigarette use (vaping, JUULS)	11.2%	86	
Human trafficking	3.9%	30	
Lack of exercise	20.9%	161	
Limited access to healthy foods	13.9%	107	
Limited access to medications	8.3%	64	
Not getting vaccines	9.2%	71	
Poor eating habits	24.5%	189	
Tobacco use	13.6%	105	
Unsafe sex	3.9%	30	
Domestic violence/intimate partner violence	9.0%	69	
Dropping out of school	1	2.3%	18
Community violence		2.7%	21
Not using seat belts/child safety seats	1	1.8%	14
Racism		1.7%	13
Rape/sexual assault		2.3%	18
Other - Write In (Required)		2.2%	17
Prefer not to answer		0.4%	3

Other - Write In (Required)	Count
Community policy measures	1
Drugs	1
Everyone of theee are an issue. Lack of widespread education how to be healthy	1
Everything on this list	1
I am convinced that the difficulty in being able to get timely appts and the lack of providers is a major contributor. Our elderly, at risk children, and many others must wait way to long for adequate care. Many die before they can receive it.	1
Inadequate health insurance due to cost	1
Lack of affordable health care, even with insurance, the cost is out of control.	1
Lack of built environment, like safe places to walk	1
Lack of job transportation	1
Lack of mental health services	1
Lack of time	1
Lack of transportation/ having to do back flips to get help in the first place	1
Mental health	1
Poor to no coping skills for dealing with stress, leading to mental illness, which has a stigma around it so people don't seek treatment	1
School buses without seat belts.	1
Well here are tons of children sick and it just keeps going on every week when the superintendent refuses to shut down schools!	1
too much sugar in foods	1
Totals	17

3. In your opinion, what are the most important health problems in our community? Please select the top 3.

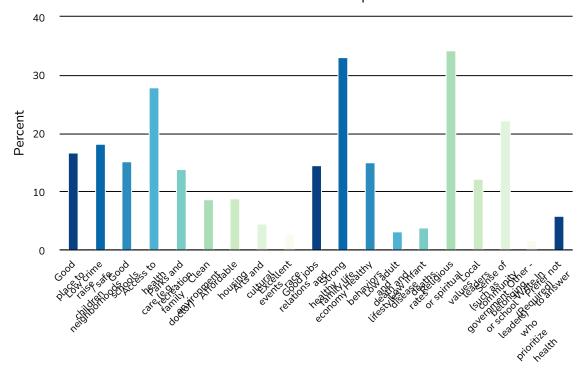


Value	Percent	Responses
COVID-19 [OPTIONAL]	5.5%	42
Overdose	40.9%	315
Aging problems (e.g., arthritis, hearing/vision loss, etc.)	10.0%	77
Cancers	26.5%	204
Dental problems	11.6%	89
Diabetes	26.0%	200
Firearm-related injuries and deaths	3.0%	23
Heart disease and stroke	21.2%	163
High blood pressure	8.6%	66

Value	Percent	Responses	
Overweight/obesity	37.4%	288	
Infectious Diseases (for example, hepatitis, tuberculosis)	3.4%	26	
Mental health problems	36.1%	278	
Motor vehicle crash injuries and deaths	3.8%	29	
Respiratory / lung disease	11.6%	89	
Suicide	6.4%	49	
Teenage pregnancy	5.1%	39	
Food insecurity	10.1%	78	
Access to health care	10.4%	80	
HIV / AIDS	•	1.7%	13
Homicide	1	1.3%	10
Infant Death		1.3%	10
Sexually Transmitted Diseases (STDs)	•	2.5%	19
Other - Write In (Required)		1.2%	9
Prefer not to answer	(0.3%	2

Other - Write In (Required)	Count
A small cold	1
Drug addiction	1
Drug use/ abuse	1
Drugs	1
Everything on this list	1
Legal abuse of children/teenagers allowing them to be mutilated by allowing them to think they are the opposite sex, a cat, a dog, non/boa art, etc.	1
Mental health	1
Poverty	1
Substance abuse	1
Totals	9

4. In your opinion what are the strengths of our community that can help our citizens be healthier? Please select the top 3.

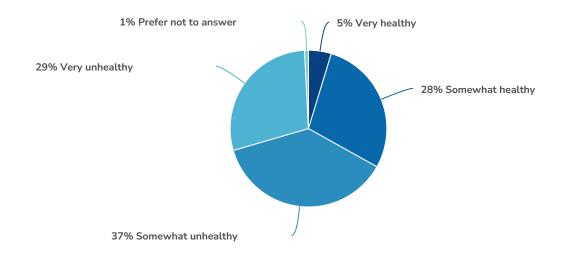


Value	Percent	Responses
Good place to raise children	16.8%	129
Low crime / safe neighborhoods	18.3%	141
Good schools	15.3%	118
Access to health care (e.g., family doctor)	27.9%	215
Parks and recreation	13.9%	107
Clean environment	8.7%	67
Affordable housing	8.8%	68
Arts and cultural events	4.5%	35
Excellent race relations	2.6%	20

Value	Percent	Responses
Good jobs and healthy economy	14.5%	112
Strong family life	33.1%	255
Healthy behaviors and lifestyles	15.1%	116
Low adult death and disease rates	3.2%	25
Low infant deaths	3.9%	30
Religious or spiritual values	34.3%	264
Local leaders (such as government or school leaders) who prioritize health	12.2%	94
Sense of community belonging	22.3%	172
Other - Write In (Required)	1.6%	12
Prefer not to answer	5.8%	45

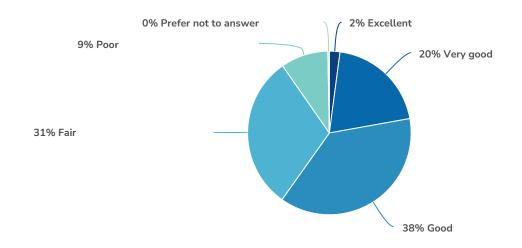
Other - Write In (Required)	Count
It having a democratic administration in office !	1
Everything on this list	1
I think this place has a long way to go before this question can be answered	1
If they would shut the school down it would help with so much sickness	1
Loads of opportunity for local leaders and officials to utilize that are not currently being considered	1
None	1
None	1
None listed .	1
None of the above	1
Nothing	1
There are no good qualities now.	1
We're missing many of these things	1
Totals	12

5. How healthy or unhealthy would you say our community is?



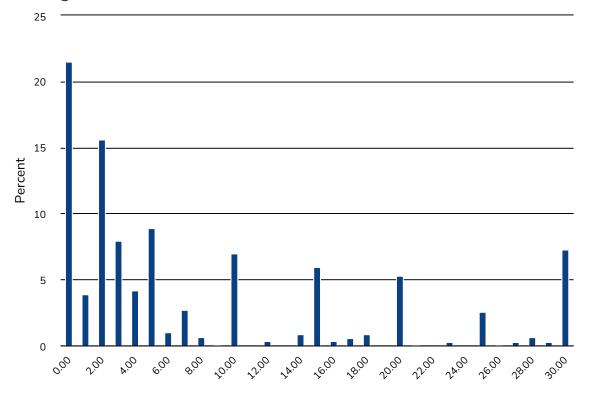
Value	Percent	Responses
Very healthy	4.7%	36
Somewhat healthy	28.4%	219
Somewhat unhealthy	37.4%	288
Very unhealthy	28.7%	221
Prefer not to answer	0.8%	6

6. In general, would you say your health is...?

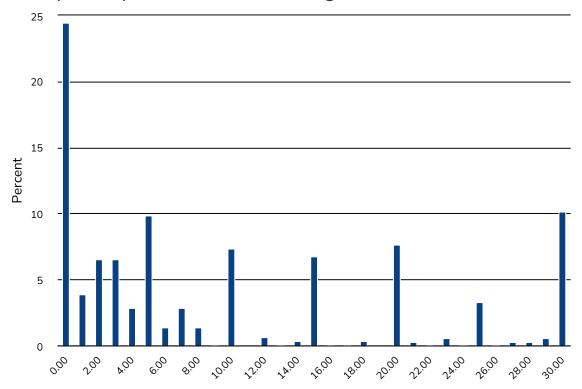


Value	Percent	Responses
Excellent	2.1%	16
Very good	20.1%	155
Good	37.7%	290
Fair	30.5%	235
Poor	9.4%	72
Prefer not to answer	0.3%	2

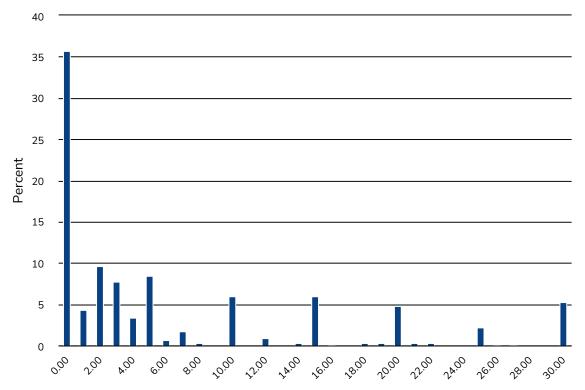
7. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

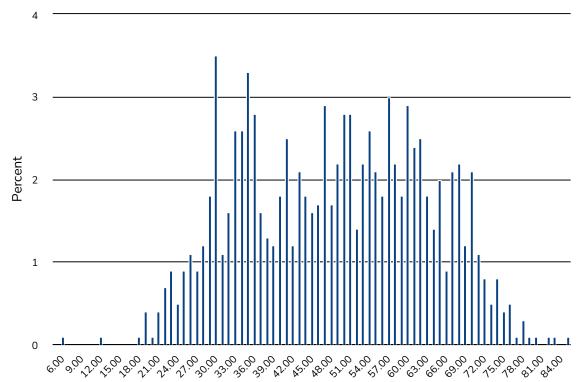


8. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?



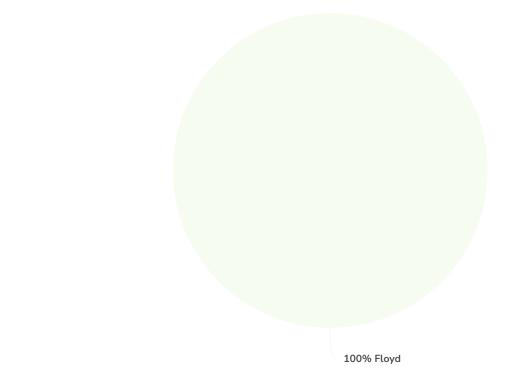
9. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?





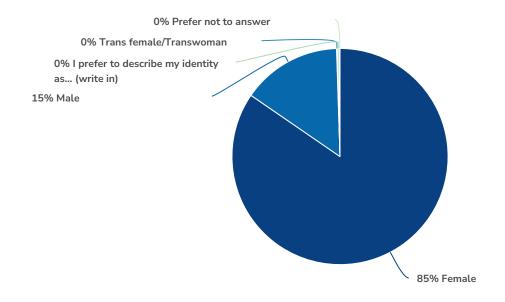
		s the ZIP code where you live (or where you most often stay)?
	40	
	30	
Percent	20	
	10	
	o Visited	

12. Which county do you live in?



Value	Percent	Responses
Floyd	100.0%	770

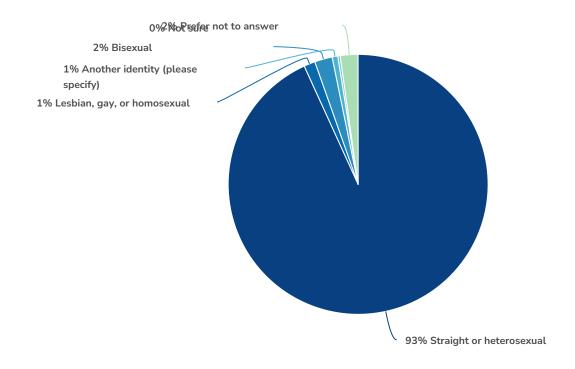
13. Are you...?



