

# Community Health Needs Assessment



Casey County Hospital

Fiscal Year Ending June 30, 2025

**TABLE OF CONTENTS**

<b>Introduction</b> .....	3
Community Health Needs Assessment (CHNA) Process.....	3
General Description of Hospital .....	4
Prior Health Needs Identified.....	5
Updates on Strategies and Accomplishments.....	6
Summary of Findings in Current Year.....	8
Community Served by the Hospital.....	8
Definition of Community.....	8
Summary of Discharges by Zip Code.....	8
<b>Community Details</b> .....	9
Geographical Map of Hospital community.....	9
Community Population and Demographics.....	9
<b>Socioeconomic Characteristics of the Community</b> .....	13
Social Vulnerability Index.....	13
Income and Employment.....	14
Unemployment rate.....	16
Poverty.....	17
Insurance Coverage.....	18
Education.....	18
Transportation.....	19
<b>Physical Environment of the Community</b> .....	20
Food access/Food deserts.....	20
SNAP Food Stores.....	20
<b>Clinical Care of the Community</b> .....	21
Preventable Hospital Conditions and Stays.....	21
<b>Health Status of the Community</b> .....	22
Leading Causes of Death.....	23
Health Outcomes and factors.....	24
County Health Rankings.....	25
Diabetes.....	27
Heart Disease.....	28
High Blood Pressure.....	28
Obesity.....	29
Low Birth Weight.....	29
<b>Key Informant Interviews</b> .....	29
Methodology.....	30
Key Informant Observations and Comments.....	30
<b>Information Gaps</b> .....	33
<b>Prioritization of Identified Health Needs</b> .....	33
Leading Causes of Death.....	34
Health Outcomes and Factors.....	34
Primary Data.....	34
Health Needs of Vulnerable Populations.....	34
Management’s Prioritization Process.....	36

<b>Health Care Resources</b> .....	36
Hospitals and Health Centers.....	37
Other Health Care Facilities and Providers.....	37
<b>Appendices</b> .....	38
Analysis of Data.....	39

**INTRODUCTION**

In 2010 the *Patient Protection and Affordable Care Act* (PPACA) passed legislation and became a reporting requirement for tax-exempt health care organizations. Per IRC Section 501(r), private, nonprofit hospitals must:

- Conduct a community health needs assessment (CHNA) at least once every three years on a facility-by-facility basis.
- Identify action plans and strategies to address community needs identified in the assessment and report needs not being address (with reasons why such needs are not being addressed).
- Report CHNA results to the public.

This CHNA, which describes both a process and a document, is intended to document Casey County Hospital’s compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that Casey County Hospital may adopt an implementation strategy to address specific needs of the community.

The CHNA process involved:

- An evaluation of the Implementation Strategy for needs assessment completed in 2022.
- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources.
- Interviews with key informants who represent a) broad interests of the community, b) population of need, or c) persons with specialized knowledge in public health.

This document is a summary of all the available evidence collected during community health needs assessments conducted in tax year 2024. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as prioritizing the community's health needs and will aid in planning to meet those needs.

**COMMUNITY HEALTH NEEDS (CHNA) PROCESS**

Community health improvement efforts are most successful when they are grounded in collective impact, where structured collaborative efforts yield substantial impact on a large-scale social problem. Collective impact focuses on cooperation, collaboration, and partnership to help achieve common priorities and inform partners’ investment strategies.

Hospital facilities must take into account input from people who represent the broad interests of its community, including those with special knowledge of or expertise in public health.

Casey County Hospital engaged Forvis Mazars to conduct a formal community health needs assessment (CHNA). Forvis Mazars is a global professional services firm with more than 7,700 employees, with 70 offices in 28 states as well as offices in more than 100 countries and territories throughout the world. Forvis Mazars serves more than 1,000 hospitals and health care systems in the United States.

This CHNA was conducted from April to June 2025.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Hospital's community health needs assessment:

- An evaluation of the impact of actions taken to address the significant health needs identified in the prior community health needs assessment was completed and an implementation strategy scorecard was prepared to understand the effectiveness of the Hospital's current strategies and programs.
- The "community" served by the Hospital was defined by utilizing inpatient and outpatient regarding patient origin. This process is further described in Community Served by the Hospital.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties. The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
- Community input was provided through key informant interviews. Results and findings are described in the Key Informant section of this report.
- Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons, minority groups, and the community as a whole. Health needs were ranked utilizing a method that weighs: 1) the size of the problem, 2) the seriousness of the problem, 3) the prevalence of the problems, and 4) Alignment of the problem with the Hospital's goals and resources (The Hospital's ability to address the issues).
- An inventory of health care facilities and other community resources potentially available to significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

### **General Description of Hospital**

Casey County Hospital is a critical access facility with 24 licensed beds and is located in Liberty, Kentucky. The Hospital underwent a complete rebuild and renovation in 2008 and is a very modern facility. Among the services offered are a long-term (swing bed) program, radiology, physical and respiratory therapy, and inpatient dialysis. The Hospital operates two rural health clinics – Casey County Primary Care and Casey County Family Practice – as well as a program for senior adults, Casey County IOP (Intensive Outpatient Program). The medical staff consists of an Internal Medicine Physician, two Family Practice Physicians, three Family Practice Nurse Practitioners, and a full-time Radiologist.

The Hospital also has a cardiology clinic. The Emergency Room has five private rooms, and CTs and X-rays read by a Radiologist.

Casey County Hospital contracts with the Inspire Medical group. Inspire Medical is a physician-owned Emergency Department Management and Staffing Group with a solid network of Kentucky physicians committed to staffing physicians for emergency rooms in rural Kentucky hospitals.

**Mission statement:**

Casey County Hospital has as its primary goal the provision of quality hospital services to the citizens of Casey County and the surrounding areas. Through its Quality Improvement, Utilization Review and Risk Management Programs, we pledge to assure a consistently acceptable level and quality of service in the Hospital and Rural Health Clinics and to reduce the risk of injury to patients, visitors and employees. Organizational performance will be constantly reviewed and improved by effective processes, functions and services measured through continuous efforts by Quality Team(s) and activities such as staff, patient and community education.

**Prior Health Needs Identified**

At the completion of the 2022 CHNA, three major health needs were identified. These represented the areas where focus was most needed to improve the health of the community served by the hospital.

