2023

BELL COUNTY COMMUNITY HEALTH ASSESSMENT

Sponsored by
Bell County Health Department
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www.bellcohealthky.org/

Bell County Health Department
Prevention. Promotion. Protection.

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Image Sources: https://www.bellcountytourism.com/; https://www.facebook.com/BellCoCourtClerk/?locale=sw_KE; https://www.kyadventures.com/southeastky/bell.html

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 Bell County Health Department (BCHD) 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.[1] The following **2023 Bell 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 Bell County's health status. BCHD sponsored the CHI process, which was facilitated in collaboration with Eastern Kentucky University's Department of Public Health and Clinical Sciences (EKU IRB Research Protocol #5521). 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.

Bell 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 September 19, 2023 virtual CHI kick-off meeting, CHA participants reflected on the following question, "*What does a healthy and safe Bell County look like to you? Consider important characteristics for all who live, work, and play here.*" and provided words/comments via an online collaborative board tool. These words/comments were synthesized into a draft vision statement that was presented, edited, and approved during the community health improvement forum on October 25, 2023. The final Bell County Partnership Vision statement reads:

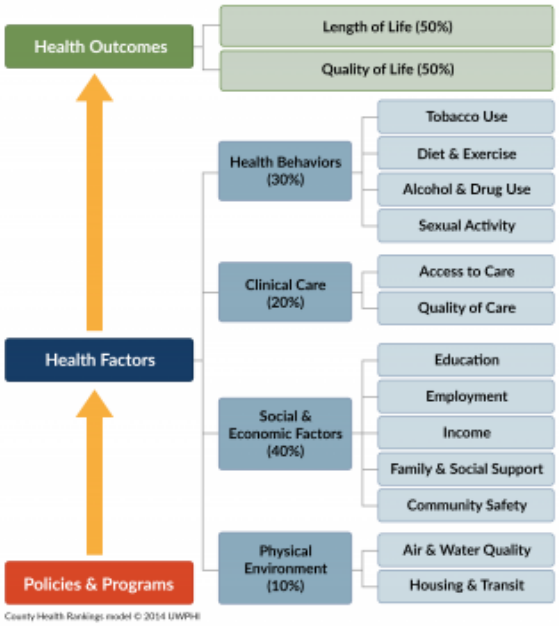
A healthy and safe Bell County is a community with accessible substance abuse treatment and harm reduction, including syringe exchange. We prioritize mental health, combat loneliness among the elderly, reduce homelessness, and offer resources for smoking cessation and nutritional education. Physical activity options promote well-being, creating a united and thriving environment for all.

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 Measures[3]

Secondary data comparing Bell 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

Community Health Status Assessment

A 38-question community health status assessment survey instrument was available to the Bell County Community to complete from September 19, 2023, to October 30, 2023. This survey was promoted via partner listservs, social media, and websites. A total of 281 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 November 8, 2023 a ½ day community health improvement forum was hosted at Pine Mountain 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. Bell County members identified its priority health issues for the county by conducting a consensus voting technique during the forum. Bell 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.

Bell County: Community Health Profile

Demographics

Bell County is Micropolitan (intersecting an urban core of at least 10,000 but less than 50,000 population)). In Bell County, 62.5% 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, 2022, Bell County had an estimated population of 23,568 people with a median age of 41.4. Females represented 50% of the population, and persons under 18 years accounted for 21.4% of the population, with persons over 65 representing 19.8%. The four most prominent ethnic groups are White (Non-Hispanic) (94.1%), Black or African American (Non-Hispanic) (2.8%), Two or More Races (Non-Hispanic) (2.2%) , and Asian (Non-Hispanic) (0.5%). Hispanic or Latino people make up 1.4% of the population. In 2020, the Bell County diversity index was 14.1% (percentages closer to 100% represent a more diverse community). Languages other than English spoken at home averaged 0.3% between 2017-2021.[4]

Residents who are U.S. citizens make up 99.8% of the population. As of 2020, 0.2% of Bell County residents (47 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 Bell County between 2017-2021 was 917 or 3.9% of the population. Persons with a disability under the age of 65 averaged 20.4% of the total Bell County population between 2017-2021.[4]

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

	Total Population (July 1, 2022 Estimate)		
	Bell County	**KY**	**US**
Total Population	**23,568**	4,512,310	333,287,557

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

	Age and Sex (2023)		
	Bell County	**KY**	**US**
Persons Under 5 Years	**6.1%**	5.9%	5.7%
Persons Under 18 Years	**21.4%**	22.5%	22.2%
Persons 65 & Older	**19.8%**	17.1%	16.8%
Median Age	**41.4**	39	38.8
Female Persons	**50%**	50.5%	50.5%

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

Race and Hispanic Origin (2022)			
	Bell County	**KY**	**US**
White	**94.1%**	87.1%	75.8%
Black or African American	**2.8%**	8.6%	13.6%
American Indian and Alaska Native	**0.4%**	0.3%	1.3%
Asian	**0.5%**	1.7%	6.1%
Native Hawaiian and Other Pacific Islander	**0.2%**	0.1%	0.3%
Two or More Races	**2.2%**	2.2%	29%
Hispanic or Latino	**1.4%**	4.2%	18.9%

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

Languages Spoken (2017-2021)			
	Bell County	**KY**	**US**
English	**99.7%**	94.1%	78.4%
Other Languages	**0.3%**	3.2%	8.6%

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

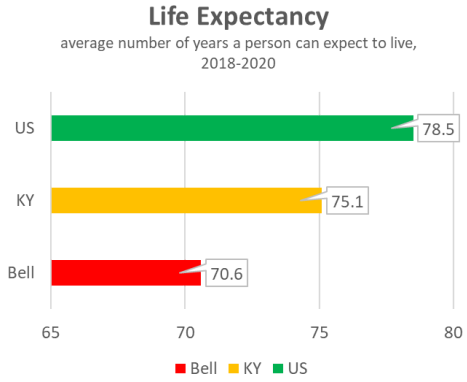
Population Characteristics (2017-2021)			
	Bell County	**KY**	**US**
Veterans	**917**	250,239	17,431,290
Foreign Born Persons	**0.2%**	4.0%	13.6%
Persons with Disability under age 65	**20.4%**	13.2%	8.7%
Persons in Poverty	**32.1%**	16.5%	11.5%

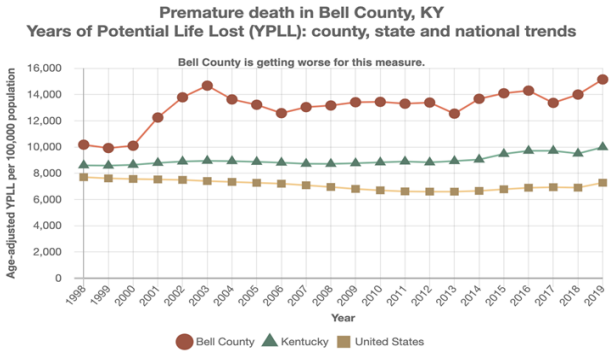
Source: U.S. Census Bureau. (2023). QuickFacts. https://www.census.gov/quickfacts/Bellcountykentucky

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 Bell County as the 112th healthiest county in Kentucky; ranking it among the least healthiest counties in Kentucky (lowest 0%-25%).[3]

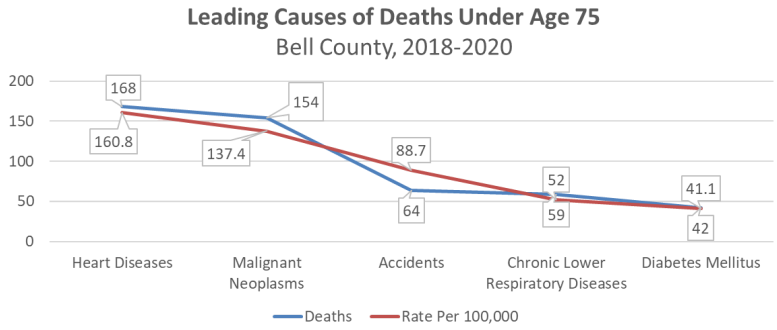
Life Expectancy: From 2018-2020, the average life expectancy in Bell County was 70.6 years, which is lower compared to Kentucky and the United States.[5] Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.



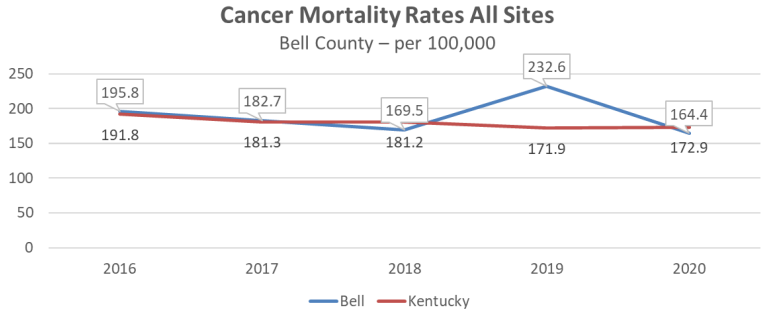


Premature Death: Premature death looks at years of potential life lost. In 2019, 15,200 years of life were lost to deaths of people under age 75, per 100,000 people. Data trending for this measure over time is getting worse.[5] Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.

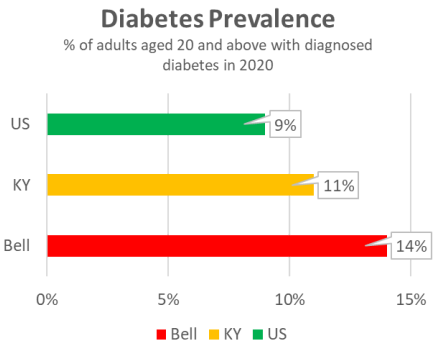
Leading Causes of Death: For 2018-2020, the top five leading causes of death for persons under age 75 in Bell County were (1) diseases of heart, (2) malignant neoplasms (cancer), (3) accidents (unintentional injuries), (4) chronic lower respiratory diseases, and (5) diabetes mellitus.[5] Data disaggregated 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 Bell County was 164.4 per 100,000, this decreased from the 2019 rate of 232.6 per 100,000.[6] Data disaggregated by subpopulation, including race and ethnicity, is unreliable for this measure.



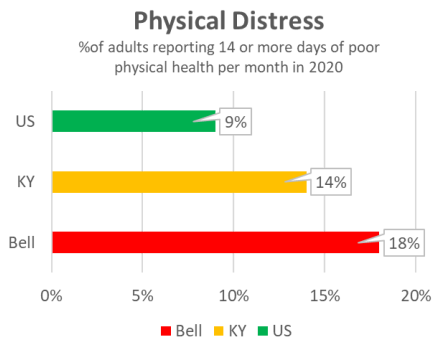
Diabetes Prevalence: The Kentucky Behavioral Risk Factor Surveillance System (KyBRFS) reports that in 2020, 14% of adults aged 20 or older in Bell County were living with a diagnosis of diabetes.[7] A 2021 KyBRFS Area Development District (ADD) report indicated 17% of persons living in Cumberland Valley ADD have diabetes.[8] Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.

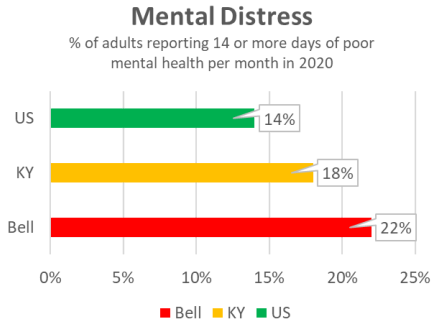


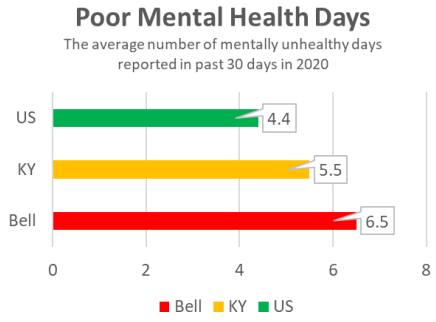
Bell County Drug Overdose Deaths	
Year	**Number of Deaths**
2022	10
2021	15
2020	9
2019	9
2018	8

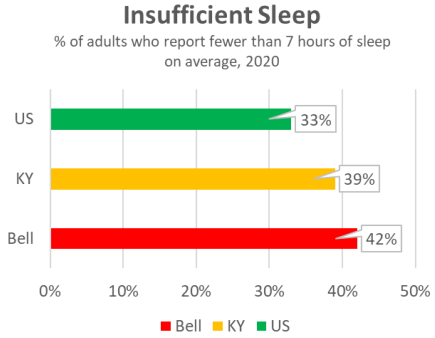
Drug Overdose Deaths: Drug overdose deaths are a leading contributor to premature death and are largely preventable. In 2022, there were 10 reported drug overdose deaths according to the 2022 Kentucky Overdose Fatality Report published by the Kentucky Office of Drug Control Policy. This is a decrease from 2021 when 15 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 28% of adults in Bell County reported that they consider themselves in fair or poor health, 18% 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 5.6 of the previous 30 days. Additionally, 22% reported experiencing poor mental distress for 14 or more of the last 30 days and their mental health was not good on 6.5 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 Bell County in 2020, 42% of adults reported getting fewer than 7 hours of sleep per night on average.[7] Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.

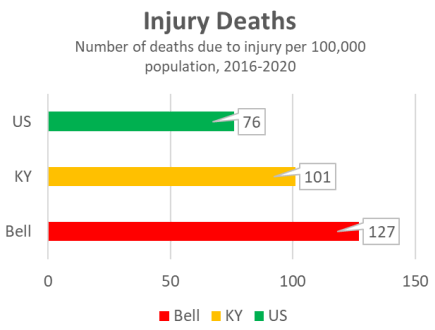




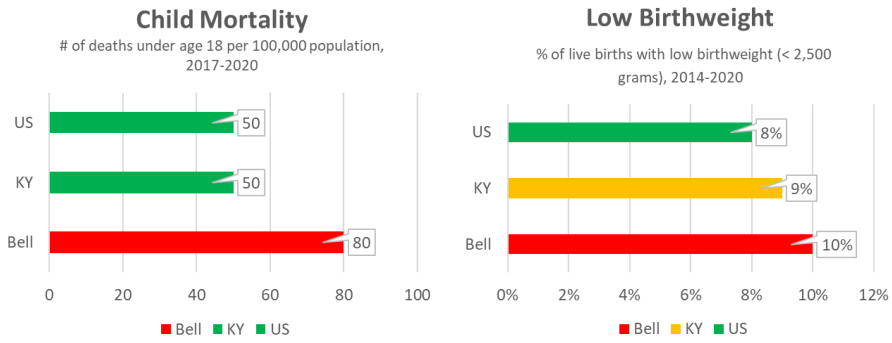




Injury Deaths: Injuries happen when a place is unsafe or when people engage in unsafe behaviors and may be intentional or unintentional. Intentional injuries are usually related to violence caused by oneself or by another. Unintentional injuries are accidental in nature. Unintentional injury death rates are higher in rural places than urban. In Bell County there were an average of 127 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.



Child Mortality and Low Birthweight: The child mortality rate is the number of deaths among residents under age 18 per 100,000 population. This rate can have a large impact on years of potential life lost (YPLL). In Bell County there were an average of 80 deaths per 100,000 children under age 18 between 2017-2020.[5] 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 decreased growth, lower IQ, impaired language development, and chronic conditions during adulthood. In Bell County from 2014-2020, on average, 10% of babies had low birth weights.[5] Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.



BCHD Programs & Services Addressing Health Outcomes in Bell County

- *Breast and Cervical Cancer screenings* are available to income eligible women who have no third party payer.
- *Tobacco Prevention and Control Program* works to prevent the initiation of tobacco use among young people and promotes cessation among young people and adults to improve lung and bronchus/other cancers associated with tobacco use.
- *Maternal and Child Health Programs, Child Fatality Review, First Steps Program, Child Care Health Consultation, Womens, Infants, and Children (WIC), WellChild, Breastfeeding Counseling, and HANDS Program* prevent infant and child morbidity and mortality across the area.

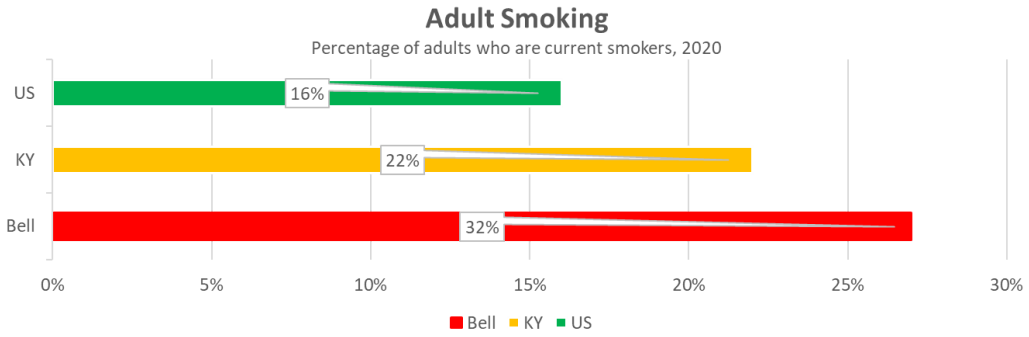
Visit BCHD website for more information on these programs.

Health Factors

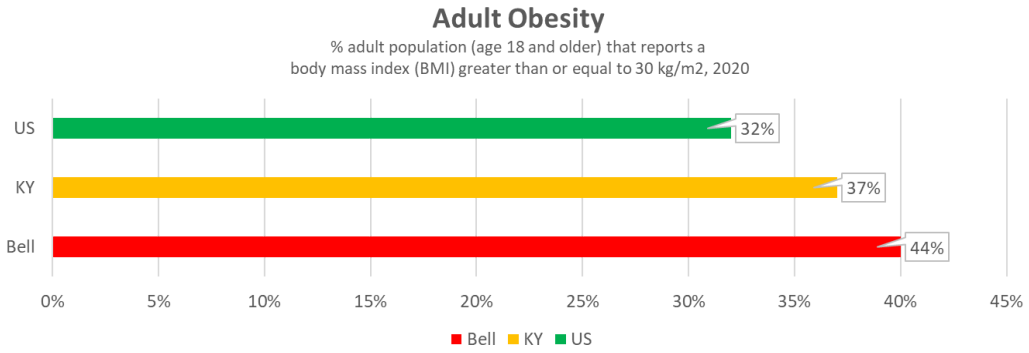
Health Factors can be modified to improve the length and quality of life for residents. Measures for four Health Factors are included in this CHA: *Health Behaviors*, including alcohol and drug use, diet and exercise, sexual activity and tobacco use; *Clinical Care*, including health care access and 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

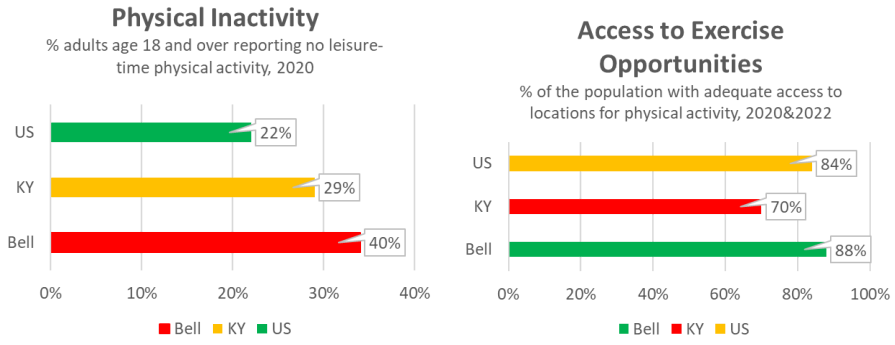
Adult Smoking: Adult Smoking is the percentage of the adult population in a county who both report that they currently smoke every day or some days and have smoked at least 100 cigarettes in their lifetime. Cigarette smoking is identified as a cause of various cancers (including lung and bronchus cancer[6]), cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. In 2020, 32% of the Bell County population were current smokers.[7] Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.



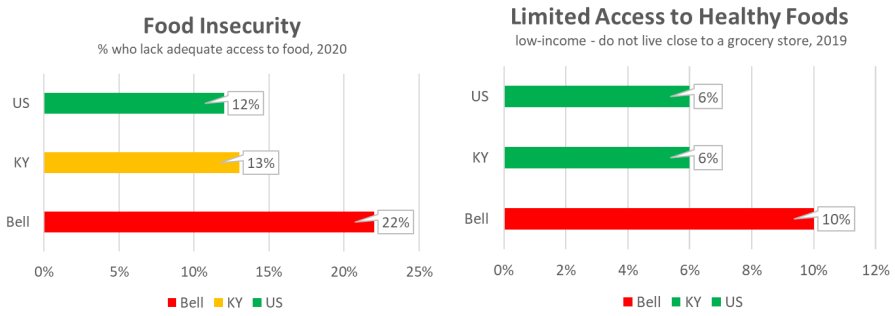
Adult Obesity: Adult obesity represents the percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted). Adult obesity is a chronic condition that puts individuals at increased risk of hypertension, heart disease, type 2 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 Bell County in 2020, 44%, or 2 out of 5 individuals age 18 and older, reported they were obese.[7] Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.



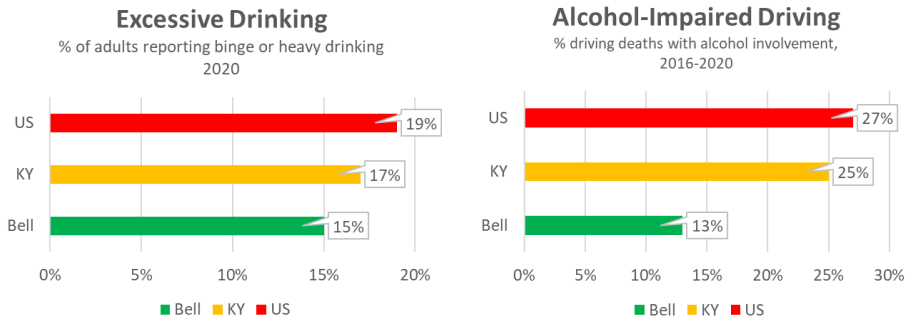
Physical Inactivity & Access to Exercise Opportunities: Physical inactivity is the percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted). In Bell County in 2020, 40% of adults, or 2 out of 5 adults age 18 or over, reported participating in no physical activity outside of work.[7] Access to exercise opportunities is the percentage of the population with adequate access to locations for physical activity. In Bell County in 2020, 88% 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.



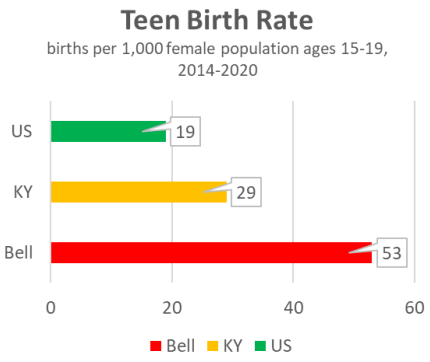
Food Insecurity & Limited Access to Healthy Foods: Food insecurity represents the percentage of the population who lack adequate access to food. In Bell County in 2020, 22% of people, or 1 out of 5, did not have a reliable source of food.[10] Limited access to healthy foods is the percentage of the population who are low-income and do not live close to a grocery store. In Bell County in 2019, 10% of people had low incomes and did not live close to a grocery store, limiting their ability to access healthy foods.[11] Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.

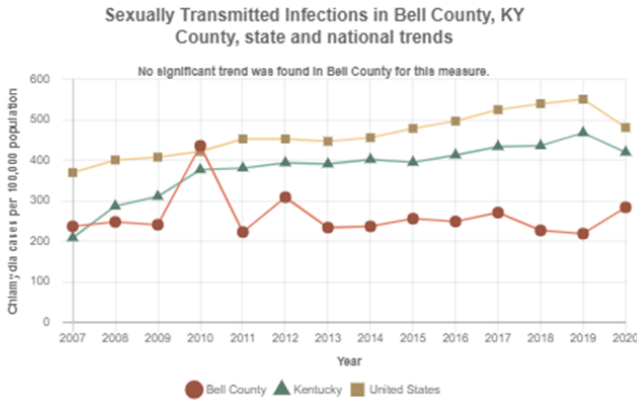


Excessive Drinking & Alcohol-Impaired Deaths: Excessive drinking represents the percentage of adults reporting binge or heavy drinking (age-adjusted). In Bell County in 2020, 15% of adults reported binge or heavy drinking.[7] Alcohol-impaired deaths is the percentage of driving deaths with alcohol involvement. In Bell County, 13% 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.

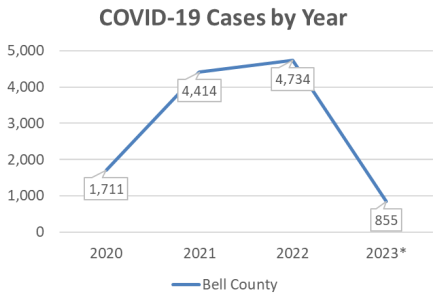


Sexually Transmitted Infections & Teen Births: Sexually transmitted infections is the number of newly diagnosed chlamydia cases per 100,000 population. In Bell County in 2020, 284.3 new cases of chlamydia were diagnosed per 100,000 people.[13] There is no significant trend for this measure. Teen births represent the number of births per 1,000 female population ages 15-19. In Bell County, there were 53 teen births per 1,000 females ages 15-19 on average between 2014-2020.[14] Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.



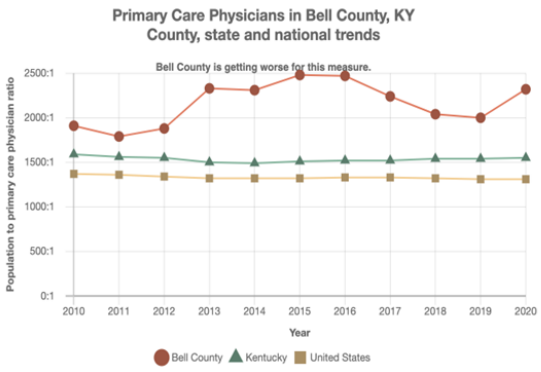


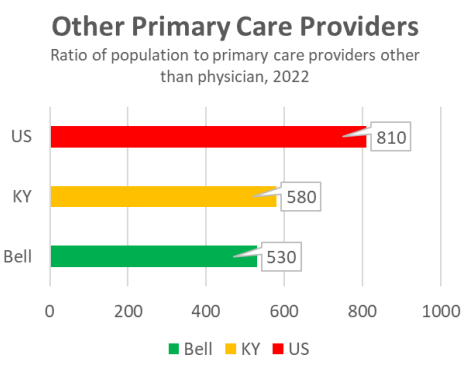
Infectious Diseases: Infectious diseases, also known as communicable diseases or transmissible diseases, are illnesses that result from the infection, presence and growth of pathogenic (capable of causing disease) biologic agents in an individual human or other animal host.[15] The graph to the right shows trending COVID-19 cases since 2020 through *October 9, 2023. Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.



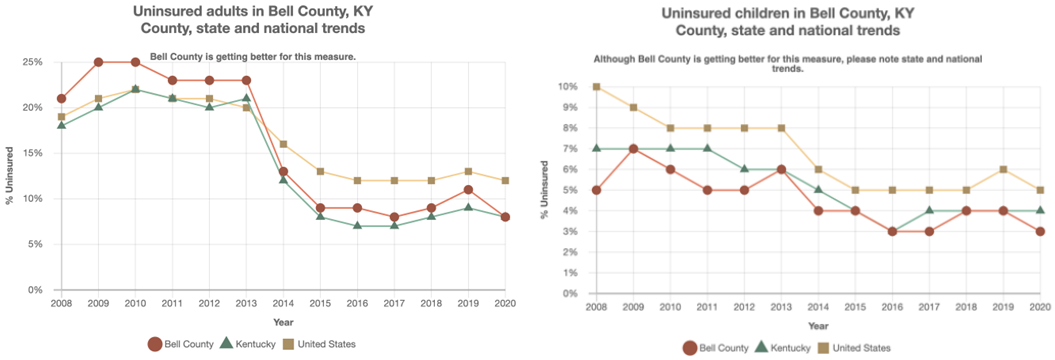
Clinical Care

Primary Care Physicians & Other Primary Care Providers: There was one primary care physician per 2,320 people in Bell County. Trending over time, Bell County is getting worse for this measure.[16] There was one primary care provider other than a physician per 530 people registered in Bell 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.

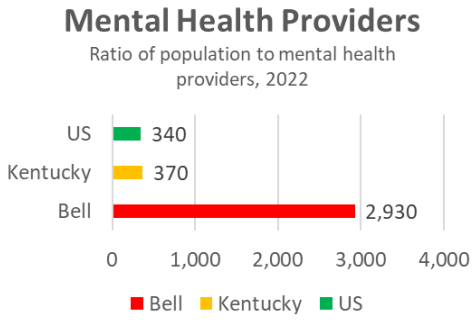




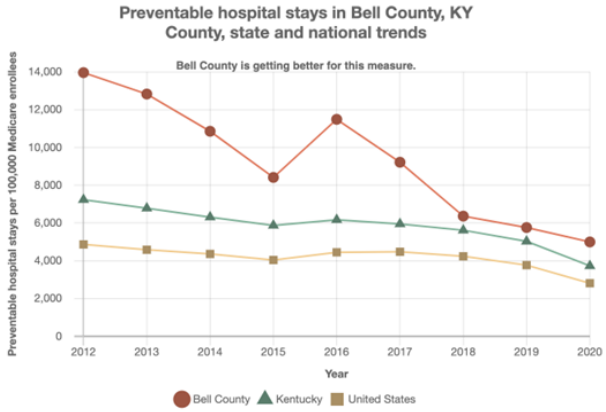
Uninsured: Percentage of population under age 65 without health insurance. In Bell County in 2020, 8% of people under the age of 65 did not have health insurance. Uninsured children is the percentage of children under age 19 without health insurance. In Bell County in 2020, 3% of children under age 19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



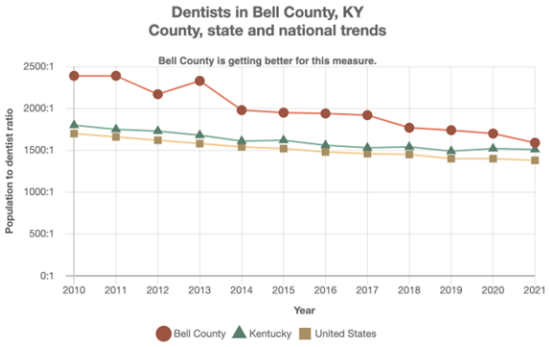
Mental Health Providers: Ratio of population to mental health providers. In 2022, there was one mental health provider per 2,930 people registered in Bell County.[18] Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.

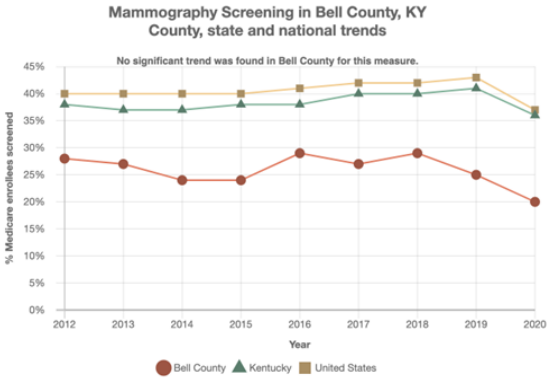


Preventable Hospital Stays: Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. In Bell County in 2020, 4,995 hospital stays per 100,000 people enrolled in Medicare might have been prevented by outpatient treatment.[19] Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.

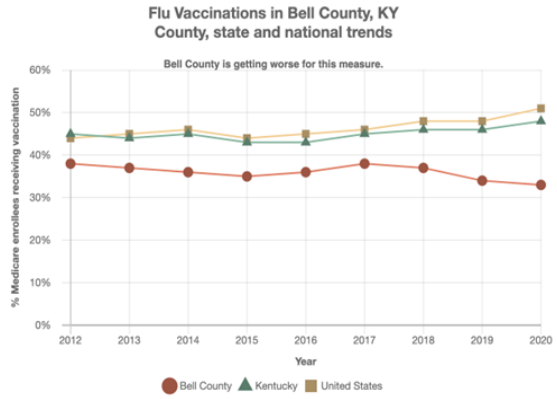


Dentists: Ratio of population to dentists. Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss. In 2021, there was one dentist per 1,590 people registered in Bell County. Trending over time is getting better for this measure.[16] Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.





Mammography Screening: Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. In Bell County in 2020, 20% of female Medicare enrollees received an annual mammography screening. There is no significant trend for this measure, however, Bell County rates are over 15% lower compared to that of Kentucky and the United States. Data disaggregated by race shows Whites have the highest rates at 20%, compared to Blacks at 18%.[19]



Flu Vaccinations: Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination. In Bell County in 2020, 33% of Medicare enrollees received an annual flu vaccine. Trending for this measure is getting worse. Data disaggregated by race shows Whites have the highest rates at 33%, compared to Blacks at 27%.[19]

BCHD Programs & Services Addressing Health Behaviors and Clinical Care in Bell County

- *Breast and Cervical Cancer screenings* are available to income eligible women who have no third party payer.
- *Tobacco Prevention and Control Program* works to prevent the initiation of tobacco use among young people and promotes cessation among young people and adults.
- *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.

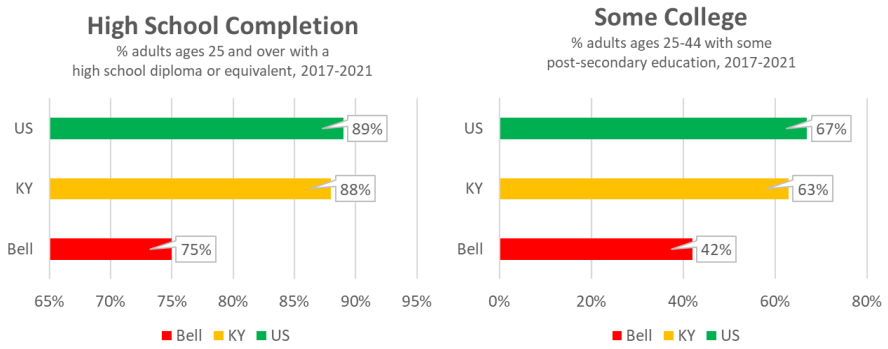
Visit BCHD website for more information on these programs.

Social and Economic Factors

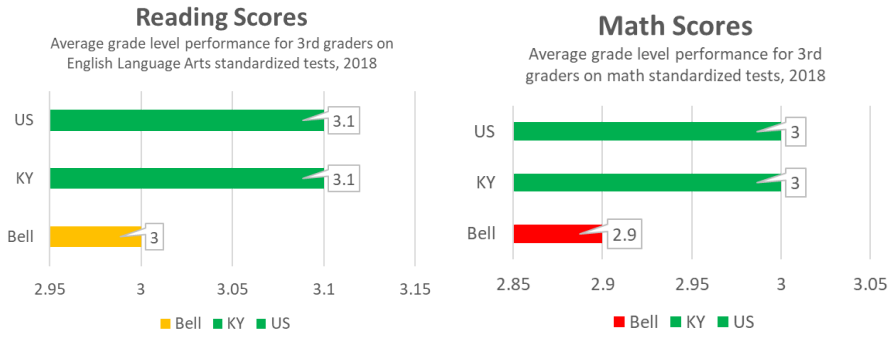
Social and economic factors look at social determinants of health. They represent the nonmedical factors that influence health outcomes and are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. They include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

Education Access & Quality

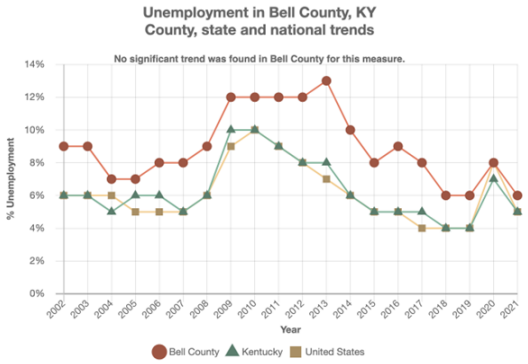
High School Completion & Some College: High school completion is the percentage of adults ages 25 and over with a high school diploma or equivalent. In Bell County, 75% of adults (age 25 or older) on average from 2017-2021 had a high school degree or equivalent, such as a GED.[21] Some college is the percentage of adults ages 25-44 with some post-secondary education. In Bell County, 42% 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 Bell County in 2018, third grade students scored, on average, 3 on a standardized test for English language arts and 2.9 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.

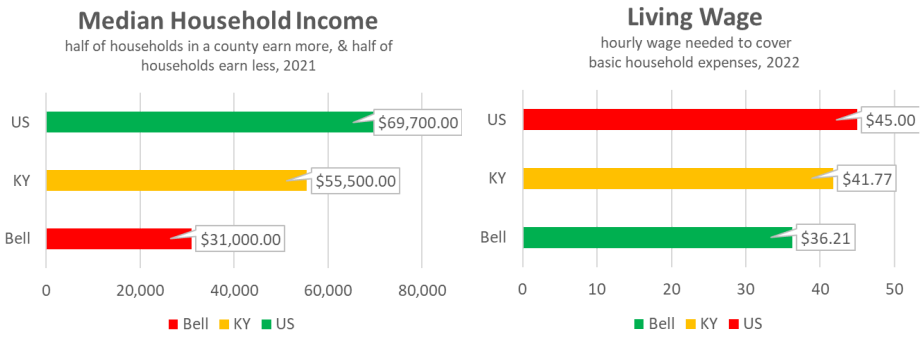


Economic Stability

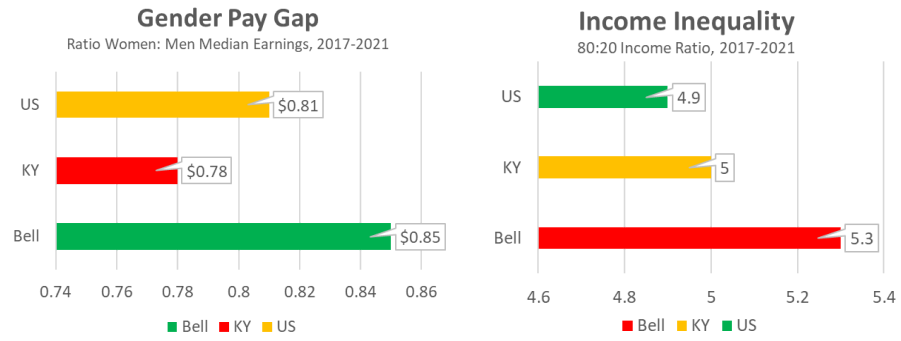


Unemployment: Percentage of population ages 16 and older unemployed but seeking work. In Bell County in 2021, 5.7% of people age 16 and older were unemployed but seeking work.[23] Data disaggregated by subpopulation, including race and ethnicity, is not available for this measure.