Value	Percent	Responses
Female	84.5%	645
Male	14.9%	114
Trans female/Transwoman	0.1%	1
I prefer to describe my identity as (write in)	0.3%	2
Prefer not to answer	0.1%	1

I prefer to describe my identity as (write in)	Count
I am a Male, as there are ONLY 2 sex's Male and Female	1
Non-binary	1
Totals	2

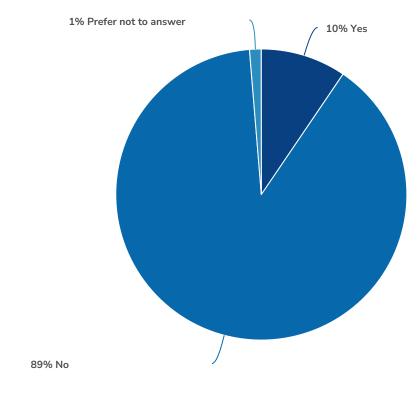
14. Do you think of yourself as...?



Value	Percent	Responses
Straight or heterosexual	93.2%	711
Lesbian, gay, or homosexual	1.4%	11
Bisexual	2.2%	17
Another identity (please specify)	0.7%	5
Not sure	0.3%	2
Prefer not to answer	2.2%	17

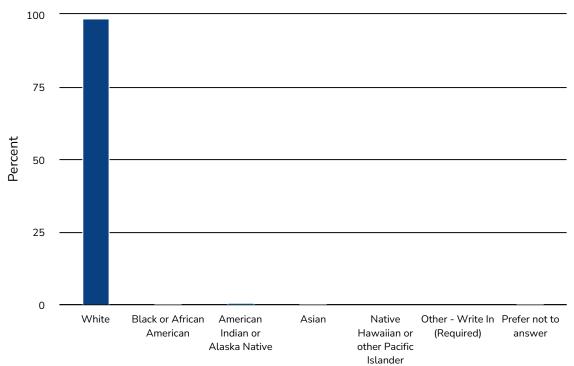
Another identity (please specify)	Count
Straight	3
Female	1
Straight	1
Totals	5

15. Are you Hispanic, Latino(a), or Spanish?



Value	Percent	Responses
Yes	9.5%	72
No	89.2%	679
Prefer not to answer	1.3%	10

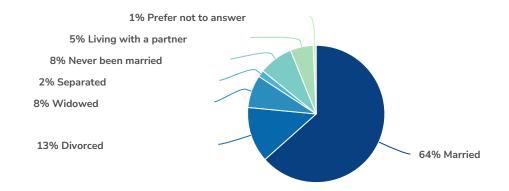
16. What is your race? Please select all that apply.



Value	Percent	Responses
White	98.8%	752
Black or African American	0.3%	2
American Indian or Alaska Native	0.8%	6
Asian	0.5%	4
Native Hawaiian or other Pacific Islander	0.1%	1
Other - Write In (Required)	0.1%	1
Prefer not to answer	0.5%	4

Other - Write In (Required)	Count
Puerto Rican	1
Totals	1

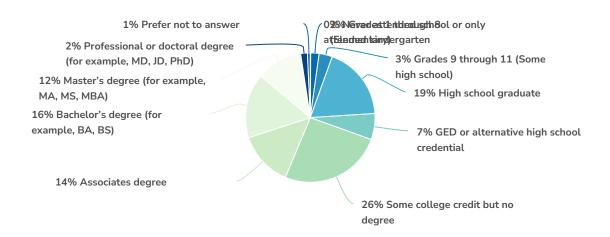
17. What is your marital status?



Value	Percent	Responses
Married	63.5%	481
Divorced	13.1%	99
Widowed	7.7%	58
Separated	1.6%	12
Never been married	8.1%	61
Living with a partner	5.4%	41
Prefer not to answer	0.7%	5

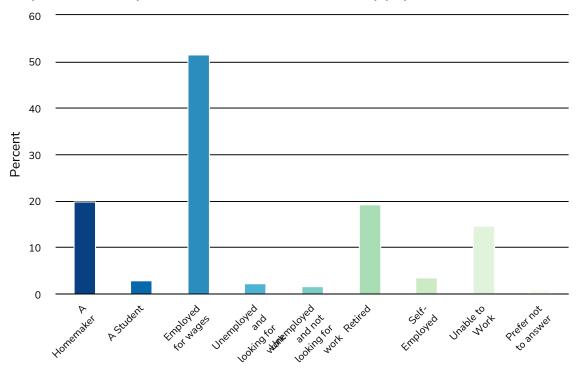
Totals: 757

18. What is the highest grade or year of school you completed?



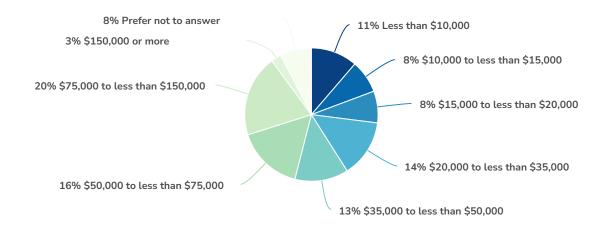
Value	Percent	Responses
Never attended school or only attended kindergarten	0.1%	1
Grades 1 through 8 (Elementary)	2.1%	16
Grades 9 through 11 (Some high school)	3.3%	25
High school graduate	18.5%	140
GED or alternative high school credential	6.5%	49
Some college credit but no degree	25.8%	195
Associates degree	13.7%	104
Bachelor's degree (for example, BA, BS)	16.1%	122
Master's degree (for example, MA, MS, MBA)	11.5%	87
Professional or doctoral degree (for example, MD, JD, PhD)	1.7%	13
Prefer not to answer	0.7%	5

19. Are you currently...? Please select all that apply.



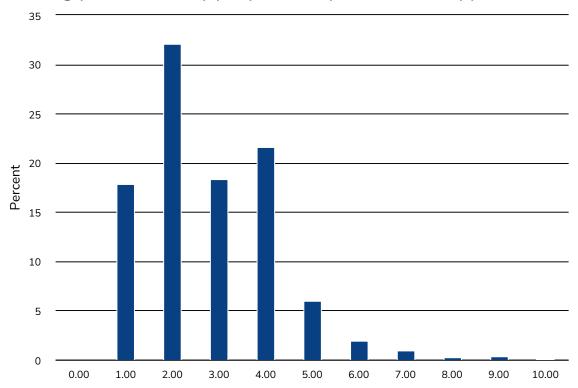
Value	Percent	Responses
A Homemaker	20.0%	151
A Student	3.0%	23
Employed for wages	51.6%	390
Unemployed and looking for work	2.4%	18
Unemployed and not looking for work	1.6%	12
Retired	19.4%	147
Self-Employed	3.6%	27
Unable to Work	14.6%	110
Prefer not to answer	1.1%	8

20. What was your total household income last year?

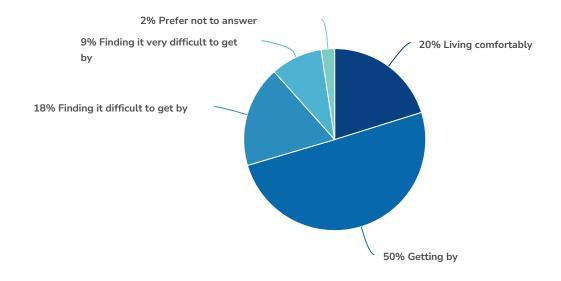


Value	Percent	Responses
Less than \$10,000	11.3%	85
\$10,000 to less than \$15,000	8.0%	60
\$15,000 to less than \$20,000	7.7%	58
\$20,000 to less than \$35,000	14.0%	105
\$35,000 to less than \$50,000	13.0%	98
\$50,000 to less than \$75,000	16.1%	121
\$75,000 to less than \$150,000	19.8%	149
\$150,000 or more	2.5%	19
Prefer not to answer	7.6%	57

21. Including you, how many people does your income support?

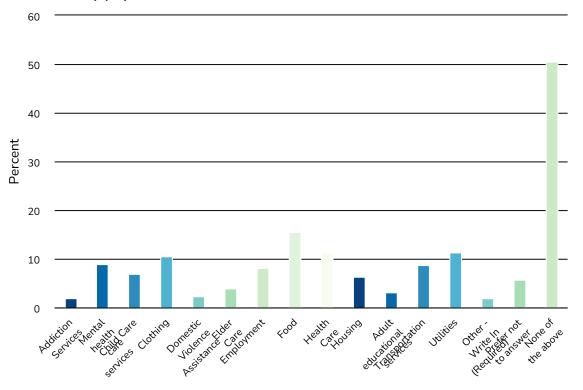


22. How would you describe your financial well-being?



Value	Percent	Responses
Living comfortably	20.2%	152
Getting by	50.3%	378
Finding it difficult to get by	18.0%	135
Finding it very difficult to get by	9.2%	69
Prefer not to answer	2.4%	18

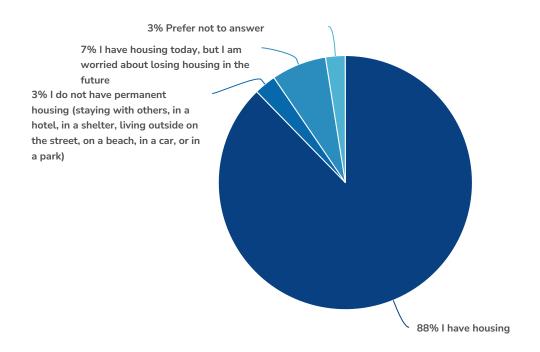
23. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Please select all that apply.



Value	Percent	Responses
Addiction Services	2.0%	15
Mental health care services	9.0%	67
Child Care	7.0%	52
Clothing	10.6%	79
Domestic Violence Assistance	2.5%	19
Elder Care	4.0%	30
Employment	8.2%	61
Food	15.7%	117
Health Care	11.5%	86
Housing	6.4%	48
Adult educational services	3.3%	25
Transportation	8.8%	66
Utilities	11.4%	85
Other - Write In (Required)	2.1%	16
Prefer not to answer	5.8%	43
None of the above	50.7%	379

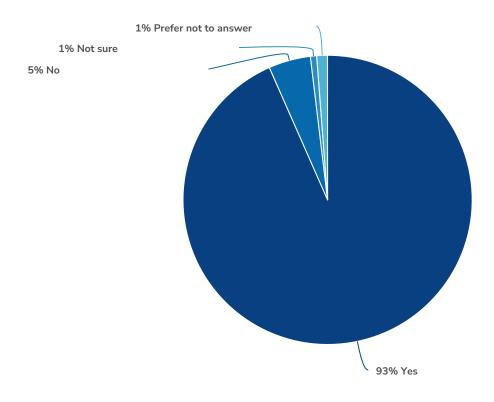
Other - Write In (Required)	Count
Dental	2
Autism testing	1
Can't afford to buy what groceries I want if it's not on sell	1
Dental Care	1
Dental services	1
Due to my house flooding, it's been difficult to get lots of things I need	1
Exercise without fee. Affordable healthy foods. Health care assistance or food assistance	1
Health insurance with good coverage for decent rates.	1
Help for a child being abused in contested custody	1
Help with bedridden spouse	1
Home repairs	1
House repairs	1
It was clothes but we got help	1
Lost everything in house fire 🕲	1
Special education	1
Totals	16

24. What is your housing situation today?



Value	Percent	Responses
I have housing	87.7%	655
I do not have permanent housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)	2.8%	21
I have housing today, but I am worried about losing housing in the future	7.0%	52
Prefer not to answer	2.5%	19

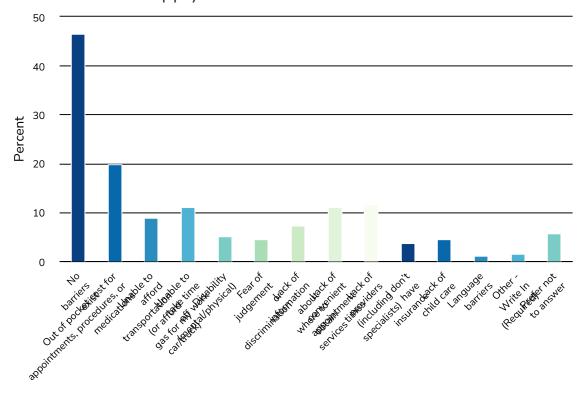
25. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, Medicaid or Indian Health Service?