1. Obesity
2. Healthy Behaviors/Lifestyle Changes
3. Lack of Mental Health Providers



## **UPDATES ON STRATEGIES AND ACCOMPLISHMENTS**

The following demonstrates the measures of success that Casey County Hospital has reached in addressing the three identified community health needs.

### **Obesity**

Goal 1 – Partner with community agencies to try to decrease this problem.

- A. Work with agencies in our region to provide materials and/or promote activities to combat obesity.
  - The hospital has promoted various events and activities in our community that targets obesity by posting/distributing flyers, announcements, etc. from groups such as local organizations, clubs, churches, and schools. An example is the Lake Cumberland District Health Department’s Walktober, which encouraged participants to get out and walk that month and post selfies to their website and enter a drawing for prizes.

Goal 2 – Educate the community.

- A. Provide educational materials on the effects of obesity to our health care providers to distribute to patients.
  - Educational materials regarding obesity and other chronic diseases are routinely distributed to patients at both Casey County Primary Care and Casey County Family Practice by the patient’s health care provider, if the need is determined that the patient may benefit. Topics include specific dietary needs, exercise, a more active lifestyle, and other chronic diseases that may result from obesity.

### **Healthy Behaviors/Lifestyle Changes**

Goal 1 – Focus on preventative diseases.

- A. Provide preventative health care education by distributing informative and educational materials on chronic diseases such as diabetes, high blood pressure, heart disease, etc.
  - The hospital partnered with the Lake Cumberland District Health Department to distribute materials regarding their diabetes education program in 2022, 2023 and 2024; and also publicized their smoking cessation classes.

Goal 2 – Promote positive effects of changes in health behaviors and lifestyle.

- A. In keeping with the above priority of reducing obesity in the community, use advertisements in local newspaper and radio to promote advantages of healthy lifestyles.

- The hospital used advertisements in our local newspaper in February 2024 and 2025, in keeping with Heart Month, to stress the availability of materials and education to combat heart disease and promote a healthy heart lifestyle. Also in October 2022, 2023 and 2024, the hospital promoted the importance of being proactive when it comes to breast cancer by publishing advertisements again in the local newspaper, citing breast cancer statistics and the importance of receiving mammograms on a timely basis. We also had a drawing for a free mammogram during the informative campaign. We also distributed information from Lake Cumberland Regional Hospital/Kentucky Cancer Program regarding a free workshop in March 2023; and also partnered with the Lake Cumberland District Health Department’s Empowerment Coalition for Casey County in August 2023 and January 2024, addressing health education, diabetes, and school health.

### **Lack of Mental Health Providers**

Goal 1 – Promote existing mental health services for elderly.

- A. Create a targeted campaign for the elderly population to make them aware of mental health and other services provided through Casey County IOP.
  - The hospital developed new brochures for our Casey County IOP program in 2023, which targets patients 65 and over who have challenges with their mental health. The brochures were marketed to various health care providers offices in Casey and surrounding counties, as well as senior citizens centers. Casey County IOP also joined with a newly created group, the Casey County Elder Abuse Council, hosting meetings in April 2023 and January 2024. Casey IOP’s psychiatric director was also a guest speaker at the Casey County Senior Citizens Center in May 2022, and again at the Liberty/Casey County Chamber of Commerce’s monthly luncheon in February 2023, speaking on the mental health services offered locally to the elderly. Personnel with the hospital and IOP also participated in the Lake Cumberland Area Development District’s Senior Health Fair in June 2023, held in Liberty, and went to Somerset in October 2024 for the same event.

Goal 2 – Partner with other agencies to promote any mental health services provided in the area.

- A. Obtain mental health educational information to provide to patients coming through the hospital’s Emergency Department and rural health clinics.
  - Patients seen in the Casey County Hospital ED who are diagnosed with mental health issues are provided instructions by their physician in their discharge summary that refers them to mental health providers; however, patients who are deemed to be suicidal are transferred to a partnering facility for additional services. Staff members with Social Services and the Casey County IOP participated in a zoom meeting in January 2023, sponsored by the Kentucky 3 Coalition regarding the Suicide and Crisis Lifeline where the focus was getting the right help for suicide prevention, mental health and substance abuse. Staff members of the Casey County Hospital ED also participated in an event in March 2025, Truth or Consequences, targeting those of high school age, addressing mental health and other issues.

**Summary of 2025 Needs Assessment Findings**

The following health needs were identified based on the information gathered and analyzed through the community health needs assessment conducted by the Hospital. These needs have been prioritized based on information gathered through the community health needs assessment.

These identified community health needs are discussed in greater detail later in this report.

**Identified Community Health Needs**

1. Cancer
2. High Cost of Health Care/Deductibles
3. Tobacco usage/Smoking
4. Lack of Primary Care Physicians

**Community Served by the Hospital**

The Hospital is located in Liberty, Kentucky, in Casey County, and is an hour and a half south of Lexington. The Hospital is located off US Highway 127. The Hospital serves residents in and around the city of Liberty.

**DEFINITION OF COMMUNITY**

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, the Hospital is the single largest provider of acute care services. The utilization of Casey County Hospital services provides the clearest definition of the community.

Based on the patient origin of acute care discharges from July 1, 2023, through June 30, 2024, management has identified the community to include the corresponding cities listed in the exhibit below.

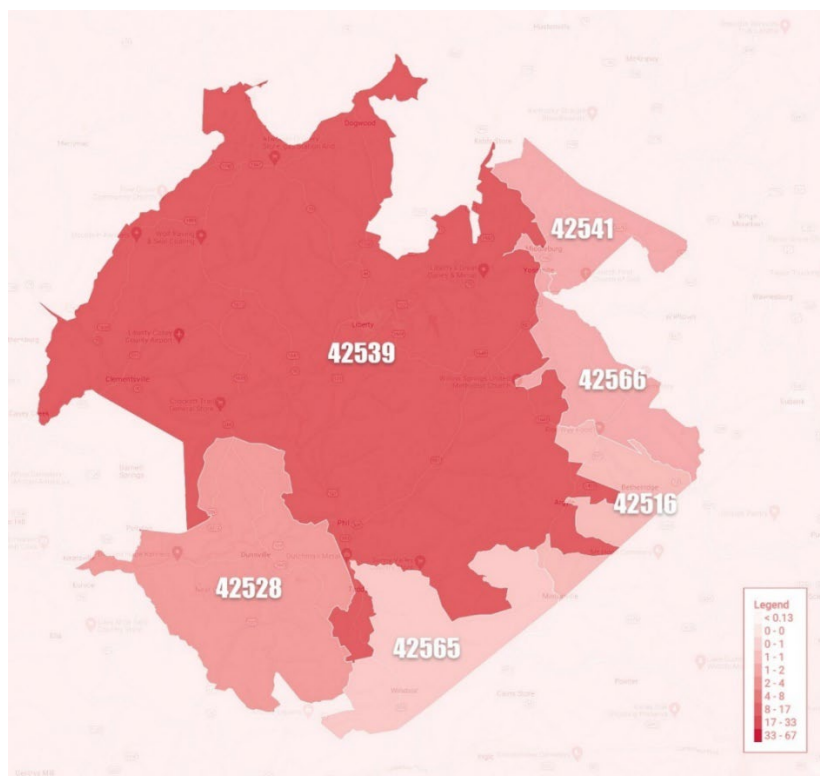
**Casey County Hospital Summary of Inpatient Discharges and Outpatient Visits by Zip Code  
7/1/2023 to 6/30/2024**