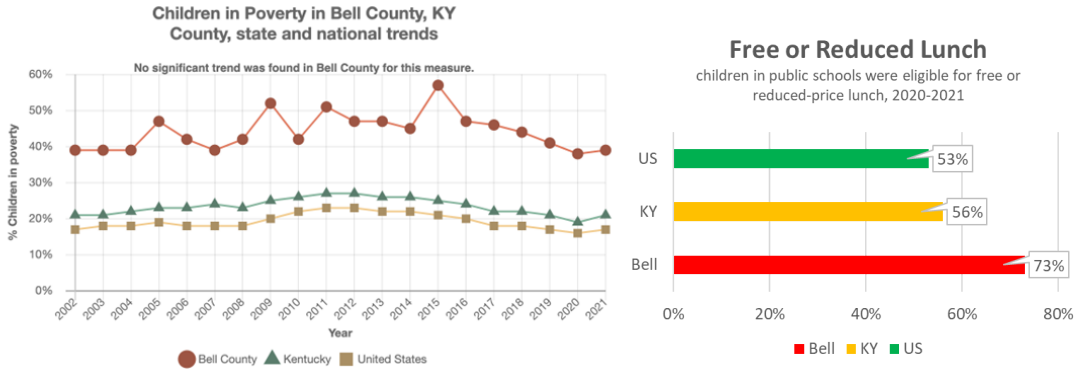
Median Household Income & Living Wage: The income where half of households in a county earn more and half of households earn less. In Bell County in 2021, the median household income was $31,000. Half of all households had an annual income below this amount, and half had annual incomes above it. Data disaggregated by race shows Hispanics have the highest income at $74,200, followed by Whites at $32,800, and American Indian and Alaska Native at $11,300.[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 Bell County in 2022, workers would need an hourly wage of $36.21 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 this measure.



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 Bell County from 2017-2021, women earned an average of $0.85 for every $1.00 men earned in annual income.[21] Income inequality is the ratio of household income at the 80th percentile to income at the 20th percentile. In Bell County from 2017-2021, households with higher incomes had income 5.3 times that of households with lower incomes.[21] Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.

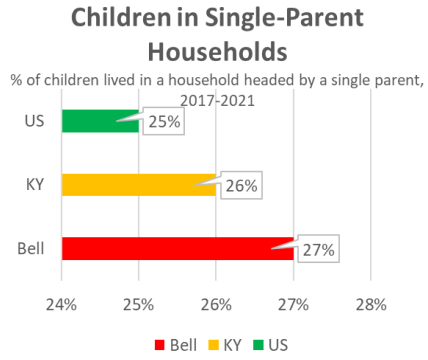


Children in Poverty & Free or Reduced Lunch: Children in poverty represents the percentage of people under age 18 in poverty. In Bell County in 2021, 39% (2 out of 5) of children lived in poverty. Data disaggregated by race shows Hispanics have the highest rates at 38%, and Whites at 34%.[24] In Bell County for 2020-2021, 73% 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 this measure.

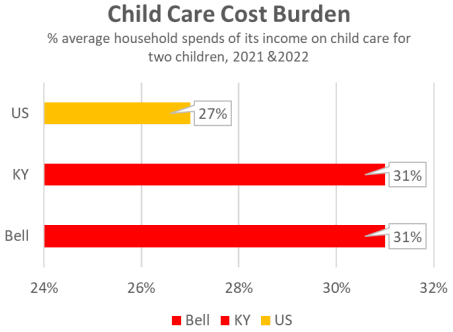


Family & Social Support

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 Bell County, 27% 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.

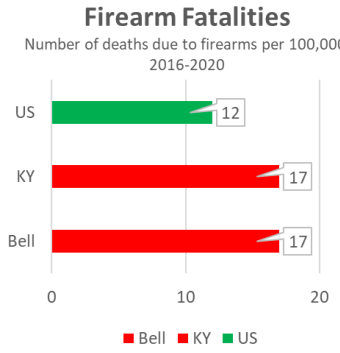


Child Care Cost Burden: Child care costs for a household with two children as a percent of median household income. In Bell County in 2022, the average household spent 31% of its income on child care for two children. There were 6 child care centers per 1,000 children under age 5.[24, 25] Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.

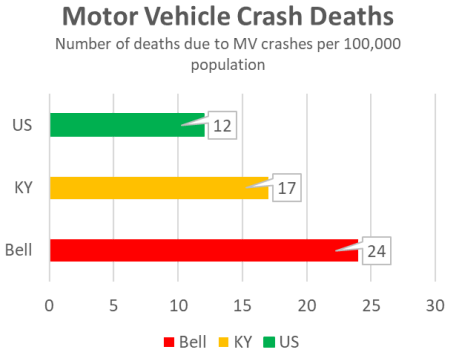


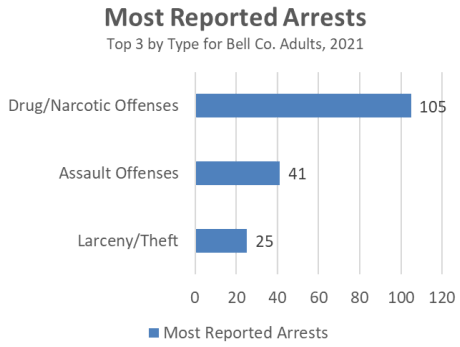
Community Safety

Firearm Fatalities: Firearm fatalities is the number of deaths due to firearms per 100,000 population. In Bell County, there were 17 firearm-related deaths per 100,000 people on average from 2016-2020.[5]

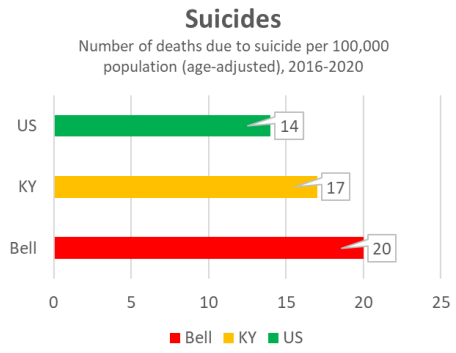


Motor Vehicle Crash Deaths & Most Reported Arrests: Motor vehicle crash deaths represents the number of motor vehicle crash deaths per 100,000 population. Traffic accidents involving motorcycles, 3-wheel motor vehicles, cars, vans, trucks, buses, street cars, ATVs, industrial, agricultural, & construction vehicles, and bicyclists or pedestrians when colliding with any of these vehicles. In Bell County, there were 24 deaths from motor vehicle crashes per 100,000 people on average from 2014-2020.[5] Most reported arrests represent the total number of arrests reported by all law enforcement agencies in Bell County during 2021, drug/narcotic offenses was the number one reported arrest in 2021, at 105 offenses.[27] Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.





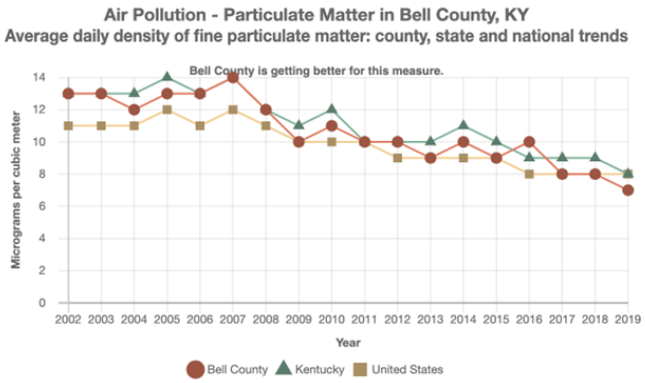
Suicides: Suicides represent the number of deaths due to self-inflicted injury per 100,000 population. Suicide is defined by ICD-10 codes X60-X84 (self-harm). Deaths are counted in the county of residence of the deceased. So, the death is counted in the home county of the individual who died. In Bell County, there were 20 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

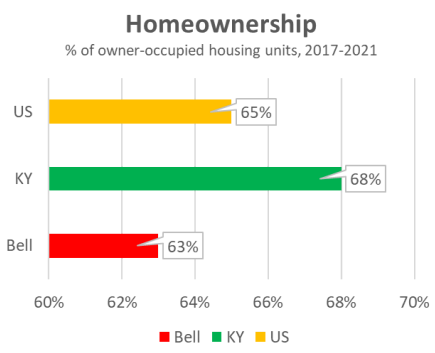
Air Pollution & Water Quality

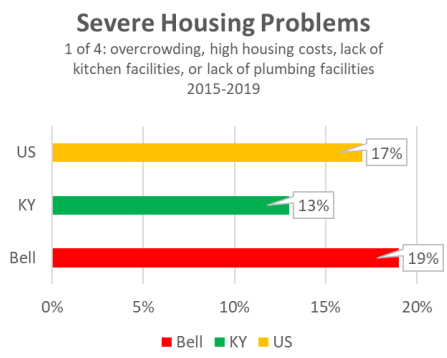
Air Pollution - Particulate Matter & Water Quality Violations: Air pollution-particulate matter looks at average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). In Bell County in 2019, an annual average of 7.3 micrograms per cubic meter of fine particulate matter was measured in the air. The Environmental Protection Agency (EPA) has primary annual average standards of 8.0 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 1 community water system in Bell County in 2021 reported a health-based drinking water violation.[29]

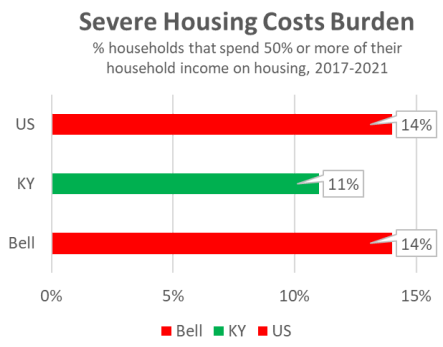


Housing

Homeownership, Severe Housing Problems, & Severe Housing Costs Burden: Homeownership is the Percentage of owner-occupied housing units. In Bell County, 63% 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 Bell County from 2015-2019, on average, 19% 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 Bell County, 14% of households spent half or more of their income on housing on average from 2017-2021.[21] The Bell County Homeless Count of students in preschool-grade 12 for Academic Year 2021-22 was at 380.[31] Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.

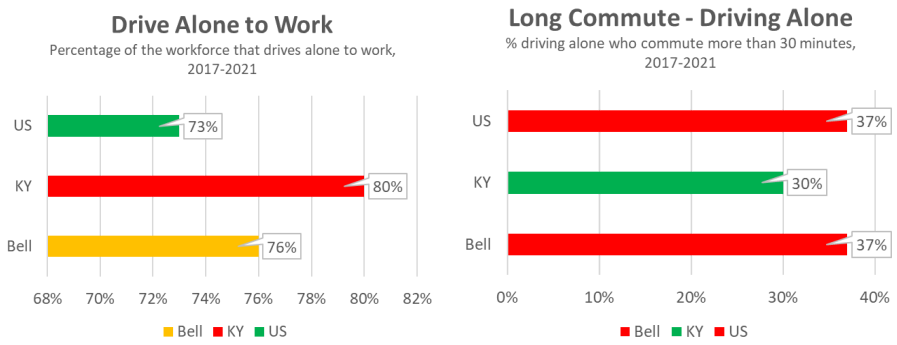






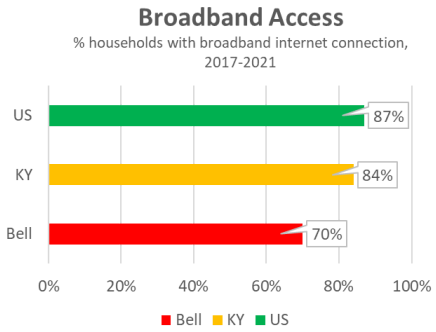
Transit

Driving Alone to Work & Long Commute: Driving alone to work is the percentage of the workforce that drives alone to work. In Bell County, on average from 2017-2021, 76% 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 Bell County, on average from 2017-2021, 37% 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 Bell County, on average from 2017-2021, 70% of households had a broadband internet connection.[21] Data disaggregated by subpopulation, including race and ethnicity, is not available for these measures.

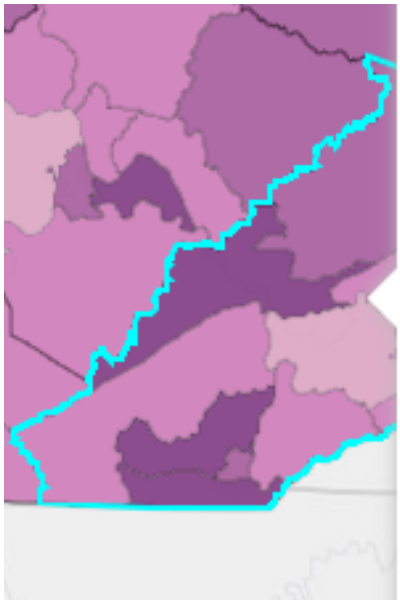


BCHD Programs & Services Addressing Community Safety & Physical Environment in Bell County

- *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 Inspection*s.
- *Tobacco Prevention and Control Program* works to eliminate non-smokers exposure to environmental tobacco smoke & e-cigarette aerosol.

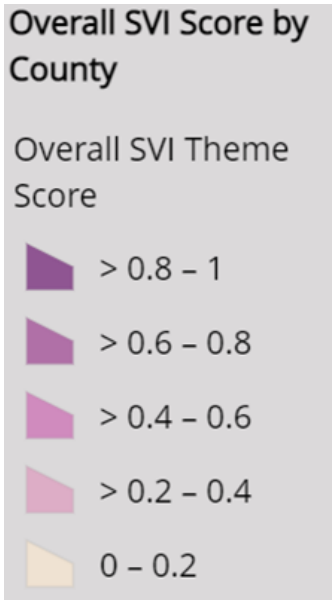
Visit BCHD website for more information on these programs.

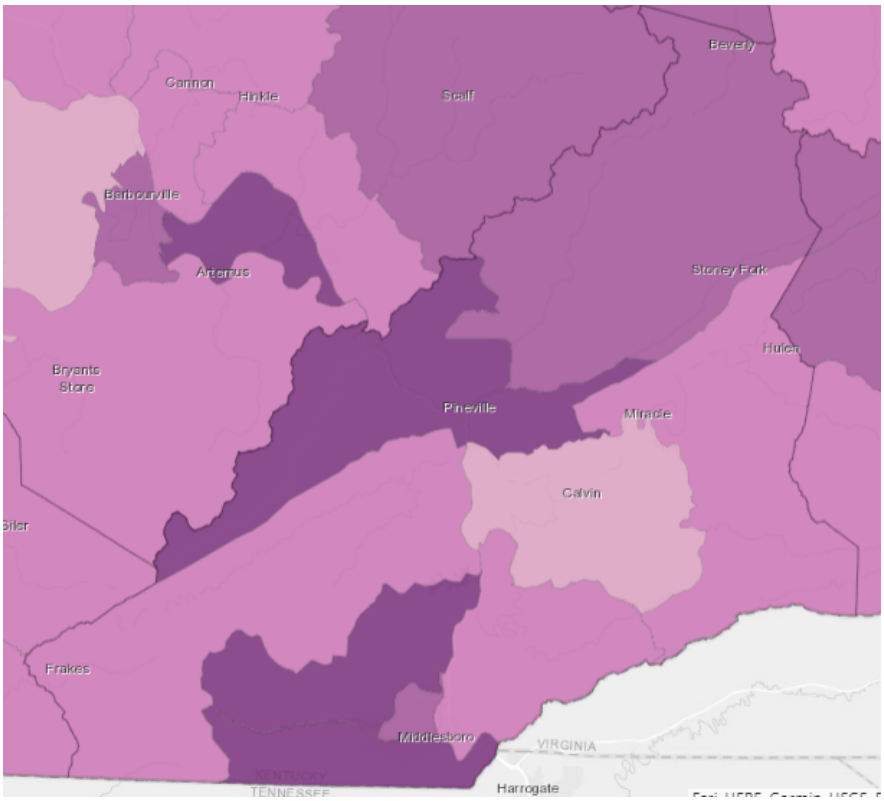
Social Vulnerability Index (SVI): Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, such as natural or human-caused disasters or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss. The CDC's 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. These themes are: Socioeconomic Measures, Household Characteristics Measures, Racial and Ethnic Minority Status Measures, and Housing & Transportation Measures. The 2020 overall social vulnerability index theme score was 0.94 for Bell County, ranking it in the highest category for vulnerability.[32]



Overall SVI Theme Scores by County

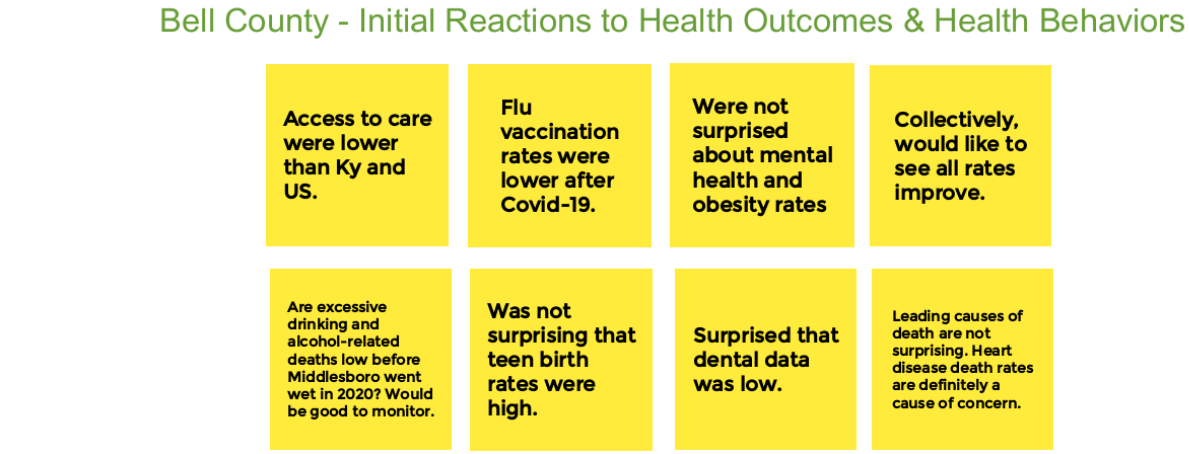
County	Bell
Overall SVI Theme Score	0.94
Socioeconomic Theme Score	1.00
Houshold Characteristics Theme Score	0.36
Racial and Ethnic Minority Status Theme Score	0.40
Housing and Transportation Theme Score	0.84

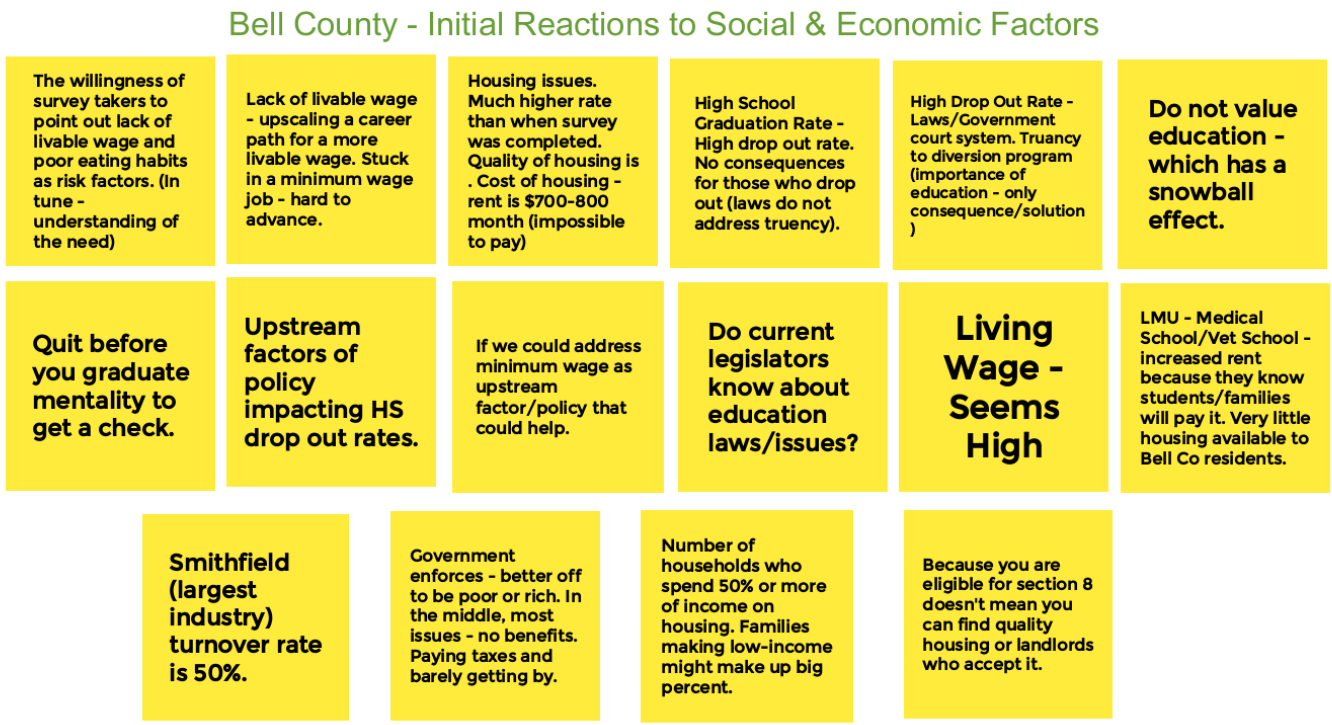




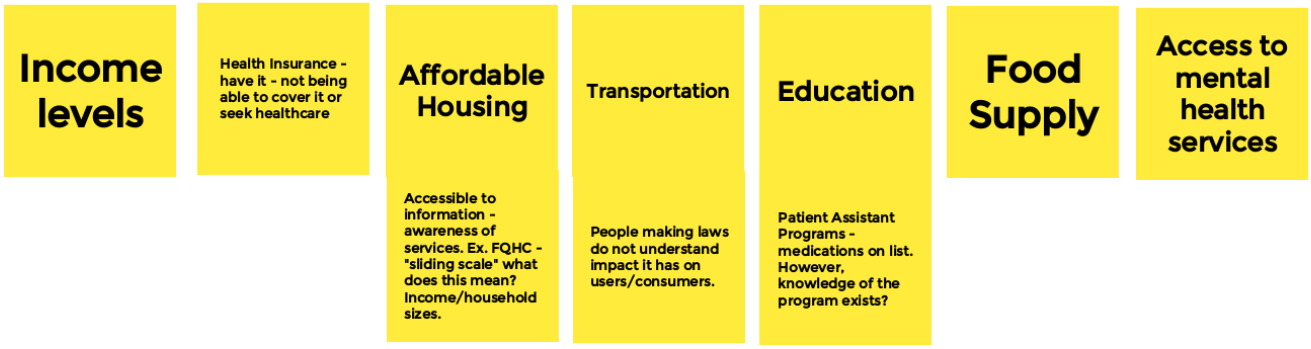
Community Health Improvement Forum

During the community health improvement forum on November 8, 2023, 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.

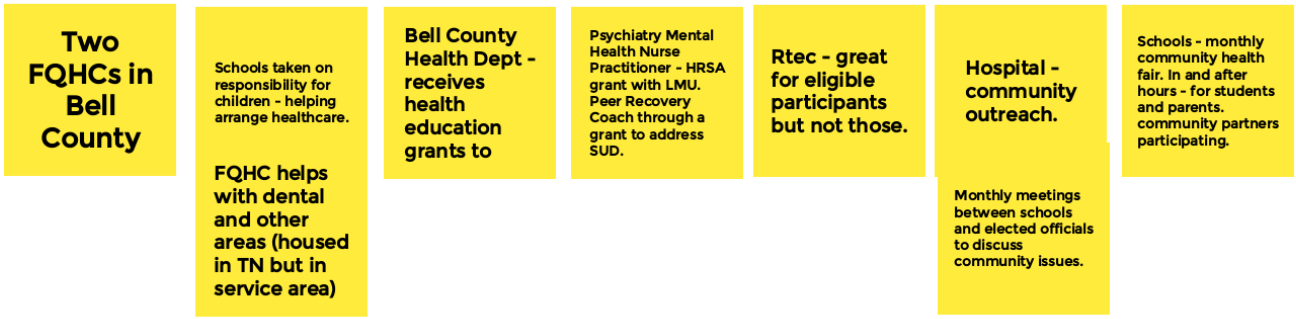




Social Determinants of Health & Upstream Factors Negatively Impacting Bell County Health?



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



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

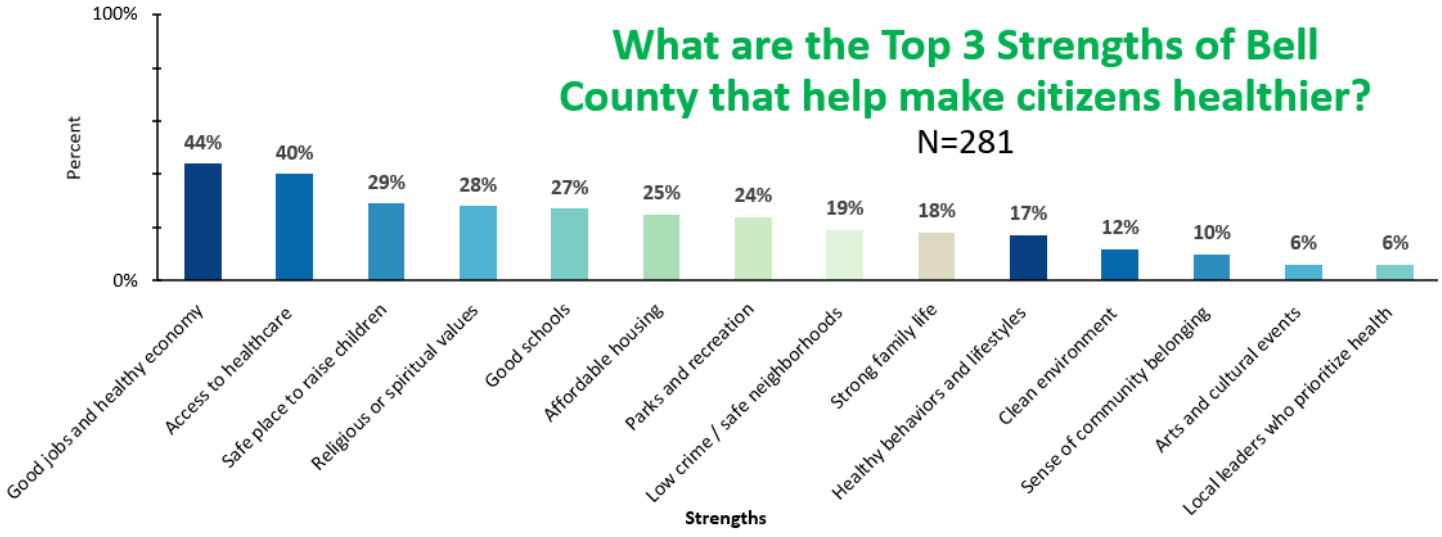
Current and Historical Forces of Change (positive or negative) at play in the local community, regionally and globally, that shape political, economic, and social conditions for community members?

- Adam Bowling, state rep - wrote legislation for Recover Ready Communities. Will Bell County become one?
- Restrictions - each school have immunizations delivered and high quality refrigeration. Funding is not working -VFC
- High degree of regulations to serve our community/vulnerable populations.
- DCBS - the state has changed the criteria and not making great progress in addressing abuse and neglect. Does not help schools.
- **Elected officials do not seem onboard.**
- The state cut off Health Dept services in schools. Eliminated. No shots were given.
- **Safe Haven Baby Box - raised over $25,000. Placed at MRH.**
- Political Will - cannot approve harm reduction (SSP) in the county. People with SUD ave to go to Knox County. "Not an issue here - we don't want that in our town"

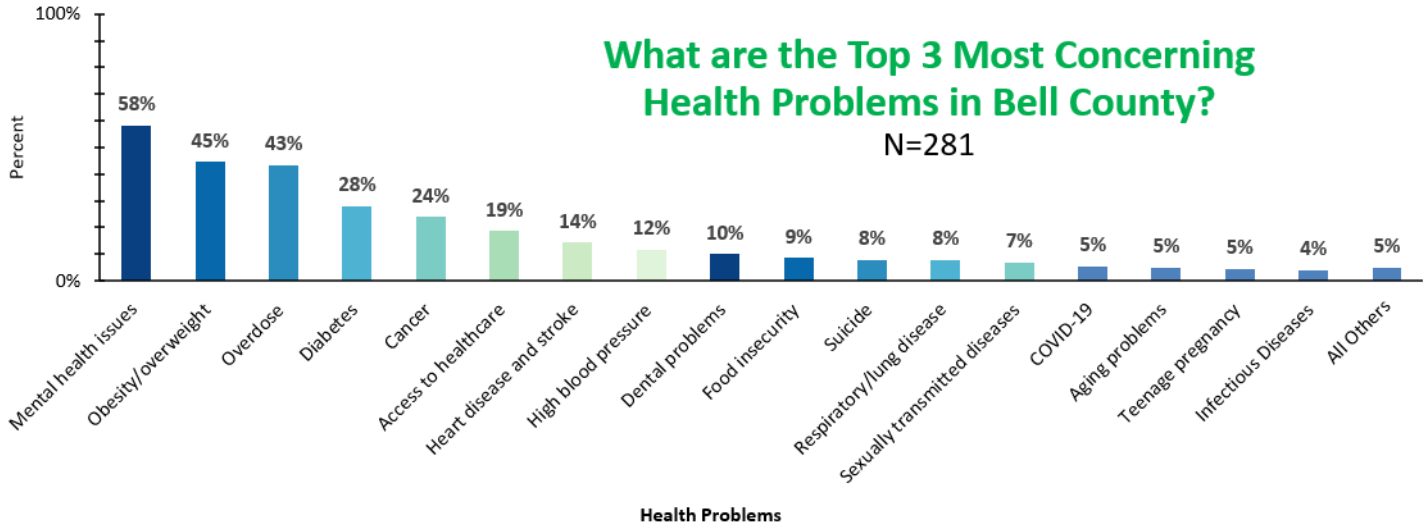
What Strengths, Resources, and Assets does Bell County have that support health and well-being?

- **National Park & State Park**
- **Offer both public and private schools. Variety of schools**
- **Rural area - very walkable communities.**
- **Weather - not in tornado alley. Not bad or great just mediocre.**
- **Hospitality - people are very nice in the community.**
- **Low crime throughout county**
- **Never felt unsafe or thought kids were unsafe.**
- Adequate healthcare. Maybe not mental health care but 2 hospitals, 2 FQHCs, health dept. private clinics.
- Abundance of local business - a lot of mom-and-pop stores. Help with Mainstreet. Increase in local business. Caring community.
- **A handful of cities that have a cracker barrel not on interstate. :)**
- **Shade Steakhouse voted best steakhouse in Kentucky.**
- **Hiking and outdoor opportunities - there if we want it.**

2023 Community Status Assessment Results

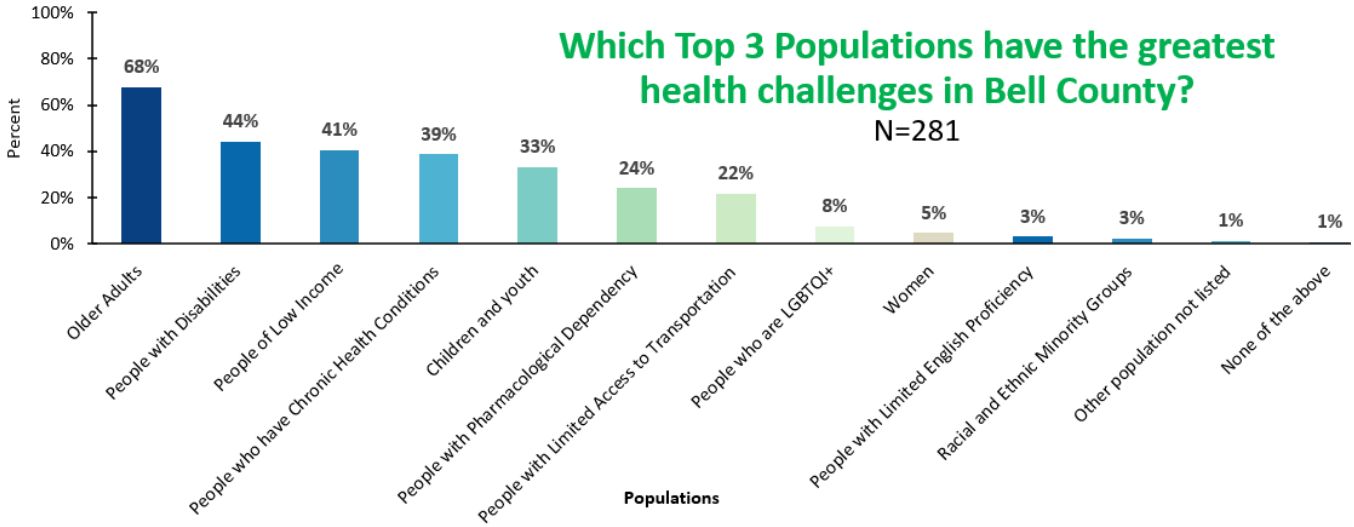


2023 Community Status Assessment Results



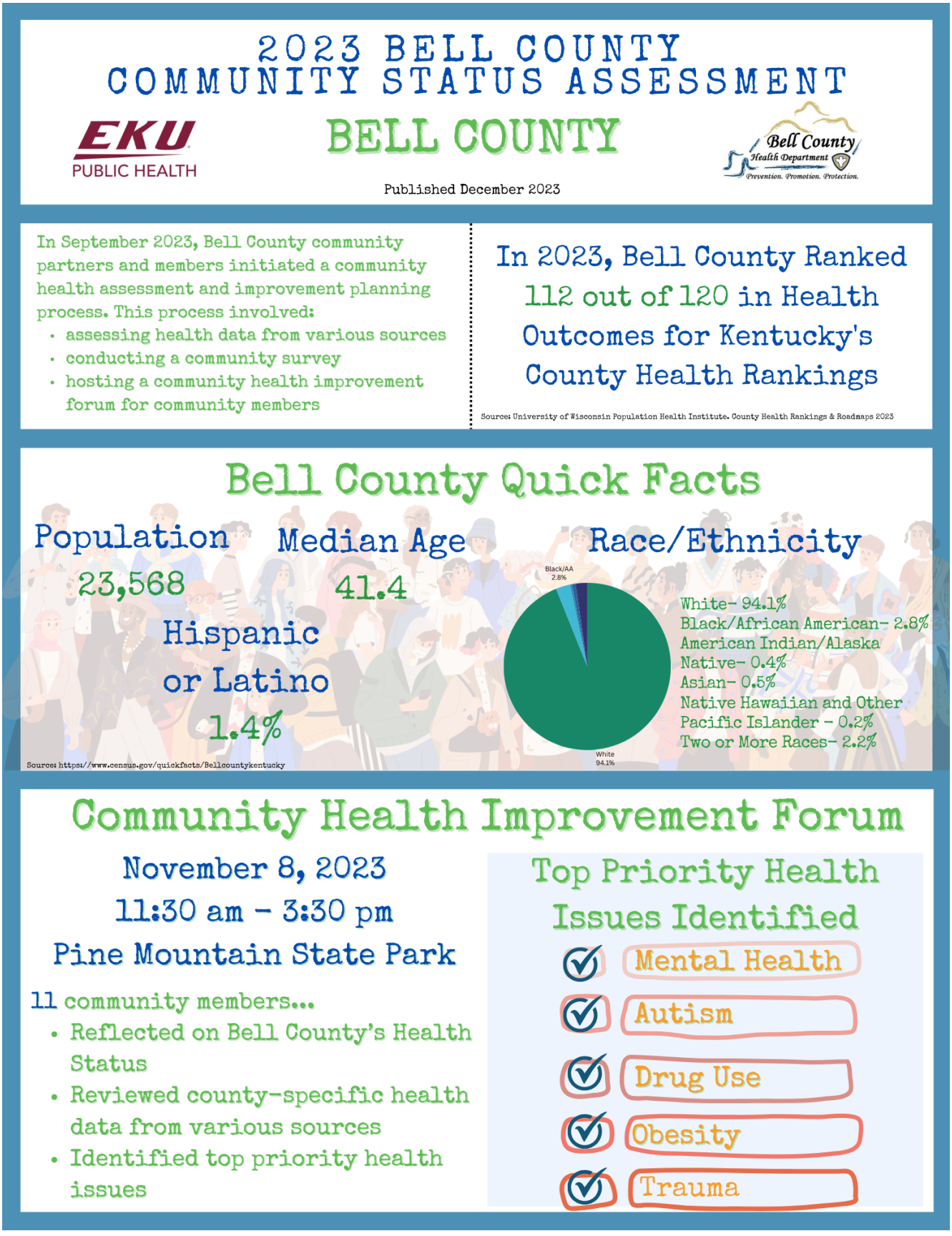
2023 Community Status Assessment Results

2023 Community Status Assessment Results



Bell County 2023 Community Health Status Assessment

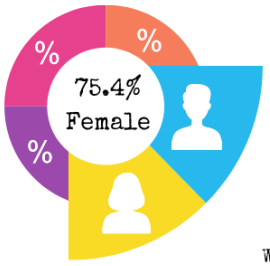
The following infographic captures Bell County highlights of the 2023 Community Health Status Assessment.

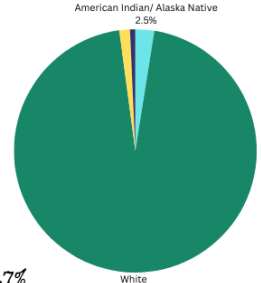


BELL COUNTY
2023 COMMUNITY STATUS ASSESSMENT HIGHLIGHTS

281 Surveys Completed by Community Members

SURVEY DEMOGRAPHICS





White- 94.7%
Black/African American- 1.4%
American Indian/Alaska Native- 2.5%
Native Hawaiian/Pacific Islander - 0.7%

30%
25-34 Years Old
AGE

Non-Hispanic
96.8%

HEALTH FACTORS

Housing Today

94%
Have Housing

Financial Well-Being

22% of respondents total household income last year was < $25,000

How is Your Mental Health?

27%
"Fair or Poor"

How Healthy is Bell County?

43% answered "Somewhat Unhealthy"

KEY FINDINGS

Top Risk Factors Influencing Bell County Health

- Substance Misuse 78%
- Lack of Livable Wage 37%
- Poor Eating Habits 33%
- Homelessness or Housing - 31%

Top Most Important Health Problems in Bell County

- Mental Health 58%
- Obesity/Overweight 45%
- Overdose 43%
- Diabetes 28%
- Cancer 24%

Top Community Strengths in Bell County

- Good Jobs & Healthy Economy - 44%
- Access to Healthcare - 40%
- Safe Place to Raise Children - 29%

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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.