Value	Percent	Responses
Yes	93.4%	693
No	4.7%	35
Not sure	0.7%	5
Prefer not to answer	1.2%	9

Totals: 742

26. What barriers exist that prevent you from receiving health services? Please select all that apply.



Value	Percent	Responses
No barriers exist	46.6%	346
Out of pocket cost for appointments, procedures, or medications	19.9%	148
Unable to afford transportation (or afford gas for my car/truck)	8.9%	66
Unable to take time off work	11.1%	82
Disability (mental/physical)	5.1%	38
Fear of judgement or discrimination	4.6%	34
Lack of information about where to obtain services	7.3%	54
Lack of convenient appointment times	11.2%	83
Lack of providers (including specialists)	11.7%	87
I don't have insurance	3.8%	28
Lack of child care	4.6%	34
Language barriers	1.2%	9
Other - Write In (Required)	1.5%	11
Prefer not to answer	5.7%	42

Other - Write In (Required)	Count
Anxiety	1
Biotechnology making life unbearable	1
Cost of healthcare	1
Cost of meds	1
Dental visit wants 2200\$ for cost of work	1
Have to drive to Lexington to find good specialists such as for shoulder replacement	1
Insurance coverage—have to use approved providers	1
Lack of providers that will listen to what's wrong with you	1
My anxiety causes me to change appointments because I feel too anxious to go	1
The coat of insurance and the deductible amount are to high.	1
asset! Taking to long to treat a problem!	1
Totals	11

27. How often have you been discriminated against for any of the following?

	Never	Rarely	Occasionally	A moderate amount	A great deal	Responses
Race Count Row %	565 79.0%	86 12.0%	51 7.1%	10 1.4%	3 0.4%	715
Religion Count Row %	508 71.8%	111 15.7%	74 10.5%	13 1.8%	2 0.3%	708
Age Count Row %	502 70.3%	101 14.1%	97 13.6%	13 1.8%	1 0.1%	714
Gender Count Row %	510 71.5%	109 15.3%	72 10.1%	16 2.2%	6 0.8%	713
Sexually Orientation Count Row %	623 87.4%	43 6.0%	35 4.9%	9 1.3%	3 0.4%	713
Ability Count Row %	485 68.1%	126 17.7%	79 11.1%	16 2.2%	6 0.8%	712
Body Type Count Row %	350 49.3%	147 20.7%	159 22.4%	35 4.9%	19 2.7%	710
Clothing Count Row %	0	0 0.0%	0	0	1 100.0%	1
Appalachian Accent Count Row %	0 0.0%	0 0.0%	0	0 0.0%	1 100.0%	1
Appearance Count Row %	1 33.3%	1 33.3%	1 33.3%	0	0 0.0%	3

	Never	Rarely	Occasionally	A moderate amount	A great deal	Responses
Area we live in Count Row %	0 0.0%	0 0.0%	1 100.0%	0 0.0%	0 0.0%	1
Being an addict Count Row %	0	0 0.0%	0 0.0%	0 0.0%	1 100.0%	1
Being an outsider/ not from here Count Row %	0 0.0%	0 0.0%	1 100.0%	0 0.0%	0 0.0%	1
Being low income Count Row %	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 100.0%	1
Being over weight Count Row %	0 0.0%	0 0.0%	1 100.0%	0 0.0%	0 0.0%	1
Being pregnant Count Row %	0	0 0.0%	0 0.0%	1 100.0%	0 0.0%	1
Body type Count Row %	0 0.0%	0 0.0%	0 0.0%	1 100.0%	0 0.0%	1
Boss position Count Row %	0	0 0.0%	1 100.0%	0 0.0%	0 0.0%	1
Dental needs Count Row %	0 0.0%	0 0.0%	1 100.0%	0 0.0%	0	1
Disability Count Row %	0	0 0.0%	1 50.0%	1 50.0%	0 0.0%	2
Drug addiction/ substance disorder Count Row %	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 100.0%	1

	Never	Rarely	Occasionally	A moderate amount	A great deal	Responses
Eastern Kentucky native Count Row %	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 100.0%	1
Economics Count Row %	0 0.0%	0 0.0%	1 100.0%	0 0.0%	0 0.0%	1
Education Count Row %	0	0 0.0%	1 100.0%	0 0.0%	0 0.0%	1
Education Count Row %	0	0 0.0%	1 100.0%	0 0.0%	0 0.0%	1
Education background Count Row %	0	1 100.0%	0 0.0%	0 0.0%	0 0.0%	1
Family situations Count Row %	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 100.0%	1
Family situations Count Row %	0	0 0.0%	0 0.0%	0 0.0%	1 100.0%	1
Female jealousy in work place and school Count Row %	0 0.0%	0 0.0%	1 100.0%	0 0.0%	0	1
Food and drink Count Row %	0	1 100.0%	0 0.0%	0 0.0%	0 0.0%	1
Had kids younger Count Row %	0 0.0%	0 0.0%	1 100.0%	0 0.0%	0 0.0%	1
Hunter Count Row %	0	0 0.0%	1 100.0%	0 0.0%	0 0.0%	1

	Never	Rarely	Occasionally	A moderate amount	A great deal	Responses
Income Count Row %	1 50.0%	0 0.0%	1 50.0%	0 0.0%	0 0.0%	2
Job pay raises/equality Count Row %	0	0	0	0 0.0%	1 100.0%	1
Living in an apartment Count Row %	0 0.0%	0	0 0.0%	0 0.0%	1 100.0%	1
Looks Count Row %	0	0	1 100.0%	0 0.0%	0 0.0%	1
Looks Count Row %	0	0	0 0.0%	0 0.0%	1 100.0%	1
Mental health Count Row %	0	0	1 100.0%	0 0.0%	0	1
Mental health Count Row %	0	0	1 50.0%	1 50.0%	0 0.0%	2
My former place of employment harassed me because I was older and they no longer wanted to pay my salary. Count Row %	0	0 0.0%	0 0.0%	1 100.0%	0 0.0%	1
My mental health Count Row %	0 0.0%	0 0.0%	0	1 100.0%	0 0.0%	1
My seizure disorders Count Row %	0	0 0.0%	0 0.0%	0 0.0%	1 100.0%	1

	Never	Rarely	Occasionally	A moderate amount	A great deal	Responses
No job Count Row %	0 0.0%	0 0.0%	1 100.0%	0 0.0%	0 0.0%	1
No money no car left DV abuse Count Row %	0	0	0 0.0%	1 100.0%	0 0.0%	1
Overweight Count Row %	0 0.0%	0 0.0%	1 100.0%	0 0.0%	0 0.0%	1
Personality aspect Count Row %	0	0 0.0%	1 100.0%	0 0.0%	0 0.0%	1
Physiognomy Count Row %	0	1 50.0%	1 50.0%	0 0.0%	0 0.0%	2
Political beliefs Count Row %	0	0 0.0%	1 100.0%	0 0.0%	0 0.0%	1
Pregnancy Count Row %	0 0.0%	0 0.0%	1 100.0%	0 0.0%	0 0.0%	1
Psychological problem Count Row %	1 100.0%	0 0.0%	0	0 0.0%	0 0.0%	1
Recovering Addict Count Row %	0	0 0.0%	0	1 100.0%	0 0.0%	1
Recovery Count Row %	0	0 0.0%	0 0.0%	1 100.0%	0 0.0%	1
Sexual harassment Count Row %	0 0.0%	0 0.0%	0	0 0.0%	1 100.0%	1

	Never	Rarely	Occasionally	A moderate amount	A great deal	Responses
Single mother Count Row %	0 0.0%	0 0.0%	0 0.0%	1 100.0%	0 0.0%	1
Speech Count Row %	1 100.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1
Weight Count Row %	0	1 25.0%	1 25.0%	0 0.0%	2 50.0%	4
Weight gain Count Row %	0 0.0%	0 0.0%	1 100.0%	0 0.0%	0 0.0%	1
Where I live Count Row %	0	0 0.0%	1 50.0%	1 50.0%	0 0.0%	2
Work Count Row %	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 100.0%	1
Working ability Count Row %	0	0 0.0%	1 100.0%	0 0.0%	0 0.0%	1
family Count Row %	0 0.0%	0 0.0%	0 0.0%	1 100.0%	0 0.0%	1
health Count Row %	0	0 0.0%	1 100.0%	0 0.0%	0 0.0%	1
height Count Row %	0 0.0%	1 100.0%	0 0.0%	0	0 0.0%	1
play Count Row %	0	1 100.0%	0 0.0%	0	0 0.0%	1

	Never	Rarely	Occasionally	A moderate amount	A great deal	Responses
work Count Row %	0 0.0%	1 100.0%	0 0.0%	0 0.0%	0 0.0%	1
身体残疾 Count Row %	1 100.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1
Totals Total Responses						715

Community Forum Participation

- The purpose of this forum is to review preliminary community health
 assessment findings and hear your insight into our community's health status.
 With this information, community partners will identify the top concerns for
 our community and use your ideas and knowledge to finalize the community
 health assessment, which we plan to publicly share with the community by
 May 31, 2024.
- Notes will be taken by a researcher from Eastern Kentucky University throughout the course of the forum and will be shredded or passwordprotected following the completion of the study. At no time will your name appear on any official document associated with this forum. All responses will be confidential. By participating in this forum, you will be giving your informed consent. Your participation is voluntary. You may choose to stop at any time.



Floyd County Community Health Improvement

Community Forum Floyd County Community Perspective

Thursday, March 21, 2024
Jenny Wiley State Resort Park – Goldenrod Room
10:00 AM - 2:00 PM



Sponsored by Floyd County Health Department Facilitated by Eastern Kentucky University's Public Health Program





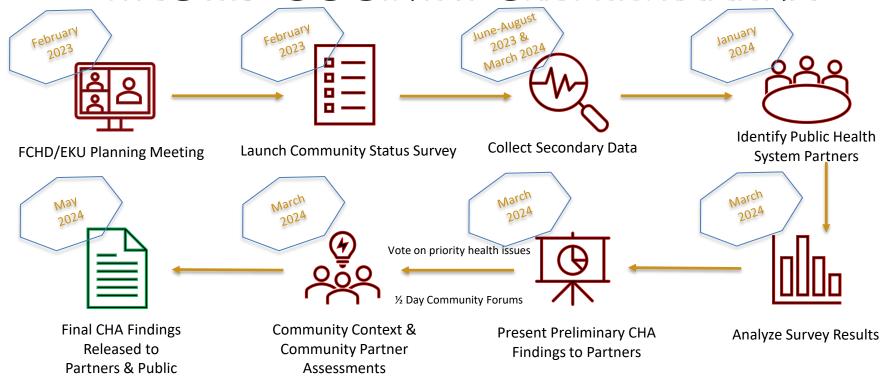
Welcome!