Zip Codes	City	Inpatient	Outpatient	Total	Percent of Total
42539	Liberty	246	11912	12,158	64.52
42566	Yosemite	8	719	727	3.85
42528	Dunnville	20	885	905	4.80
42541	Middleburg	3	620	623	3.30
42516	Bethelridge	7	211	218	1.15
42565	Windsor	2	190	192	1.01
<b>Total Casey County</b>		286	14,537	14,823	78.67
Others outside Casey County		62	3,597	4,019	21.33
<b>TOTAL</b>		348	18,494	18,842	100.00

Source: Casey County Hospital FY2024

## COMMUNITY DETAILS

The following map geographically illustrates the Hospital's community by showing the community zip codes shaded by number of inpatient discharges. The map displays the Hospital's geographic relationship to the community, as well as significant roads and highways. The community health needs assessment will utilize this for statistical and data purposes.



### Community Population and Demographics

The U.S. Census Bureau has compiled population and demographic data based on the American Community Survey 2019-2023, 5-year data estimates. The following tables show the total population of the community, breakout of the community between male and female population, age, race/ethnicity, and Hispanic population.

#### Demographic Snapshot: Casey County Hospital

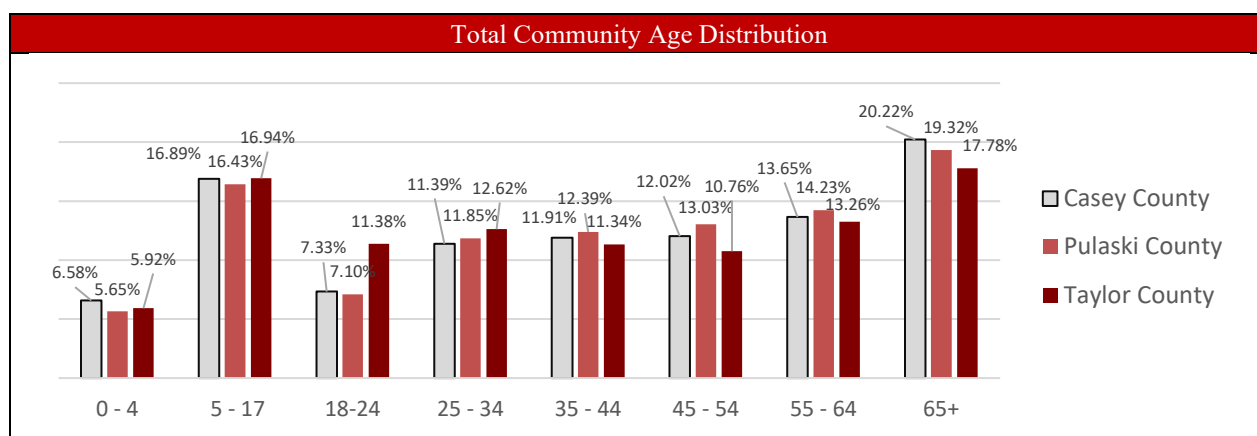
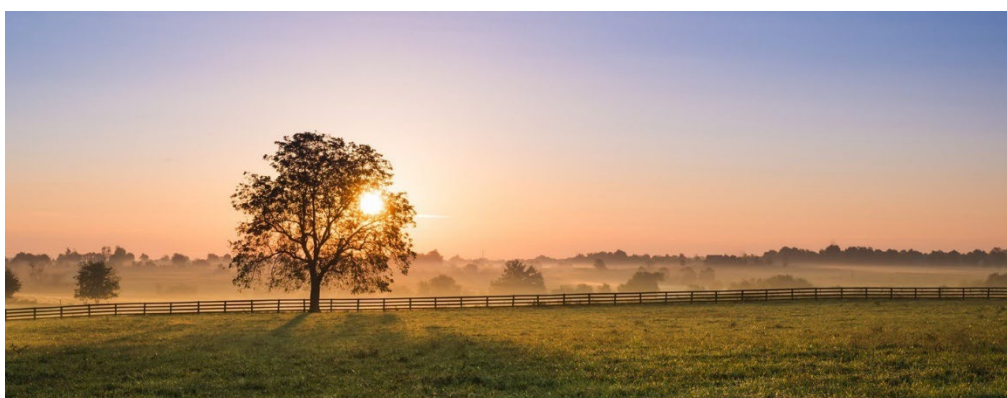
Demographic Characteristics			
Total Population		Population by Gender	
Area	Population	Male	Female
Casey County	15,951	48.46	51.54
Pulaski County	65,503	49.23	50.77
Taylor County	26,205	49.17	50.83
<b>Total Community</b>	<b>107,659</b>	<b>49.10</b>	<b>50.90</b>
Kentucky	4,510,725	49.52	50.48
United States	332,387,540	49.50	50.50

Source: US Census Bureau, American Community Survey. 2019-2023.

## CASEY COUNTY HOSPITAL – 2025 CHNA

Age Group	Casey County Percent	Pulaski County Percent	Taylor County Percent	Total Community Percent	Kentucky Percent	United States Percent
0 - 4	6.58	5.65	5.92	5.85	5.93	5.70
5 - 17	16.89	16.43	16.94	16.62	16.75	16.46
18-24	7.33	7.10	11.38	8.18	9.09	9.12
25 - 34	11.39	11.85	12.62	11.97	13.05	13.69
35 - 44	11.91	12.39	11.34	12.06	12.54	13.08
45 - 54	12.02	13.03	10.76	12.33	12.43	12.29
55 - 64	13.65	14.23	13.26	13.91	13.20	12.82
65+	20.22	19.32	17.78	19.08	17.03	16.84

Source: US Census Bureau, American Community Survey. 2019-2023.