- Bell County Board of Health
- Bell County Detention Center
- Bell County EMS
- Bell County Fiscal Court
- Bell County Health Department
- Bell County Schools
- Bell-Whitley Community Action Agency
- Crater of Hope
- Cumberland River Behavioral Health
- First State Bank
- Hearthside Bank of Middlesboro
- Long's Pic-Pac
- Main Street Pineville
- Middlesboro ARH
- Middlesboro Fire Department
- Middlesboro Independent Schools
- Middlesboro News
- Middlesboro Nursing and Rehabilitation Facility
- Mountain Comprehensive Health Cooperation
- Pine Mountain State Resort Park
- Pineville Fire Department
- Pineville Independent Schools
- Pineville Police Department
- Pinnacle of Purpose

Appendix B: CHI Process

Community Health Improvement Process

Facilitated by Eastern Kentucky University
Department of Public Health and Clinical Sciences

Created: 2023

OVERVIEW

Community Health Improvement

Eastern Kentucky University's (EKU) Department of Public Health and Clinical Sciences (DPHCS) 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 DPHCS 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 DPHCS 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 DPHCS 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 DPHCS 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 DPHCS 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 DPHCS 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 DPHCS's facilitated CHI process.

Final Thoughts

CHI is only successful if the community takes ownership and accountability in addressing its health needs. Therefore, EKU DPHCS 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 DPHCS's 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.*

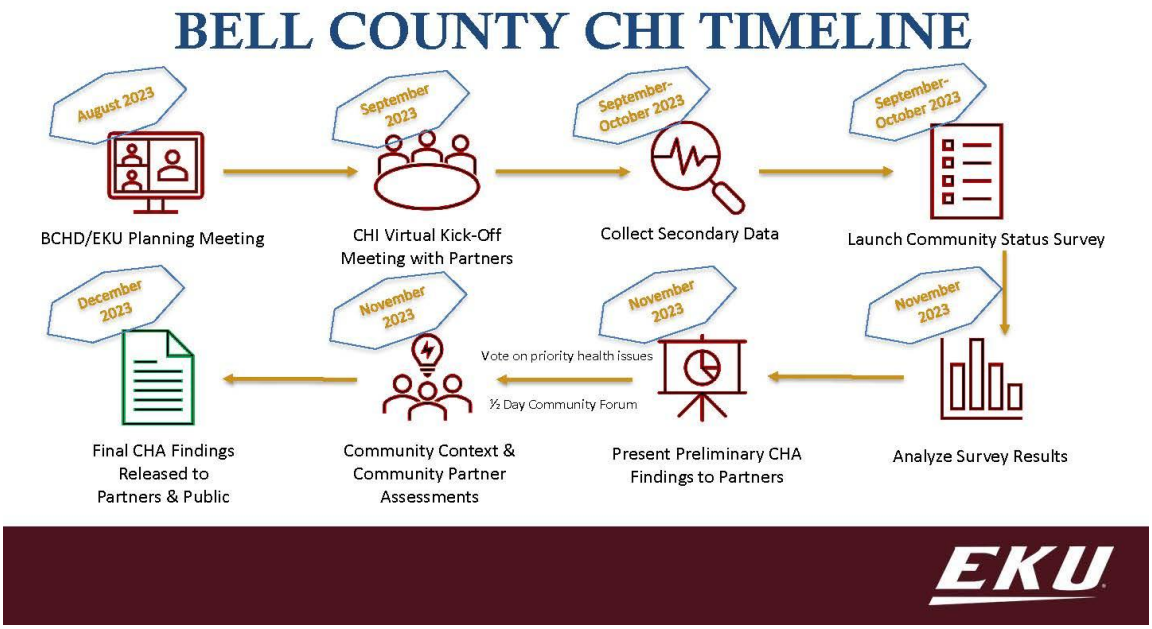
EKU PUBLIC HEALTH

Community Health Improvement
BCHD Community Engagement Process

1. **Initial Discussion (email communication on 08/07/23 & Zoom on 08/16/23 & between EKU and BCHD)**
   - Answer BCHD's initial questions regarding CHA/CHIP process
   - Discuss previous CHA/CHIP Cycles
     - Participation (e.g., hospital-led) or Lead (e.g., BCHD-led)
   - Existing partnerships/coalitions
     - Discussion concerning the steering committee
   - Is Vision already established? (Revisit during CHA Partnership Kick-Off Meeting – Poll Question)
2. **EKU/BCHD Only Virtual Kick-Off Meeting (1 hour via Zoom on August 22, 2023)**
   - Community Engagement Process (Modified MAPP 2.0)
   - Project Timelines
   - Roles & Expectations
   - Prepare for the partnership kick-off meeting
3. **CHA Partnership Virtual Kick-Off Meeting (1 hour via Zoom on September 19, 2023)**
   - Facilitated by EKU
   - Partners invited by BCHD
     - EKU provides a CHI stakeholder list and partner invitation letter
   - EKU presents:
     - Overview of the CHA process
       - Brief overview of the community engagement process
       - Timelines
     - Partner Expectations
       - Sharing of available data, resources, and assets
       - Promotion of community survey to customers
       - Attendance at a community forum for feedback and input
       - Opportunity to collect Resources/Assets via an online tool (e.g., Jamboard)
     - 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
4. **Community Status Assessment – Modified Mapp 2.0 (launched September 19, 2023 & closed on October 30, 2023)**
   - Recommended: KY Group – Academy of Science: Alchemer CHA Template
     - Survey can be tweaked to BCHD's needs
   - Promotion of survey by all partners (electronic and paper)
     - Translated copy per BCHD jurisdiction needs.
   - Survey Availability Set
     - Minimum 1-month
     - Target number identified by partners & reflection of community demographics
   - Survey Results Analyzed by EKU Staff
     - Incorporate survey results with relevant health factors, outcomes piece in CHA

5. **½ Day In-Person Community Forum (November 8, 2023)**
   - Facilitated by EKU
   - BCHD 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)
     - Collect participants' reactions to the data (EKU)
     - Preliminary Prioritization of Priority Health Issues (*unless the local hospital has recently conducted a CHNA, in which BCHD/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)
     - Collect participants' reactions to the data (EKU)
   - **Community Context Assessment – Modified MAPP 2.0 (EKU facilitates discussions)**
     - Community Strengths and Assets
       - What strengths and resources does your community have that support health and well-being?
     - Built Environment
       - What are the physical and cultural assets in the built environment, and how do those vary by neighborhood?
     - 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)**
     - 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 BCHD/partners may choose to select those)
6. **Post ½ Day In-Person Community Forum (after November 8, 2023)**
   - 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)
     - BCHD to consider skills & capacities the organization can bring to priority health issues
     - Partners commit to CHI (pledge, form, or sign-ups)
     - Schedule the next meeting date to work on CHIP goals, objectives, & activities
     - Partnership might consider focus groups or community survey(s) tailored to a better understanding of priority health issues

Bell County CHI Process Timeline (August 2023-December 2023)



MAPP 2.0 Modified Assessments

EKU DPHCS 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 DPHCS 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

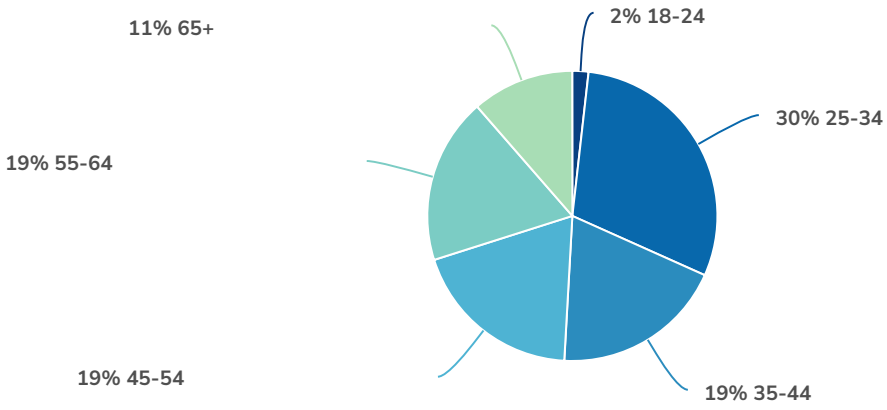
Report for Bell County Community Health Assessment

Response Counts

Completion Rate:	**100%**	
	Complete	281

Totals: 281

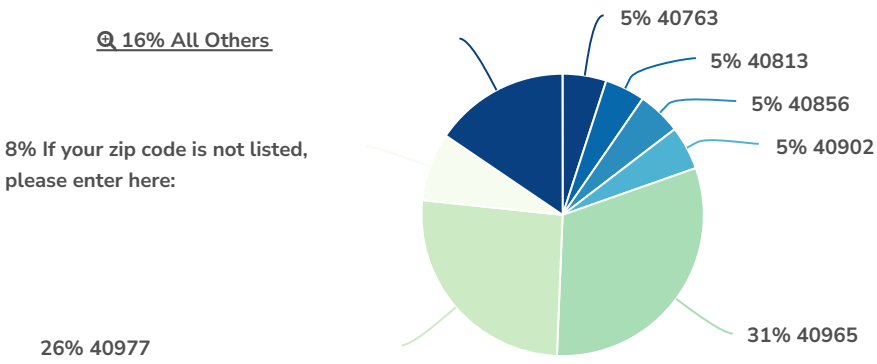
1. What is your age?



Value	Percent	Responses
18-24	1.8%	5
25-34	29.9%	84
35-44	19.2%	54
45-54	19.2%	54
55-64	18.5%	52
65+	11.4%	32

Totals: 281

2. What is your zip code?

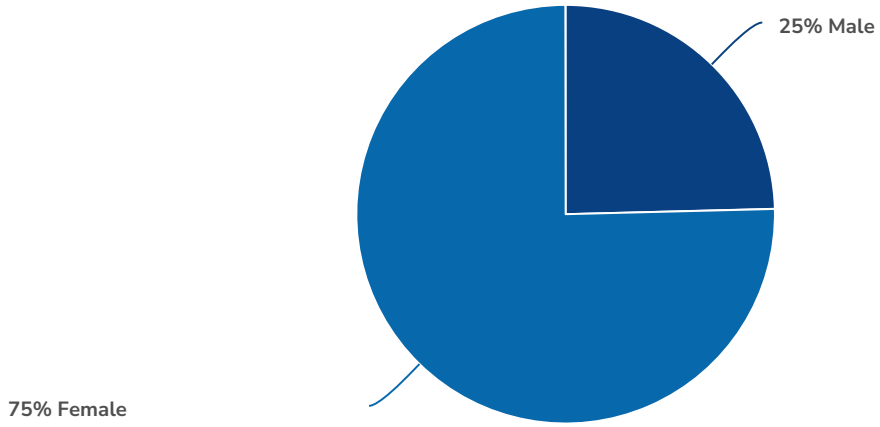


Value	Percent	Responses
40763	5.0%	14
40813	4.6%	13
40845	2.8%	8
40856	5.0%	14
40863	2.1%	6
40902	5.0%	14
40913	0.7%	2
40930	0.7%	2
40939	1.1%	3
40940	2.1%	6
40955	1.8%	5
40958	1.4%	4
40965	31.0%	87
40977	26.0%	73
40988	2.8%	8
If your zip code is not listed, please enter here:	7.8%	22

Totals: 281

If your zip code is not listed, please enter here:	Count
37752	3
01473	2
24248	2
37870	2
40965	2
37879	1
40819	1
40840	1
76104	1
76548	1
90009	1
9131687	1
91762	1
92688	1
93675	1
94541	1
Totals	22

3. What is your gender?

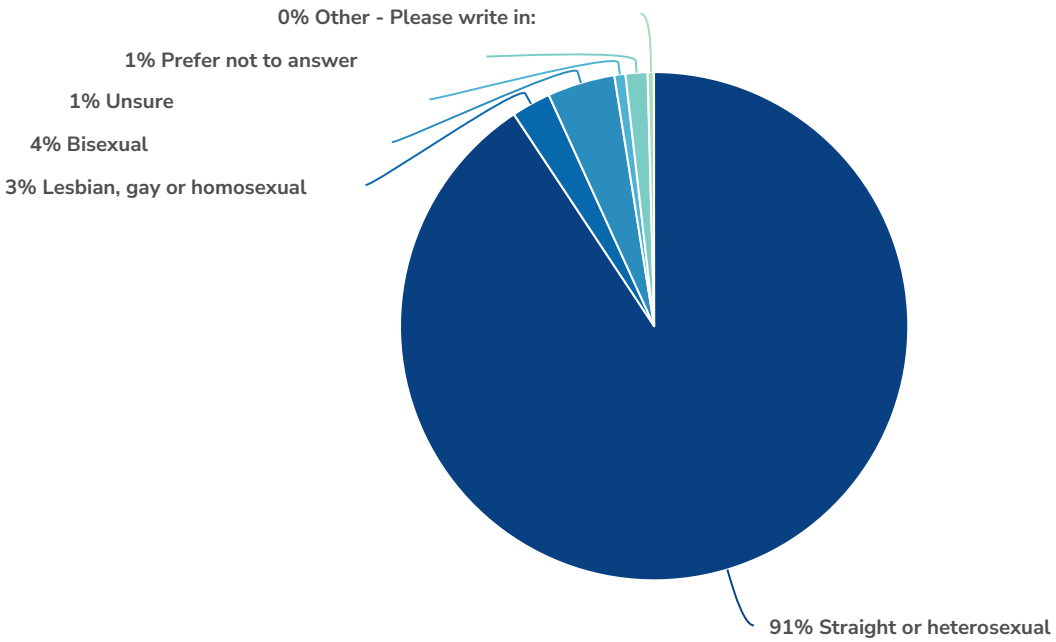


Value	Percent	Responses
Male	24.6%	69
Female	75.4%	212

Totals: 281

Other - Please write in:	Count
Totals	0

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

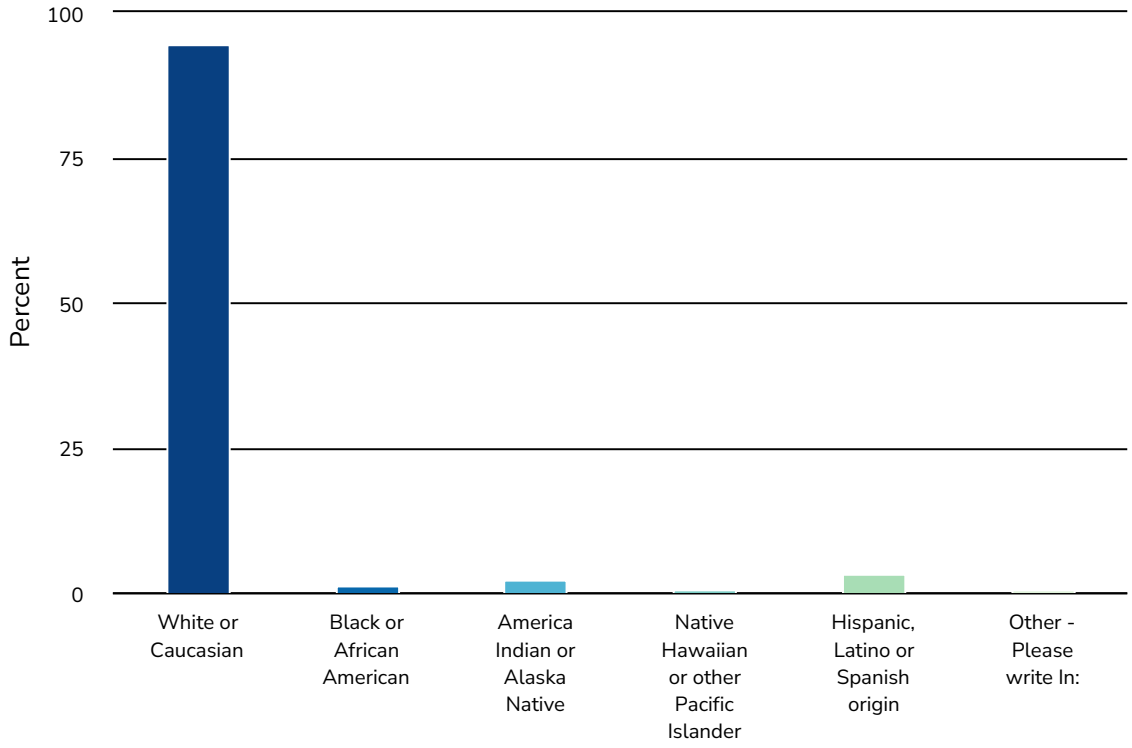


Value	Percent	Responses
Straight or heterosexual	90.7%	255
Lesbian, gay or homosexual	2.5%	7
Bisexual	4.3%	12
Unsure	0.7%	2
Prefer not to answer	1.4%	4
Other - Please write in:	0.4%	1

Totals: 281

Other - Please write in:	Count
Straight	1
Totals	1

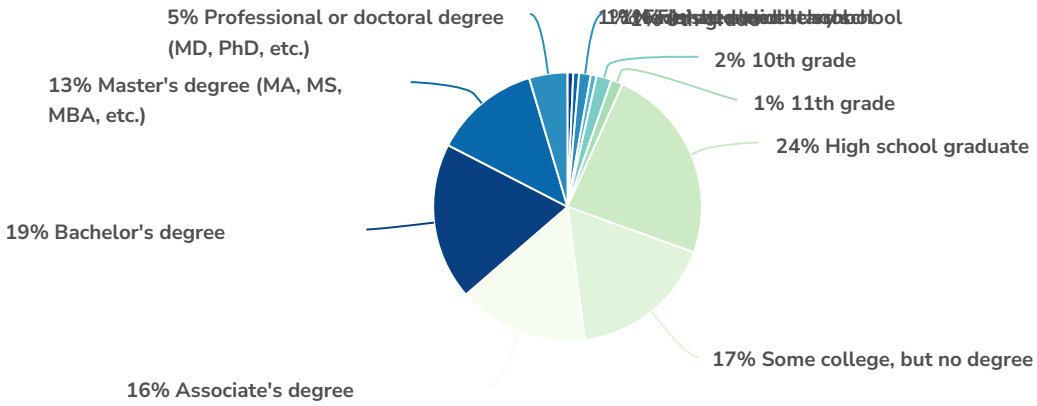
5. Which categories describe you? (Select all that apply)



Value	Percent	Responses
White or Caucasian	94.7%	266
Black or African American	1.4%	4
America Indian or Alaska Native	2.5%	7
Native Hawaiian or other Pacific Islander	0.7%	2
Hispanic, Latino or Spanish origin	3.2%	9
Other - Please write In:	0.7%	2

Other - Please write In:	Count
Ashkenazi Jew	1
European/White/American	1
Totals	2

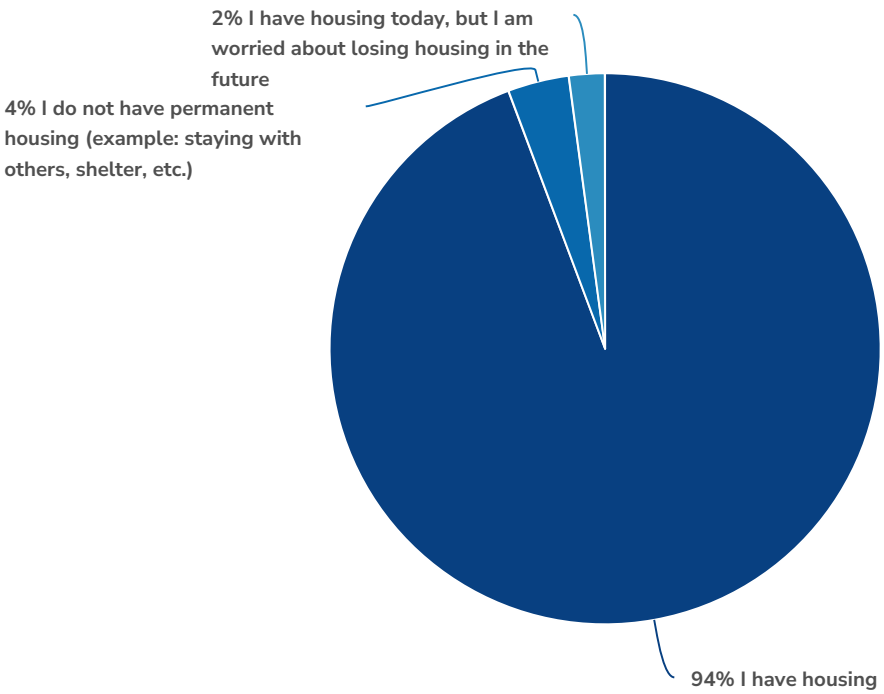
6. What is the highest level of education that you have completed?



Value	Percent	Responses
Never attended school	0.7%	2
Finished elementary school	0.7%	2
Finished middle school	1.4%	4
9th grade	0.7%	2
10th grade	1.8%	5
11th grade	1.4%	4
High school graduate	23.8%	67
Some college, but no degree	17.4%	49
Associate's degree	15.7%	44
Bachelor's degree	18.9%	53
Master's degree (MA, MS, MBA, etc.)	12.8%	36
Professional or doctoral degree (MD, PhD, etc.)	4.6%	13

Totals: 281

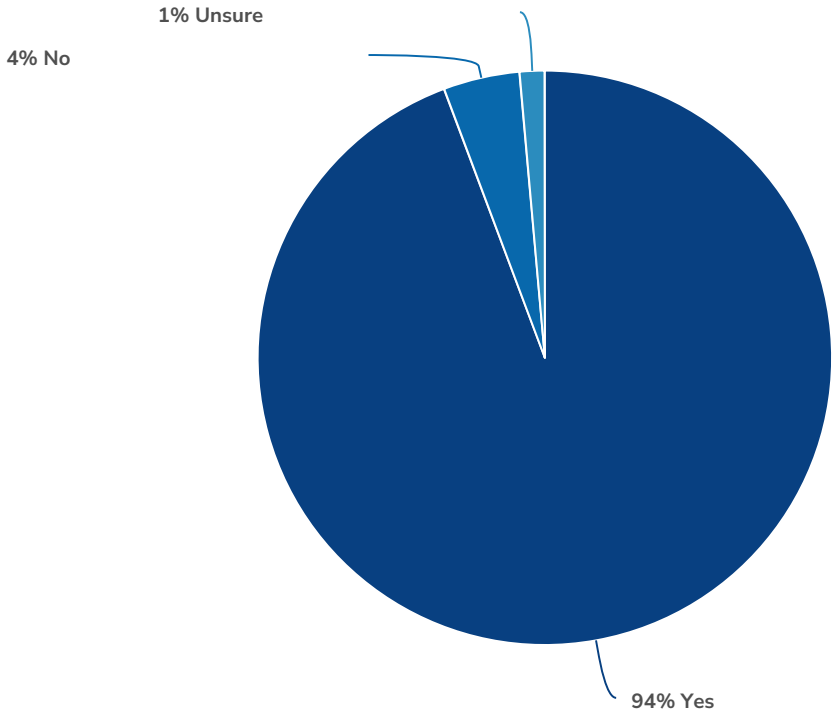
7. What is your housing situation today?



Value	Percent	Responses
I have housing	94.3%	265
I do not have permanent housing (example: staying with others, shelter, etc.)	3.6%	10
I have housing today, but I am worried about losing housing in the future	2.1%	6

Totals: 281

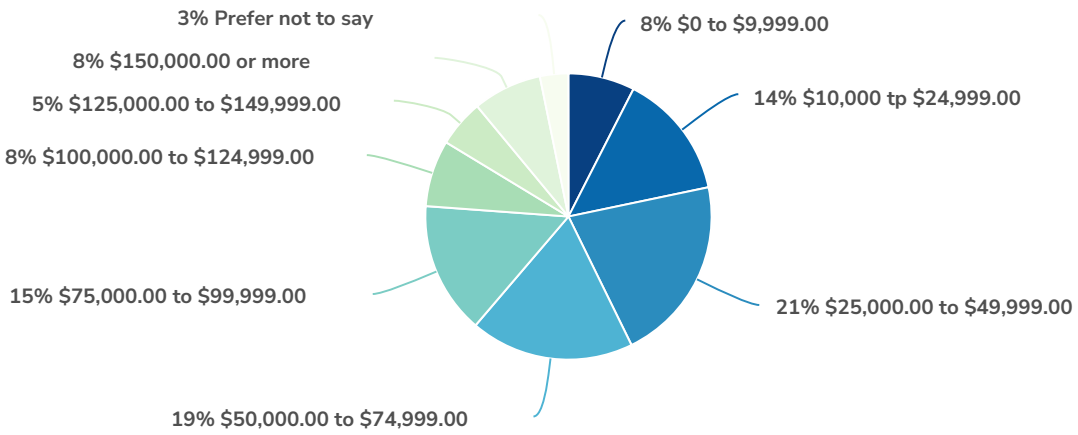
8. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?



Value	Percent	Responses
Yes	94.3%	265
No	4.3%	12
Unsure	1.4%	4

Totals: 281

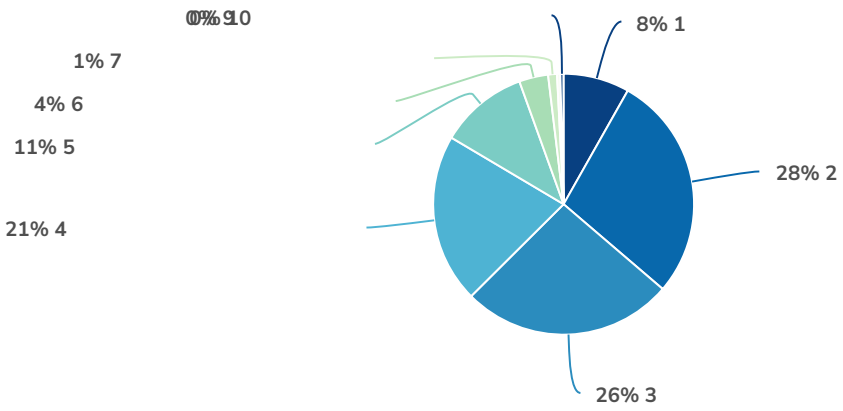
9. What was your total household income last year? (This includes the income of everyone in your household)



Value	Percent	Responses
$0 to $9,999.00	7.5%	21
$10,000 tp $24,999.00	14.2%	40
$25,000.00 to $49,999.00	21.0%	59
$50,000.00 to $74,999.00	18.5%	52
$75,000.00 to $99,999.00	14.9%	42
$100,000.00 to $124,999.00	7.5%	21
$125,000.00 to $149,999.00	5.3%	15
$150,000.00 or more	7.8%	22
Prefer not to say	3.2%	9

Totals: 281

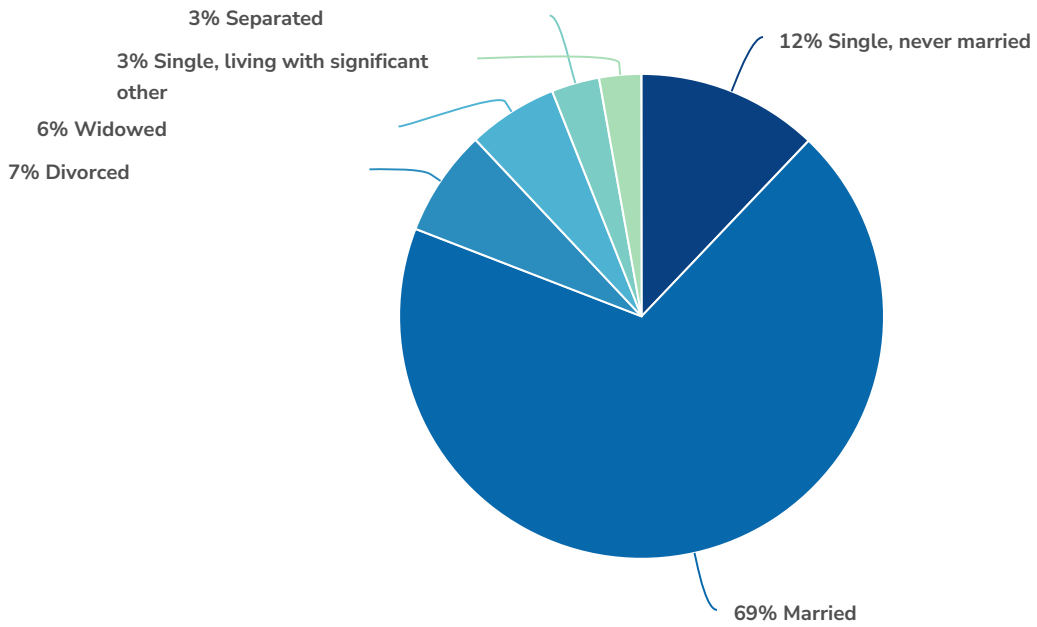
10. How many people live in your household?



Value	Percent	Responses
1	8.2%	23
2	28.1%	79
3	26.3%	74
4	21.0%	59
5	11.0%	31
6	3.6%	10
7	1.1%	3
9	0.4%	1
10	0.4%	1

Totals: 281

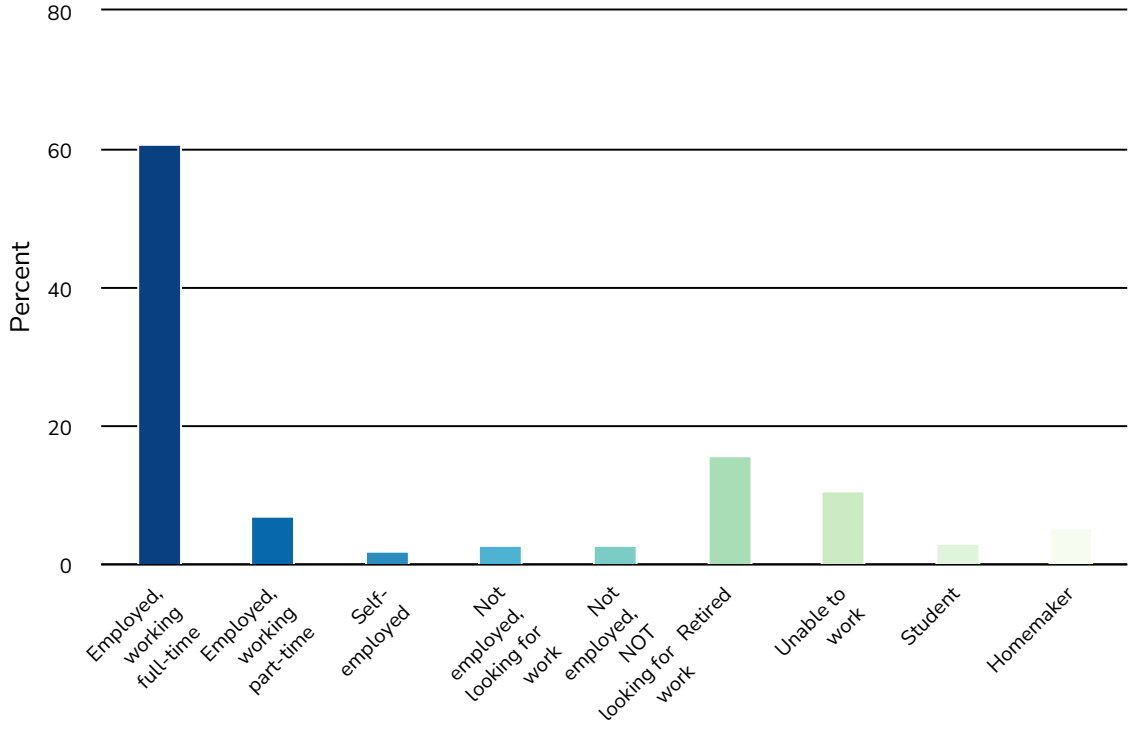
11. Which of the following best describes your current relationship status?



Value	Percent	Responses
Single, never married	12.1%	34
Married	68.7%	193
Divorced	7.1%	20
Widowed	6.0%	17
Separated	3.2%	9
Single, living with significant other	2.8%	8

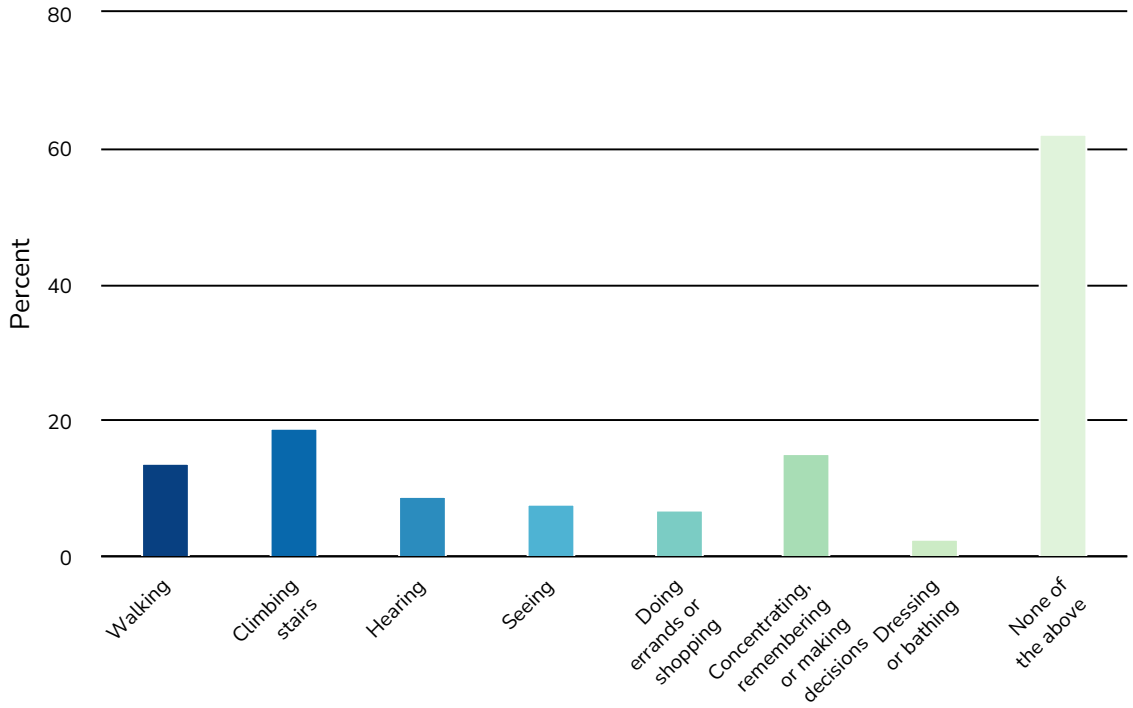
Totals: 281

12. Which of the following best describes your current employment status? (Select all that apply)



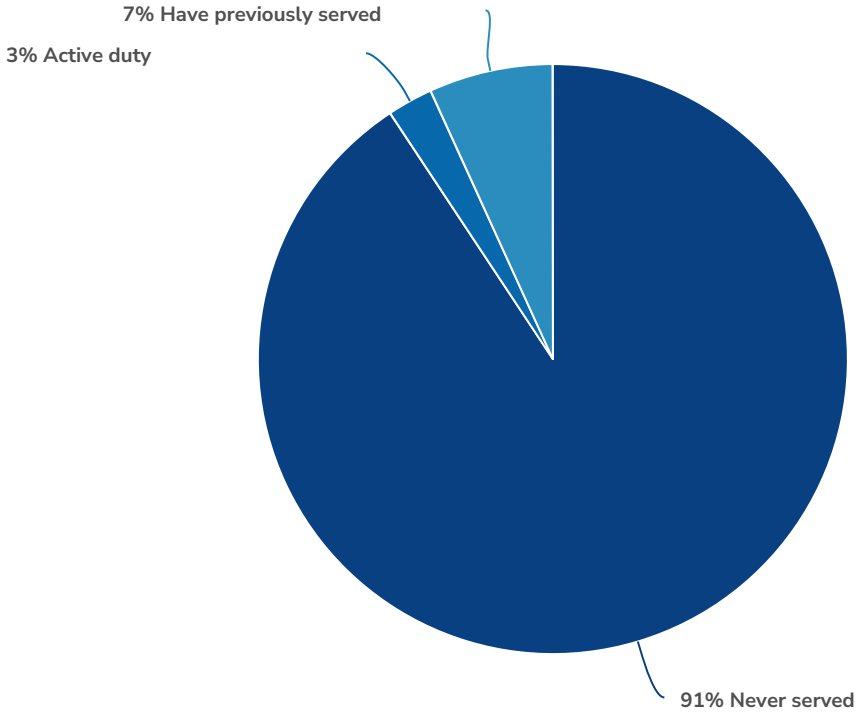
Value	Percent	Responses
Employed, working full-time	60.9%	171
Employed, working part-time	7.1%	20
Self-employed	2.1%	6
Not employed, looking for work	2.8%	8
Not employed, NOT looking for work	2.8%	8
Retired	15.7%	44
Unable to work	10.7%	30
Student	3.2%	9
Homemaker	5.3%	15

13. Do you have difficulty with any of the following? (Select all that apply)



Value	Percent	Responses
Walking	13.9%	39
Climbing stairs	18.9%	53
Hearing	8.9%	25
Seeing	7.8%	22
Doing errands or shopping	6.8%	19
Concentrating, remembering or making decisions	15.3%	43
Dressing or bathing	2.5%	7
None of the above	62.3%	175

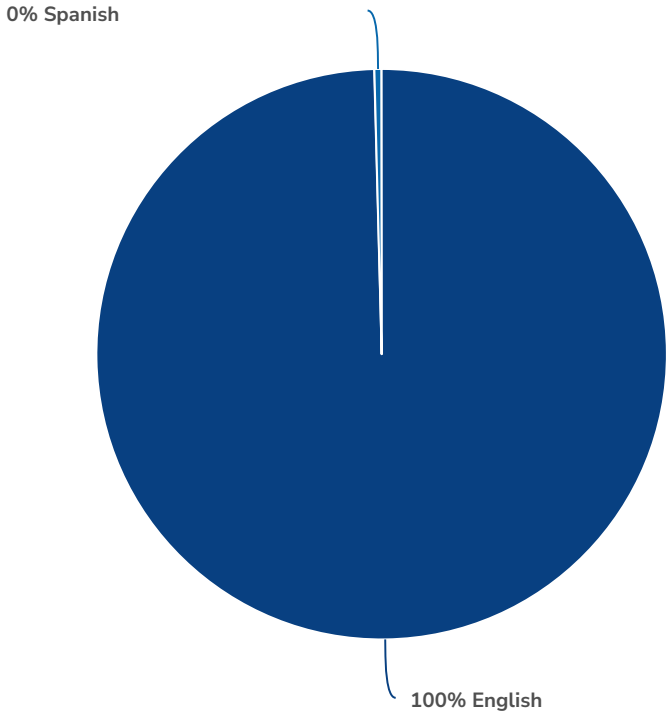
14. Have you served in our country's military?