Martha Ellis
Public Health Director
Floyd County Health Department





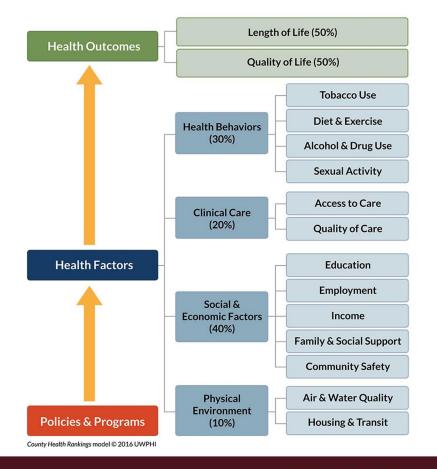
FLOYD COUNTY CHI TIMELINE





Today's Community Forum Purpose

- ✓ Gain a better understanding of the community's perspective on the health status of Floyd County
- ✓ Strategic examination of the Health Outcomes
 & Health Factors influencing the health status
 of Floyd County
- ✓ Interpret the results of the Community Status Assessment survey results
- ✓ Brainstorm policies & programs addressing or need to address, social and economic factors as well as its physical environment





2023 Community Status Assessment

- Assessment available from February 9, 2023, to May 31,
 2023
- 27-question survey instrument
- Promoted via partner listservs, social media, & websites
- 714* Completed Surveys for Floyd County
 - Analyzed results shared throughout today's presentation!





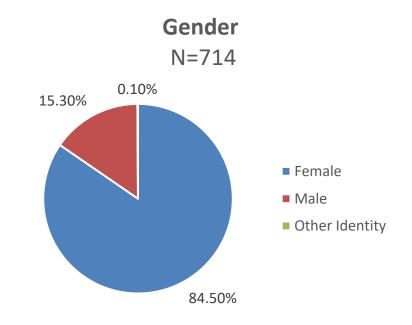
Demographics

8 1							
	Total Population (July 1, 2023 Estimate)						
	Floyd County	КҮ	US				
Total Population	34,423	4,512,310	333,287,557				
Source: U.S. Census Bureau. (2023). QuickFacts. https://www.census.gov/quickfacts/Floydcountykentucky							
	Age and Sex (2022 Estimate)						
	Floyd County	КҮ	US				
Persons Under 5 Years	5.8%	5.9%	5.7%				
Persons Under 18 Years	22.4%	22.5%	22.2%				
Persons 65 & Older	19.7%	17.1%	16.8%				
Median Age	42.9	39	38.8				
Female Persons	51.3%	50.5%	50.5%				

Source: U.S. Census Bureau. (2023). QuickFacts. https://www.census.gov/quickfacts/Floydcountykentucky

2023 Community Status Assessment Results Demographics

AGE N=705				
Minimum	18			
Maximum	85			
Median	48.6			





Floyd County
Diversity Index: 7%
Range: 0-100%

Demographics

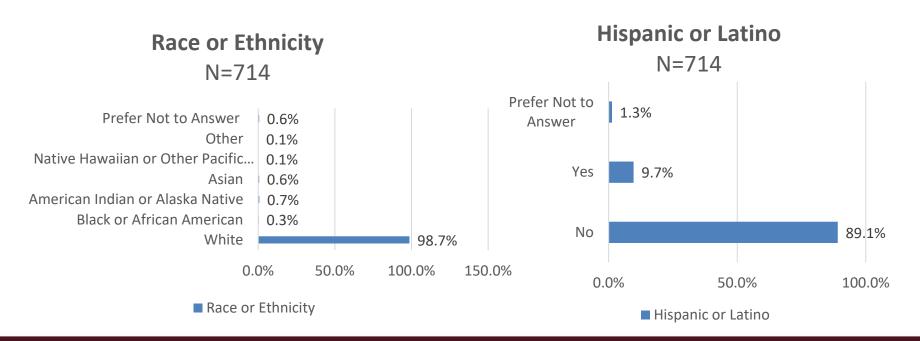
cace and Hispanic Origin (2022 Estimate)

	Floyd County	КҮ	US
White	97.9%	87.1%	75.8%
Black or African American	0.8%	8.6%	13.6%
American Indian and Alaska Native	0.2%	0.3%	1.3%
Asian	0.3%	1.7%	6.1%
Native Hawaiian and Other Pacific Islander	*	0.1%	0.3%
Two or More Races	0.9%	2.2%	29%
Hispanic or Latino	0.9%	4.2%	18.9%

Source: U.S. Census Bureau. (2023). QuickFacts. https://www.census.gov/quickfacts/Floydcountykentucky



2023 Community Status Assessment Results Demographics





Demographics

Languages Spoken (2018-2022)					
	Floyd County	КҮ	US		
English	99.1%	94.1%	78.4%		
Other Languages	0.9%	3.2%	8.6%		

Source: U.S. Census Bureau. (2023). QuickFacts. https://www.census.gov/quickfacts/Floydcountykentucky



Demographics

Flourd Country		
Floyd County	KY	US
1,315	250,239	17,431,290
0.5%	4.0%	13.6%
20.2%	13.2%	8.7%
34.8%	16.5%	11.5%
//	0.5% 20.2% 34.8%	0.5% 4.0% 20.2% 13.2%

Source: U.S. Census Bureau. (2023). QuickFacts. https://www.census.gov/quickfacts/Floydcountykentucky



Interpreting the Data

Most measures will compare Floyd County to Kentucky and the United States using this color-coded interpretation







Most measures reported will have one of the following indicators: Area of Strength, Monitor, or Area to Explore.

Area of Strength





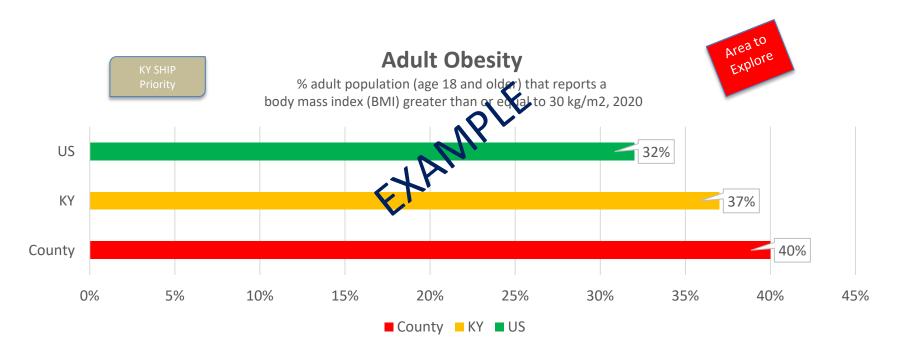
Measures that are priority areas for one of the markers below will be noted



Kentucky State Health Improvement Plan (SHIP) Priority Area



Health Behaviors





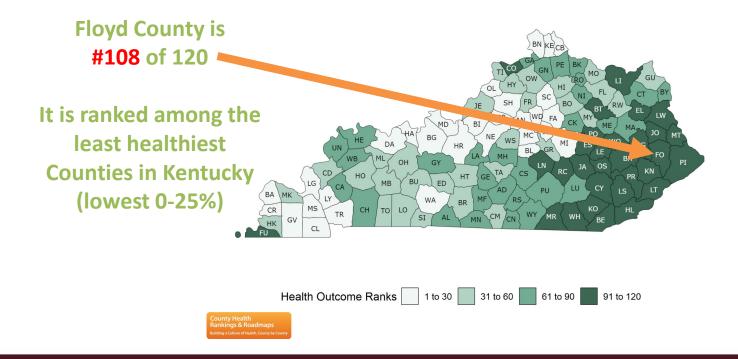
Floyd County

HEALTH OUTCOMES

Health Outcomes

Quality of Life (50%)





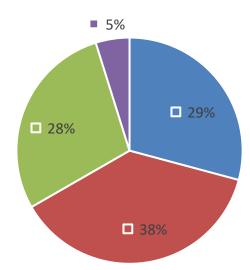


2023 Community Status Assessment Results

How Healthy is the Community (Floyd County)?

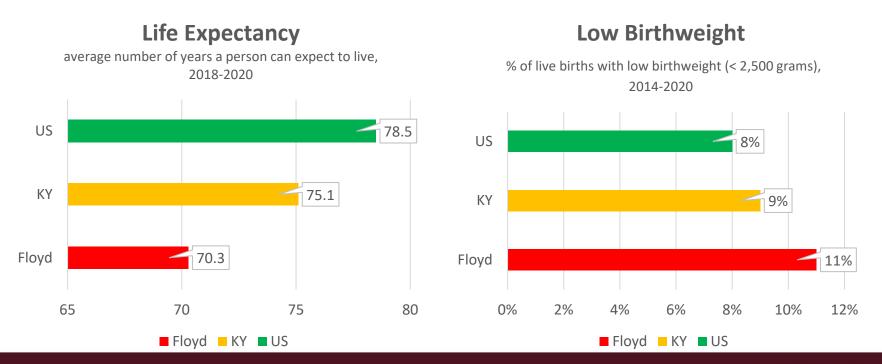
N = 714

- Very unhealthy
- Somewhat unhealthy
- Somewhat healthy
- Very healthy





Life Expectancy & Low Birthweight

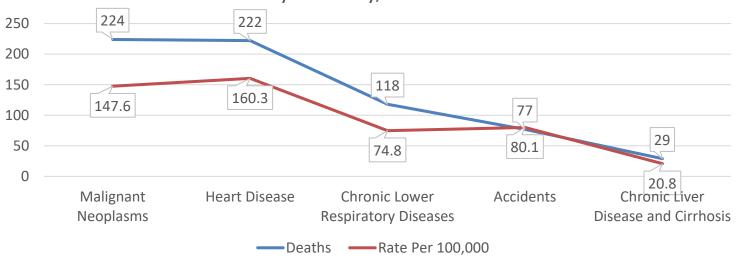




Leading Causes of Death

Leading Causes of Deaths Under Age 75

Floyd County, 2018-2020

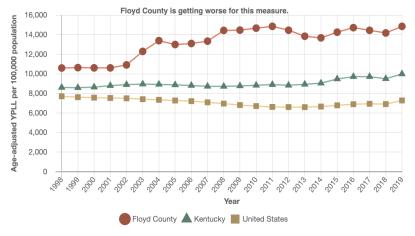




Area to Explore

Premature Deaths

Premature death in Floyd County, KY
Years of Potential Life Lost (YPLL): county, state and national trends



Click on the circle, triangle or square above to show corresponding data points on the county, state and national level.

Notes:

Each year represents a 3-year average around the middle year (e.g. 2015 is the middle year of 2014-2016).

Higher YPLL = more premature deaths.

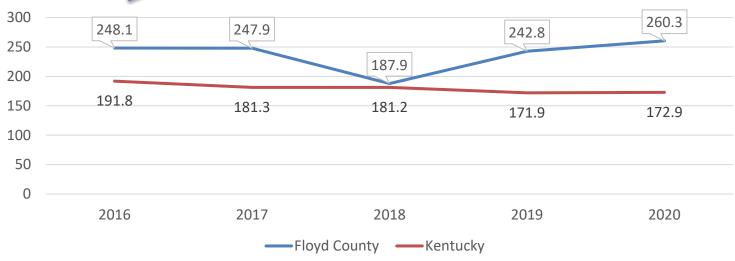
YPLL Assumption: The more "premature" a death (i.e., the younger the person when he/she dies), the greater the loss of life.