The total community’s age distribution is comparable to state and national averages. Nearly half (45.9%) of the population is 45 years or older. The largest age group is 65 years and older (20.2%). The next largest group is 5-17 (16.89%).

Population, race and ethnicity are important factors when reviewing a community’s health and quality of life. The tables below illustrate different categories such as White, Black, Asian, Hispanic, and others.

CASEY COUNTY HOSPITAL – 2025 CHNA

The tables below provide details into total populations by various races and ethnicities.

Race Alone Population (percent)							
	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Casey County	95.72	0.53	0.05	0.21	0.00	0.87	2.63
Pulaski County	94.55	0.88	0.85	0.20	0.00	0.66	2.87
Taylor County	90.01	4.63	0.93	0.46	0.00	0.08	3.95
Total Community	93.62	1.73	0.75	0.25	0.00	0.55	3.10
Kentucky	83.68	7.88	1.52	0.17	0.08	1.49	5.18
United States	63.44	12.36	5.85	0.88	0.19	6.60	10.71

Source: US Census Bureau, American Community Survey. 2019-2023. \*May not total due to rounding.

Race and Ethnicity Combined Population (percent)								
	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic Native American or Alaska Native	Non-Hispanic Native Hawaiian or Pacific Islander	Non-Hispanic Other Race	Non-Hispanic Multiple Races	Hispanic or Latino
Casey County	93.79	0.53	0.05	0.21	0.00	0.03	2.06	3.34
Pulaski County	92.68	0.88	0.85	0.11	0.00	0.15	2.36	2.97
Taylor County	88.85	4.60	0.93	0.06	0.00	0.00	2.69	2.87
Total Community	90.91	1.73	0.75	0.11	0.00	0.10	2.40	3.00
Kentucky	82.31	7.77	1.50	0.08	0.07	0.26	3.30	4.70
United States	58.17	12.03	5.75	0.53	0.17	0.50	3.87	18.99

Source: US Census Bureau, American Community Survey. 2019-2022 \*May not total due to rounding.

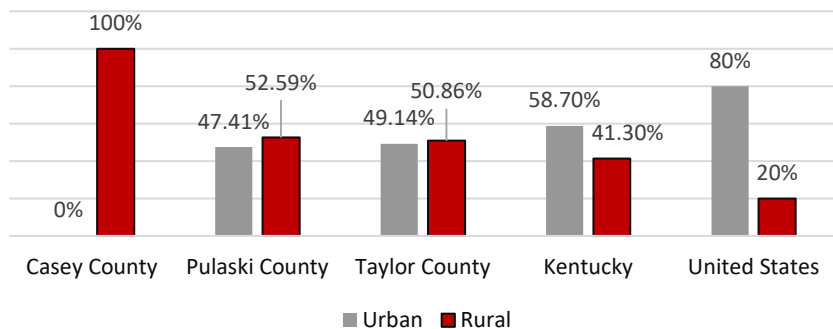
The following table and graph show the percentage of individuals that live in rural and urban areas. Urban is defined as densely developed territories that encompass residential, commercial, and other non-residential land uses. Rural areas are all areas that are not classified as urban. This information helps explain how access to care can sometimes be limited for those living in rural areas.

In the total report area, 32.19% of the population is classified urban while 67.81% is rural.

Urban vs. Rural Population		
	Percent Urban	Percent Rural
Casey County	0.00	100.00
Pulaski County	47.41	52.59
Taylor County	49.14	50.86
Kentucky	58.70	41.30
United States	80.00	20.00

Source: US Census Bureau, Decennial Census. 2020. Source geography: Tract

Urban vs. Rural



**Language**

Language barriers contribute to patient and provider communication and can result in poor health outcomes. A national study in the *Journal of General Internal Medicine* showed that individuals with Limited-English Proficiency (LEP) who don't receive additional services (such as an interpreter) were less likely to be aware of medical implications and were less satisfied overall about their medical care.

The following table reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well" by race alone in the report area.

Limited English Proficiency by Race						
	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Other Races
Casey County	1.06	19.05	0.00	12.50	No data	80.84
Pulaski County	0.83	1.45	7.03	57.66	No data	22.03
Taylor County	0.53	0.00	72.32	3.29	No data	22.01
Kentucky	0.88	4.17	17.20	34.07	20.73	55.75
United States	3.13	3.11	14.39	30.47	12.50	51.99

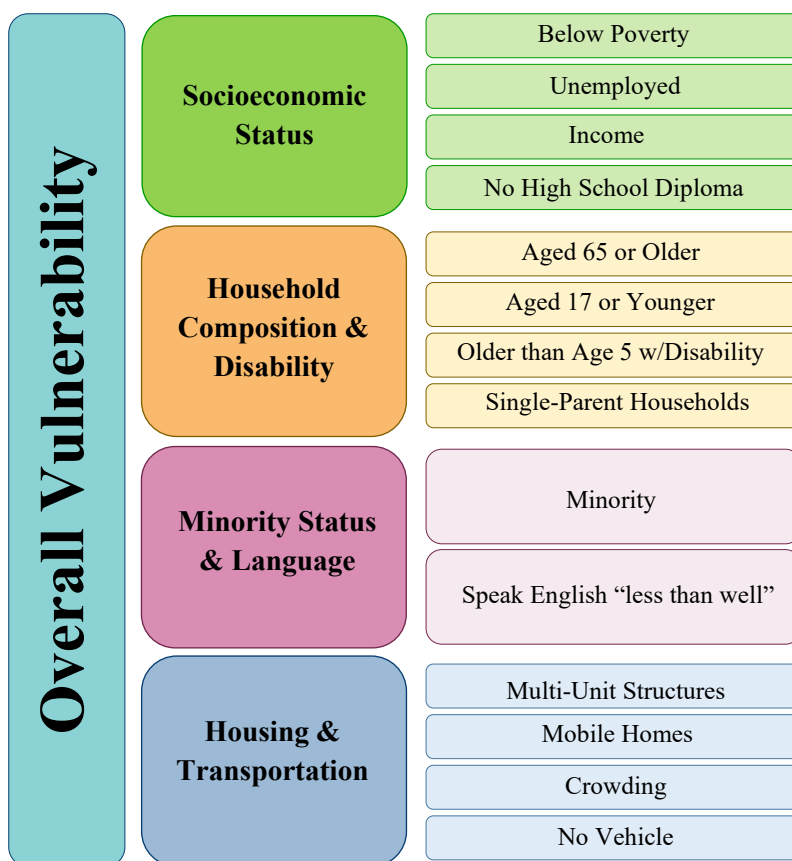
Source: US Census Bureau, American Community Survey. 2019-2023.



## SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. Vulnerable populations often experience high rates of chronic illness and poor health outcomes, leading to health disparities between various demographic groups.

The CDC has developed the Social Vulnerability Index (SVI). The helps public health officials identify and meet the needs of socially vulnerable populations.



The CDC ranks county’s social vulnerability index. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). Casey County has a high level of vulnerability, which is higher than many other surrounding counties.

The following table displays the SVI scores for Casey County and nearby counties.

County/Region	SVI Score	Level of Vulnerability
Adair County	0.6026	Moderate to High level of vulnerability
Boyle County	0.5304	Moderate to High level of vulnerability
Casey County	0.8361	High level of vulnerability
Lincoln County	0.5835	Moderate to High level of vulnerability
Marion County	0.7859	High level of vulnerability
Pulaski County	0.6456	Moderate to High level of vulnerability
Russell County	0.6029	Low level of vulnerability
Taylor County	0.3395	Low level of vulnerability

Source: <https://www.atsdr.cdc.gov/place-health/php/svi/svi-interactive-map.html> 2024

The SVI instrument identifies critical health issues, however, some of the factors are not used in the remainder of this assessment because they are designed for emergency planners and are not applicable to general health and quality of life. The Composition & Disability measure is not examined in this report.

The following information and exhibits include important factors such as household per capita income, employment rates, uninsured population, poverty, and educational attainment for the community. These standard measures will be used to compare the socioeconomic status of the community to the state of Kansas and the United States.

The SVI instrument identifies critical health issues, however, some of the factors are not used in the remainder of this assessment because they are designed for emergency planners and are not applicable to general health and quality of life. The Composition & Disability measure is not examined in this report.

### **Additional Important Factors**

The following information and exhibits include important factors such as median household income, employment rates, uninsured population, poverty, and educational attainment for the community. These standard measures will be used to compare the socioeconomic status of the community to the state of Kentucky and the United States.

### **Income**

The table below displays the Median and Per Capita Income for the community.

Median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, an average household income is usually less than an average family income.

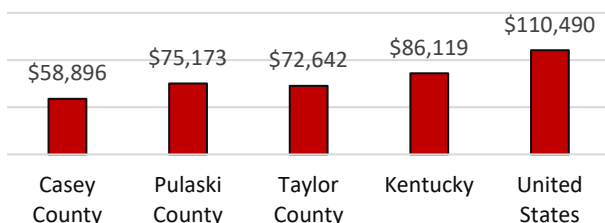
Per Capita income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

Per Capita Income is an important determinant in an individual’s health. People with above-average income typically have health insurance, reliable transportation, and the financial means to pay out-of-pocket expenses. In addition, those with higher income are more likely to practice healthy lifestyle choices such as exercising, eating nutritional foods, and abstaining from tobacco use. The following exhibit shows the average (mean) and per capita income specified area. As the data demonstrates, Casey County’s income is considerably lower than the state and national income averages.

Household Income			
	Total Family Households	Median Household Income (\$)	Per Capita Income (\$)
Casey County	6,217	\$58,896	\$23,916
Pulaski County	25,920	\$75,173	\$31,139
Taylor County	10,045	\$72,642	\$28,173
Total Community	42,182	\$72,319	\$29,478
Kentucky	1,791,991	\$86,119	\$34,960
United States	127,482,865	\$110,490	\$43,288

Source: US Census Bureau, American Community Survey. 2019-2023

Median Income Comparison



## Employment

Casey County is supported by major industries including government, education, and health services. The table on the following page lists major industries for the county. This table shows the share breakdown of the primary industries for residents of Casey County, though some of these residents may live in Casey County and work somewhere else. Census data is tagged to a residential address, not a work address.

Most Common Industries in Casey County		
Major Industries	# Employees	% Employees
Manufacturing	1,116	20.3%
Healthcare & Social Assistance	745	13.6%
Retail Trade	616	11.2%
Construction	465	8.47%
Educational Services	430	7.83%
Agriculture, Forestry, Fishing & Hunting	359	6.54%
Other services except Public Administration	274	4.99%
Transportation & Warehousing	260	4.73%
Public Administration	229	4.17%

Accommodation & Food Service	211	3.84%
Wholesale Trade	179	3.26%

Source US Census Bureau: <https://datausa.io/profile/geo/casey-county-ky> 2023

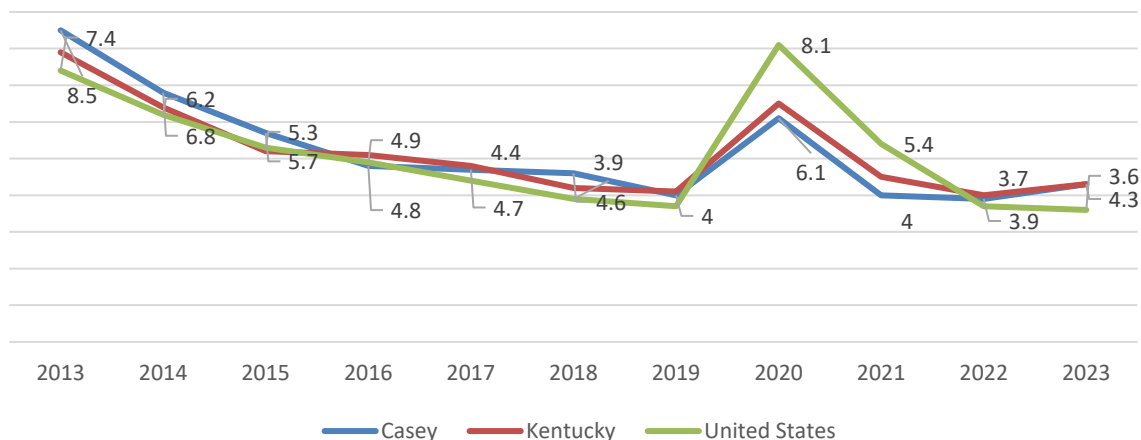


### Unemployment Rate

The tables below display the average annual resident unemployment rates for Casey County, Kentucky, and the United States. Total unemployment in the report area for the current month equals 277, or 4.1% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Average Yearly Unemployment Rate (percent)											
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Casey County	8.5	6.8	5.7	4.8	4.7	4.6	4.0	6.1	4.0	3.9	4.3
Kentucky	7.9	6.4	5.3	5.1	4.8	4.2	4.1	6.5	4.5	4.0	4.3
United States	7.4	6.2	5.3	4.9	4.4	3.9	3.7	8.1	5.4	3.7	3.6