Value	Percent	Responses
Never served	90.7%	255
Active duty	2.5%	7
Have previously served	6.8%	19

Totals: 281

15. What is the primary language in your household?

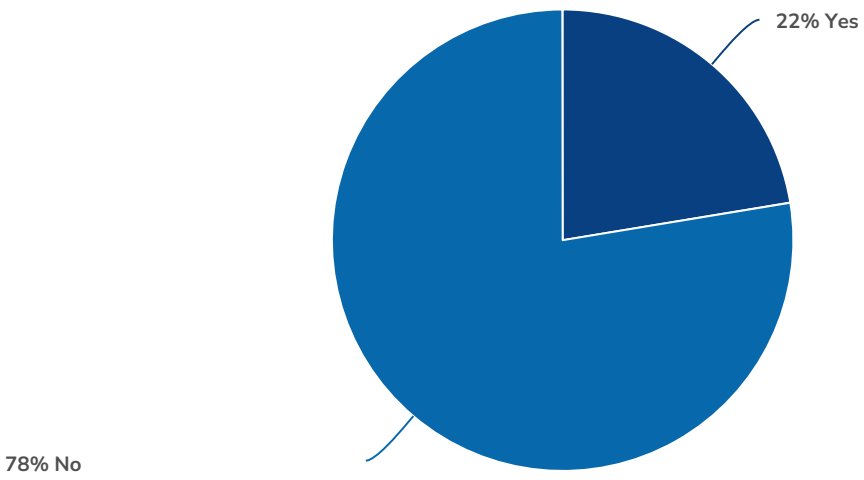


Value	Percent	Responses
English	99.6%	280
Spanish	0.4%	1

Totals: 281

Other - Please write in:	Count
Totals	0

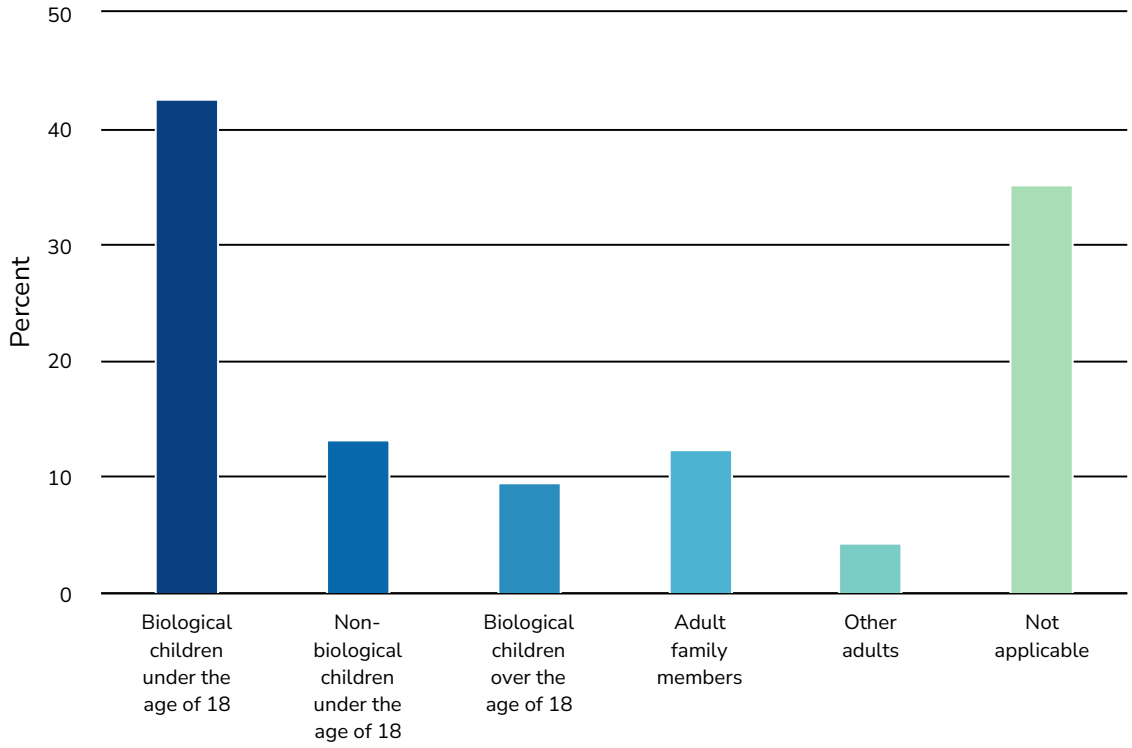
16. Are you currently caring for children that are not yours?



Value	Percent	Responses
Yes	22.4%	63
No	77.6%	218

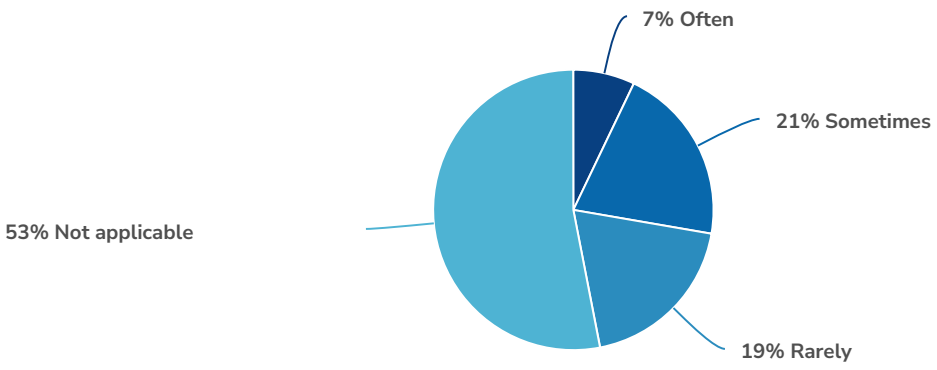
Totals: 281

17. Who do you care for in your home? (Select all that apply)



Value	Percent	Responses
Biological children under the age of 18	42.7%	120
Non-biological children under the age of 18	13.2%	37
Biological children over the age of 18	9.6%	27
Adult family members	12.5%	35
Other adults	4.3%	12
Not applicable	35.2%	99

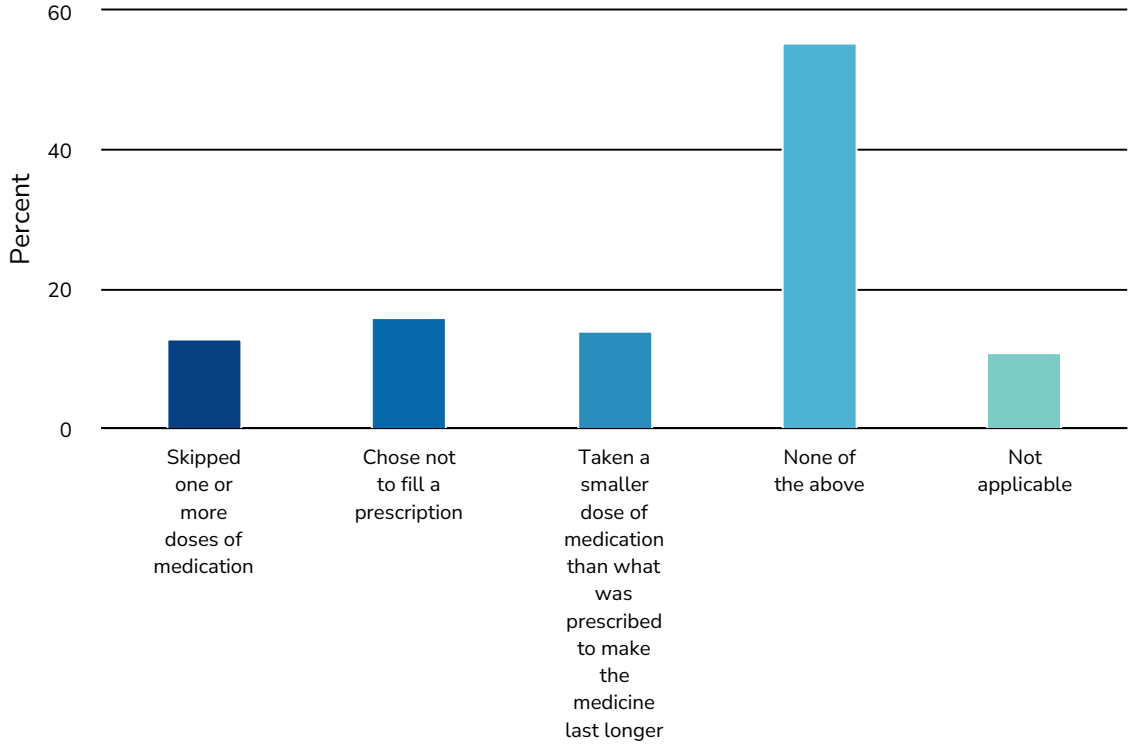
18. Do you have trouble taking care of a child, family member or friend?



Value	Percent	Responses
Often	7.1%	20
Sometimes	20.6%	58
Rarely	19.2%	54
Not applicable	53.0%	149

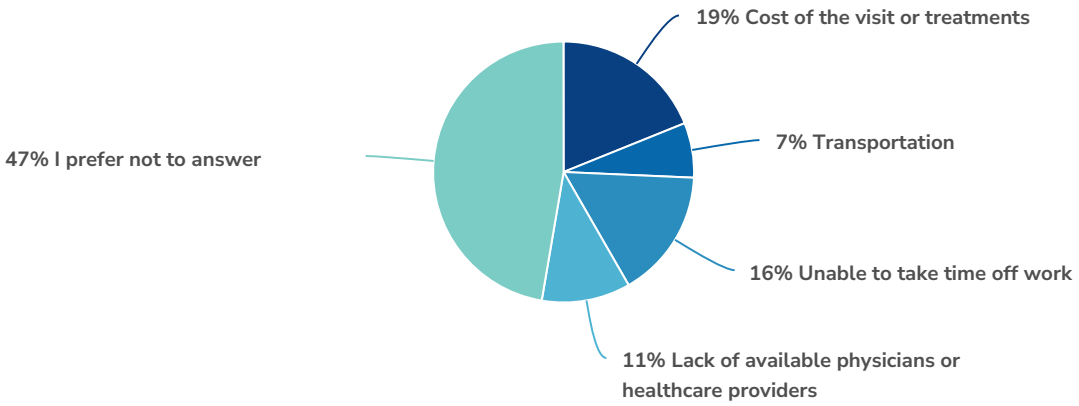
Totals: 281

19. In the last year, have you done any of the following in order to save money?



Value	Percent	Responses
Skipped one or more doses of medication	12.8%	36
Chose not to fill a prescription	16.0%	45
Taken a smaller dose of medication than what was prescribed to make the medicine last longer	13.9%	39
None of the above	55.5%	156
Not applicable	11.0%	31

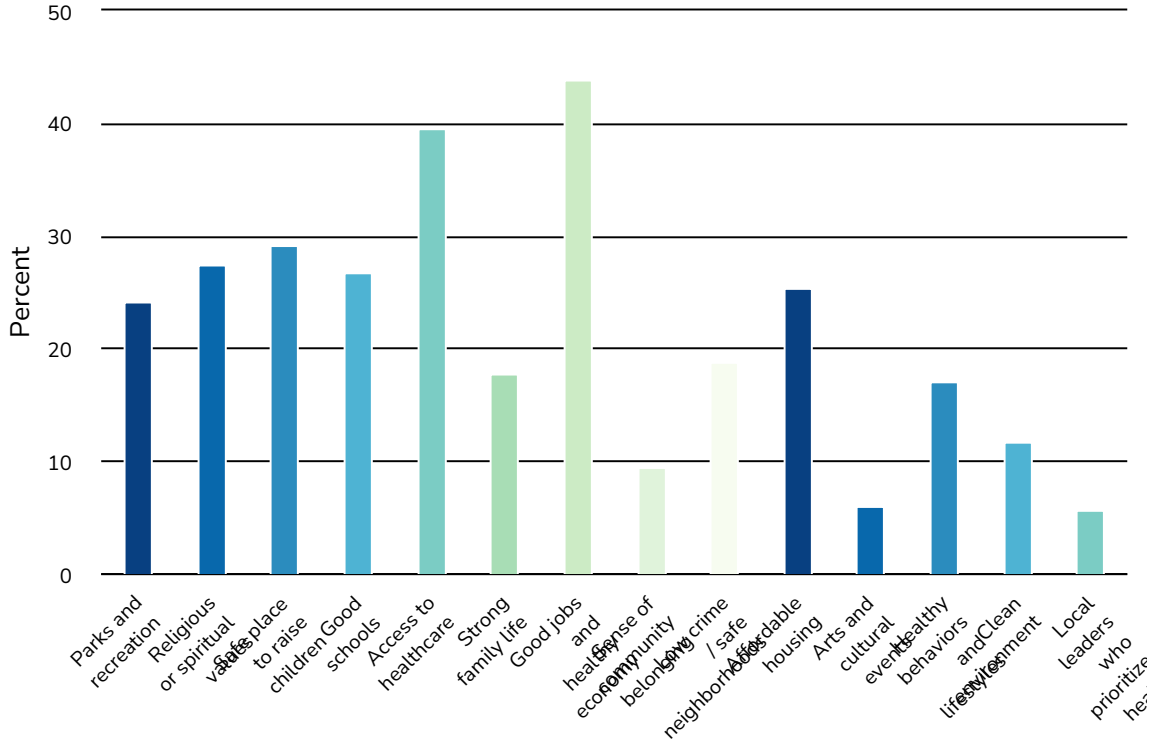
20. If you have not seen a doctor, nurse or other healthcare provider in the last year for a routine check-up, what was the primary reason?



Value	Percent	Responses
Cost of the visit or treatments	18.9%	53
Transportation	6.8%	19
Unable to take time off work	16.0%	45
Lack of available physicians or healthcare providers	11.0%	31
I prefer not to answer	47.3%	133

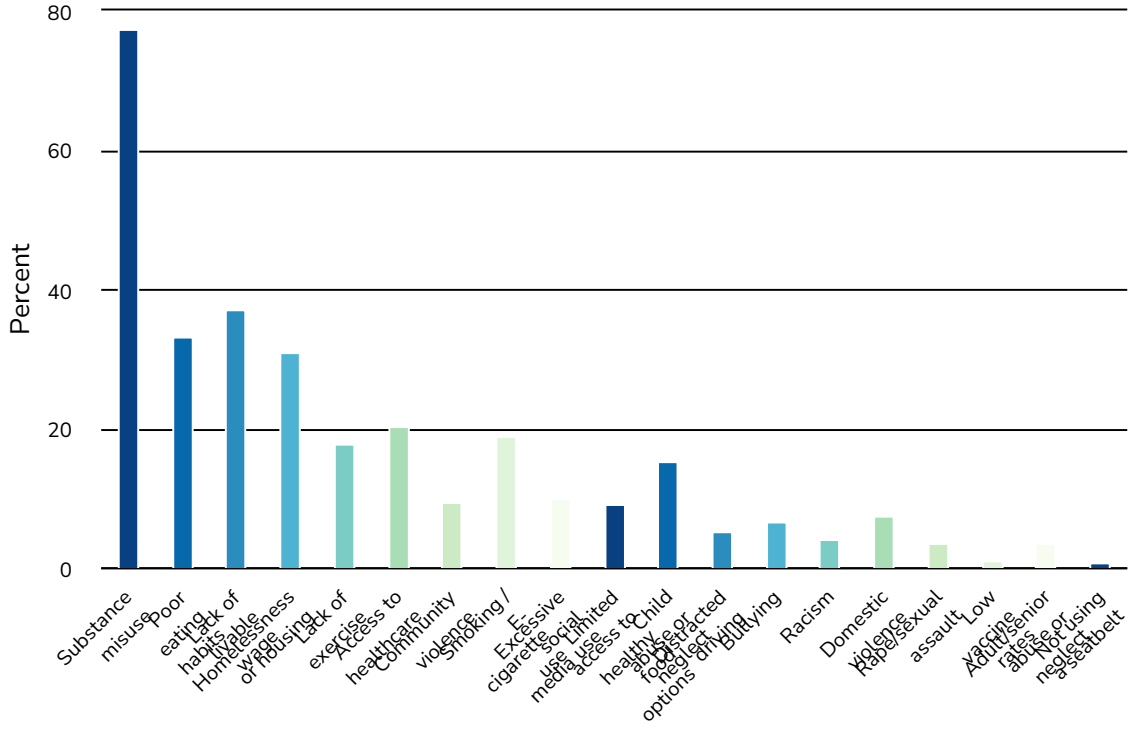
Totals: 281

21. In your opinion, what are the top 3 community strengths to help Bell County be healthier? Please only select 3.



Value	Percent	Responses
Parks and recreation	24.3%	68
Religious or spiritual values	27.5%	77
Safe place to raise children	29.3%	82
Good schools	26.8%	75
Access to healthcare	39.6%	111
Strong family life	17.9%	50
Good jobs and healthy economy	43.9%	123
Sense of community belonging	9.6%	27
Low crime / safe neighborhoods	18.9%	53
Affordable housing	25.4%	71
Arts and cultural events	6.1%	17
Healthy behaviors and lifestyles	17.1%	48
Clean environment	11.8%	33
Local leaders who prioritize health	5.7%	16

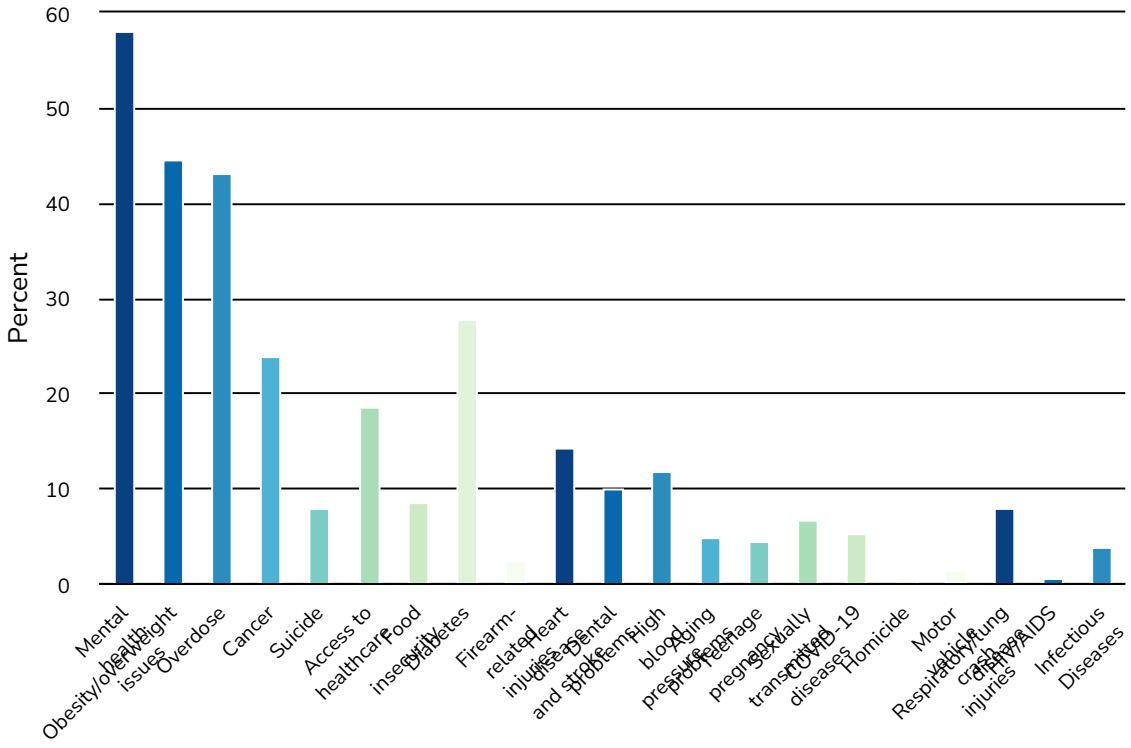
22. In your opinion, what are the top 3 risk factors with the greatest impact on the health of Bell County? Please only select 3.



Value	Percent	Responses
Substance misuse	77.5%	217
Poor eating habits	33.2%	93
Lack of livable wage	37.1%	104
Homelessness or housing	31.1%	87
Lack of exercise	17.9%	50
Access to healthcare	20.4%	57
Community violence	9.6%	27
Smoking / E-cigarette use	18.9%	53
Excessive social media use	10.0%	28

Value	Percent	Responses
Limited access to healthy food options	9.3%	26
Child abuse or neglect	15.4%	43
Distracted driving	5.4%	15
Bullying	6.8%	19
Racism	4.3%	12
Domestic violence	7.5%	21
Rape/sexual assault	3.6%	10
Low vaccine rates	1.1%	3
Adult/senior abuse or neglect	3.6%	10
Not using a seatbelt	0.7%	2

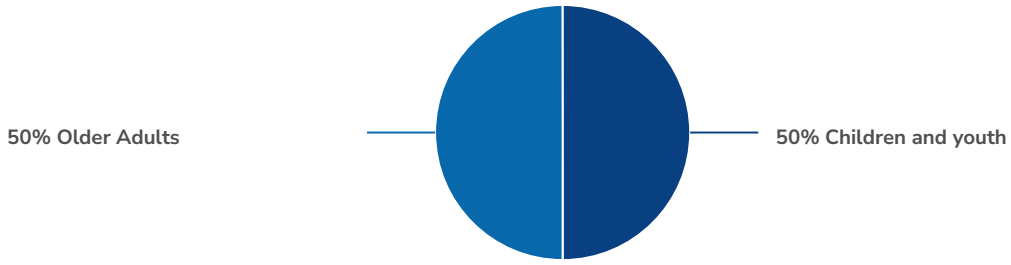
23. In your opinion, what are the top 3 most concerning health problems in Bell County? Please only select 3.



Value	Percent	Responses
Mental health issues	58.2%	163
Obesity/overweight	44.6%	125
Overdose	43.2%	121
Cancer	23.9%	67
Suicide	7.9%	22
Access to healthcare	18.6%	52
Food insecurity	8.6%	24
Diabetes	27.9%	78
Heart disease and stroke	14.3%	40

Value	Percent	Responses
Dental problems	10.0%	28
High blood pressure	11.8%	33
Aging problems	5.0%	14
Teenage pregnancy	4.6%	13
Sexually transmitted diseases	6.8%	19
COVID-19	5.4%	15
Respiratory/lung disease	7.9%	22
Infectious Diseases	3.9%	11
Firearm-related injuries	2.5%	7
Homicide	0.4%	1
Motor vehicle crash injuries	1.4%	4
HIV/AIDS	0.7%	2

24. [OLD VERSION] Which populations do you think have the greatest health challenges in Bell County? Please select your top 3.

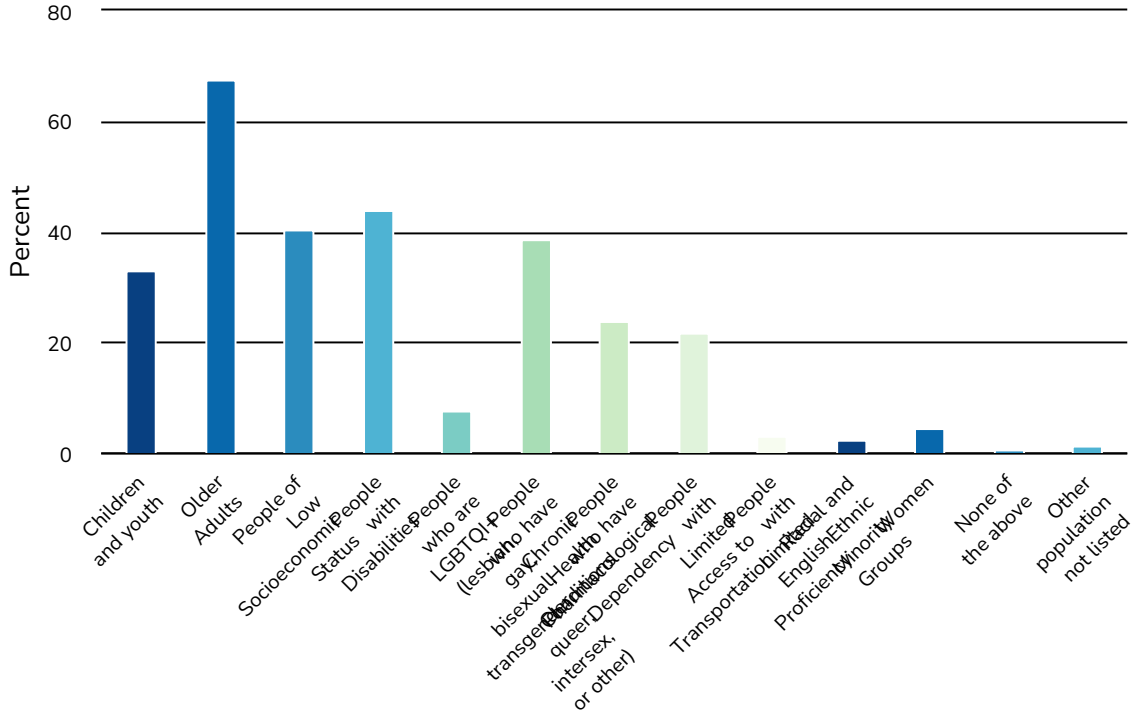


Value	Percent	Responses
Children and youth	50.0%	1
Older Adults	50.0%	1

Totals: 2

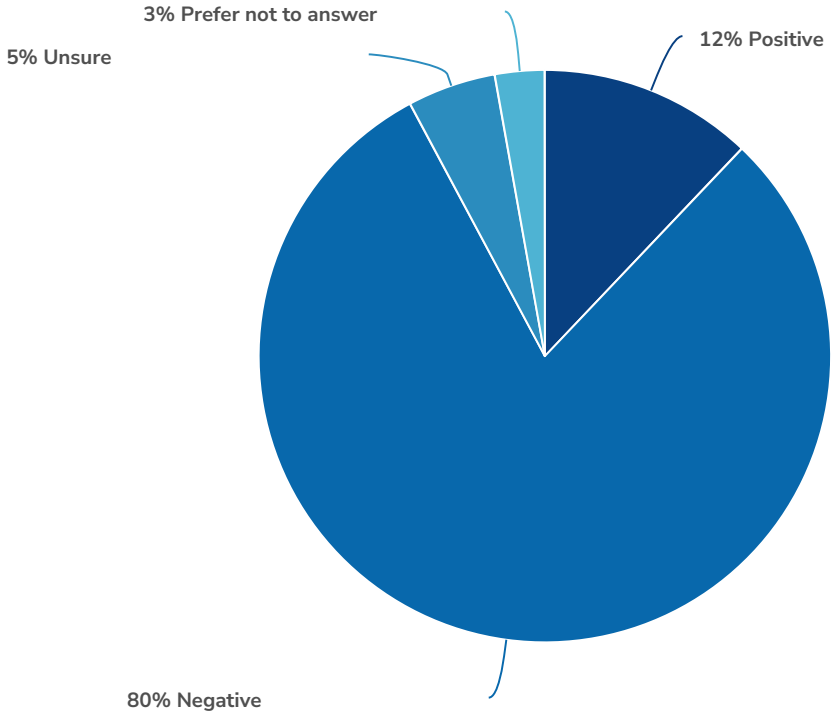
Other population not listed	Count
Totals	0

25. Which populations do you think have the greatest health challenges in Bell County? Please select your top 3.



Value	Percent	Responses
Children and youth	33.1%	92
Older Adults	67.6%	188
People of Low Socioeconomic Status	40.6%	113
People with Disabilities	44.2%	123
People who are LGBTQI+ (lesbian, gay, bisexual, transgender, queer, intersex, or other)	7.6%	21
People who have Chronic Health Conditions	38.8%	108
People who have Pharmacological Dependency	24.1%	67
People with Limited Access to Transportation	21.9%	61
People with Limited English Proficiency	3.2%	9
Racial and Ethnic Minority Groups	2.5%	7
Women	4.7%	13
None of the above	0.7%	2
Other population not listed	1.4%	4

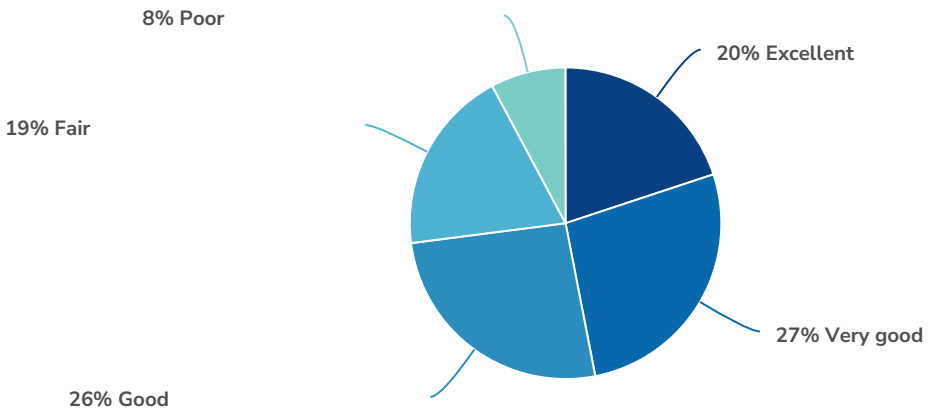
26. What is your current HIV status?



Value	Percent	Responses
Positive	12.1%	34
Negative	80.1%	225
Unsure	5.0%	14
Prefer not to answer	2.8%	8

Totals: 281

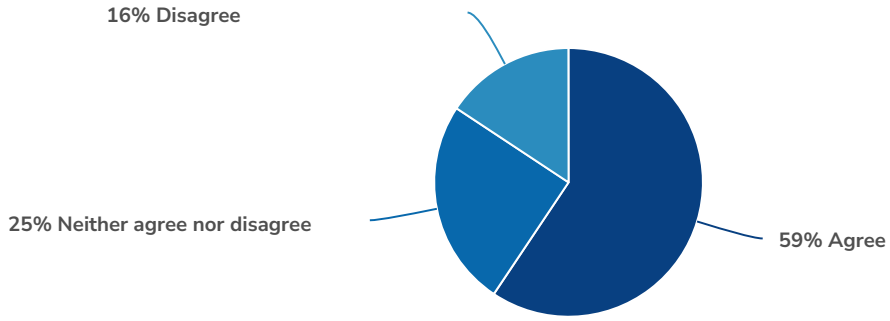
27. How would you rate your mental health which includes stress, depression and problems with emotions?



Value	Percent	Responses
Excellent	19.9%	56
Very good	27.0%	76
Good	26.0%	73
Fair	19.2%	54
Poor	7.8%	22

Totals: 281

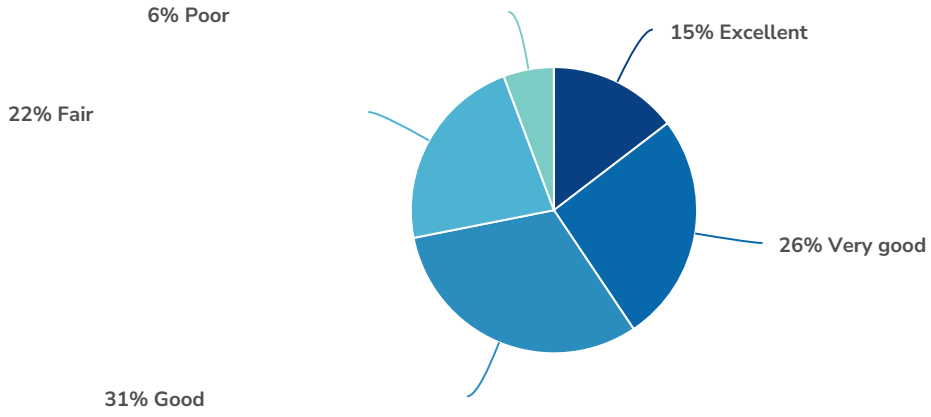
28. You can get mental and/or behavioral healthcare whenever you need it.



Value	Percent	Responses
Agree	59.4%	167
Neither agree nor disagree	24.9%	70
Disagree	15.7%	44

Totals: 281

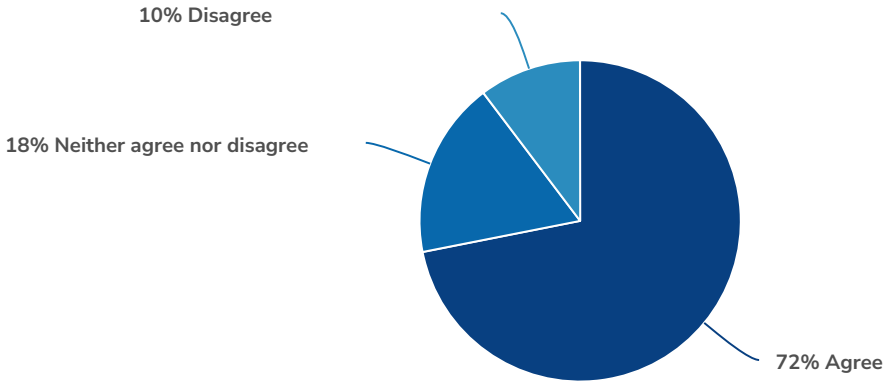
29. How would you rate your current physical health (illness, injury, etc.)?



Value	Percent	Responses
Excellent	14.6%	41
Very good	26.0%	73
Good	31.3%	88
Fair	22.4%	63
Poor	5.7%	16

Totals: 281

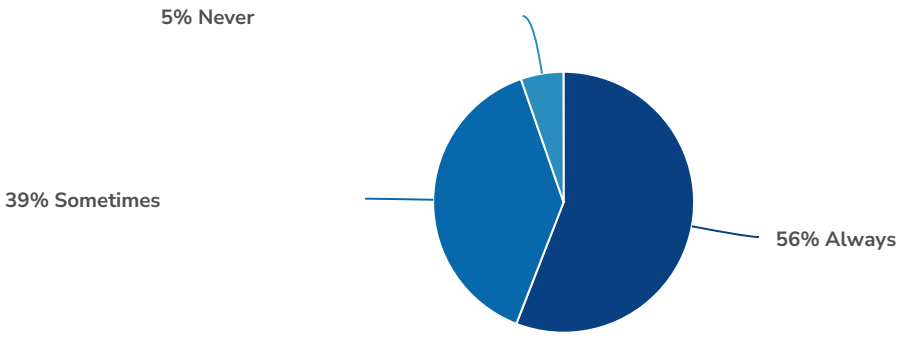
30. You can get medical care whenever you need it.



Value	Percent	Responses
Agree	71.9%	202
Neither agree nor disagree	17.8%	50
Disagree	10.3%	29

Totals: 281

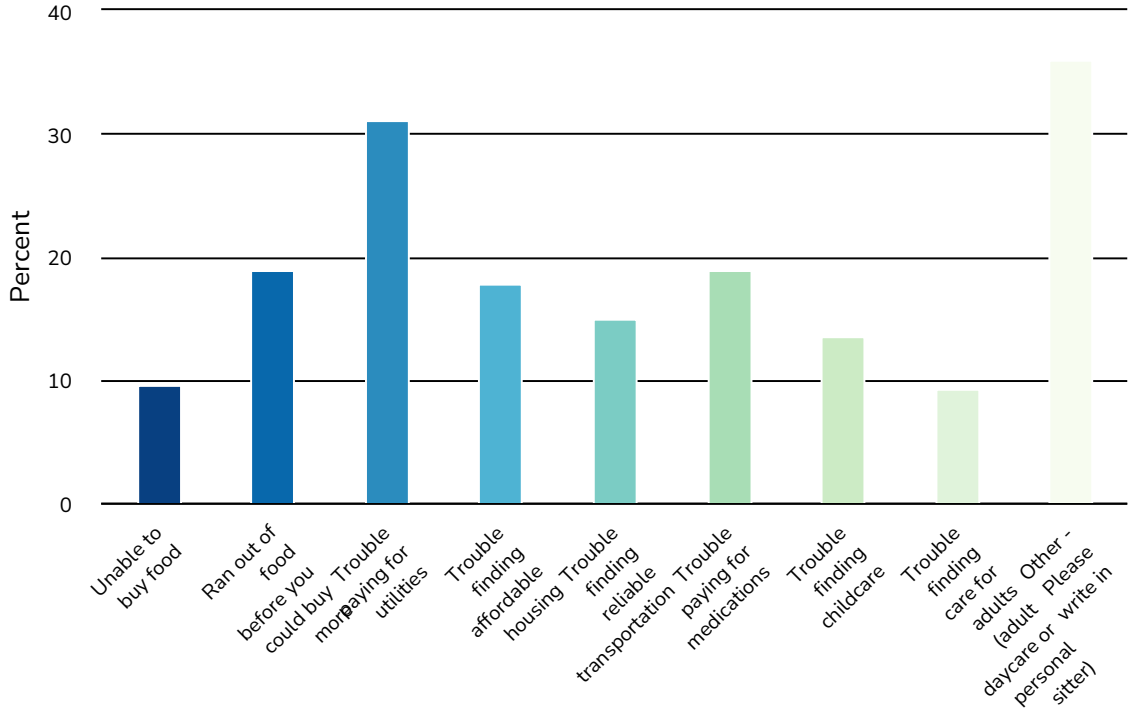
31. Do you feel comfortable walking into local clinics to receive care/treatment?