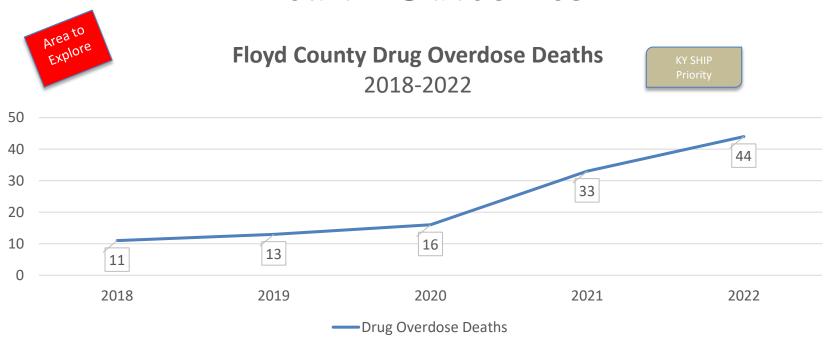


Cancer Mortality Rates All Sites

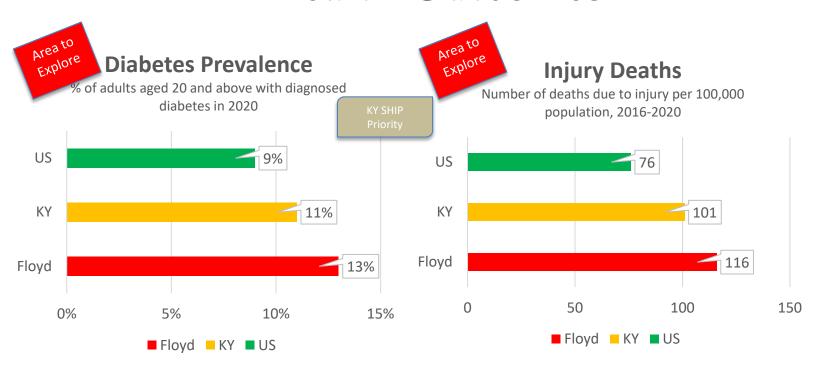
Floyd County – per 100,000



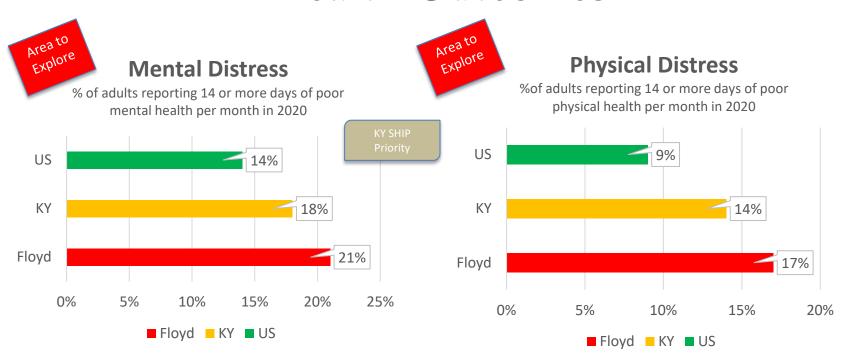




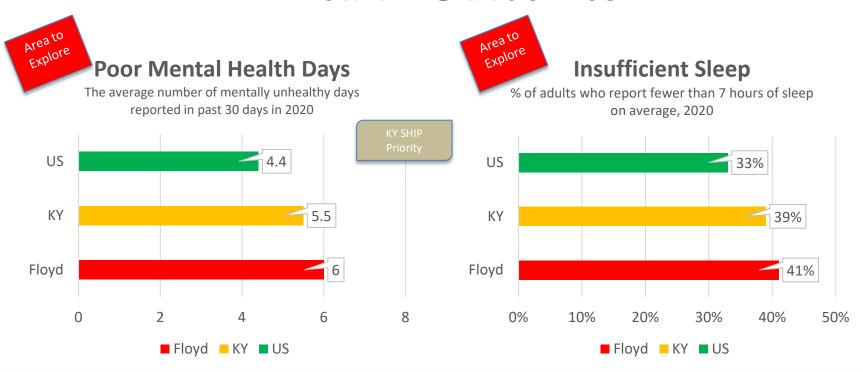






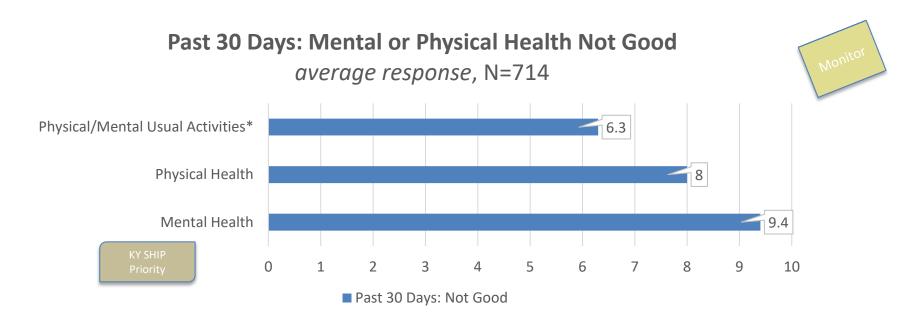








2023 Community Status Assessment Results



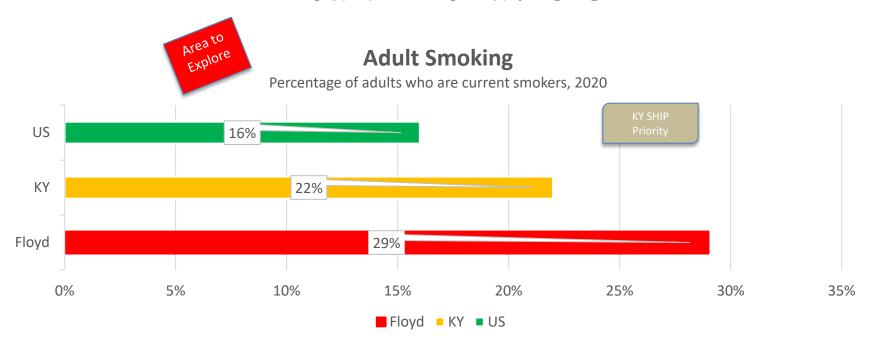


Floyd County

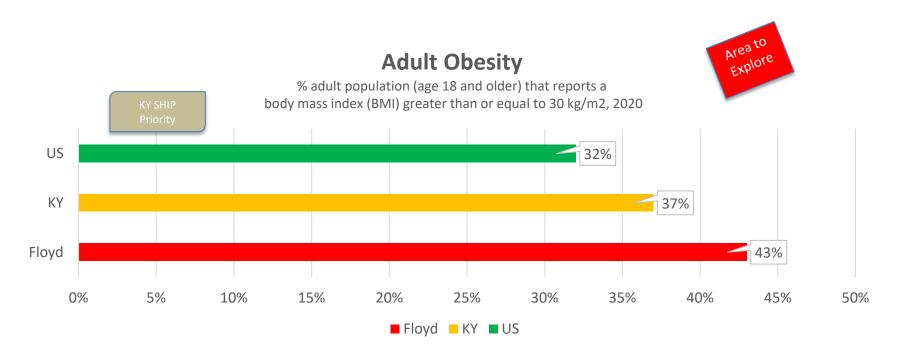
HEALTH FACTORS HEALTH BEHAVIORS



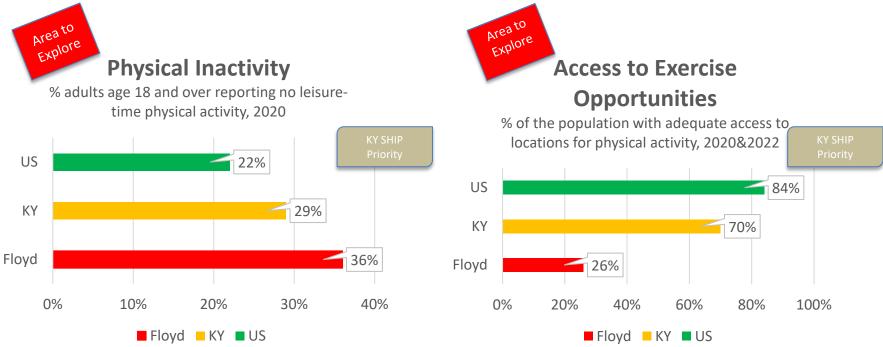




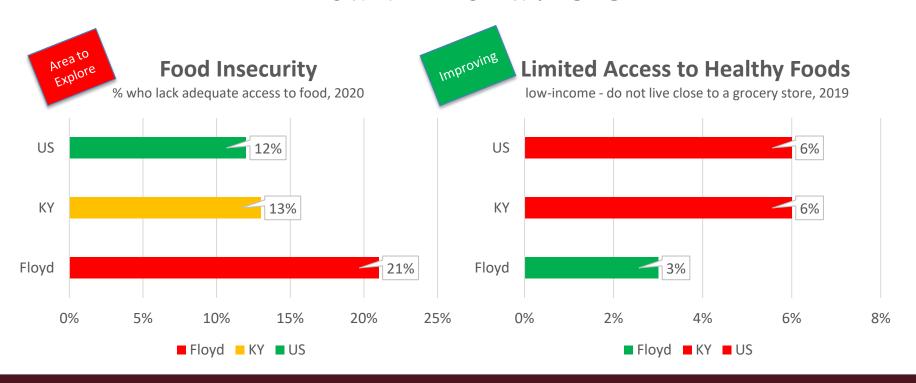




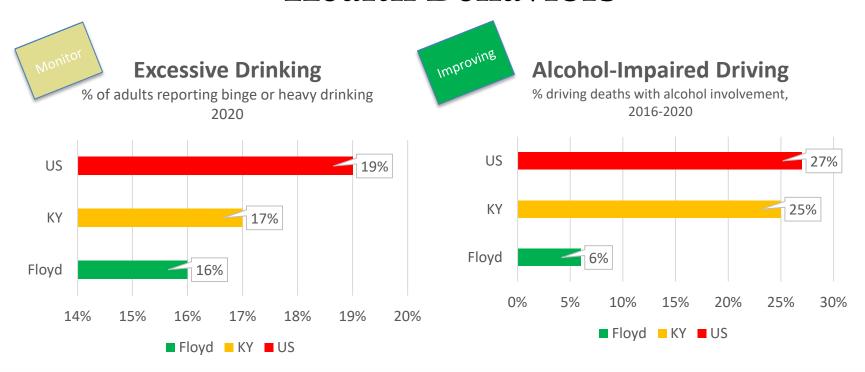




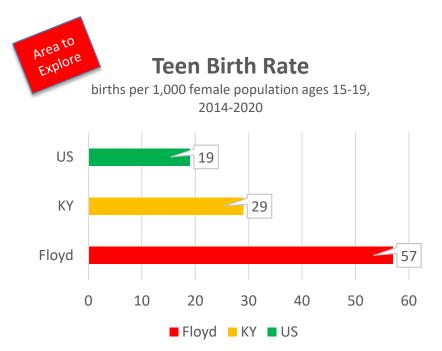






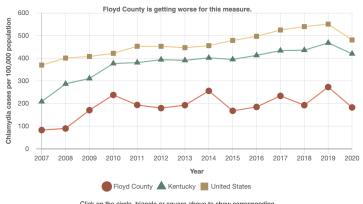






Area to Explore

Sexually Transmitted Infections in Floyd County, KY County, state and national trends



Click on the circle, triangle or square above to show corresponding data points on the county, state and national level.