Source: US Department of Labor. Bureau of Labor Statistics. 2025 – January



### Poverty

The following table displays the percentage of total population below 100 percent and 200 percent Federal Poverty Level (FPL) for Casey County, the state of Kentucky, and the United States. The FPL is a measurement of the minimum amount of income that is needed for individuals and families to pay for essentials. The guidelines are used to establish eligibility for Medicaid and other federal programs.

Poverty is a key driver of health status and is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

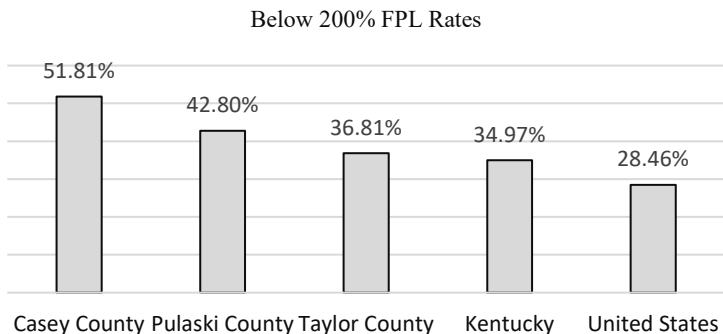
People living in chronic poverty have elevated health risks that can lead to unsafe conditions and diseases. Conditions might include drinking contaminated water or living in unsanitary housing with poor ventilation.

Low-income residents may delay or avoid pursuing medical attention until issues reach a critical stage, creating a greater demand on the community’s medical resources. This may include dependence on emergency rooms for what should be routine primary care. In addition, uninsured or low-income individuals’ inability to pay for services places strain on the community’s medical system. These individuals have limited transportation options and lack the ability to travel outside their local community for medical services.

Population below 100% FPL (Federal Poverty Line)		
	Populations below FPL	Percent in Poverty
Casey County	3,791	20.02
Pulaski County	13,006	24.44
Taylor County	4,156	16.63
Kentucky	707,480	16.14
United States	40,390,045	12.44

Population below 200% FPL (Federal Poverty Line)		
	Populations below FPL	Percent in Poverty
Casey County	8,036	51.81
Pulaski County	27,461	42.80
Taylor County	9,198	36.81
Kentucky	1,532,788	34.97
United States	92,357,008	28.46

Source: Source: U.S. Census Bureau (2019-2023).



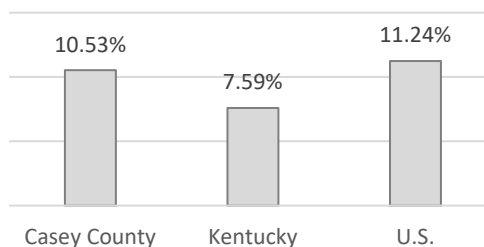
**Insurance - Uninsured**

This indicator reports the percentage of adults 18 to 64 years old without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status. Uninsured adults have limited access to preventive services and specialty care, may receive poorer quality of care, and often experience worse health outcomes than those with insurance.

Casey County has 10.53% of the total civilian non-institutionalized population without health insurance. This rate is higher than the state average (7.59%), and lower than the national average (11.24%).

Uninsured Population			
	Total Population Age 18-64	Uninsured Population Age 18-64	Uninsured Population Percent
Casey County	8,741	920	10.53
Kentucky	2,642,949	200,716	7.59
United States	197,858,423	22,237,154	11.24

Source: US Census Bureau, American Community Survey 2019-2023



**Education**

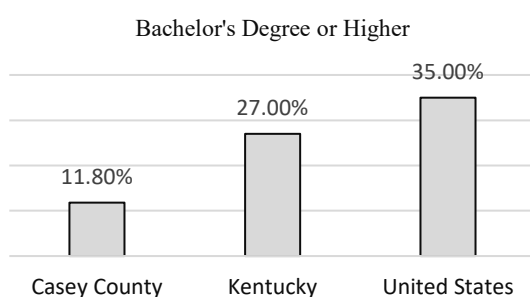
Educational Attainment shows the distribution of the highest level of education achieved in the report area. This information helps schools and businesses to understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering, and mathematics opportunities. Educational attainment is calculated for persons over 25 years old and is an estimated average for the period from 2019 to 2023.

This is relevant because educational attainment has been linked to positive health outcomes.

In Casey County, 45.7% of the population ended their education after attaining a high school diploma.

Educational Attainment – Population Age 25 and Older					
	Percent with High School Only	Percent with Some College	Percent with Associate’s Degree	Percent with Bachelor’s Degree	Percent with Graduate or Professional Degree
Casey County	45.7	13.4	7.0	6.7	5.1
Kentucky	32.7	20.0	8.9	15.9	11.1
United States	26.2	19.4	8.8	21.3	13.7

Source: US Census Bureau, American Community Survey. 2019-2023



### Medicaid

This indicator reports the percent of population receiving Medicaid by age group. In all age groups, the percent of residents receiving Medicaid is higher in Casey County than the percent of the state of Kentucky and the United States.

Medicaid Coverage			
	Under age 18 receiving Medicaid	Age 18-64 receiving Medicaid	Age 65+ receiving Medicaid
Casey County	56.64%	35.56%	17.41%
Kentucky	45.83%	23.86%	13.34%
United States	38.38%	15.50%	13.83%

Source: US Census Bureau, American Community Survey. 2019-2023.

### Transportation

Transportation is a critical social determinant of health. The American Hospital Association says that each year, more than 3.5 million people do not receive adequate medical care due to transportation issues. These issues may include access to vehicles, long distances to needed services, and costs associated with travel. Transportation issues can be worse in rural communities where individuals may live long distances from providers.

Within Casey County, 9.51% of the households do not have a motor vehicle. This rate is 41.3% higher than the rate for the state of Kentucky.