Value	Percent	Responses
Always	55.9%	157
Sometimes	38.8%	109
Never	5.3%	15

Totals: 281

32. In the past 12 months... (Select all that apply)

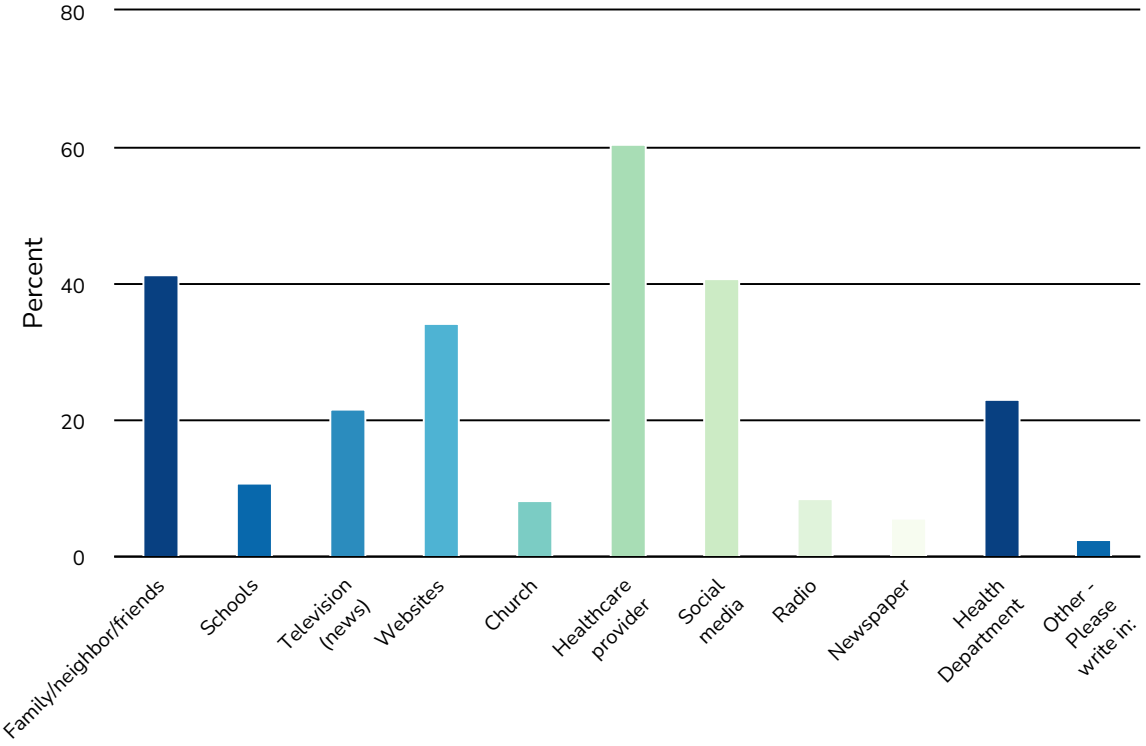


Value	Percent	Responses
Unable to buy food	9.6%	27
Ran out of food before you could buy more	18.9%	53
Trouble paying for utilities	31.1%	87
Trouble finding affordable housing	17.9%	50
Trouble finding reliable transportation	15.0%	42
Trouble paying for medications	18.9%	53
Trouble finding childcare	13.6%	38
Trouble finding care for adults (adult daycare or personal sitter)	9.3%	26
Other - Please write in	36.1%	101

Other - Please write in	Count
None	21
none	8
NA	6
N/A	4
None of the above	4
N/a	3
Na	3
None of the above	3
Not applicable	3
na	3
no	3
Not really.	2
Can't afford health insurance	1
Choicing between bills and food	1
Finding Workers	1
Finding good doctors	1
I don't have any	1
I have no problem with any of the above.	1
N/A- but I understand I am the exception	1
NOT APPLICABLE	1
Na	1
No problem	1
No problems	1
Totals	94

Other - Please write in	Count
No trouble	1
Non of the above, but trouble stretching money out for the month and buying non food items like cat food, garbage bags, laundry detergent, shoes or clothes	1
None apply	1
None of abov	1
None of the above.	1
None of these	1
Support	1
Trouble finding a local provider to take state insurance for dental work	1
Trouble finding good Dr.	1
Trouble paying high rent even though living in low income housing	1
Trouble with anxiety	1
Unable to afford Gas prices	1
Without barrier	1
n/a	1
none in this category	1
none of these apply	1
not applicable	1
trouble paying for childcare	1
trouble paying for necessary repairs/maintenance to home/car	1
再过去12个月中生活很充足	1
Totals	94

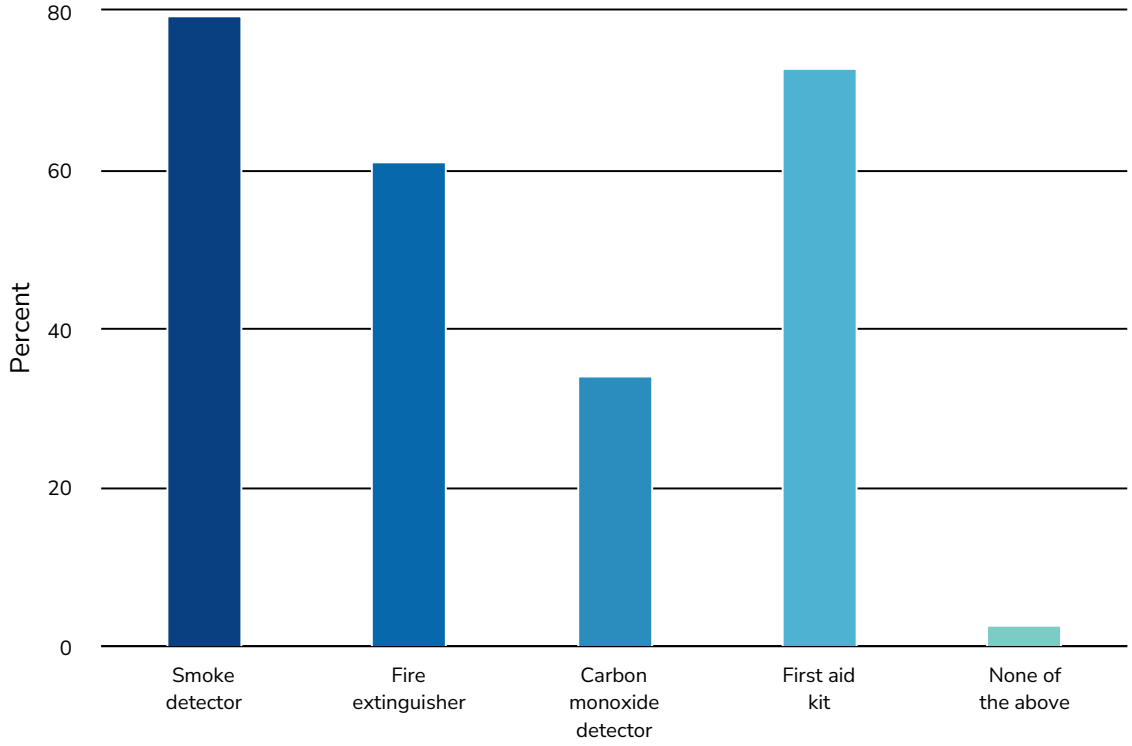
33. Who or what do you rely on most for health information resources in Bell County? (Select all that apply)



Value	Percent	Responses
Family/neighbor/friends	41.3%	116
Schools	11.0%	31
Television (news)	21.7%	61
Websites	34.2%	96
Church	8.2%	23
Healthcare provider	60.5%	170
Social media	40.9%	115
Radio	8.5%	24
Newspaper	5.7%	16
Health Department	23.1%	65
Other - Please write in:	2.5%	7

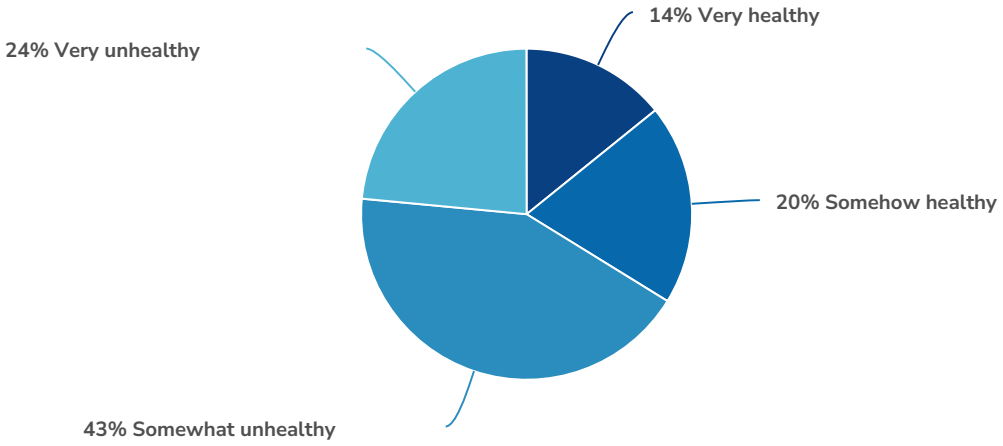
Other - Please write in:	Count
If i have a symptom, I tend to research it to see if it warrants a trip to my doctor, or if I can home treat it.	1
Mountain medicine. Herbs roots	1
N/A	1
None	1
Use a local Doc for routine things.. go to Knoxville to Specialists and Dentists, etc.	1
myself	1
Totals	6

34. Which of the following safety items do you have in your home? (Select all that apply)



Value	Percent	Responses
Smoke detector	79.4%	223
Fire extinguisher	61.2%	172
Carbon monoxide detector	34.2%	96
First aid kit	73.0%	205
None of the above	2.8%	8

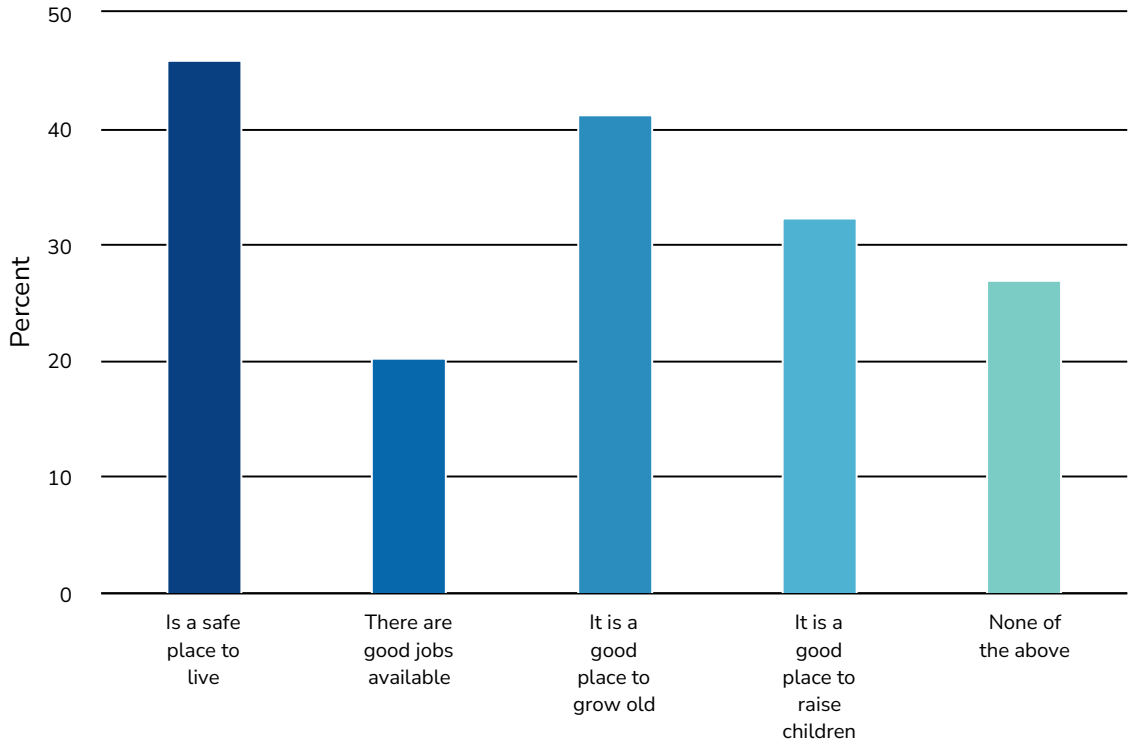
35. How healthy is Bell County?



Value	Percent	Responses
Very healthy	14.2%	40
Somehow healthy	19.6%	55
Somewhat unhealthy	42.7%	120
Very unhealthy	23.5%	66

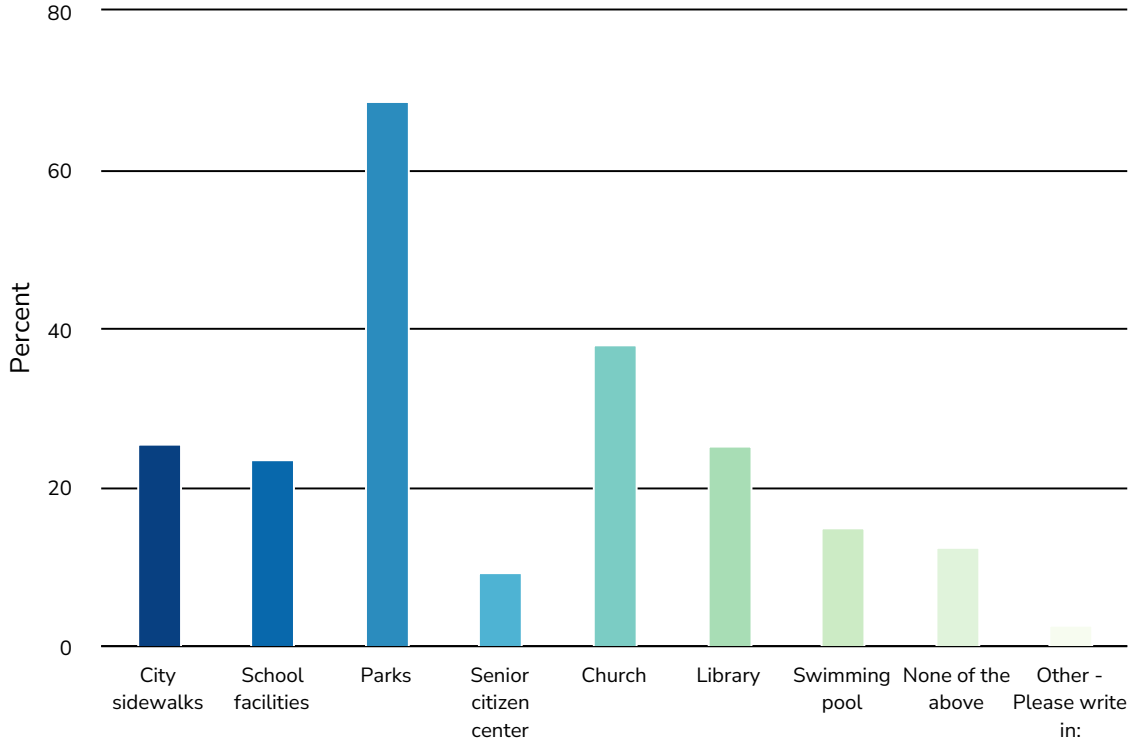
Totals: 281

36. Thinking about Bell County... (Select all that apply)



Value	Percent	Responses
Is a safe place to live	45.9%	129
There are good jobs available	20.3%	57
It is a good place to grow old	41.3%	116
It is a good place to raise children	32.4%	91
None of the above	27.0%	76

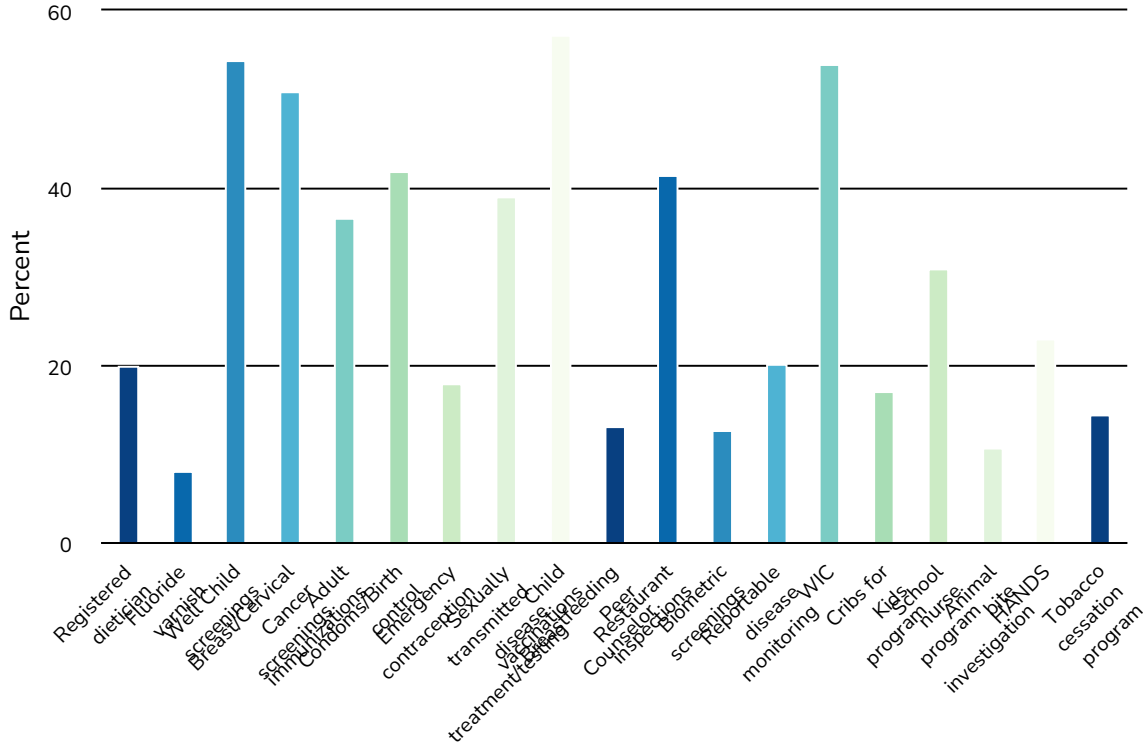
37. Select the places you use for recreation in our community. (Select all that apply)



Value	Percent	Responses
City sidewalks	25.6%	72
School facilities	23.5%	66
Parks	68.7%	193
Senior citizen center	9.3%	26
Church	38.1%	107
Library	25.3%	71
Swimming pool	14.9%	42
None of the above	12.5%	35
Other - Please write in:	2.8%	8

Other - Please write in:	Count
Gym	1
Home workout equipment.	1
I have plenty of recreation at home with my 2 dogs.	1
Local roads	1
None of the above need more things for pre teens to do	1
SKCTC parking lot	1
organized workout groups	1
Totals	7

38. In your opinion, what are the most important services that Bell County Health Department provides?



Value	Percent	Responses
Registered dietician	19.9%	56
Fluoride varnish	8.2%	23
Well Child screenings	54.4%	153
Breast/Cervical Cancer screenings	50.9%	143
Adult immunizations	36.7%	103
Condoms/Birth control	42.0%	118
Emergency contraception	18.1%	51
Sexually transmitted disease treatment/testing	39.1%	110
Child vaccinations	57.3%	161

Value	Percent	Responses
Breastfeeding Peer Counselor	13.2%	37
Restaurant inspections	41.6%	117
Biometric screenings	12.8%	36
Reportable disease monitoring	20.3%	57
WIC	54.1%	152
Cribs for Kids program	17.1%	48
School nurse program	31.0%	87
Animal bite investigation	10.7%	30
HANDS	23.1%	65
Tobacco cessation program	14.6%	41

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 ***December 31, 2023***.
- Notes will be taken by a researcher from Eastern Kentucky University throughout the course of the forum and will be shredded or password-protected 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.

Bell County
Community Health Improvement

Community Forum
Bell County Perspective

Wednesday, November 8, 2023
Pine Mountain State Resort Park
11:30 AM-3:30 PM

EKU PUBLIC HEALTH

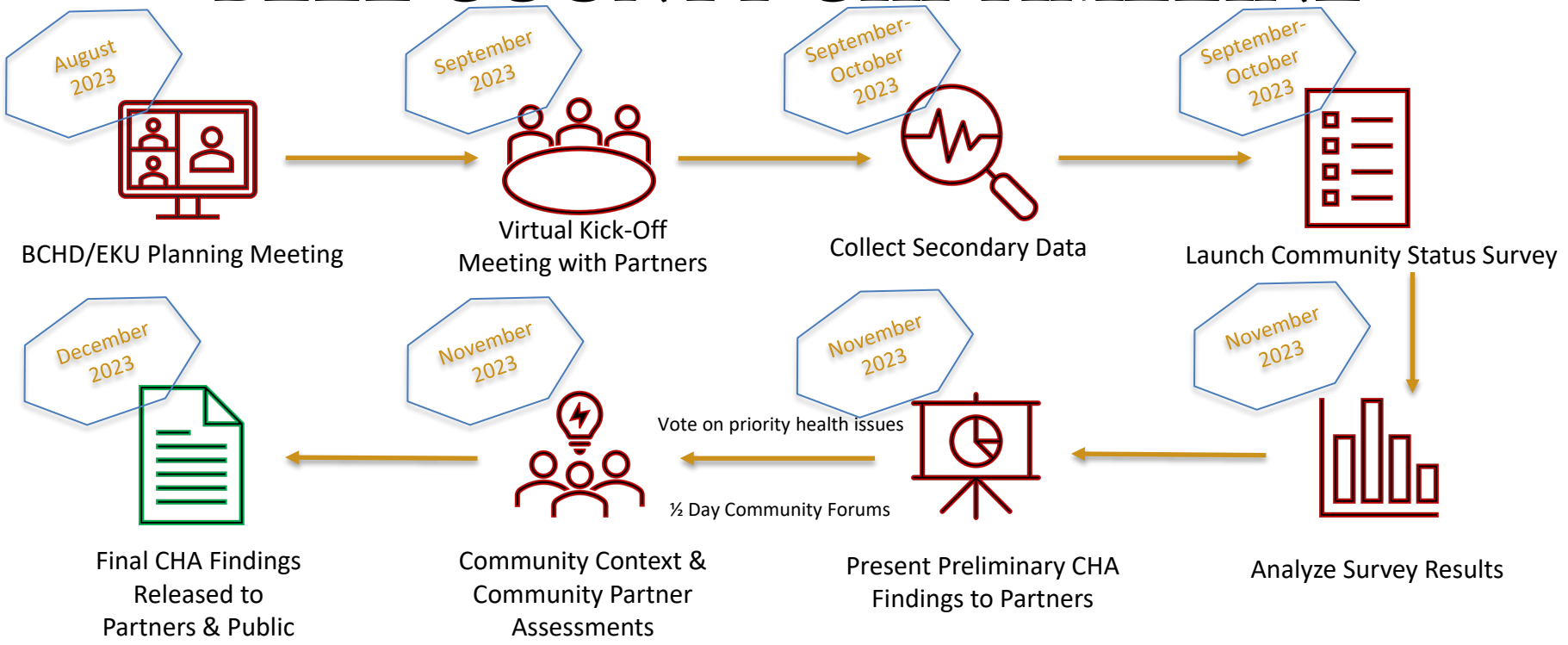
Sponsored by Bell County Health Department
Facilitated by Eastern Kentucky University Department of Public Health and Clinical Sciences

EKU

Welcome!

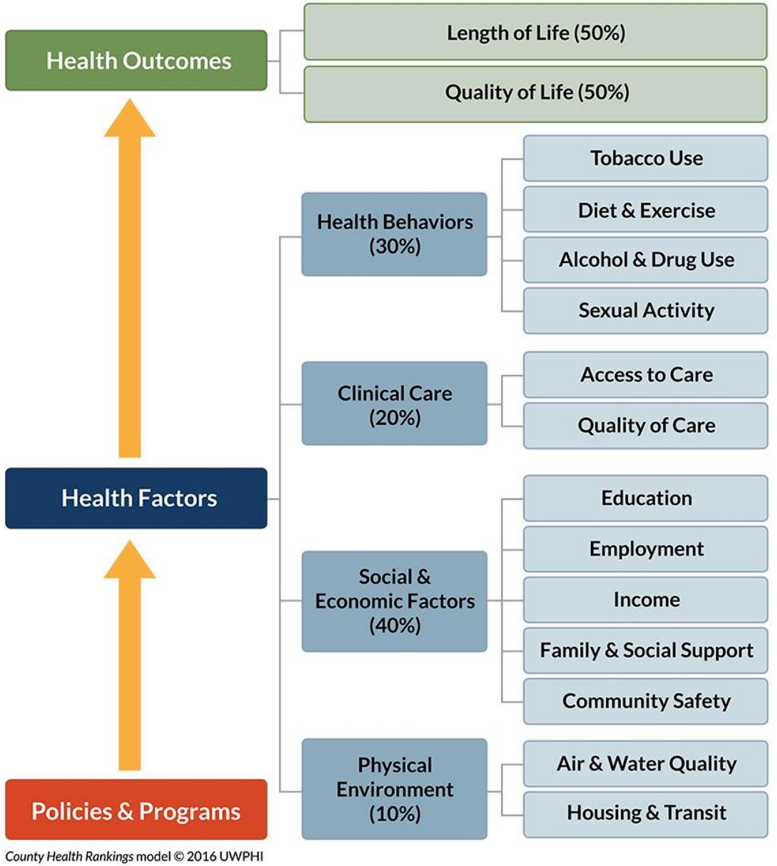
Taneisha Brummett
Public Health Director
Bell County Health Department

BELL COUNTY CHI TIMELINE



Today's Community Forum Purpose

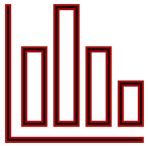
- ✓ Gain a better understanding of the community's perspective on the health status of Bell County
- ✓ Strategic examination of the Health Outcomes & Health Factors influencing the health status of Bell County
- ✓ Interpret the results of the Community Status Assessment survey results
- ✓ Brainstorm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



2023 Community Status Assessment

- Assessment available from September 19, 2023, to October 30, 2023
- 38-question survey instrument

- Promoted via partner listservs, social media, & websites
- 281 Completed Surveys for Bell County
  - Analyzed results shared throughout today's presentation!



Demographics

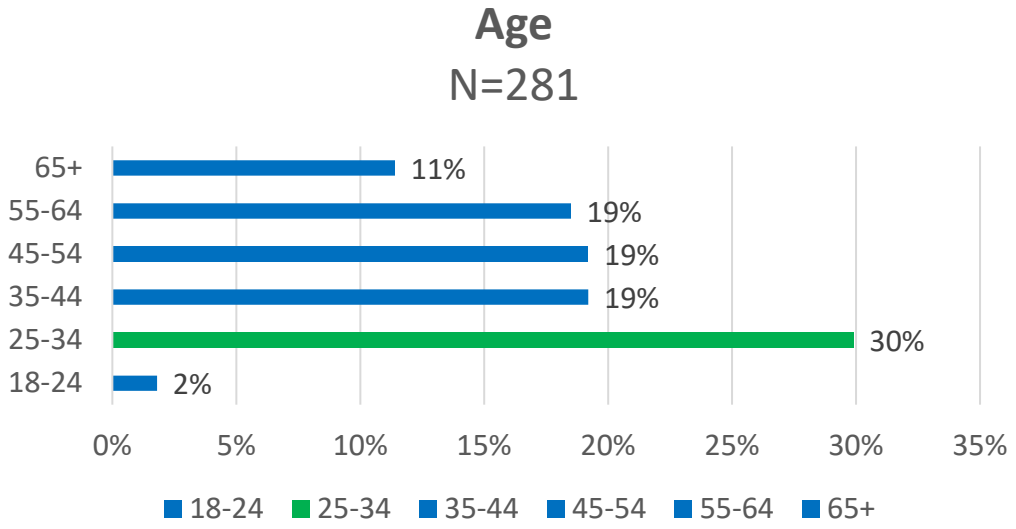
	Total Population (July 1, 2022 Estimate)		
	Bell County	**KY**	**US**
Total Population	**23,568**	4,512,310	333,287,557

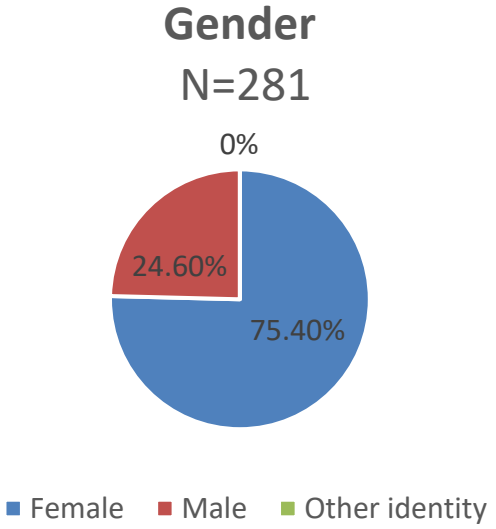
Source: U.S. Census Bureau. (2023). QuickFacts. https://www.census.gov/quickfacts/Bellcountykentucky

	Age and Sex (2023)		
	Bell County	**KY**	**US**
Persons Under 5 Years	**6.1%**	5.9%	5.7%
Persons Under 18 Years	**21.4%**	22.5%	22.2%
Persons 65 & Older	**19.8%**	17.1%	16.8%
Median Age	**41.4**	39	38.8
Female Persons	**50%**	50.5%	50.5%

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

2023 Community Status Assessment Results Demographics





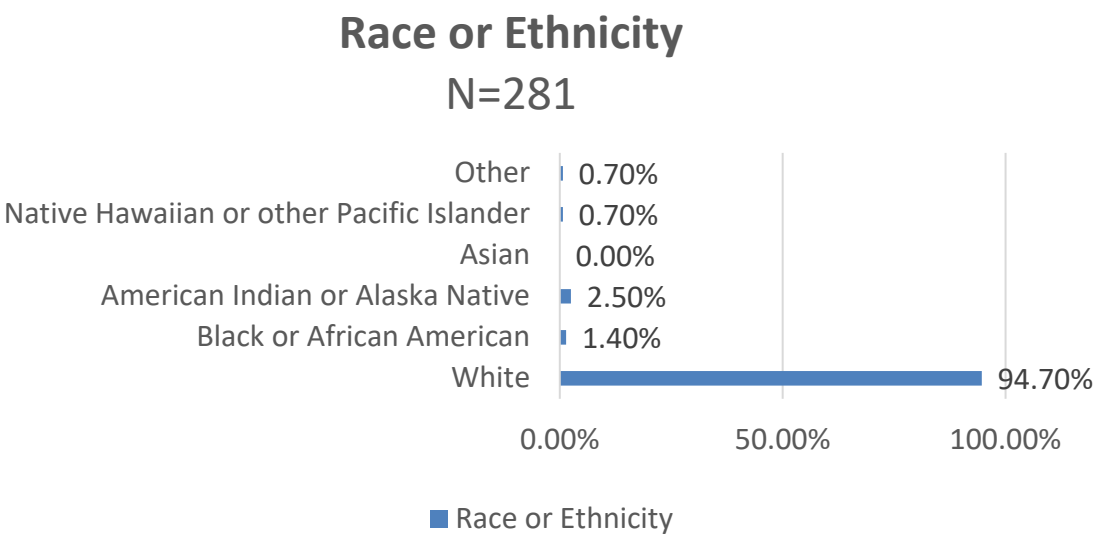
Demographics

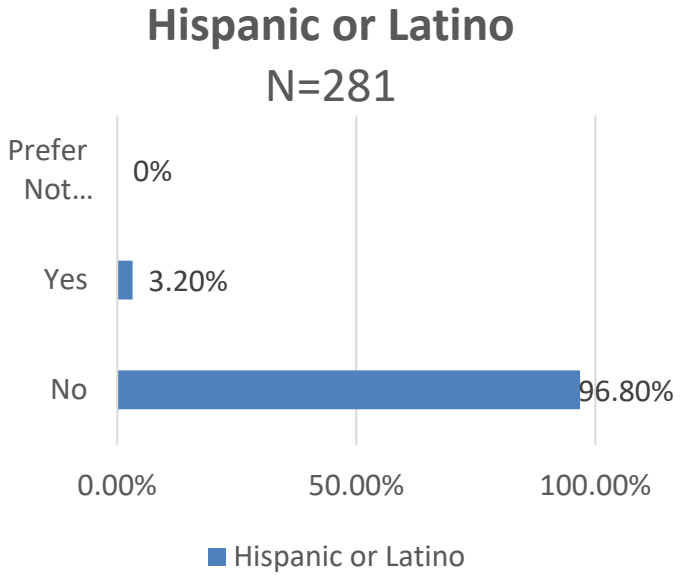
Bell County Diversity Index: 14.1%
Range: 0-100%

Race and Hispanic Origin (2022)			
	Bell County	**KY**	**US**
White	**94.1%**	87.1%	75.8%
Black or African American	**2.8%**	8.6%	13.6%
American Indian and Alaska Native	**0.4%**	0.3%	1.3%
Asian	**0.5%**	1.7%	6.1%
Native Hawaiian and Other Pacific Islander	**0.2%**	0.1%	0.3%
Two or More Races	**2.2%**	2.2%	29%
Hispanic or Latino	**1.4%**	4.2%	18.9%

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

2023 Community Status Assessment Results Demographics





Demographics

Languages Spoken (2017-2021)			
	Bell County	**KY**	**US**
English	**99.7%**	94.1%	78.4%
Other Languages	**0.3%**	3.2%	8.6%

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

Demographics

Population Characteristics (2017-2021)			
	Bell County	**KY**	**US**
Veterans	**917**	250,239	17,431,290
Foreign Born Persons	**0.2%**	4.0%	13.6%
Persons with Disability under age 65	**20.4%**	13.2%	8.7%
Persons in Poverty	**32.1%**	16.5%	11.5%

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

Interpreting the Data

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

Best | Middle | Worse

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

Area of Strength | Monitor | Area to Explore

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

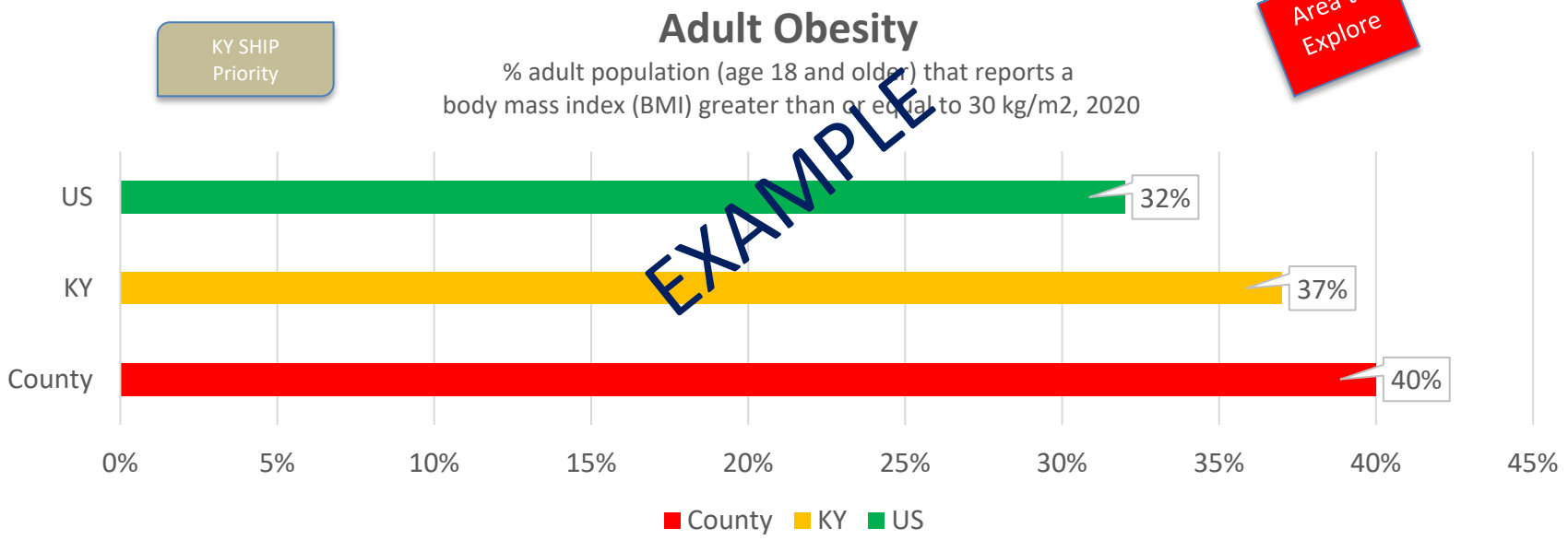
KY SHIP Priority

Kentucky State Health Improvement Plan (SHIP) Priority Area

Health Behaviors

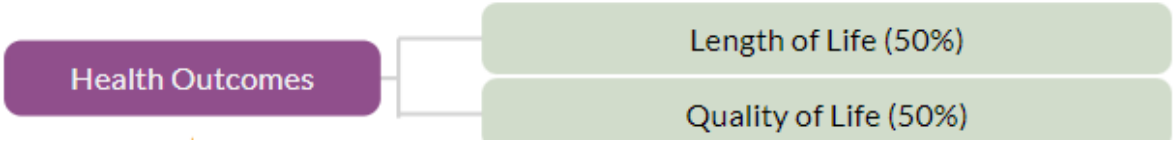
KY SHIP Priority

Area to Explore



Bell County

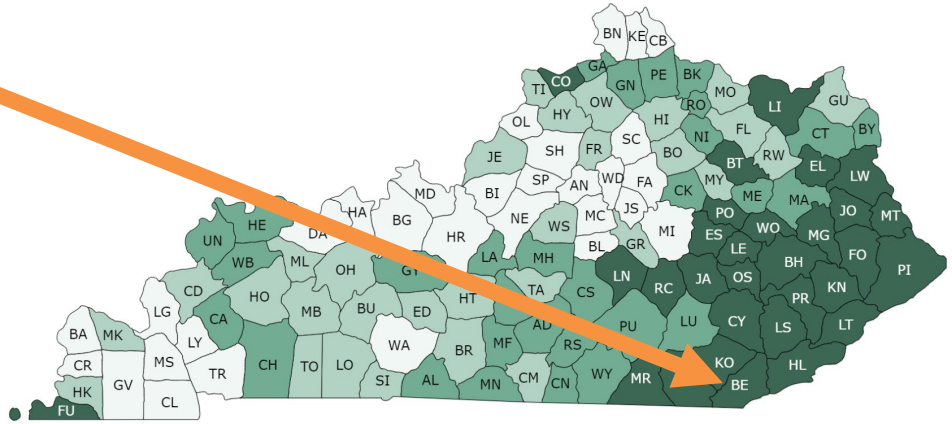
HEALTH OUTCOMES



2023 Health Outcomes Ranks

Bell County is 112 of 120

It is ranked among the least healthy counties in Kentucky (Lowest 0-25%)



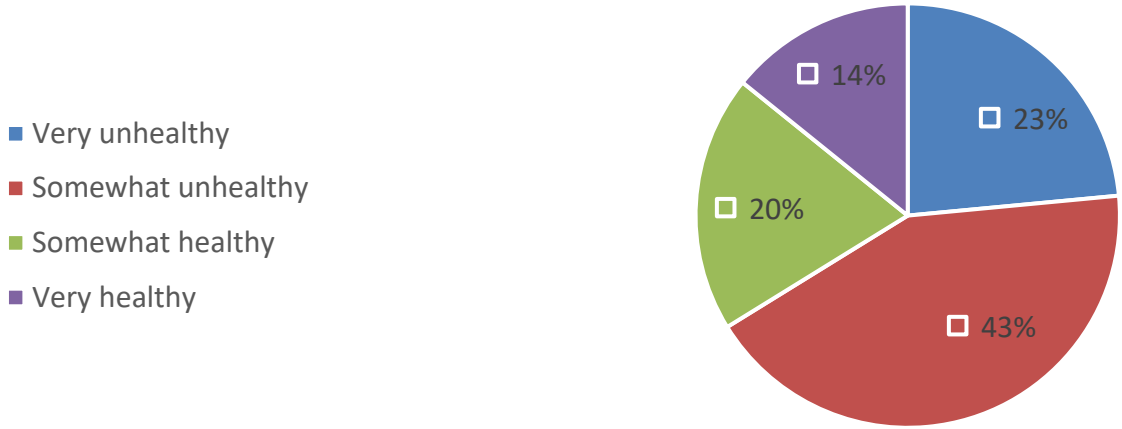
Health Outcome Ranks 1 to 30 31 to 60 61 to 90 91 to 120

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

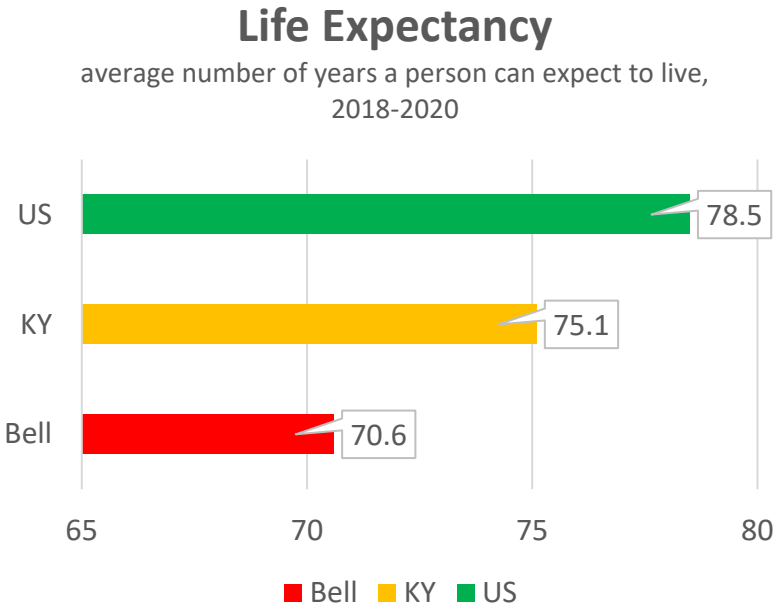
2023 Community Status Assessment Results

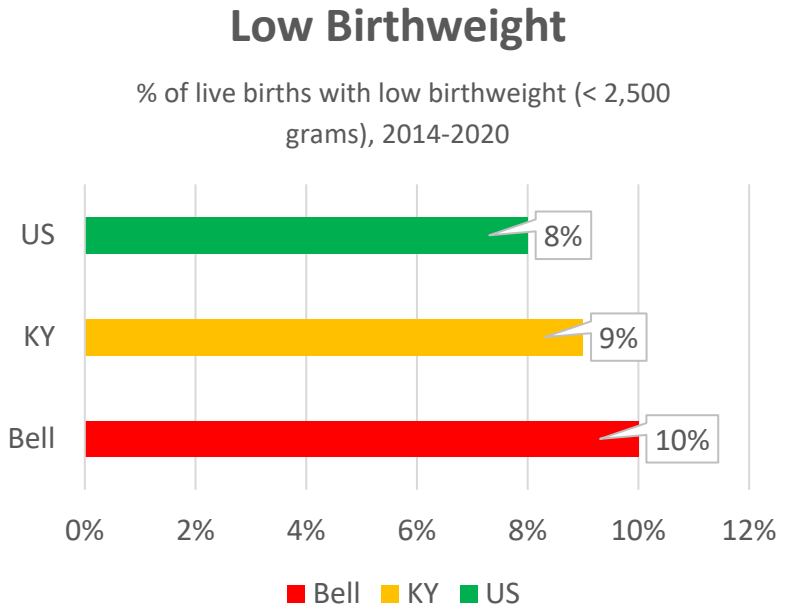
How Healthy is the Community (Bell County)?