Notes:

Sexually transmitted infections should only be compared across states with caution.

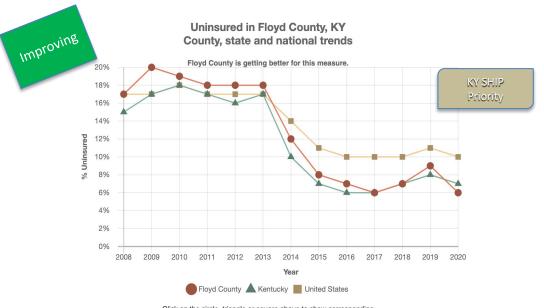


Floyd County

HEALTH FACTORS CLINICAL CARE

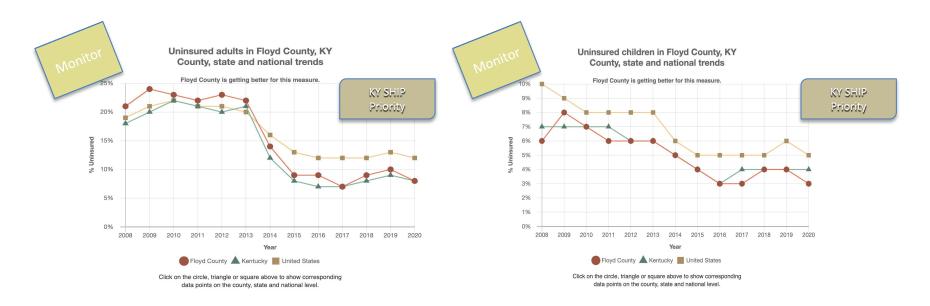






Click on the circle, triangle or square above to show corresponding data points on the county, state and national level.

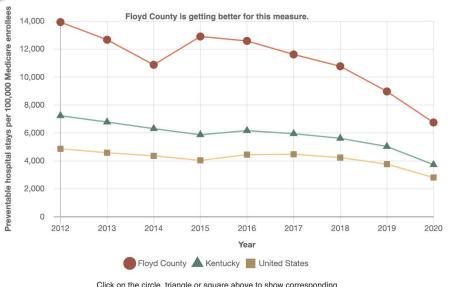






imbrovius

Preventable hospital stays in Floyd County, KY County, state and national trends



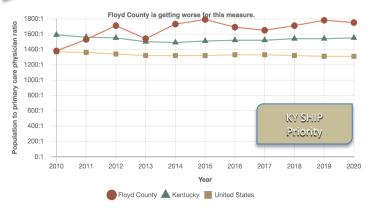
KY SHIP Priority

Click on the circle, triangle or square above to show corresponding data points on the county, state and national level.



Area to Explore

Primary Care Physicians in Floyd County, KY County, state and national trends



Click on the circle, triangle or square above to show corresponding data points on the county, state and national level.

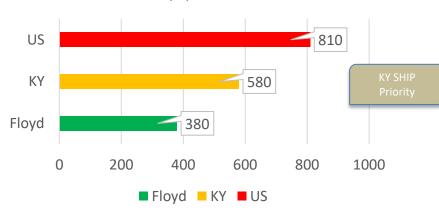
Notes:

The data in this table reflect the average population served by a single primary care physician.

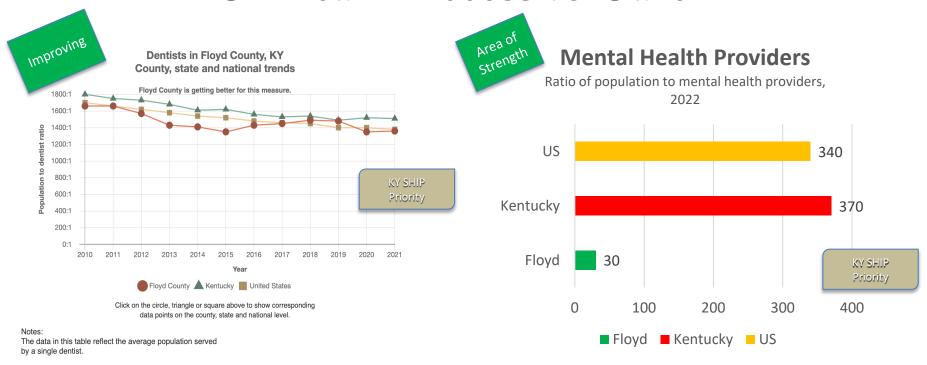


Other Primary Care Providers

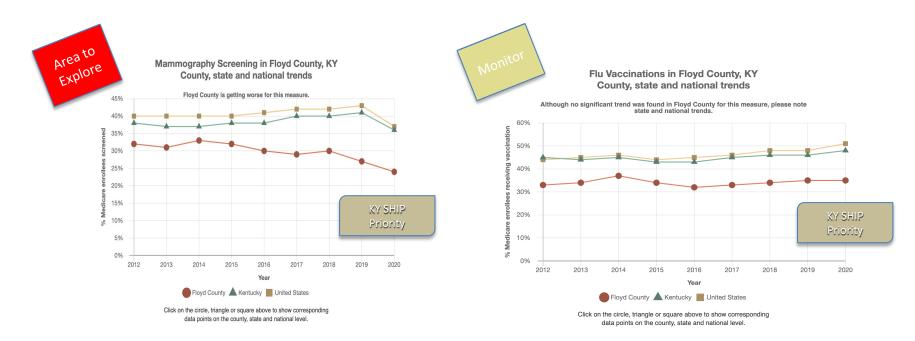
Ratio of population to primary care providers other than physician, 2022





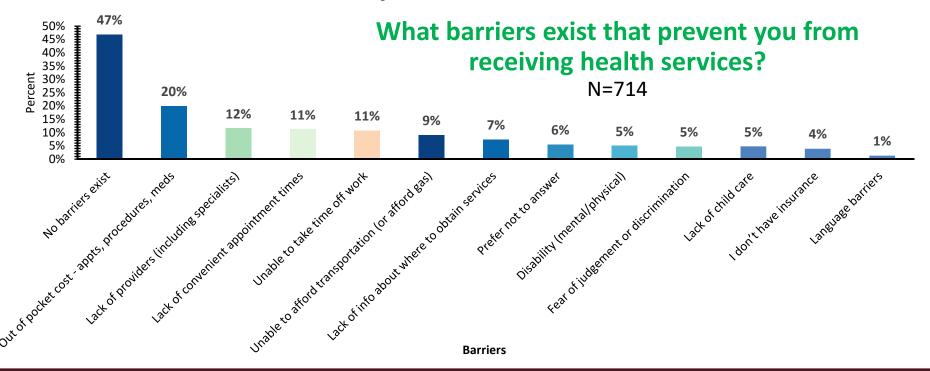






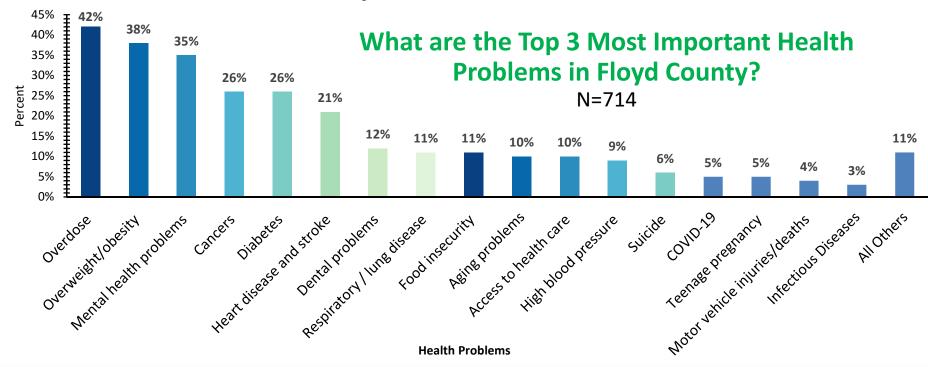


2023 Community Status Assessment Results





2023 Community Status Assessment Results







What do YOU think about the data?

Community Discussion: Preliminary Priority Health Areas for Health Improvement Planning

Based on the health outcomes & health behaviors data presented, what community issues should be prioritized to address in a health improvement plan?

Tip: Data that shocked you, caused you to worry, or made you feel sad about Floyd County, would be a good start...

Voice your thoughts! No wrong ideas ©

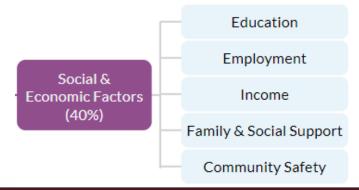


10-MINUTE BRAIN BREAK



Floyd County

HEALTH FACTORS SOCIAL & ECONOMIC FACTORS





Social Determinants of Health

Social Determinants of Health



nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life

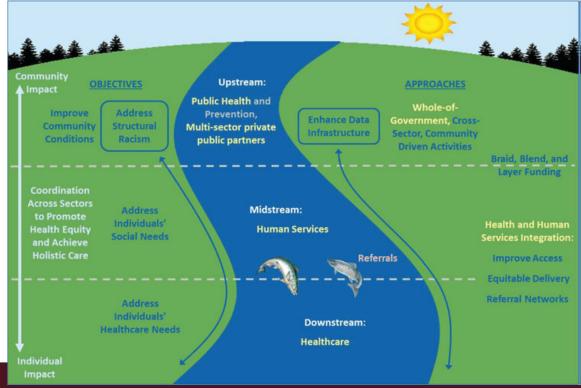
- World Health Organization

Social Determinants of Health
Copyright: free

Copyright:

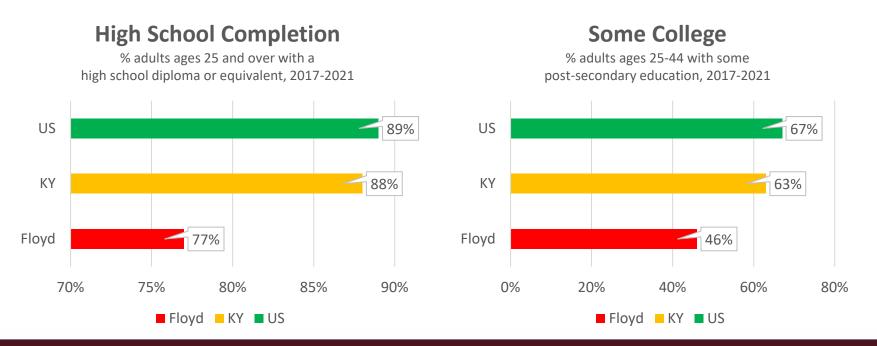


Upstream, Midstream, & Downstream Factors





Education

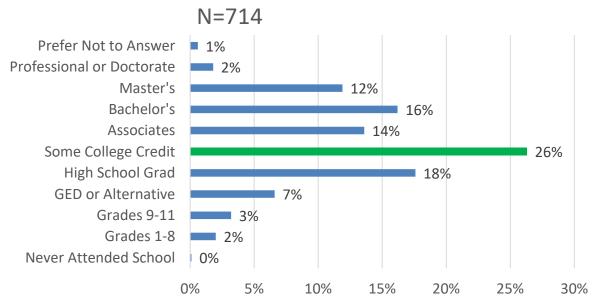




2023 Community Status Assessment Results

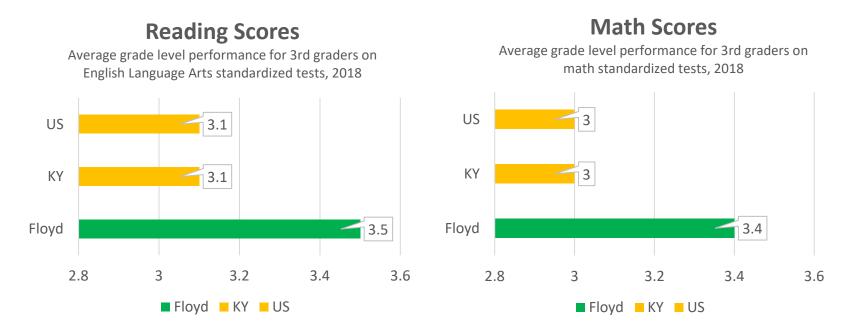
Most respondents have some college or more