Households with No Motor Vehicle		
	Households with no Motor Vehicle	Percent Households with no Motor Vehicle
Casey County	591	9.51
Kentucky	120,546	6.73
United States	10,602,826	8.32

Source: US Census Bureau, American Community Survey. 2019-23.

## PHYSICAL ENVIRONMENT OF THE COMMUNITY

A community’s health is affected greatly by its physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will examine some of the elements that relate to various needs mentioned throughout the report.

### Food Insecurity

The table below reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Casey County’s rate of food insecurity (19.1%) is 48.1% higher than the United States’ rate, and 24.2% higher than the rate for the state of Kentucky.

Population with Food Insecurity		
	Food Insecure Population	Food Insecure Rate
Casey County	3,040	19.10%
Kentucky	691,940	15.37%
United States	42,657,200	12.88%

Data Source: Feeding America 2022

### SNAP Food Stores

Certain food stores are authorized by SNAP (Supplemental Nutrition Assistance Program). These include grocery stores as well as supercenters, specialty food stores, and convenience stores that are authorized to accept SNAP benefits. Casey County has 16.8% retailers per 10,000 population, which is greater than the state or federal rate.

SNAP Authorized Food Stores		
	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers Rate per 10,000 population
Casey County	29	29.0
Kentucky	4,635	10.28
United States	264,826	7.89

Data Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer

Locator. Additional data analysis by CARES. 2025.

## CLINICAL CARE OF THE COMMUNITY

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of un-insurance, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

### Hospitalizations - Preventable Conditions

The indicator below reports the preventable hospitalization conditions rate among Medicare FFS (Fee-for-Service) beneficiaries for the latest reporting period (2022). Data were obtained from the CMS Mapping Medicare Disparities tool. This indicator reports the unsmoothed age-adjusted rate of Prevention Quality Overall Composite (PQI #90) for the Medicare population. Rates are presented per 100,000 beneficiaries.

Patients are sometimes hospitalized for conditions that could have been treated in an outpatient setting, such as congestive heart failure, bacterial pneumonia, and urinary tract infections, suggesting that quality outpatient care was not accessible. Preventable hospital stays are costly, disproportionately impact historically marginalized communities, and can lead to long-term health and financial consequences. Within Casey County, the rate of preventable conditions (5,958) is 123% higher than the national rate and 78.5% higher than the state rate.

Hospitalizations - Preventable Conditions		
	Medicare FFS Beneficiaries	Preventable Conditions, Rate per 100,000
Casey County	2,225	5,958
Kentucky	471,191	3,336
United States	30,900,366	2,666

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2020. Source geography: County 57,235,207

### Hospitalizations - Preventable Hospital Stays

This indicator reports the number and rate of hospital inpatient stays among Medicare beneficiaries. In the latest reporting period there were 3,697 Medicare beneficiaries in the report area. Approximately 290 total beneficiaries, or 14.5%, had a hospital inpatient stay, and the rate of stays per 1,000 beneficiaries was 223.9. The rate of inpatient stays in the report area was lower than the state rate of 232.0 during the same time period.

Hospitalizations - Preventable Conditions			
	Total Medicare Part A & B Beneficiaries	Beneficiaries with Inpatient Stays Percent	Inpatient Stays rate per 1,000 Beneficiaries
Casey County	3,697	14.5	223.9
Kentucky	888,759	15.0	232.0
United States	59,319,668	14.1	218.3

*Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File. 2022*

## HEALTH STATUS OF THE COMMUNITY

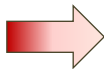
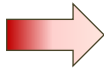
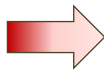
This section of the assessment reviews the health status of the Community with comparisons to the State of Kentucky. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the community will enable the Hospital to identify priority health issues related to the health status of its residents.

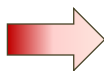
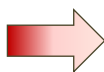
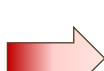
Good health can be defined as a state of physical, mental, and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes, and beliefs of everyone who lives in the community. Healthy people are among a community’s most essential resources.

Numerous factors have a significant impact on an individual’s health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers.

Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle		Primary Disease Factors
Smoking		Lung cancer Cardiovascular disease Emphysema Chronic Bronchitis
Alcohol/drug abuse		Cirrhosis of Liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental Illness
Poor Nutrition		Obesity Digestive disease Depression

<b>Driving at excessive speeds</b>		Trauma Motor vehicle crashes
<b>Lack of exercise</b>		Cardiovascular disease Depression
<b>Overstressed</b>		Mental illness Alcohol/drug abuse Cardiovascular disease

Studies by the American Society of Internal Medicine conclude that up to 70 percent of an individual’s health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities, and premature death.

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. However, law does not require reporting the incidence of a particular disease, except when the public health is potentially endangered. More than 50 infectious diseases in Kentucky must be reported to county health departments. Except for Acquired Immune Deficiency Syndrome (AIDS), most of these reportable diseases currently result in comparatively few deaths.

Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes in death in the community, along with the state of Kentucky. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

### Leading Causes of Death

The following table reflects the leading causes of death for the community. It compares the rates, per hundred thousand, of Casey County, Kentucky and the national average rates, per hundred thousand, for the 5-year period of 2019-2023. Except for COVID-19, Casey County’s cause of death per 100,000 population is far above that of the United States.

	Casey County Per 100k	Kentucky Per 100k	United States Per 100k
Malignant neoplasms (cancer)	286.50	228.18	182.70
Diseases of the heart	228.95	250.86	207.22
Chronic lower respiratory diseases (lung)	131.37	73.94	44.92
COVID-19	115.0	74.36	60.57
Accidents	68.81	87.50	63.26
Stroke	40.0	51.9	48.3

Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.



### Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture, and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state, and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity).

These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state, and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.*, 1 or 2, are considered to be the "healthiest."

Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes - rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors - rankings are based on weighted scores of four types of factors:
  - Health behaviors (six measures)
  - Clinical care (five measures)
  - Social and economic (seven measures)
  - Physical environment (four measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)).

As part of the analysis of the needs assessment for the community, data from Casey County will be used to compare the relative health status of the county to the state of Kentucky as well as to a national benchmark. The current year information is compared to the health outcomes reported on the prior community health needs assessment and the change in measures is indicated. A better understanding of the factors that affect the health of the community will assist with how to improve the community’s habits, culture, and environment.