N=281

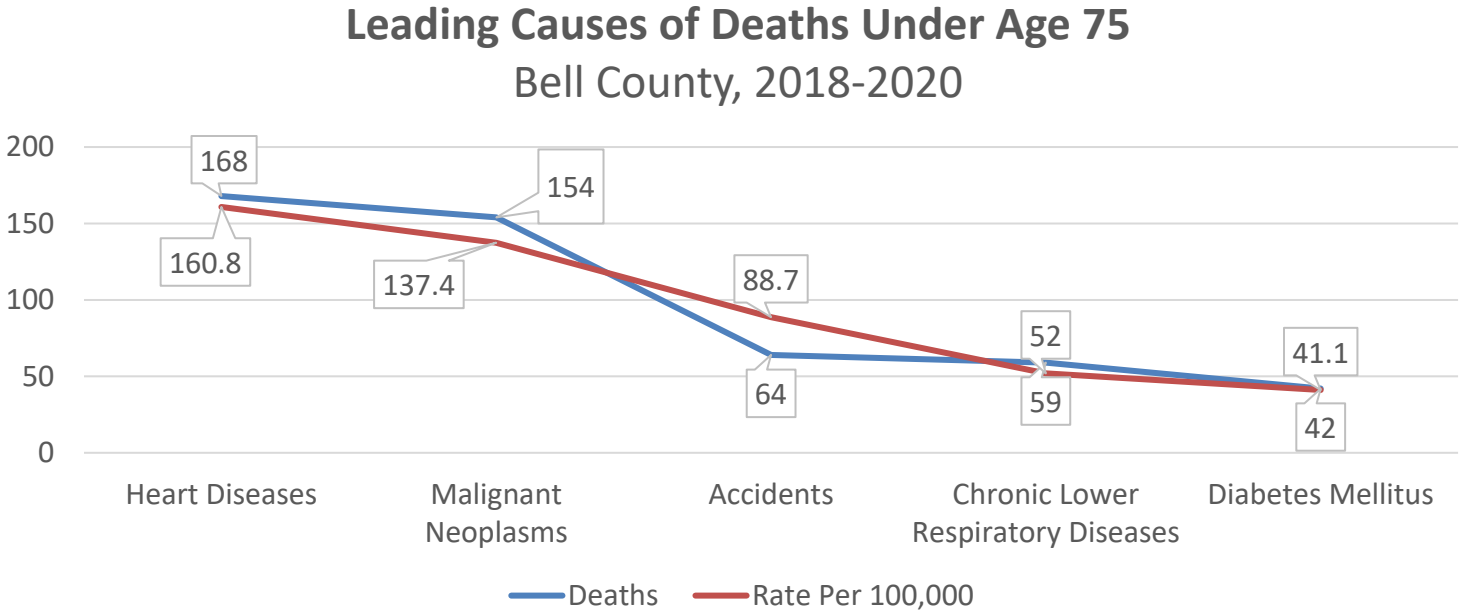


Life Expectancy



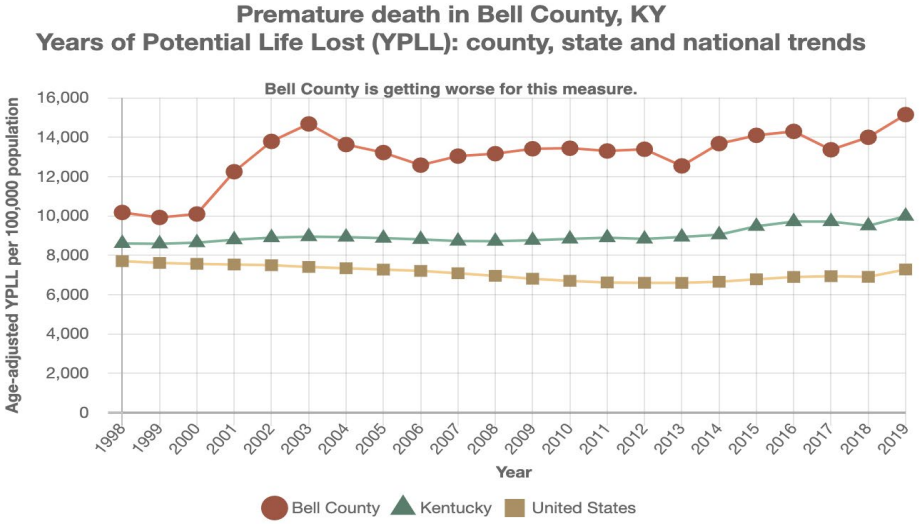


Leading Causes of Death



Area to Explore

Premature Deaths

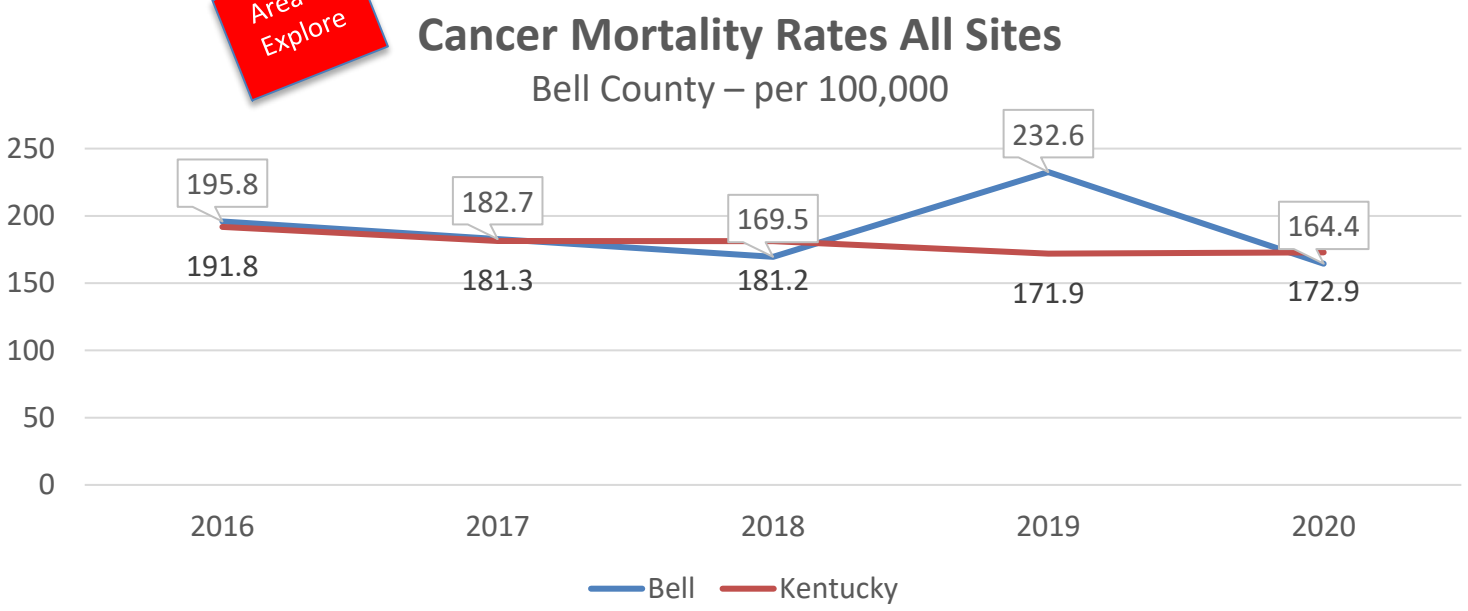


Higher YPLL = more premature deaths.

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

Health Outcomes

Area to Explore



Health Outcomes

Monitor

Bell County Drug Overdose Deaths	
Year	**Number of Deaths**
2022	10
2021	15
2020	9
2019	9
2018	8

KY SHIP Priority

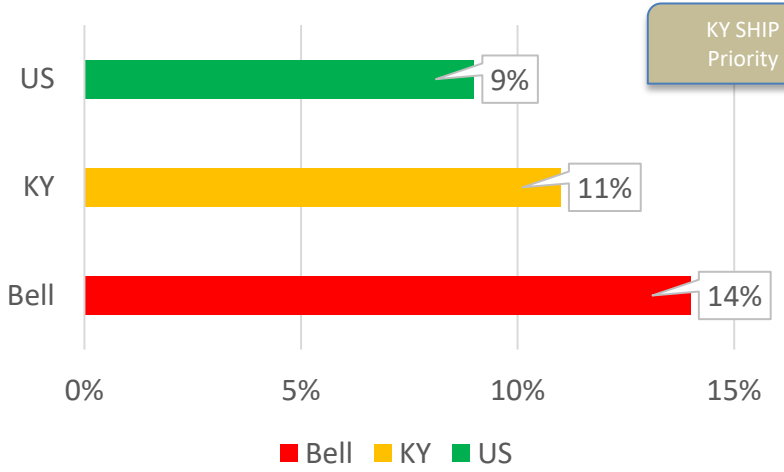
Health Outcomes

Area to Explore

Diabetes Prevalence

% of adults aged 20 and above with diagnosed diabetes in 2020

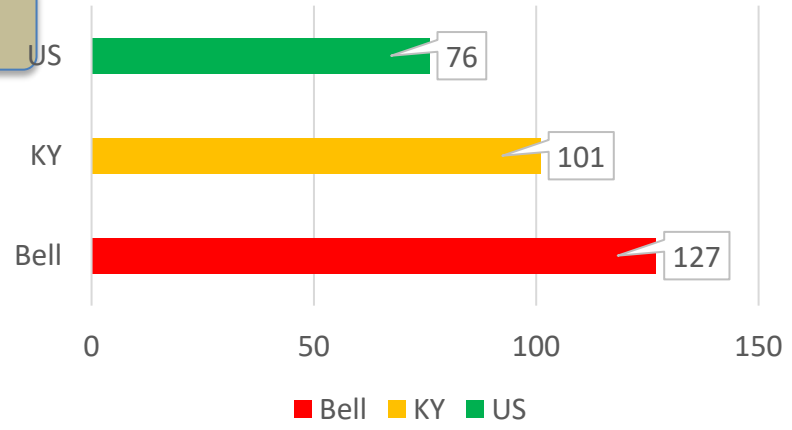
KY SHIP Priority



Area to Explore

Injury Deaths

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



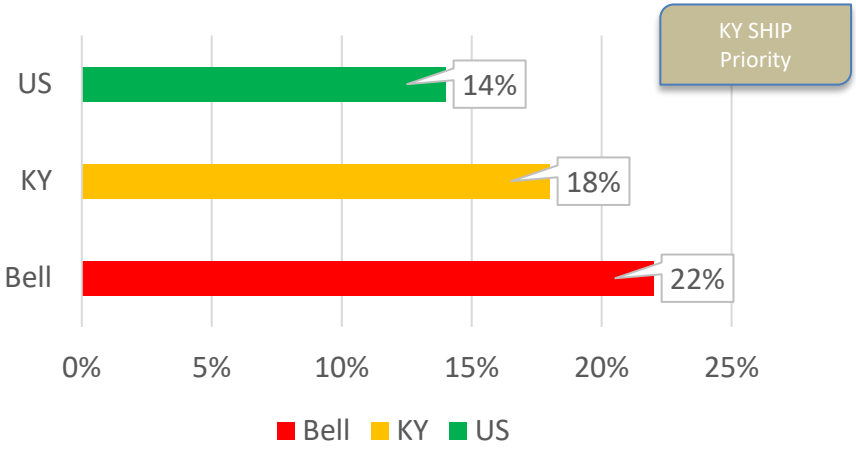
Health Outcomes

Area to Explore

Mental Distress

% of adults reporting 14 or more days of poor mental health per month in 2020

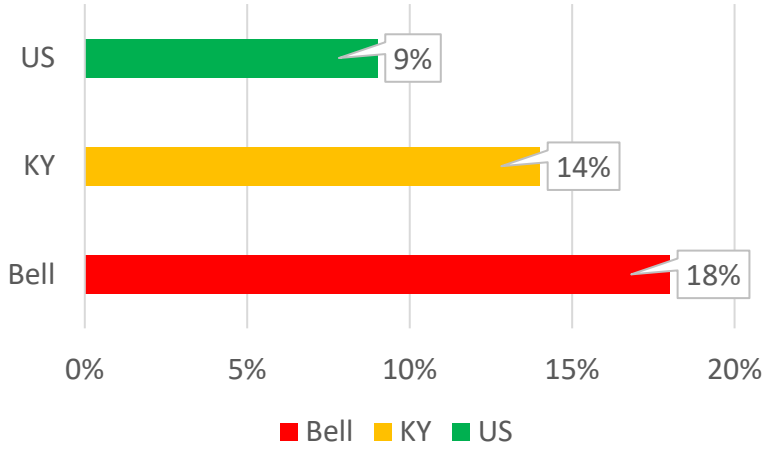
KY SHIP Priority



Area to Explore

Physical Distress

%of adults reporting 14 or more days of poor physical health per month in 2020



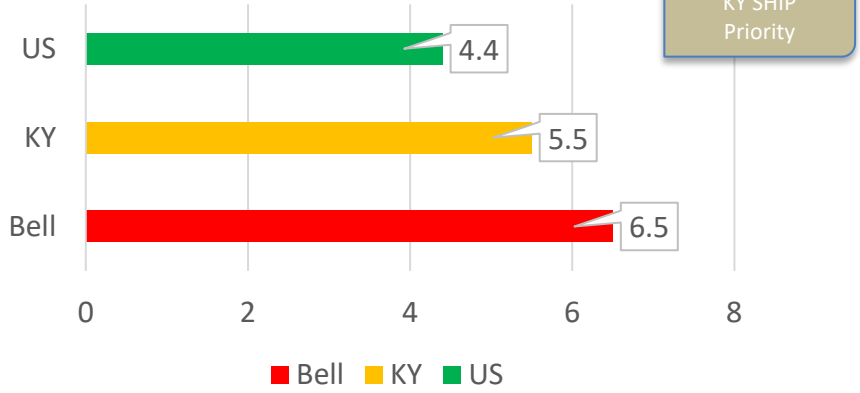
Health Outcomes

Area to Explore

Poor Mental Health Days

The average number of mentally unhealthy days reported in past 30 days in 2020

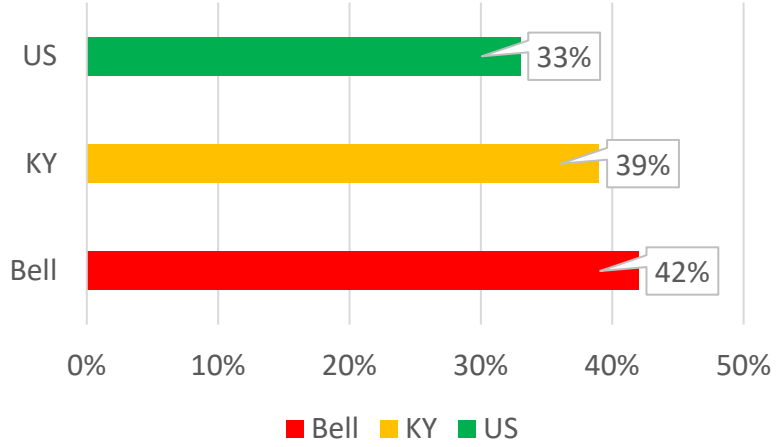
KY SHIP Priority



Area to Explore

Insufficient Sleep

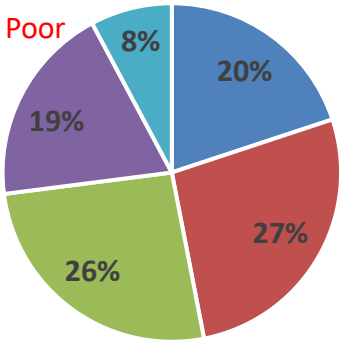
% of adults who report fewer than 7 hours of sleep on average, 2020



2023 Community Status Assessment Results

How would you rate your mental health - stress, depression, & problems with emotions? N = 281

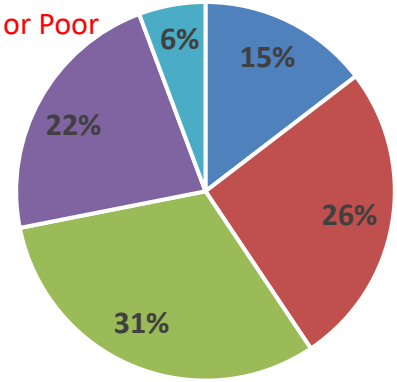
27% of respondents indicated Fair or Poor



Excellent Very Good Good Fair Poor

How would you rate your current physical health (illness, injury, etc.)? N = 281

28% of respondents indicated Fair or Poor

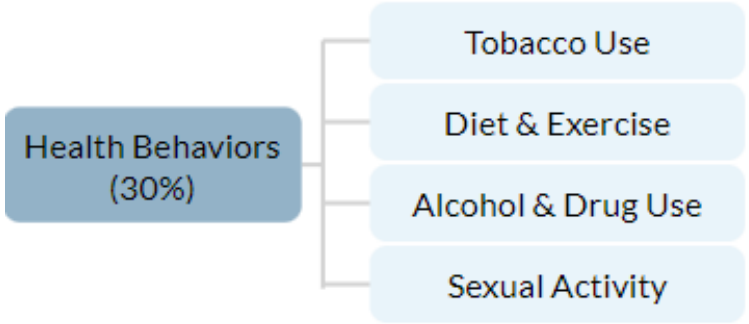


Excellent Very Good Good Fair Poor

Bell County

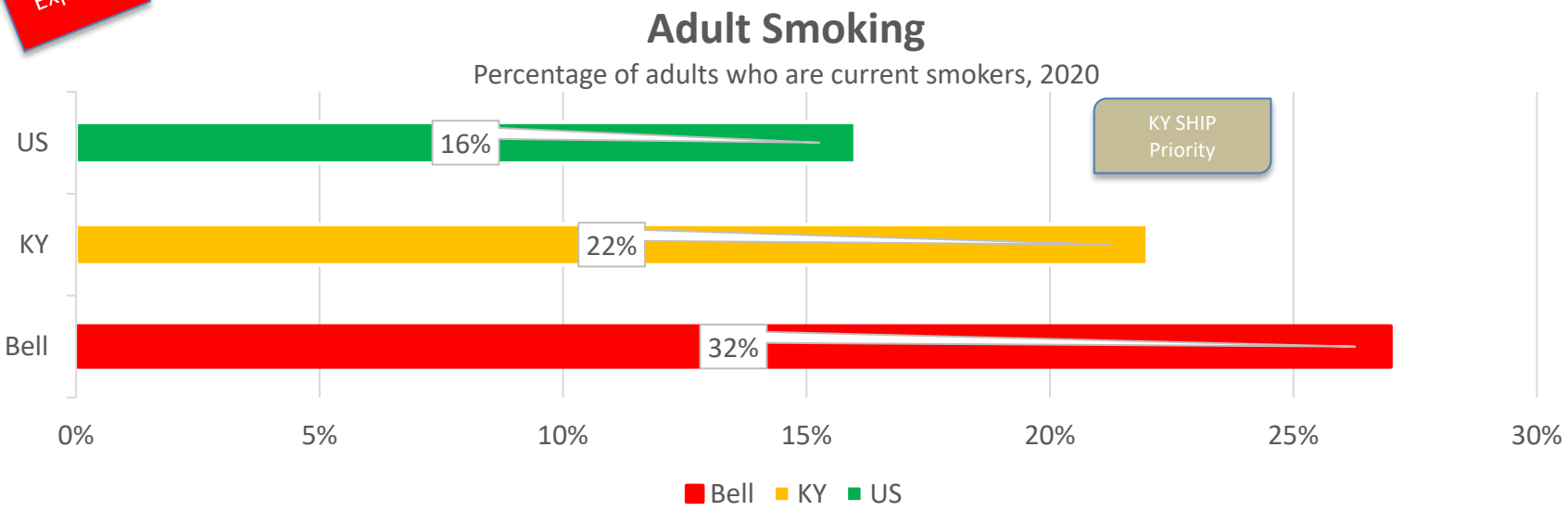
HEALTH FACTORS

HEALTH BEHAVIORS

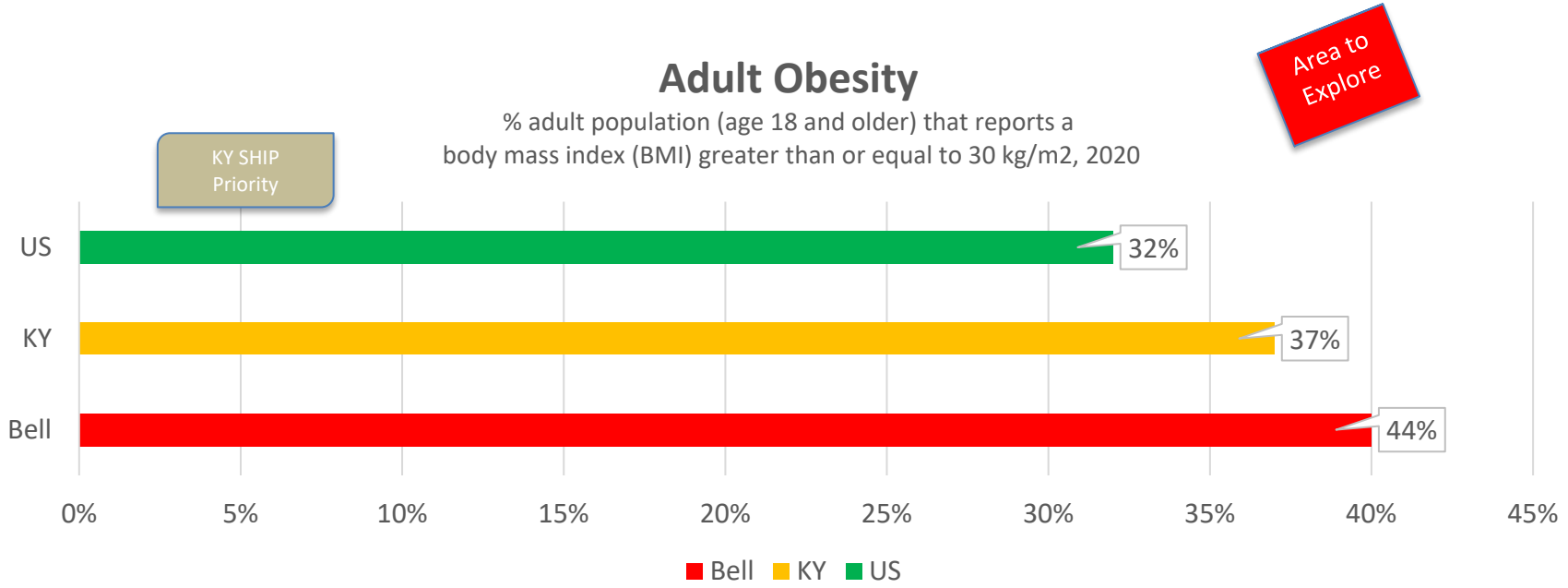


Health Behaviors

Area to Explore



Health Behaviors

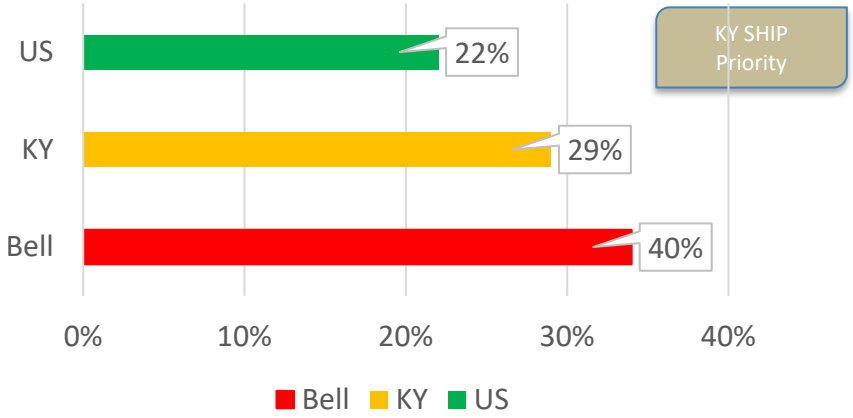


Health Behaviors

Area to Explore

Physical Inactivity

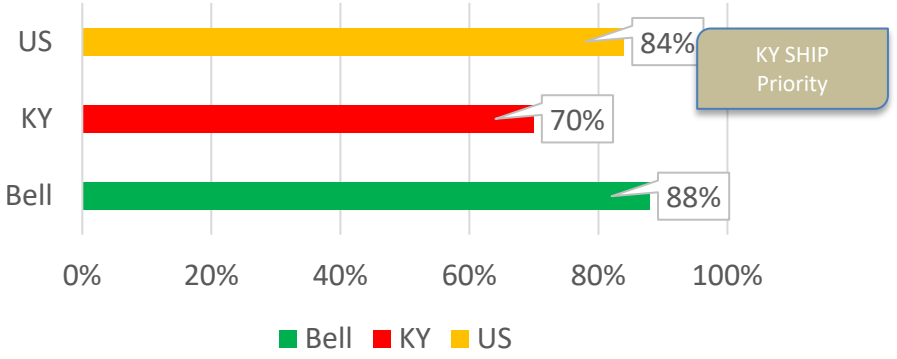
% adults age 18 and over reporting no leisure-time physical activity, 2020



Area of Strength

Access to Exercise Opportunities

% of the population with adequate access to locations for physical activity, 2020&2022

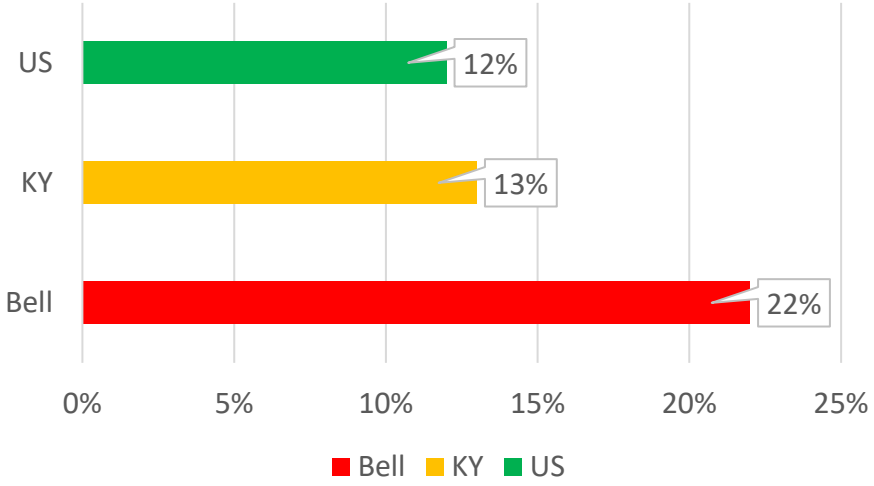


Health Behaviors

Area to Explore

Food Insecurity

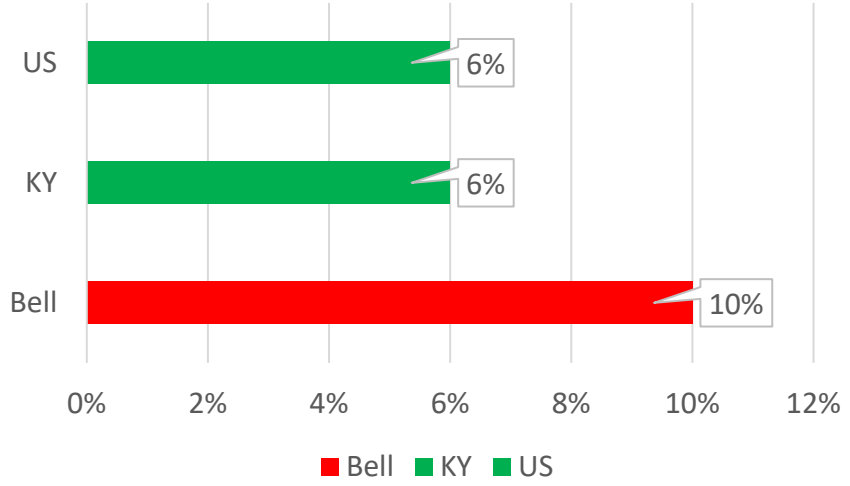
% who lack adequate access to food, 2020



Area to Explore

Limited Access to Healthy Foods

low-income - do not live close to a grocery store, 2019

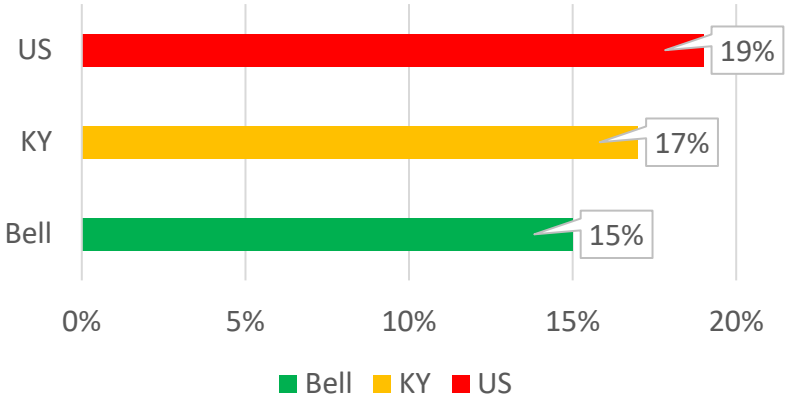


Health Behaviors

Area of Strength

Excessive Drinking

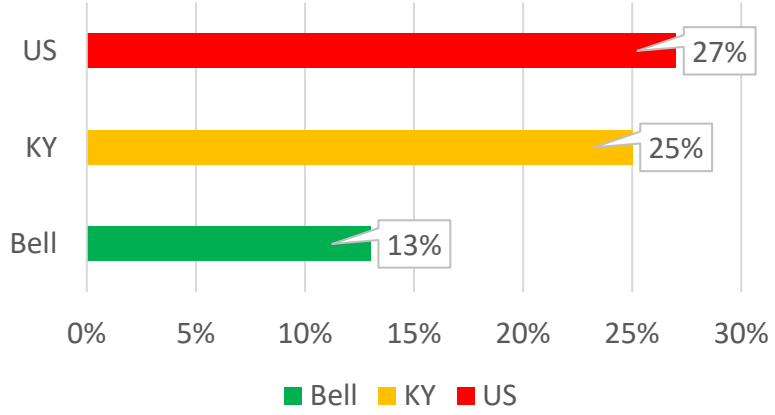
% of adults reporting binge or heavy drinking
2020



Area of Strength

Alcohol-Impaired Driving

% driving deaths with alcohol involvement,
2016-2020

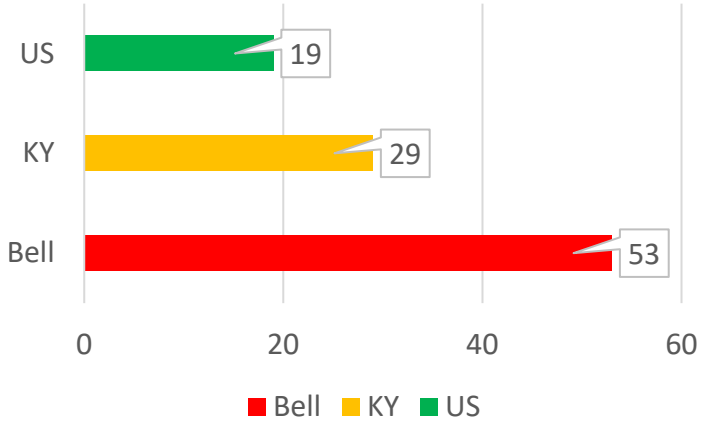


Health Behaviors

Area to Explore

Teen Birth Rate

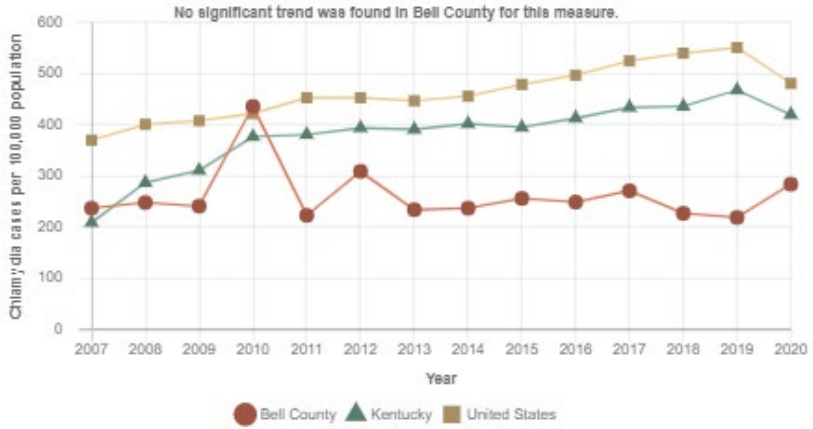
births per 1,000 female population ages 15-19, 2014-2020



Monitor

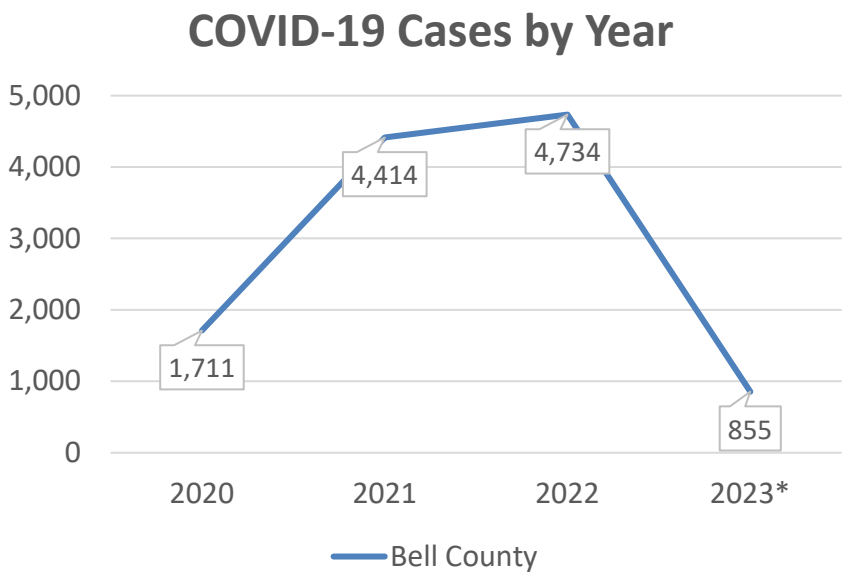
Sexually Transmitted Infections in Bell County, KY