Education



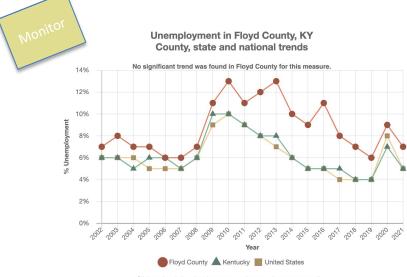


Education

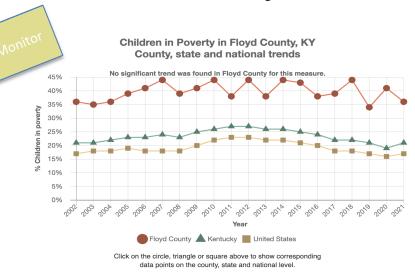




Unemployment & Child Poverty



Click on the circle, triangle or square above to show corresponding data points on the county, state and national level.



Notes

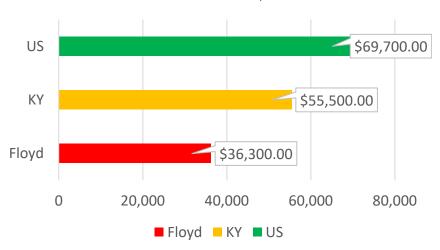
Prior to 2005, Children in poverty was based on the Current Population Survey; beginning in 2005, it was based on the American Community Survey.



Income

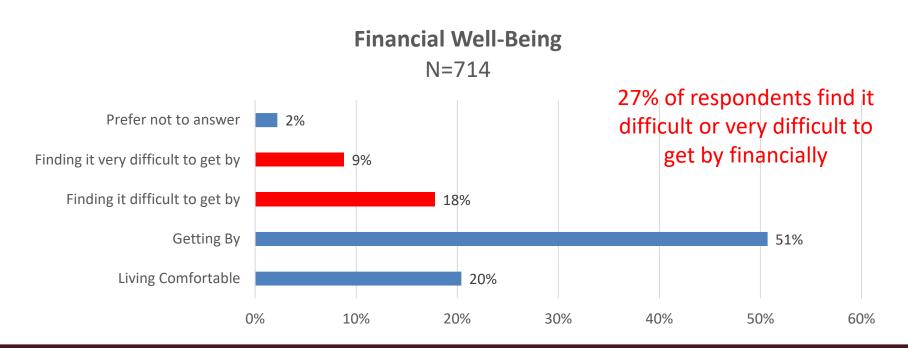
Median Household Income

half of households in a county earn more, & half of households earn less, 2021



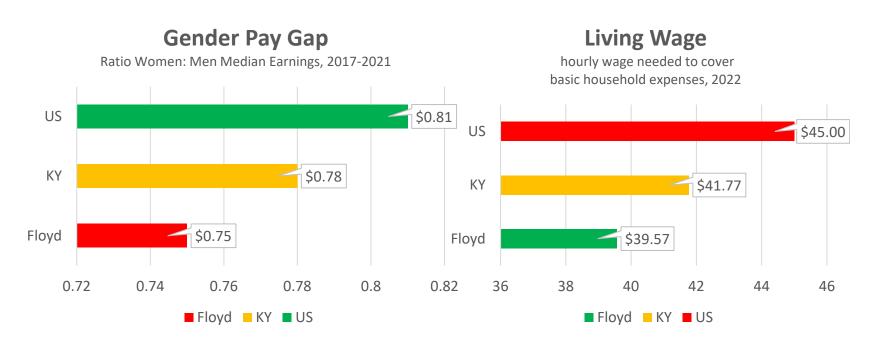


2023 Community Status Assessment Results



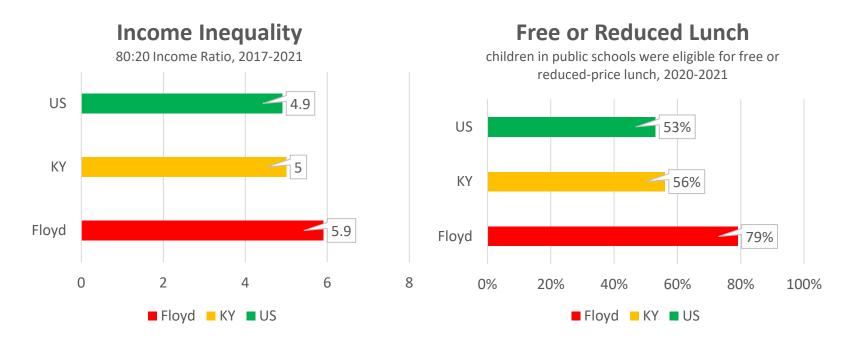


Income





Income

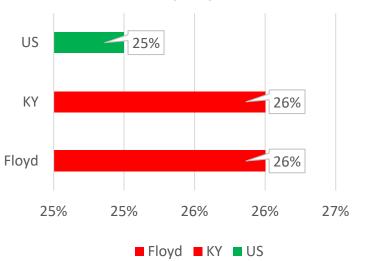




Family & Social Support

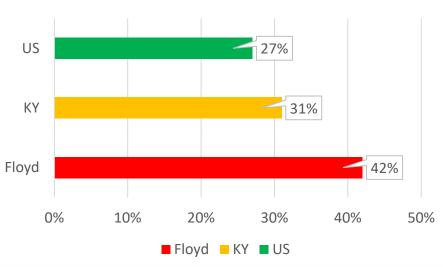
Children in Single-Parent Households

% of children lived in a household headed by a single parent, 2017-2021



Child Care Cost Burden

% average household spends of its income on child care for two children, 2021 &2022

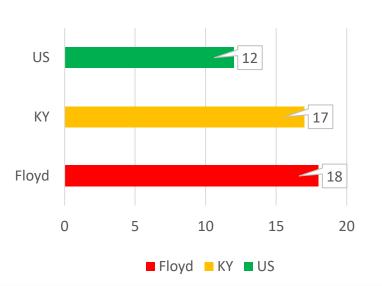




Community Safety

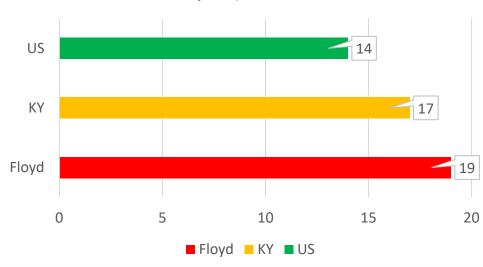
Firearm Fatalities

Number of deaths due to firearms per 100,000, 2016-2020



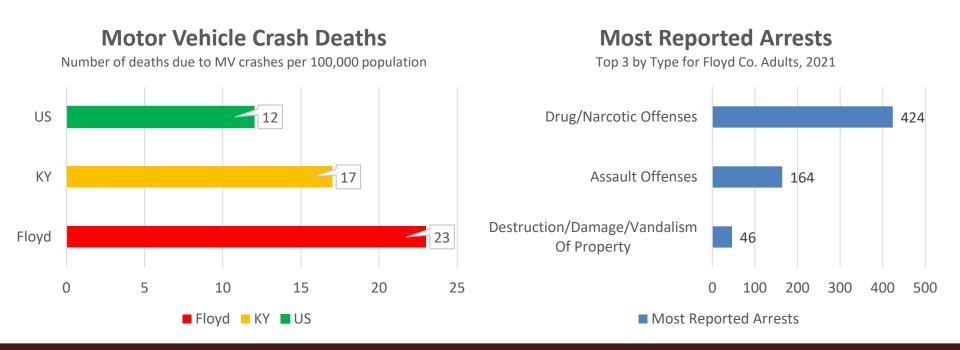
Suicides

Number of deaths due to suicide per 100,000 population (agaadjusted), 2016-2020





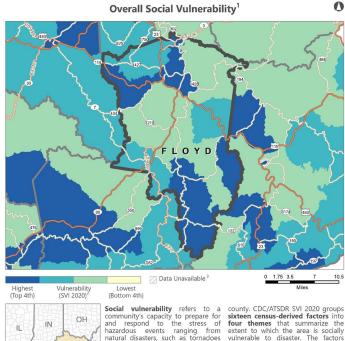
Community Safety





FLOYD COUNTY, KENTUCKY



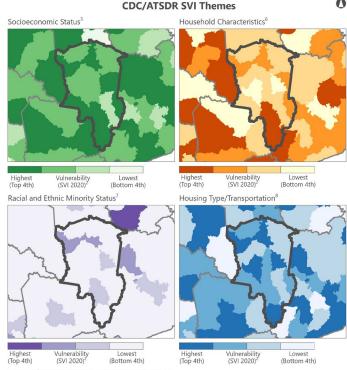


caused threats, such as toxic chemical regarding

or disease outbreaks, to human- include economic data as well as data spills. The CDC/ATSDR Social characteristics, housing, language Vulnerability Index (CDC/ATSDR ability, ethnicity, and vehicle access. SVI 2020)⁴ County Map depicts the Overall Social Vulnerability combines social vulnerability of communities, at all the variables to provide a census tract level, within a specified comprehensive assessment.



GRASP Geospatial Research, Analysis, and



Data Sources: 2CDC/ATSDR/GRASP, U.S. Census Bureau, Esri® StreetMapTM Premium, Notes: 10verall Social Vulnerability: All 16 variables. 10ensus tracts with 0 population. 11e CDC/ATSDR SVI combines percentile rankings of US Census American Community Survey (ACS) 2016-2020 variables, for the state, at the census tract level. Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance: "Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single-Parent Household, English Language Proficiency. 'Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino. ⁸Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters Projection: NAD 1983 2011 StatePlane Kentucky FIPS 1600 Ft US.

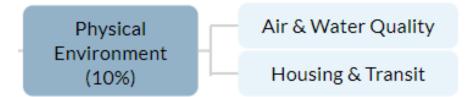
References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. Journal of Homeland Security and Emergency Management, 2011. 8(1). CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html

Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, such as natural or human-caused disasters or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss!



Floyd County

HEALTH FACTORS PHYSICAL ENVIRONMENT

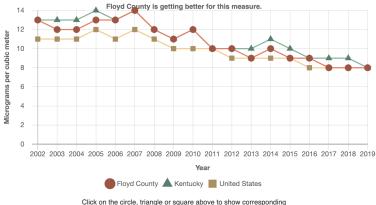




Physical Environment

Improving

Air Pollution - Particulate Matter in Floyd County, KY Average daily density of fine particulate matter: county, state and national trends



Click on the circle, triangle or square above to show correspondin data points on the county, state and national level.