County, state and national trends



Infectious Diseases

Monitor

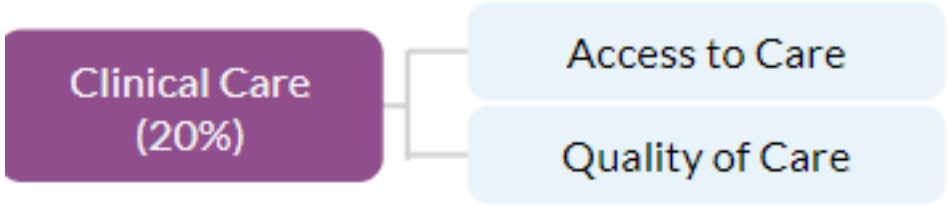


*data available up to October 7, 2023

Bell County

HEALTH FACTORS

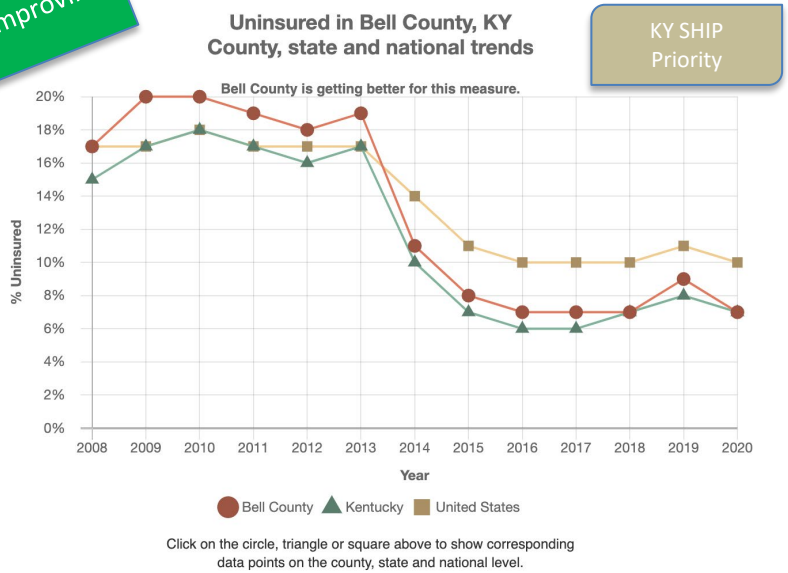
CLINICAL CARE

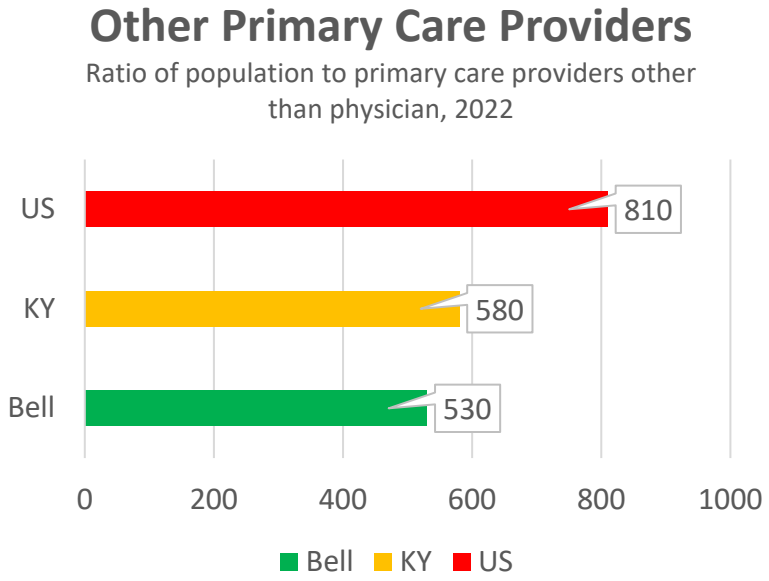


Clinical - Access to Care

Improving

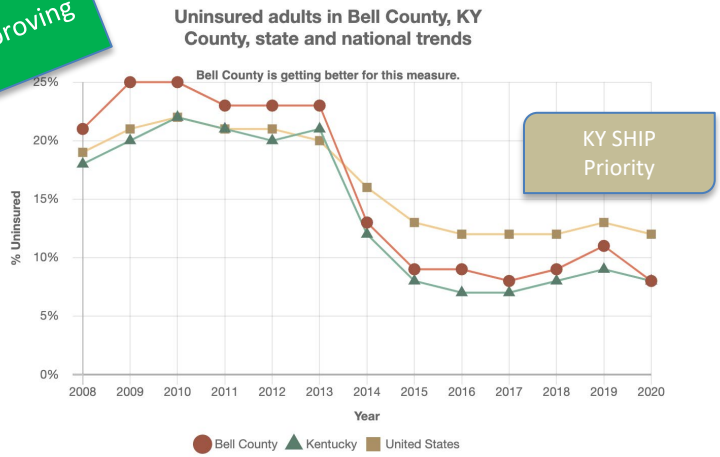
KY SHIP Priority





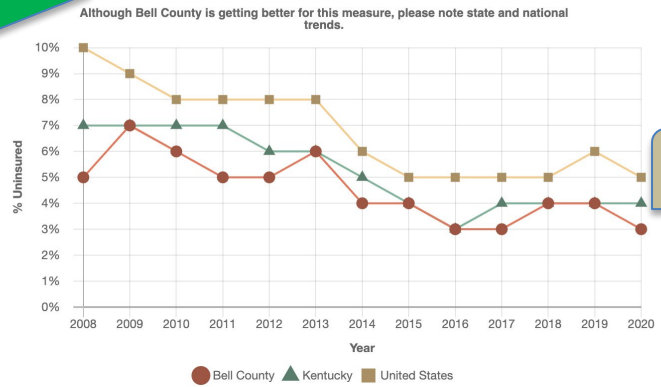
Clinical - Access to Care

Improving



KY SHIP Priority

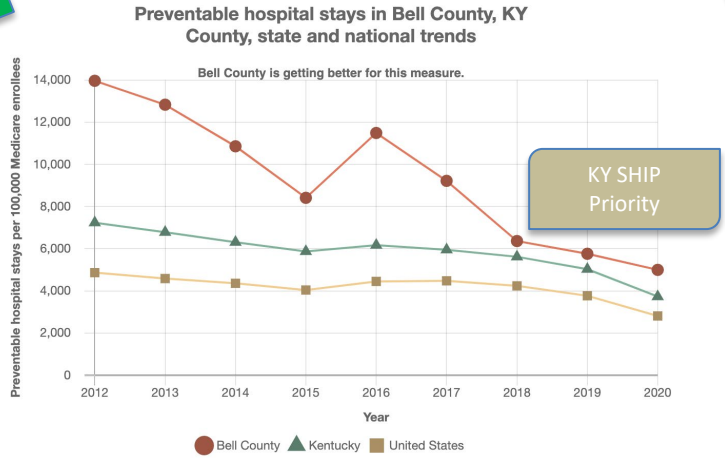
Improving



KY SHIP Priority

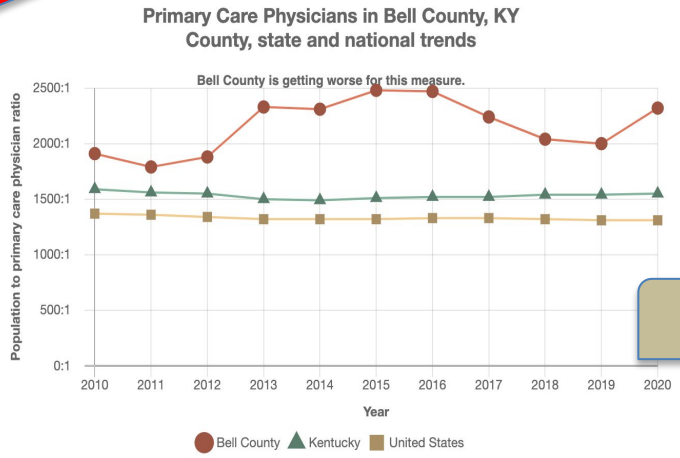
Clinical - Access to Care

Improving



KY SHIP Priority

Area to Explore



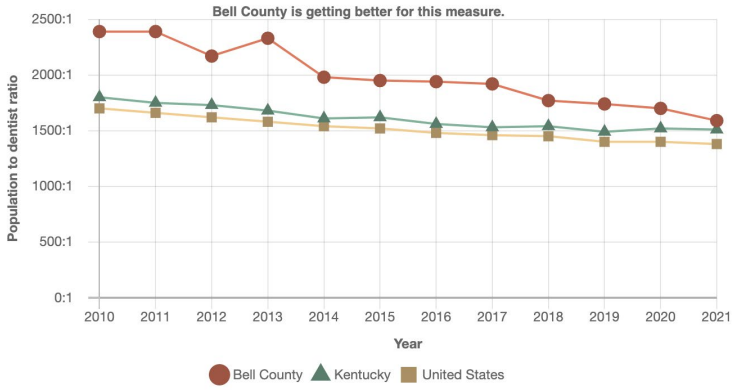
KY SHIP Priority

Clinical - Access to Care

Improving

KY SHIP Priority

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

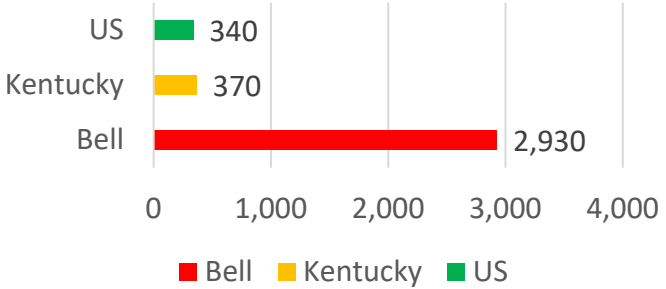


Area to Explore

KY SHIP Priority

Mental Health Providers

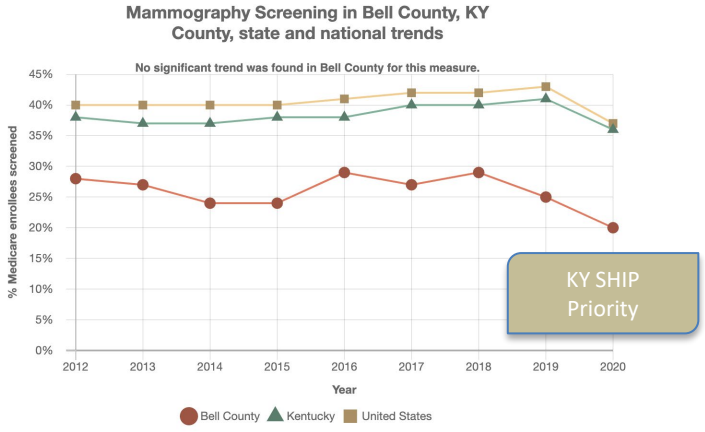
Ratio of population to mental health providers, 2022



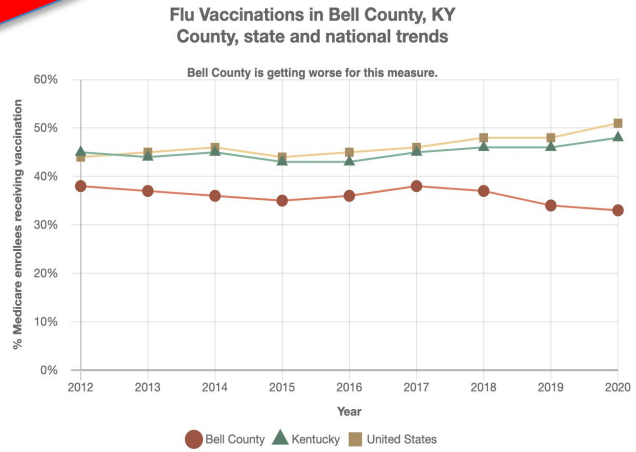
Clinical - Access to Care

Monitor

Area to Explore



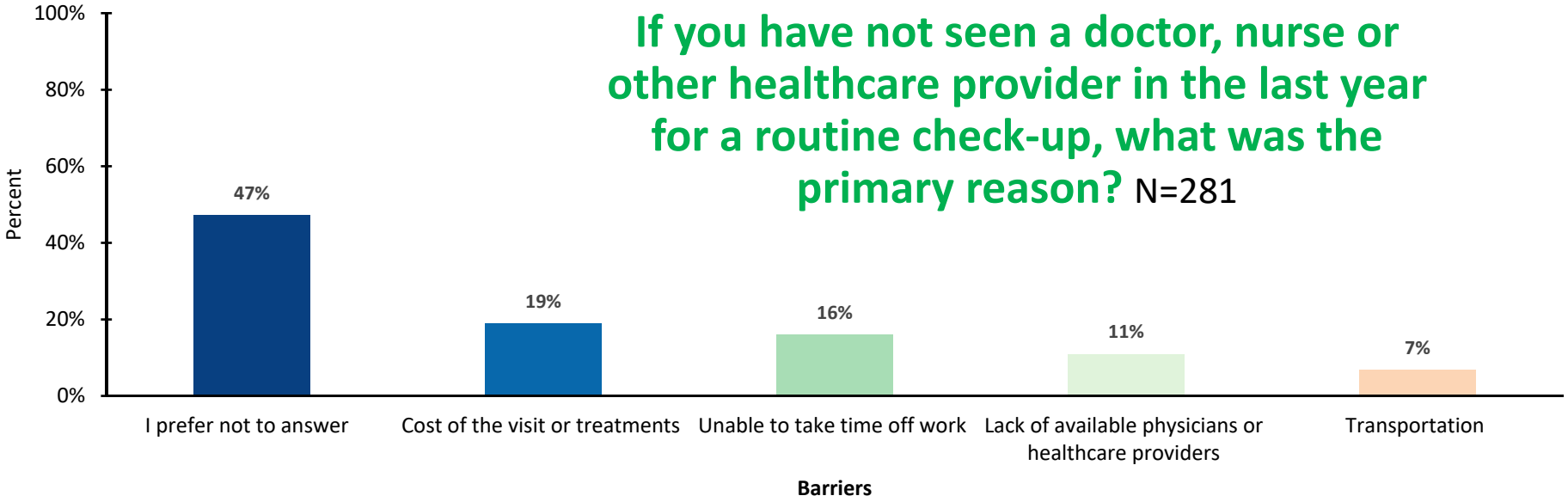
KY SHIP Priority



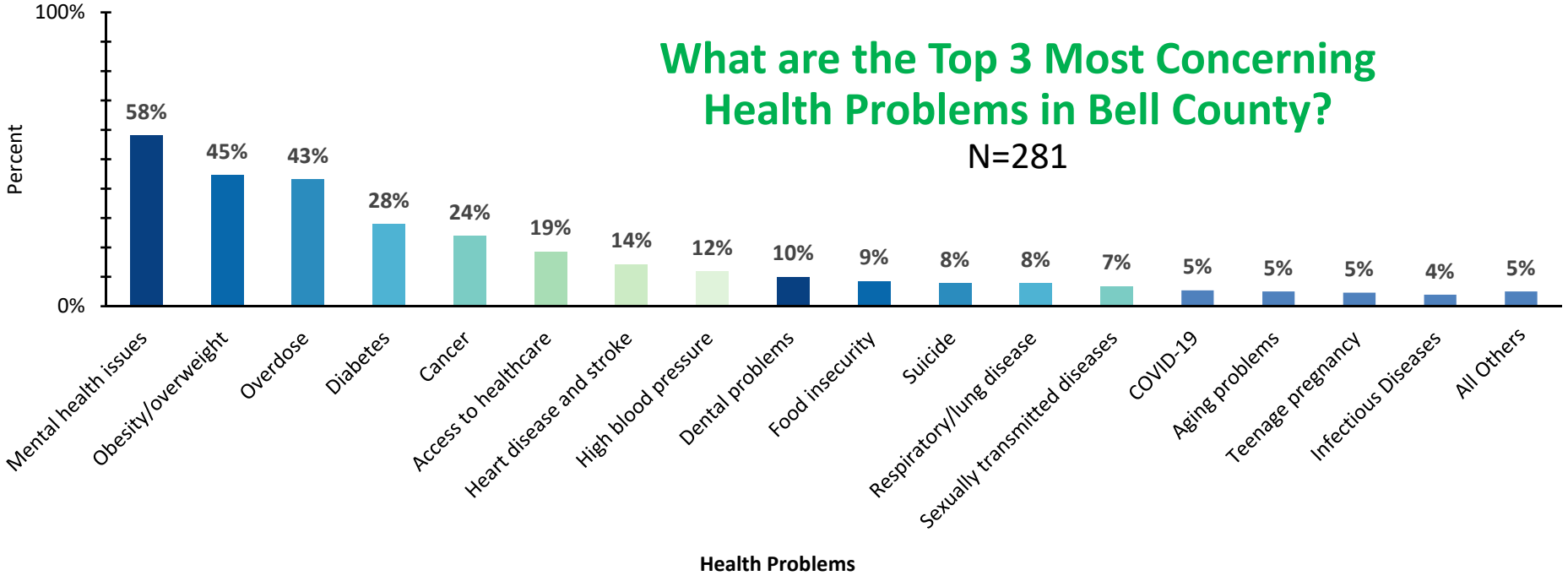
KY SHIP Priority

2023 Community Status Assessment Results

If you have not seen a doctor, nurse or other healthcare provider in the last year for a routine check-up, what was the primary reason? N=281



2023 Community Status Assessment Results



REACTIONS TO HEALTH OUTCOMES & HEALTH BEHAVIORS

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 Bell County, would be a good start…

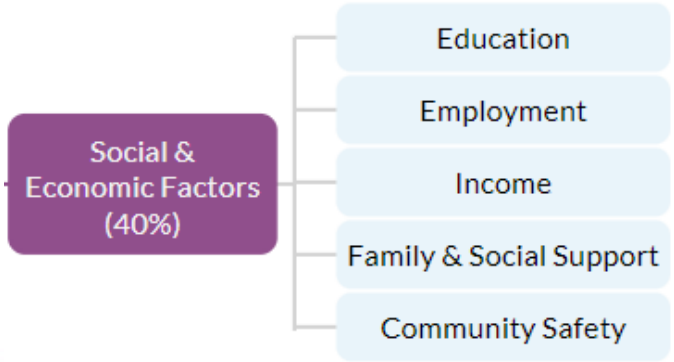
Voice your thoughts! No wrong ideas ☺

10-MINUTE BRAIN BREAK

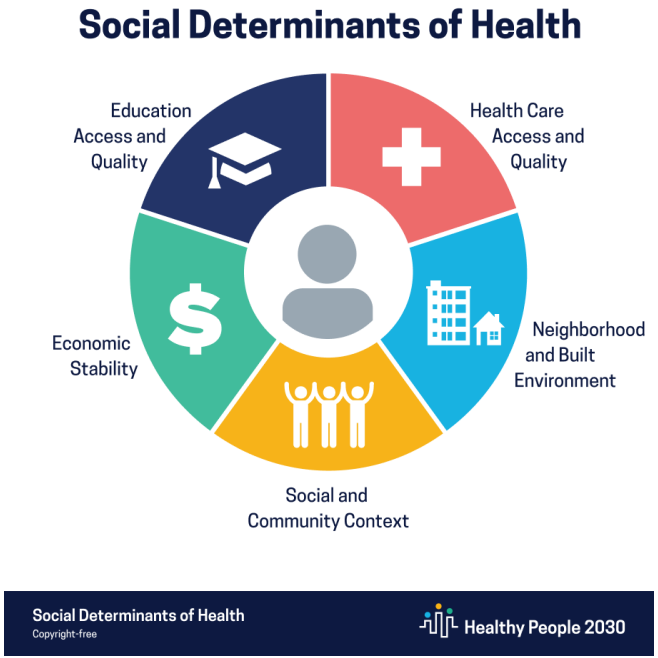
Bell County

HEALTH FACTORS

SOCIAL & ECONOMIC FACTORS



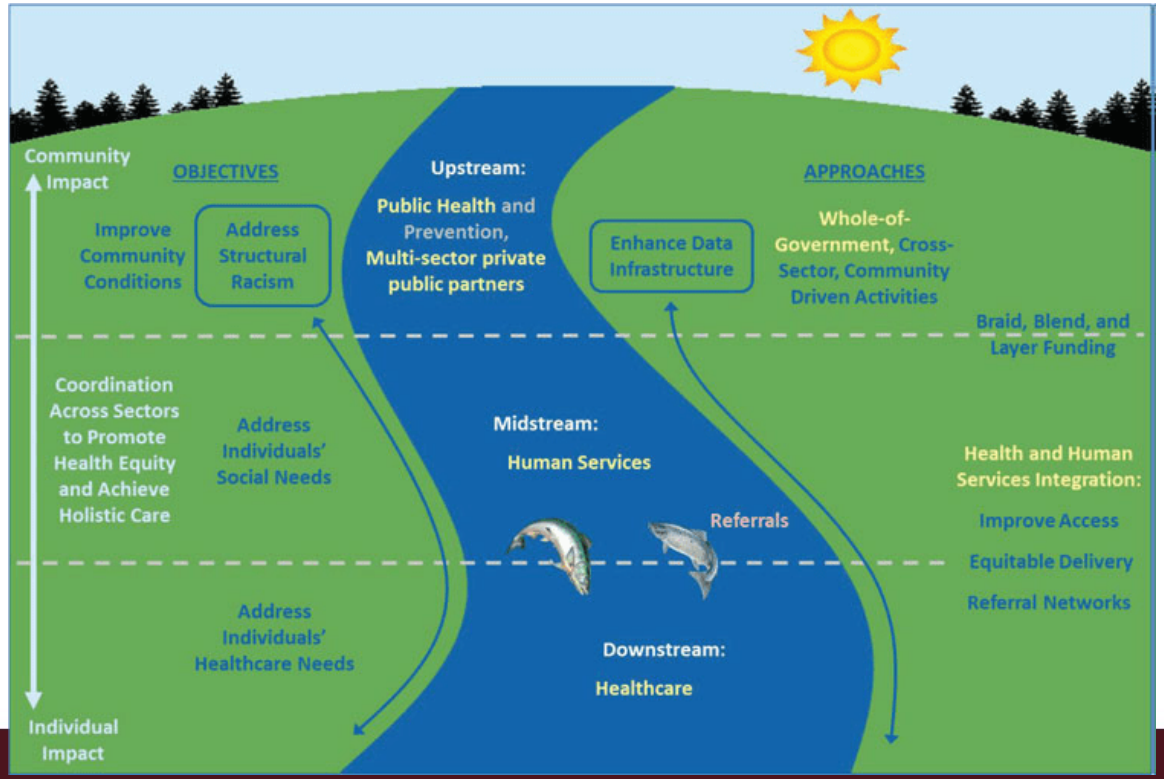
Social Determinants of Health



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

Upstream, Midstream, & Downstream Factors

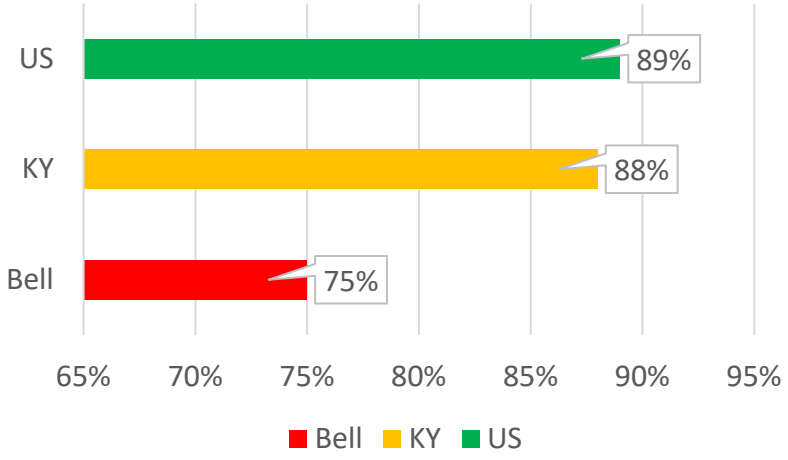


Social Determinants of Health Ecosystem, Adapted from Castrucci and Auerbach.

Education

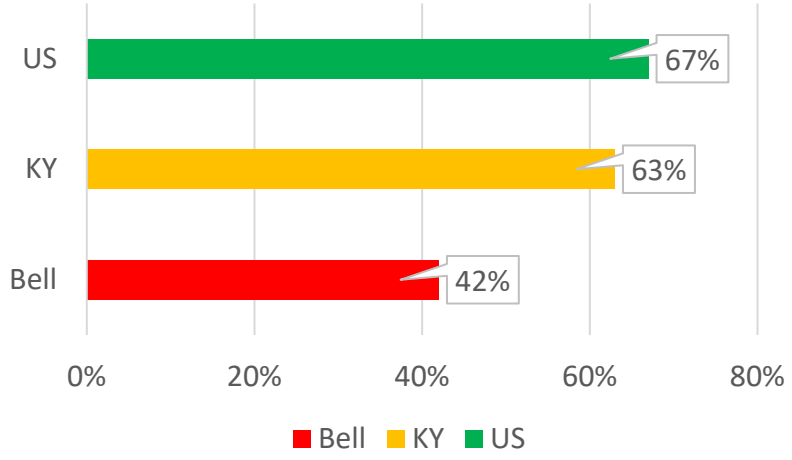
High School Completion

% adults ages 25 and over with a high school diploma or equivalent, 2017-2021



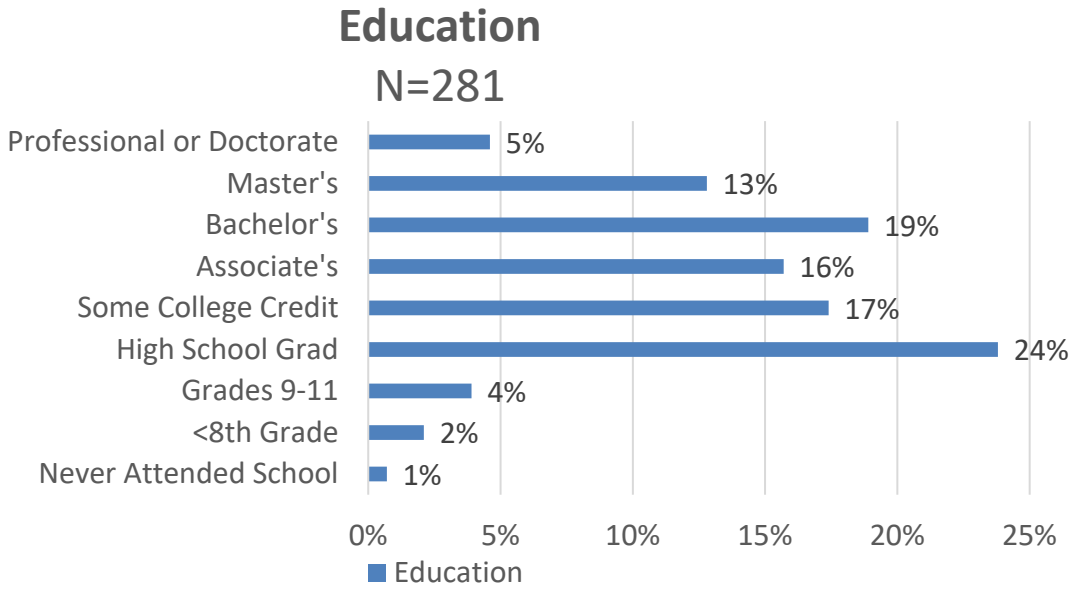
Some College

% adults ages 25-44 with some post-secondary education, 2017-2021

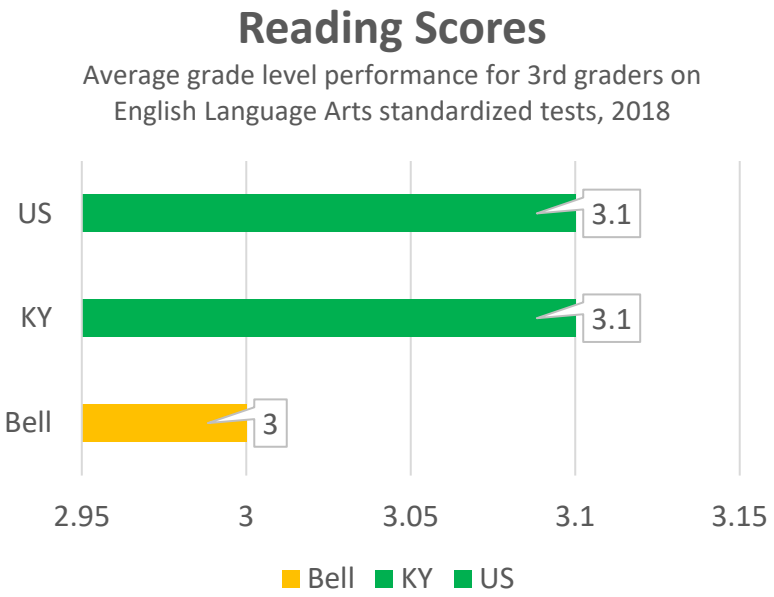


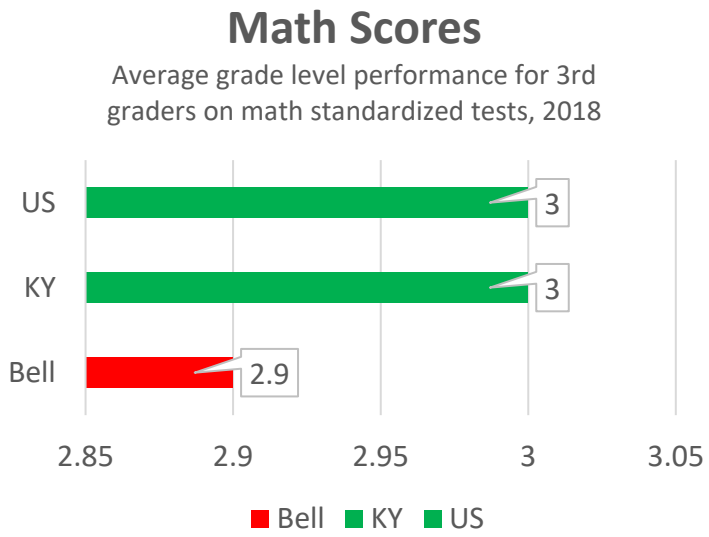
2023 Community Status Assessment Results

Most respondents completed high school or higher



Education

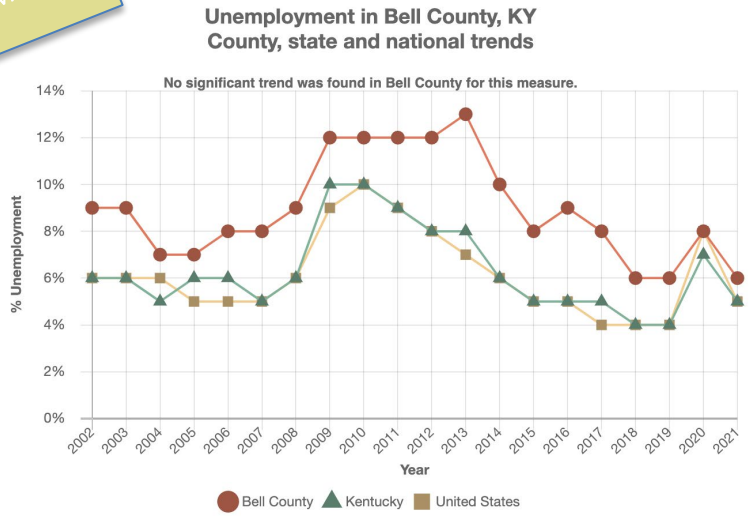




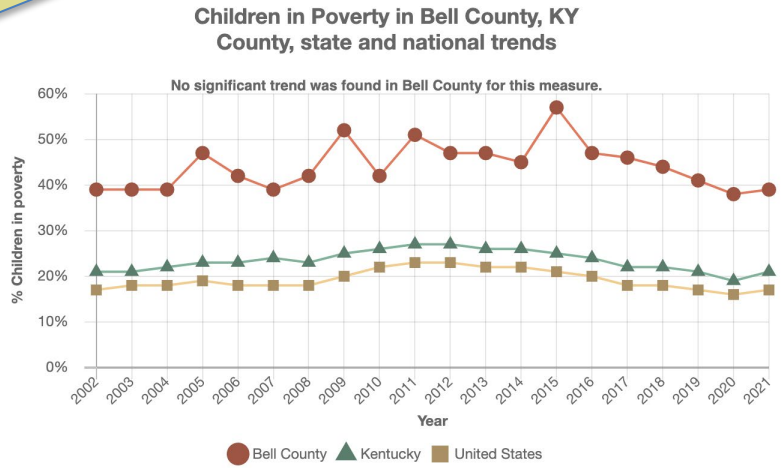
A score of 3.0 indicates students performed at grade-level

Unemployment & Child Poverty

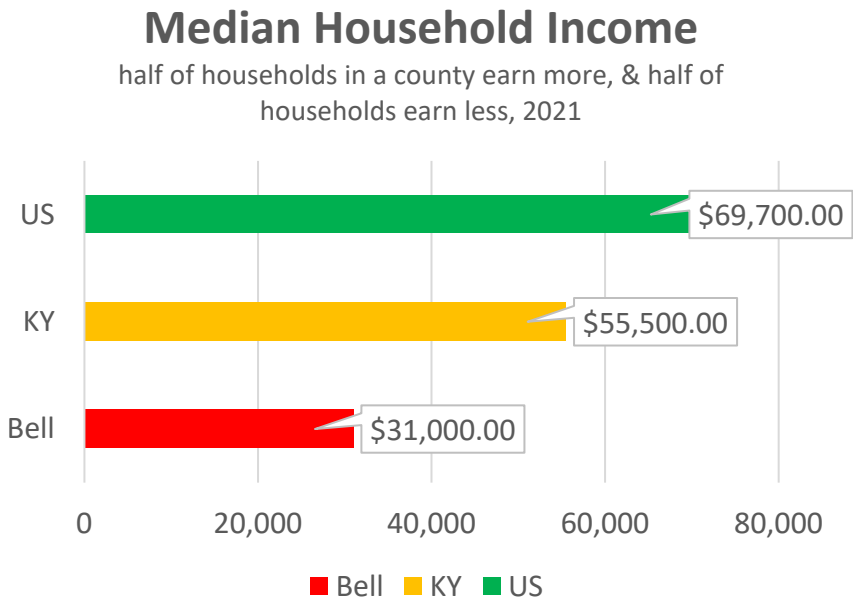
Monitor



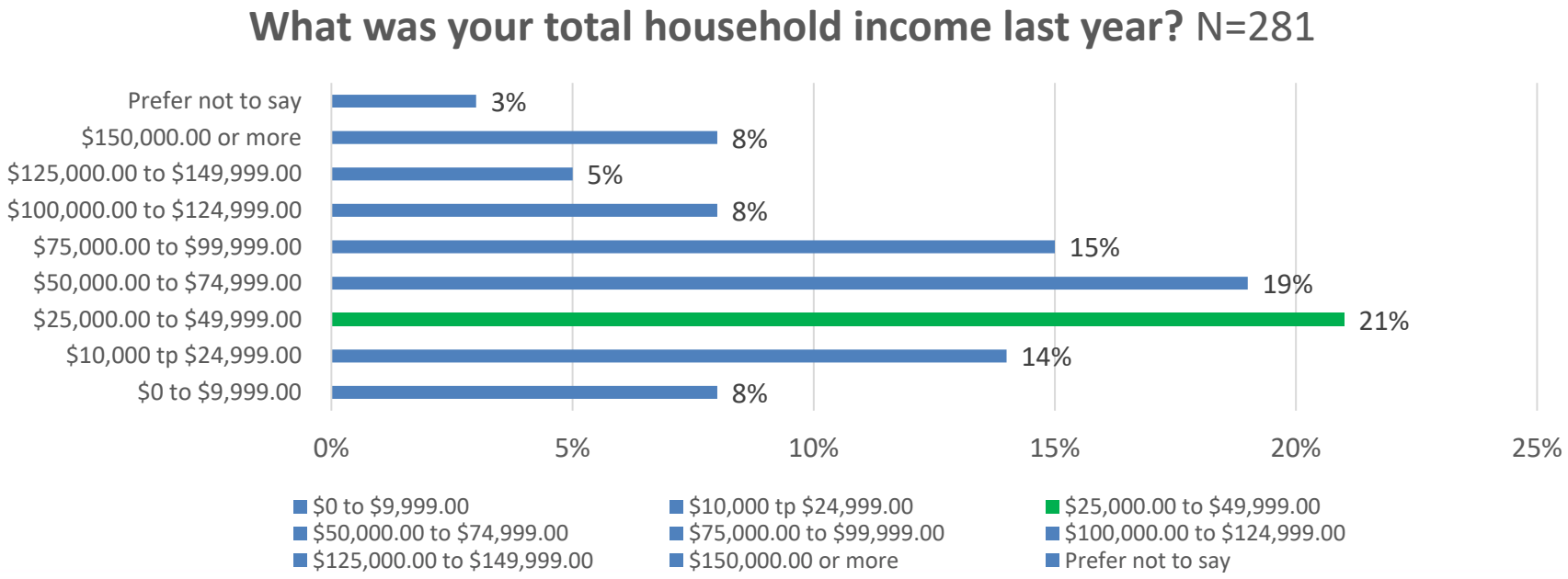
Monitor



Income


Median Household Income
half of households in a county earn more, & half of households earn less, 2021
US
KY
Bell
$69,700.00
$55,500.00
$31,000.00
0
20,000
40,000
60,000
80,000
Bell
KY
US

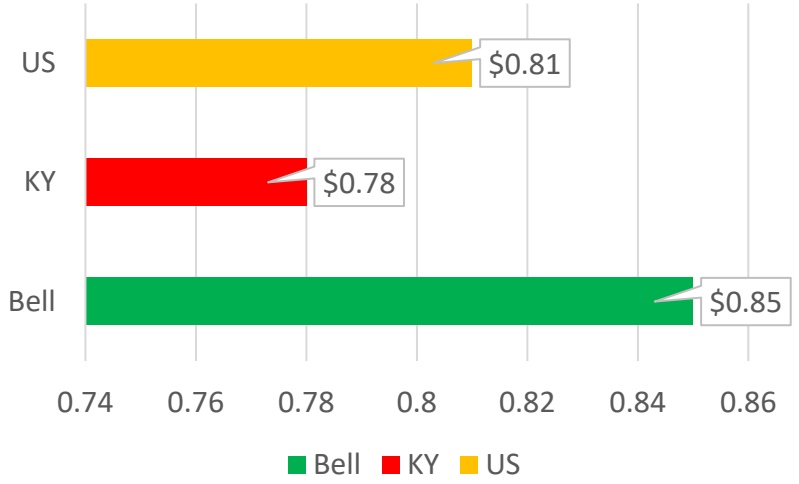
2023 Community Status Assessment Results



Income

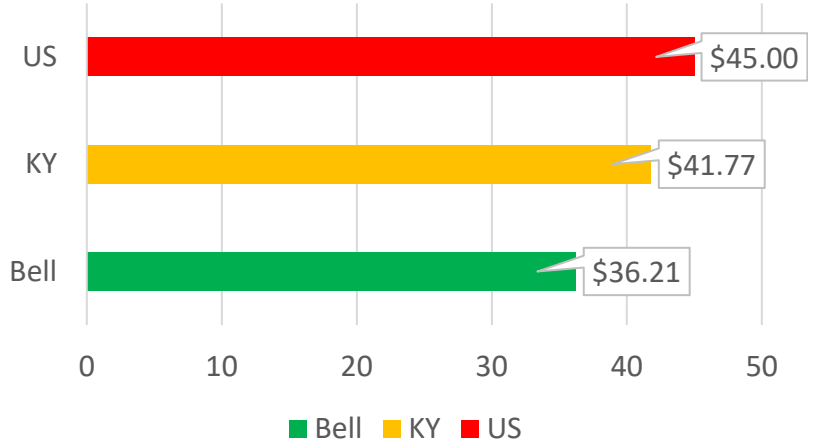
Gender Pay Gap

Ratio Women: Men Median Earnings, 2017-2021

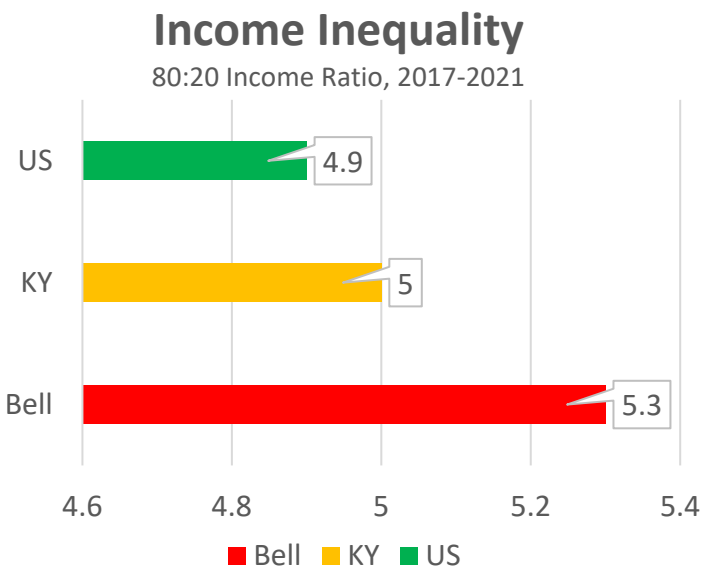


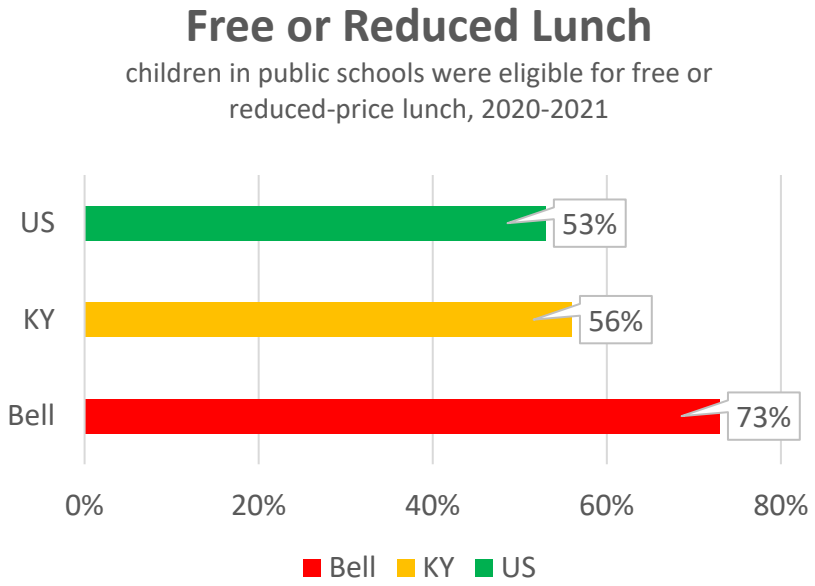
Living Wage

hourly wage needed to cover
basic household expenses, 2022



Income

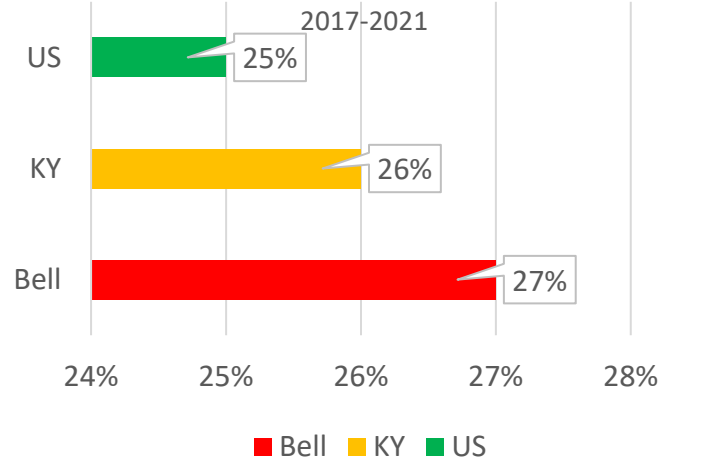

Income Inequality
80:20 Income Ratio, 2017-2021
US
KY
Bell
4.9
5
5.3
4.6
4.8
5
5.2
5.4
Bell
KY
US


Free or Reduced Lunch
children in public schools were eligible for free or reduced-price lunch, 2020-2021
US
KY
Bell
53%
56%
73%
0%
20%
40%
60%
80%
Bell
KY
US

Family & Social Support

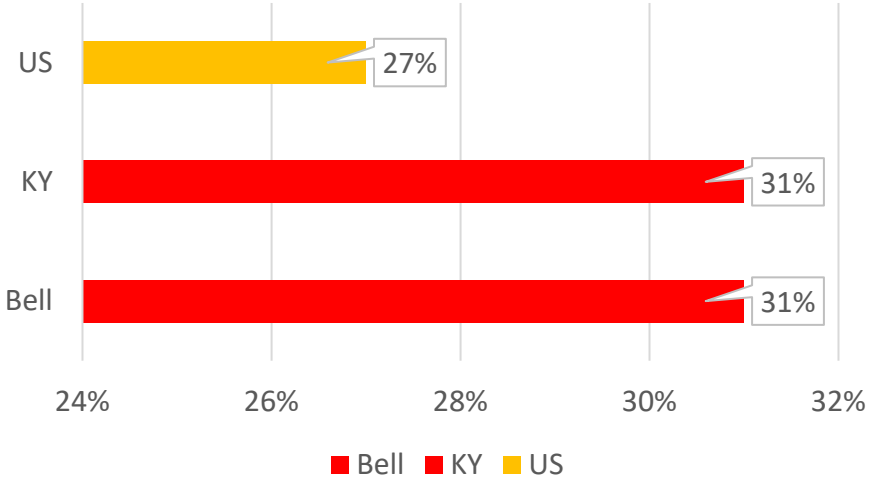
Children in Single-Parent Households

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



Child Care Cost Burden

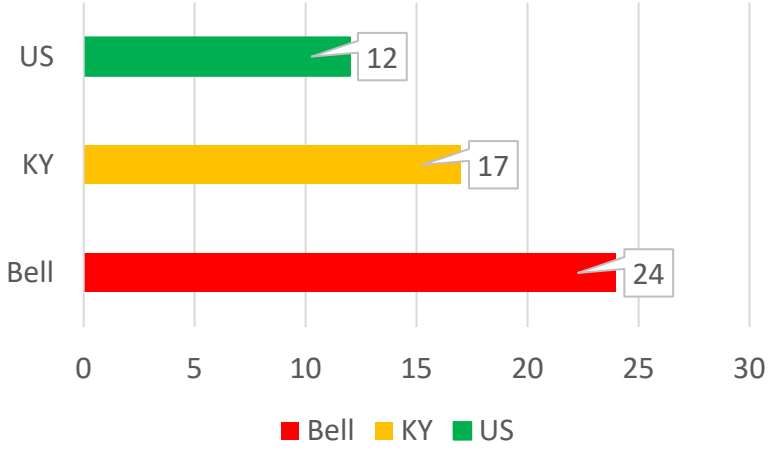
% average household spends of its income on child care for two children, 2021 &2022



Community Safety

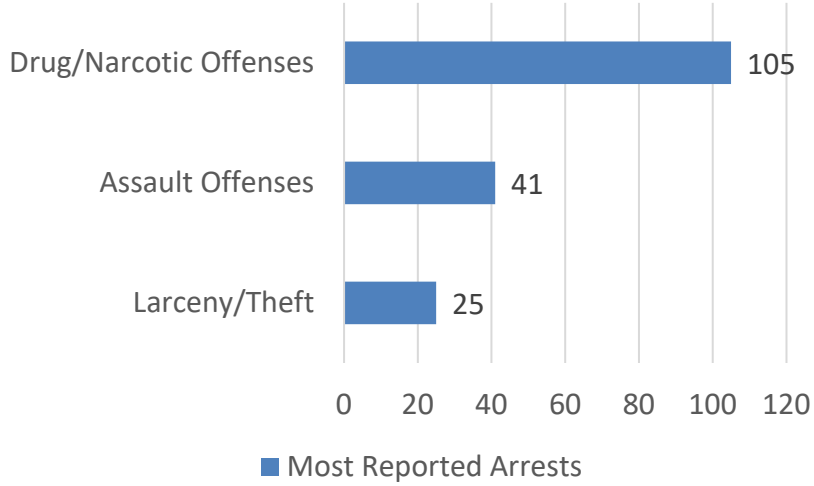
Motor Vehicle Crash Deaths

Number of deaths due to MV crashes per 100,000 population



Most Reported Arrests

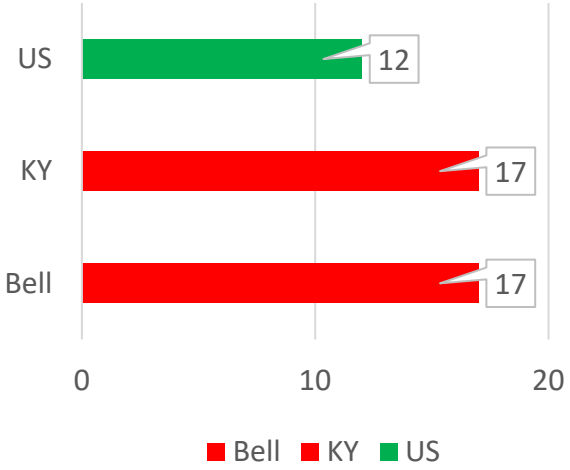
Top 3 by Type for Bell Co. Adults, 2021



Community Safety

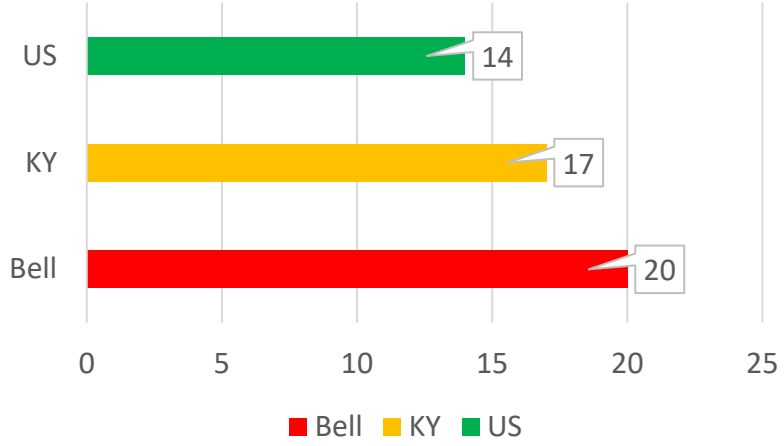
Firearm Fatalities

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

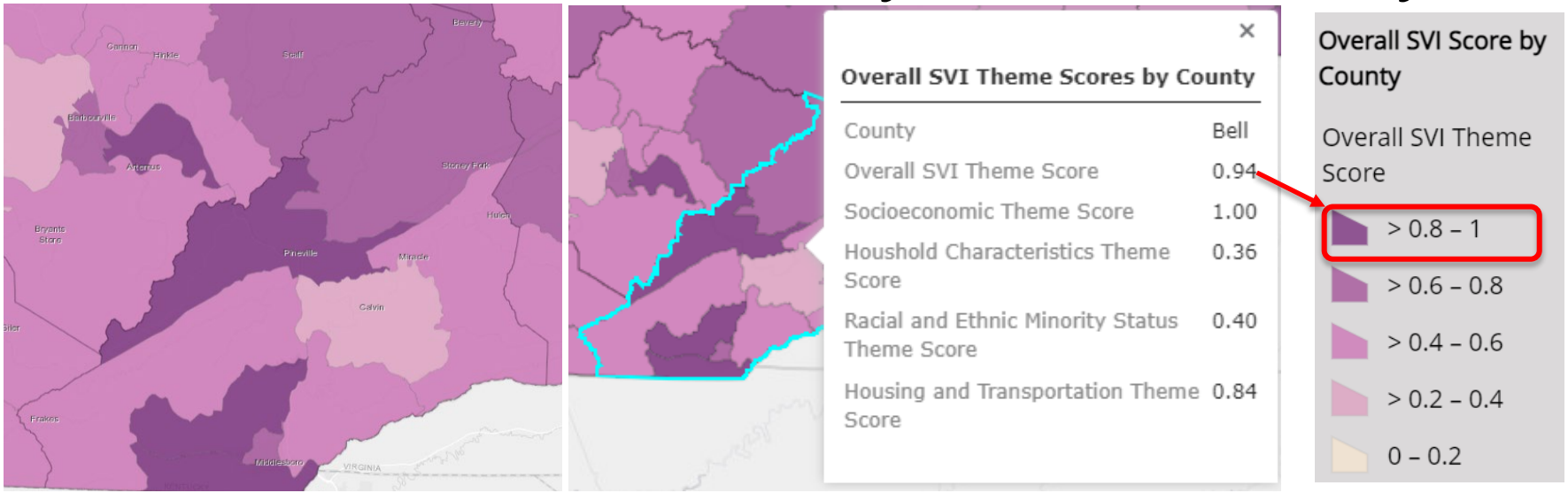


Suicides

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



2020 Social Vulnerability in Bell County



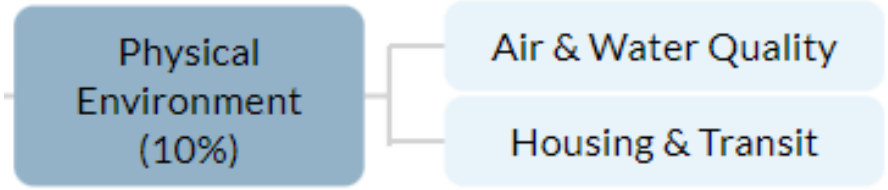
Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, such as natural or human-caused disasters or disease outbreaks.

Reducing social vulnerability can decrease both human suffering and economic loss!

Bell County

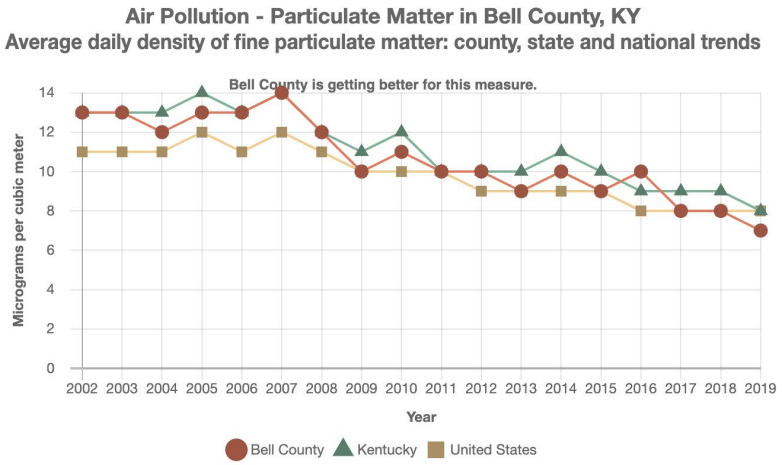
HEALTH FACTORS

PHYSICAL ENVIRONMENT



Physical Environment

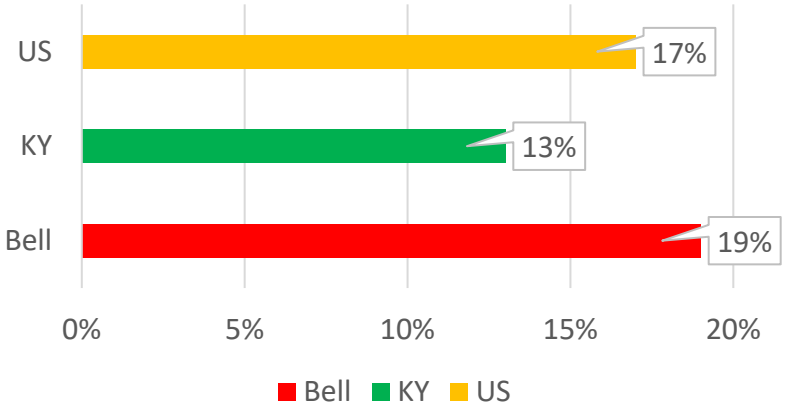
Improving



Housing & Transit

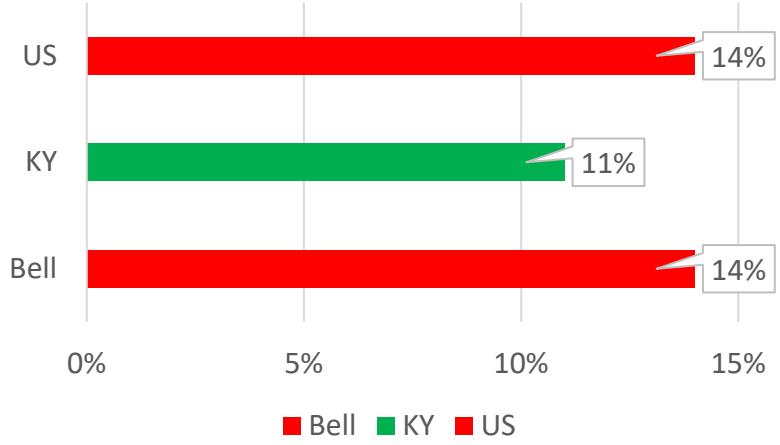
Severe Housing Problems

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

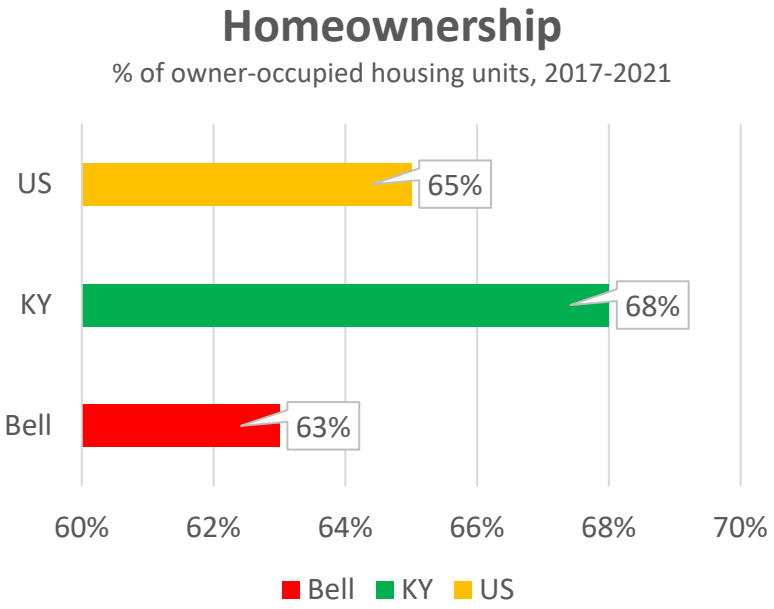


Severe Housing Costs Burden

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



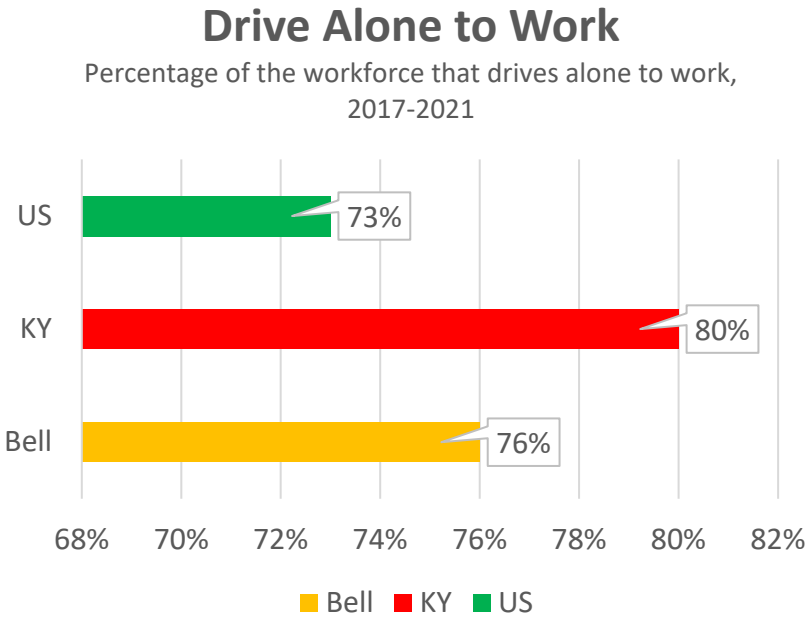
Housing and Transit

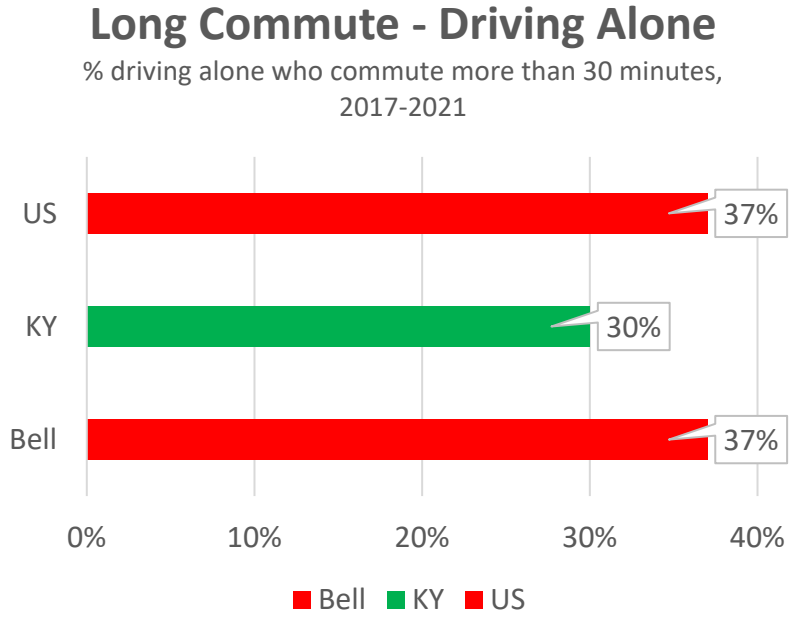


	Bell County Homeless Count Academic Year: 2021-22
Preschool-Grade 12	**380**

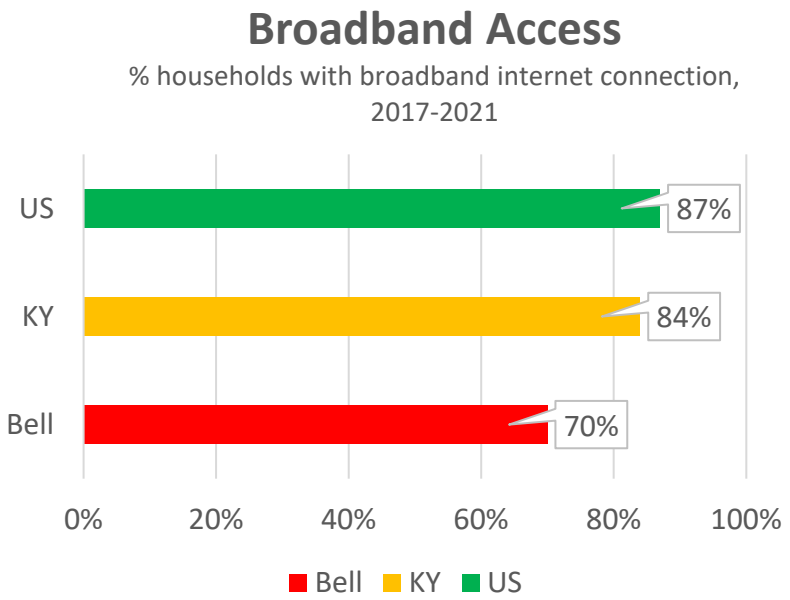
TITLE IX, PART A - EDUCATION FOR HOMELESS CHILDREN AND YOUTH
Homeless Children and Youth Data Collection and Reporting
Kentucky Department of Education

Housing and Transit

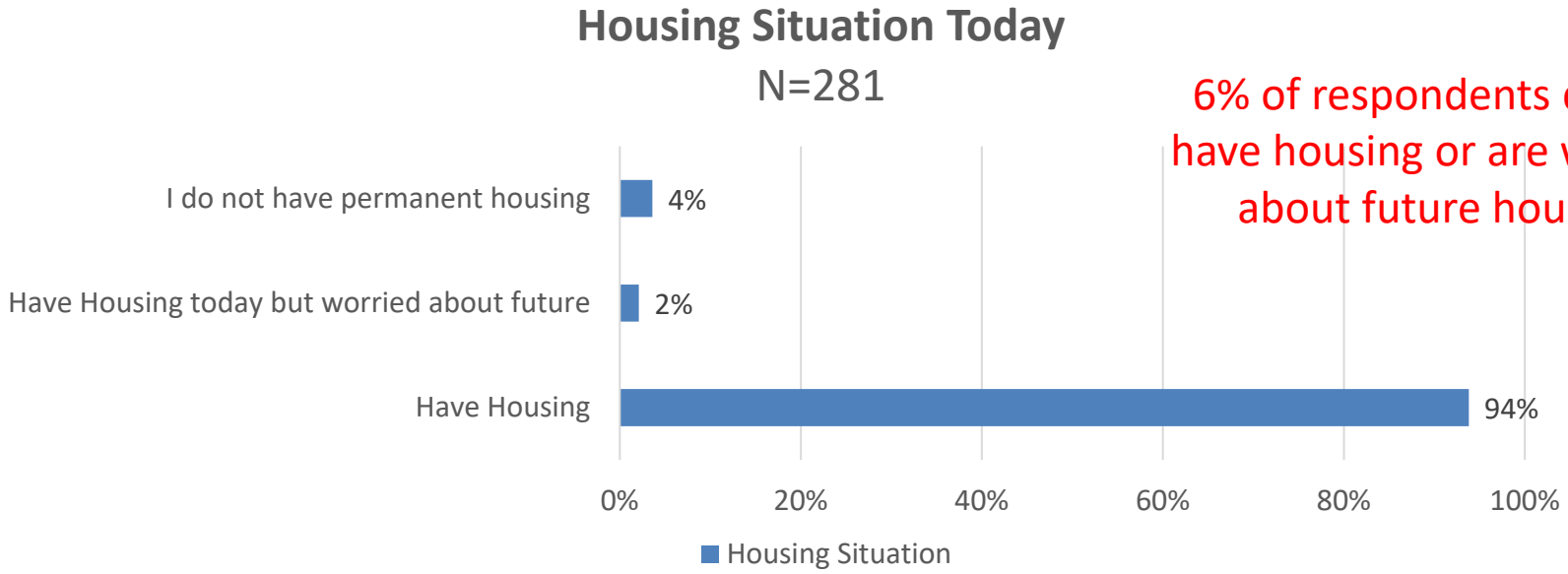




Broadband Access



2023 Community Status Assessment Results



6% of respondents do not have housing or are worried about future housing

2023 Community Status Assessment Results

What are the Top 3 Risk Factors in Bell County that have the greatest impact on our health?

N=281

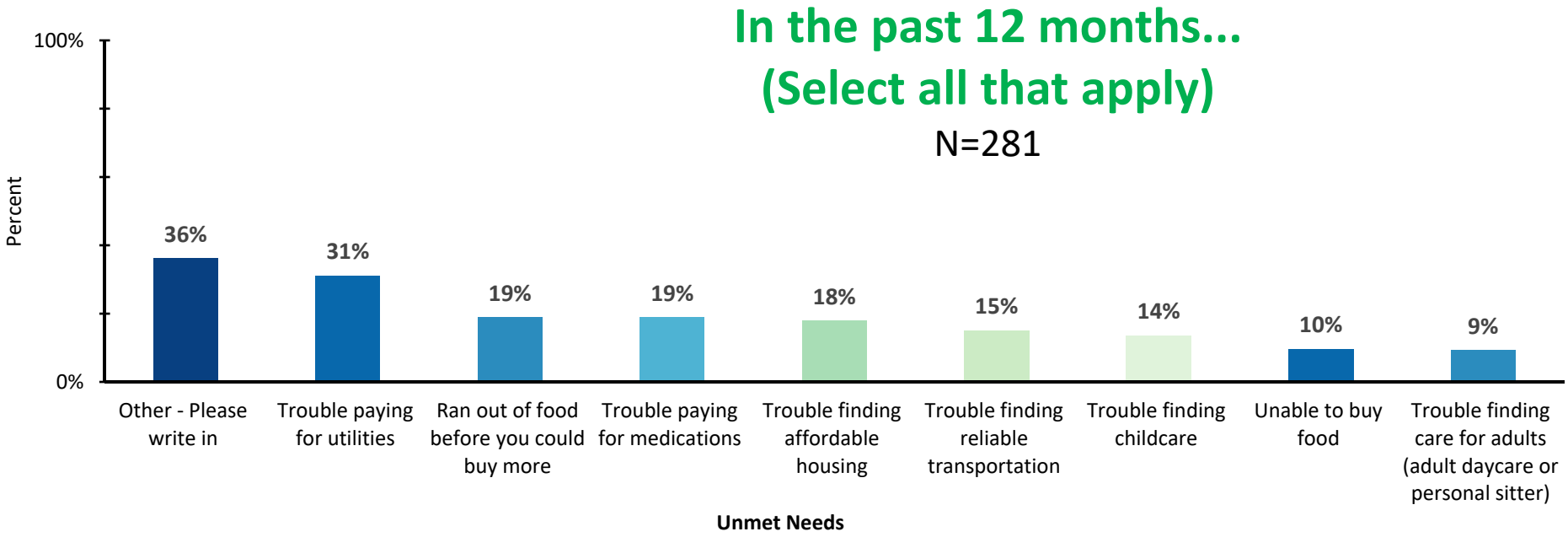
REACTIONS TO SOCIAL AND ECONOMIC FACTORS + PHYSICAL ENVIRONMENT

What do YOU think about the data?

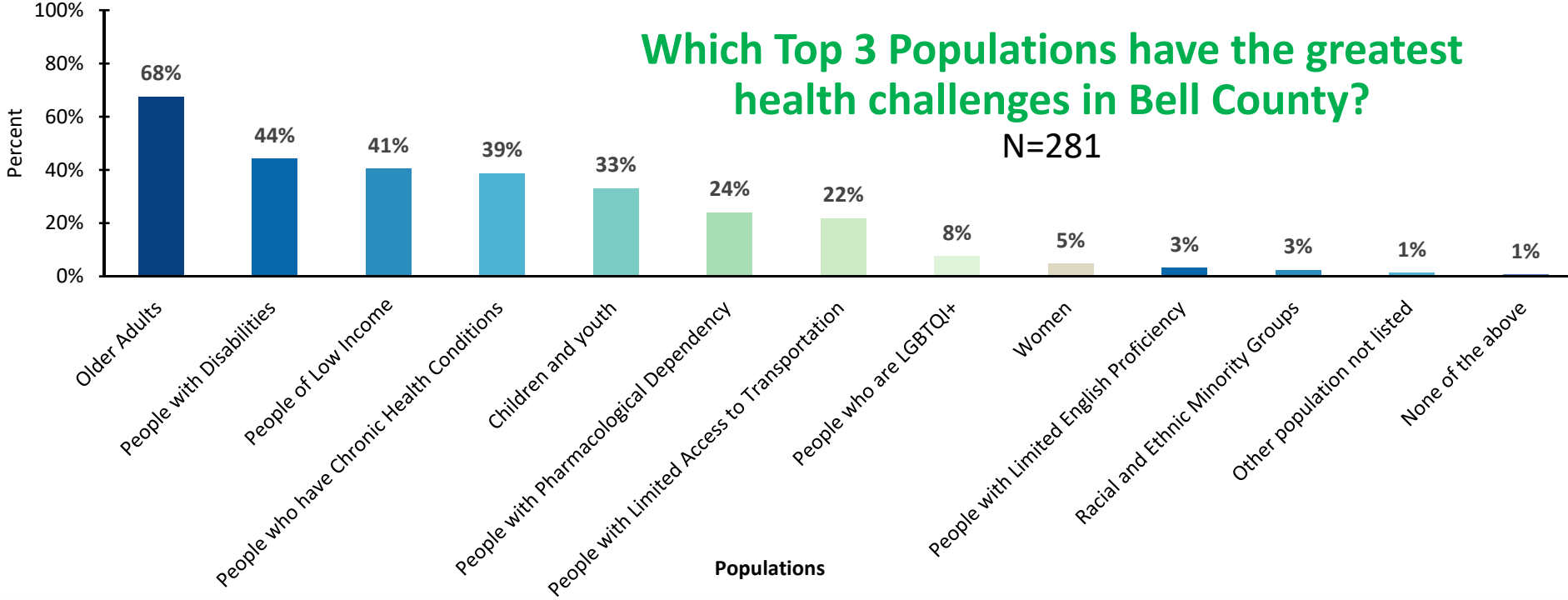
Bell County

COMMUNITY CONTEXT DISCUSSION

2023 Community Status Assessment Results



2023 Community Status Assessment Results



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 **all** 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 current and historical forces of change (positive or negative) 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 → regional → 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 physical and cultural assets, 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 strengths and resources does your community have that support health and well-being?

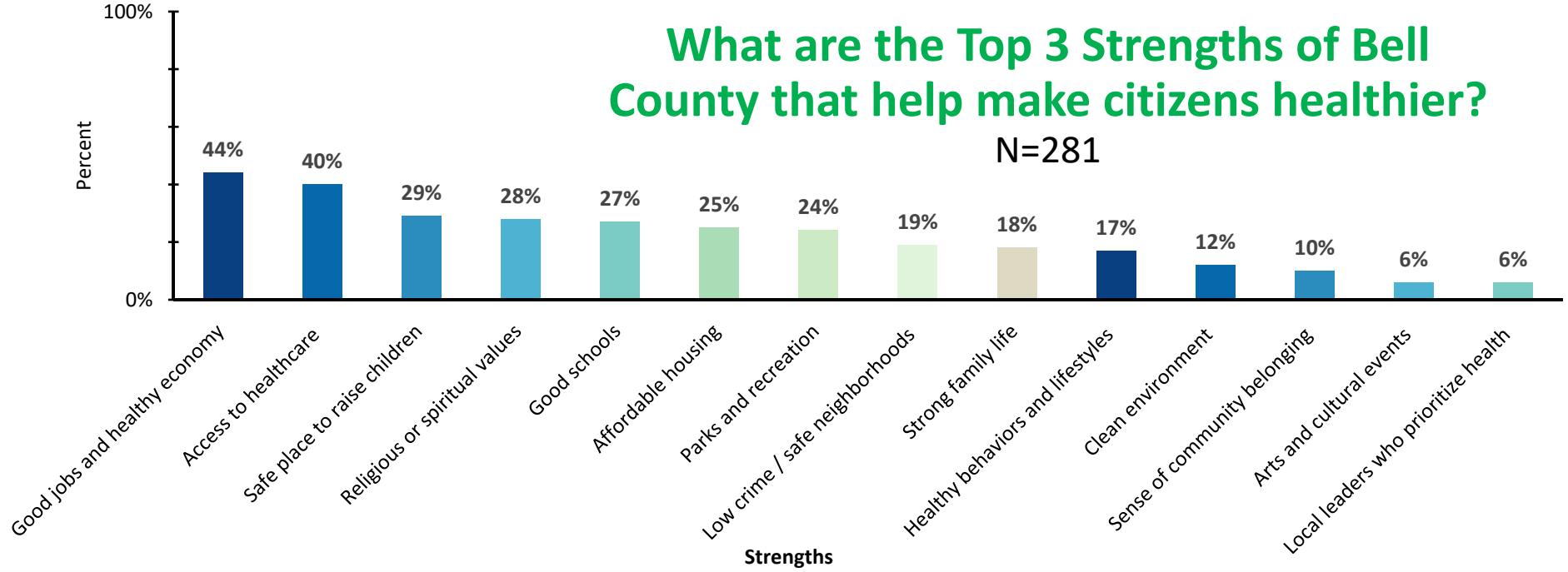
Tip: If someone looking to relocate their family in Bell County came up to you and asked you this question, what would be your response?

Voice your thoughts! No wrong ideas ☺

2023 Community Status Assessment Results

What are the Top 3 Strengths of Bell County that help make citizens healthier?

N=281



Final Priority Health Consensus

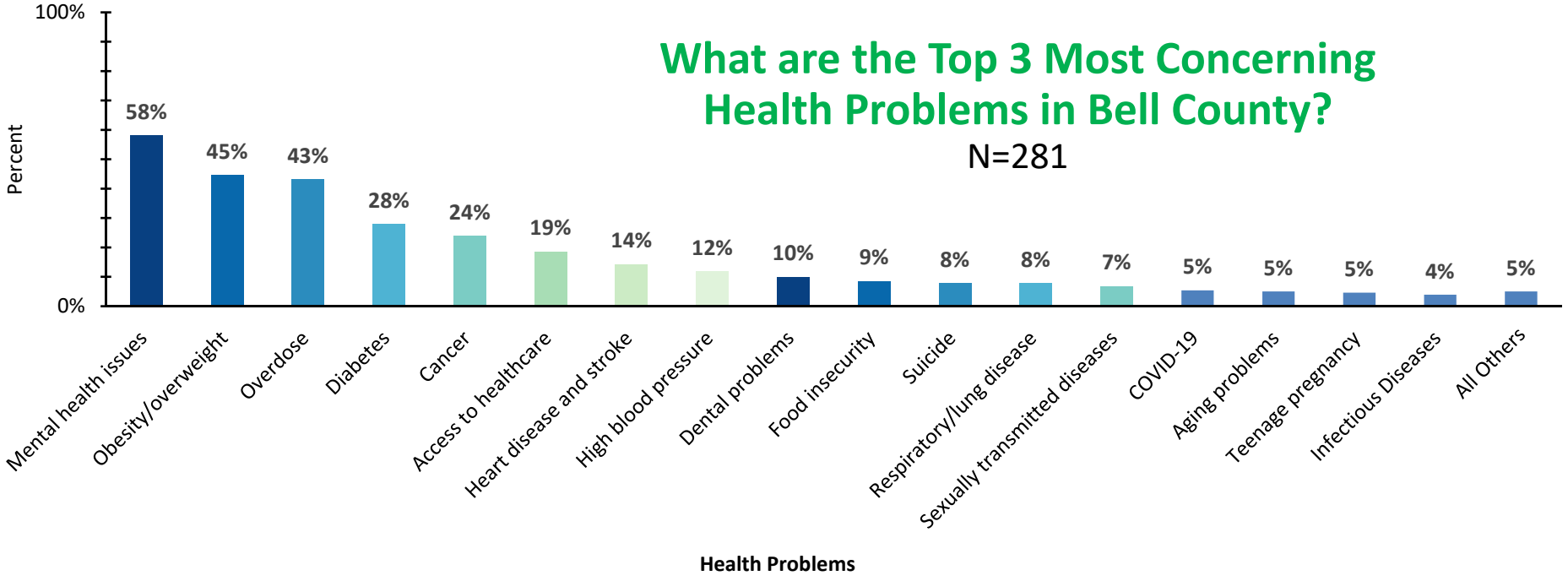
We've assessed and discussed…

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?

2023 Community Status Assessment Results



Priority Health Areas Sign-Ups

- Please sign up to join one of today's selected priority health area workgroups.
- Be on the lookout for an email from BCHD staff on the next meeting times to address community health improvement goals, objectives, and strategies!

Visioning Re-Draft

A healthy and safe Bell County is a community with accessible substance abuse treatment and harm reduction, including syringe exchange. We prioritize mental health, combat loneliness among the elderly, reduce homelessness, and offer resources for smoking cessation and nutritional education. Physical activity options promote well-being, creating a united and thriving environment for all.

Next Steps

- Reflect on today's data presentation
  - Email taneisha.brummett@ky.gov 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 December 31, 2023!

Questions?

www.eku.edu

Thank You!

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jonathan.Vorbeck@eku.edu

Judy Flavell
judy.flavell@eku.edu