Notes

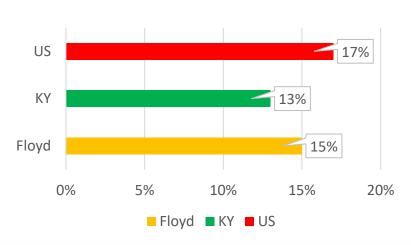
Data in this trend graph are taken from the Environmental Public Health Tracking Network, and will not match data used in the 2014-2016 Rankings.



Housing & Transit

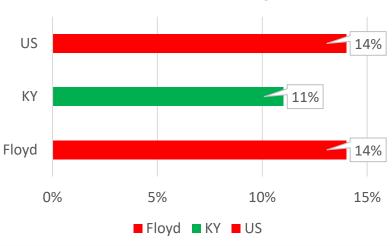
Severe Housing Problems

1 of 4: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities 2015-2019



Severe Housing Costs Burden

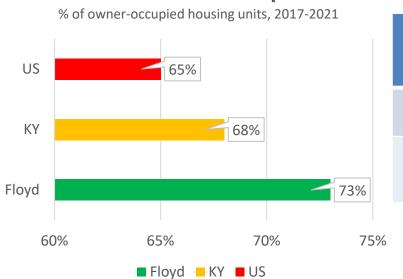
% households that spend 50% or more of their household income on housing, 2017-2021

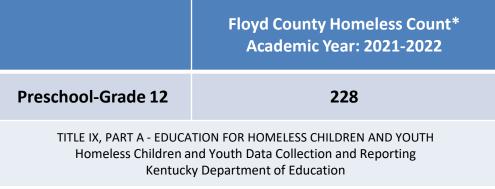




Housing and Transit

Homeownership





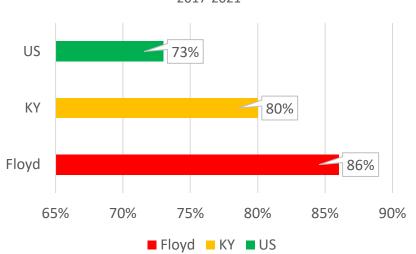
*Homeless children and youths as individuals who lack a fixed, regular, and adequate nighttime residence



Housing and Transit

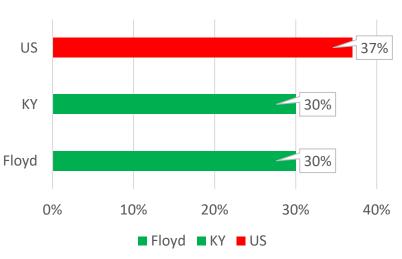
Drive Alone to Work

%of the workforce that drives alone to work, 2017-2021



Long Commute - Driving Alone

% driving alone who commute more than 30 minutes, $2017\mbox{-}2021$

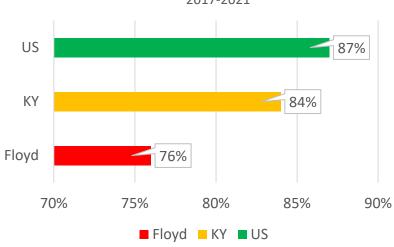




Broadband Access

Broadband Access

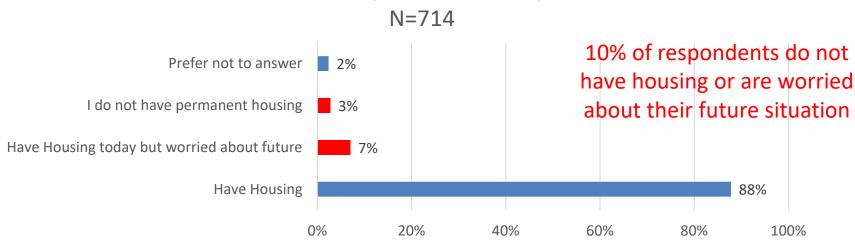
% households with broadband internet connection, 2017-2021





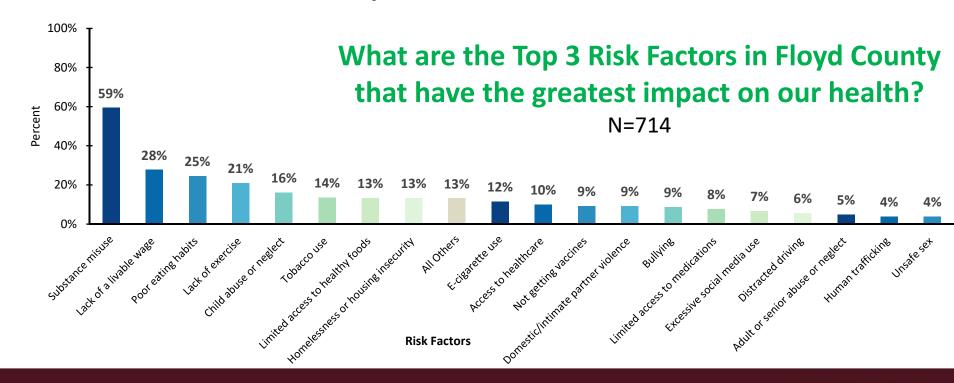
2023 Community Status Assessment Results







2023 Community Status Assessment Results







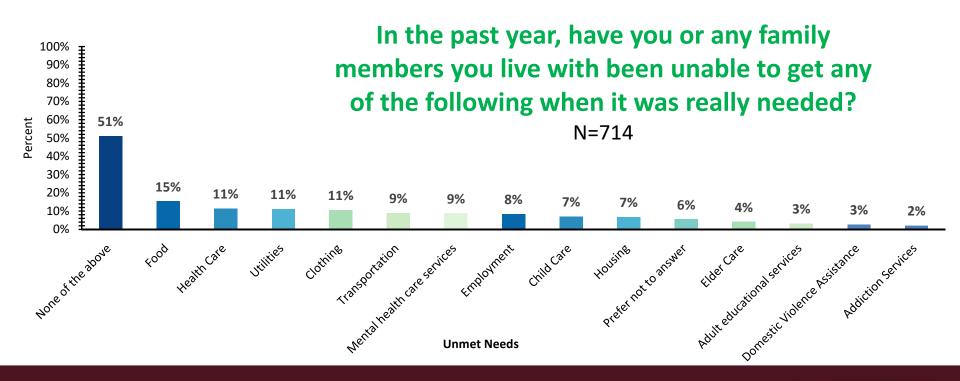
What do YOU think about the data?

Floyd County

COMMUNITY CONTEXT DISCUSSION



2023 Community Status Assessment





Community Context – Health Equity

Think about your personal and professional experiences...

what are the perceived social determinants of health & upstream factors that most negatively impact the community's health status?



Community Context – Health Equity

What is the community currently doing to address health equity?

In other words, what are we doing to ensure just and fair opportunities for <u>all</u> individuals/populations in the community?

Tip: Think about bridging the gap between social factors and economic factors, especially those that negatively impact vulnerable populations



Community Context – Forces of Change

What are the <u>current and historical forces of change (positive or negative)</u> at play in the local community, regionally and globally, that shape **political, economic, & social conditions** for community members?

Let's take a tiered approach to local \rightarrow regional \rightarrow global

- Political environment (i.e., policy implementation)
 - Policies that impact your community's health!
- Economic (i.e., employment and income)
 - Consider the income factors: unemployment, median pay, income gap, living wage
- Social (i.e., social determinants that influence health)
 - Consider demographics, education, family & social support, community safety, housing, & transit factors



10-MINUTE BRAIN BREAK



What is the Built Environment?

- The built environment includes the physical makeup of where we live, learn, work, and play—our homes, schools, businesses, streets and sidewalks, open spaces, and transportation options.
- The built environment can influence overall community health and individual behaviors such as physical activity and healthy eating.



Community Context – Built Environment

What are the built environment's <u>physical and cultural assets</u>, and how do those vary by neighborhood?

Let's break this sentence up into two groups:

- 1. Physical assets by neighborhood (e.g., parts of the county)
- 2. Cultural assets by neighborhood (e.g., parts of the county)

Try to be as specific as possible



Community Partner – What are Our Strengths?

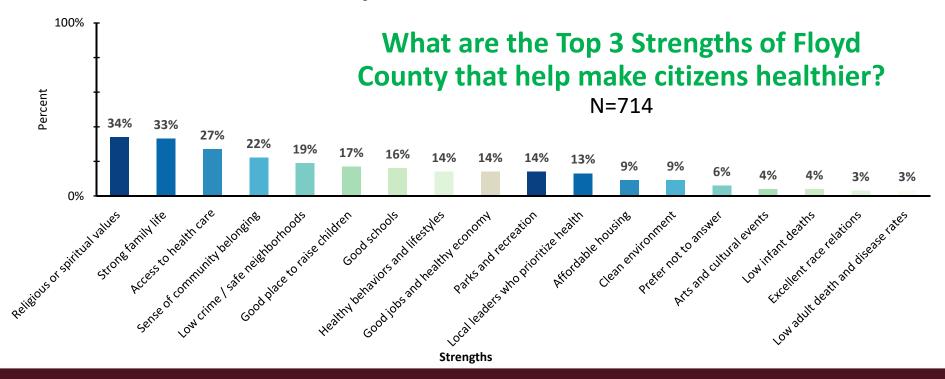
What <u>strengths and resources</u> does your community have that support health and well-being?

Tip: If someone looking to relocate their family in Floyd County came up to you and asked you this question, what would be your response?

Voice your thoughts! No wrong ideas ©



2023 Community Status Assessment Results





Final Priority Health Consensus

We've assessed and discussed... now it's time to reach a consensus!

Based on the discussions held and using the preliminary list brainstormed earlier...

what community issues do you think should be prioritized to address in a community health improvement plan?



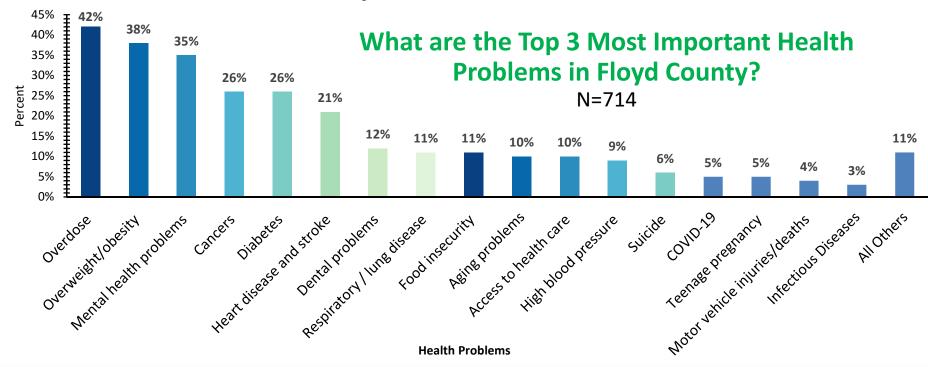
Highlands ARH Regional Medical Center

2022 Community Health Needs Assessment Prioritized Needs

- 1. Obesity support related to food insecurity, physical inactivity, and lack of knowledge of healthy foods
- 2. Addiction support (includes tobacco)
- 3. Mental health support
- Increasing community, provider, and partner knowledge of services available
- 5. Increasing access to care.



2023 Community Status Assessment Results





Consensus Voting Instructions









Next Steps

- Reflect on today's data presentation
 - Email <u>marthan.ellis@ky.gov</u> if additional comments come to mind!
- Consider which priority health topic you or your agency will be of the greatest asset.
- Full community health assessment results will be publicly available by May 31, 2024!



Questions?



www.eku.edu

Thank You!

Martha Ellis marthan.ellis@ky.gov

Tara Vostad tvostad@ky.gov

Jonathan Vorbeck@eku.edu