Health Outcomes - rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures. The tables on the following page show how changes in the counties included in the community’s mortality and morbidity outcomes have mostly increased from the prior community health needs assessment.

County Health Rankings - Health Outcomes					
	Casey County 2021	Casey County 2024	Increase/Decrease	Kentucky 2024	U.S. 2024
<b>Mortality*</b>					
<b>Premature death</b> - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	11,000	12,900	↑	11,700	8,400
<b>Morbidity*</b>					
<b>Poor or fair health</b> - Percent of adults reporting fair or poor health (age-adjusted)	29.0%	30.0%	↑	20.0%	17.0%
<b>Poor physical health days</b> - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	6.0	5.8	↓	4.5	3.9%
<b>Poor mental health days</b> - Average number of mentally unhealthy days reported in past 30 days (Age Adjusted)	6.1	6.0	↓	5.0	5.1%
<b>Low birth weight</b> - Percent of live births with low birth weight (<2500 grams)	8.0%	7.0%	↓	9.0%	8.0%

\*\* Data should not be compared with prior years Source: *Countyhealthrankings.org*

<b>Health Behaviors</b>	Casey County 2021	Casey County 2024	Increase/Decrease	Kentucky 2024	U.S. 2024
<b>Adult smoking</b> – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	30.0%	26.0%	↓	18.0%	13.0%
<b>Adult obesity</b> – Percent of adults that report a BMI >= 30	37.0%	41.0%	↑	38.0%	34.0%
<b>Food environment index</b> <sup>^</sup> – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.8	6.7	↓	6.6	7.4
<b>Physical inactivity</b> – Percent of adults aged 20 and over reporting no leisure time physical activity	40.0%	34.0%	↓	25.0%	23.0%

CASEY COUNTY HOSPITAL – 2025 CHNA

<b>Access to exercise opportunities</b> <sup>^</sup> – Percentage of population with adequate access to locations for physical activity	Data not available	10.0%	—	70.0%	84.0%
<b>Excessive drinking</b> – Percent of adults that report excessive drinking in the past 30 days	14.0%	14.0%	—	15.0%	19.0%
<b>Alcohol-impaired driving deaths</b> – Percent of motor vehicle crash deaths with alcohol involvement	64.0%	50.0%	↓	26.0%	26.0%
<b>Sexually transmitted infections</b> – Chlamydia rate per 100K Population	216.6	144.5	↓	406.8	495.0
<b>Teen births</b> – Female population, ages 15-19	44	31	↓	24	16
<b>Clinical Care</b>	Casey County 2021	Casey County 2024	Increase/Decrease	Kentucky 2024	U.S. 2024
<b>Uninsured adults</b> – Percent of population under age 65 without health Insurance	11.0%	9.0%	↓	7.0%	10.0%
<b>Primary care physicians</b> – Number of populations for every primary care physician	16,160:1	7,930:1	↓	1,600:1	1,330:1
<b>Dentists</b> – Number of populations for every dentist	8,030:1	5,310:1	↓	1,500:1	1,360:1
<b>Mental health providers</b> – Number of populations for every mental health provider	850:1	990:1	↑	320:1	300:1
<b>Mammography screening</b> <sup>^</sup> – Percent of female Medicare enrollees that receive mammography screening	31.0%	32.0%	↓	43.0%	44.0%
<b>Social and Economic Factors</b>					
<b>High school graduation</b> <sup>^</sup> – Percent of ninth grade cohort that graduates in 4 years	74.0%	78.0%	↑	89.0%	89.0%
<b>Some college</b> <sup>^</sup> – Percent of adults aged 25-44 years with some postsecondary Education	39.0%	37.0%	↓	63.0%	68.0%
<b>Unemployment</b> – Percent of population age 16+ unemployed but seeking work	4.1%	4.1%	—	4.2%	3.6%
<b>Children in poverty</b> – Percent of children under age 18 in poverty	32.7%	28.0%	↓	20.0%	16.0%
<b>Income inequality</b> – Ratio of household income at the 80th percentile to income at the 20th percentile	5.2	5.3	↑	4.9	4.9
<b>Children in single-parent households</b> – Percent of children that live in household headed by single parent	23.0%	25.0%	↑	25.0%	25.0%
<b>Social associations</b> <sup>^</sup> – Number of membership associations per 10,000 population	5.6	6.9	↑	10.2	9.1
<b>Violent Crime Rate</b> – Violent crime rate per 100,000 population (age adjusted)	35.0	8.40	↓	226.5	416.0
<b>Injury deaths</b> – Number of deaths due to injury per 100,000 population	119	105	↓	110	84

<b>Physical Environment</b>	Casey County 2021	Casey County 2024	Increase/Decrease	Kentucky 2024	U.S. 2024
<b>Air pollution-particulate matter days</b> – Average daily measure of fine particulate matter in micrograms per cubic meter	8.5	7.9	↓	8.0	7.3
<b>Severe housing problems</b> – Percentage of household with at least 1 of 4 housing problems:	8.0%	11.0%	↑	12.0%	15.0%

overcrowding, high housing costs or lack of kitchen or plumbing facilities					
<b>Driving alone to work</b> – Percentage of workforce that drives alone to work	78.0%	76.0%	↓	78.0%	70.0%
<b>Long commute, driving alone</b> – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	42.0%	39.0%	↓	31.0%	37.0%
* Rank out of 120 Kentucky counties ^Opposite Indicator signifying that an increase is a positive outcome, and a decrease is a negative. Note: N/A indicates unreliable or missing data Source: <a href="https://www.countyhealthrankings.org">Countyhealthrankings.org</a>					

\* Data should not be compared with prior years.

\*\*Opposite indicator signifying that an increase is a positive outcome, and a decrease is a negative outcome.

Source: <https://www.countyhealthrankings.org/app/Kentucky/2024/couny>



A number of different health factors shape a community’s health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment.

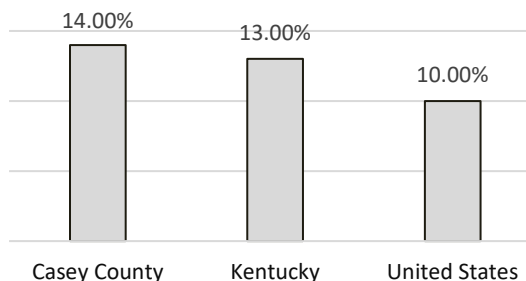
The following exhibits show a more detailed view of certain health outcomes and factors for the community, Kentucky, and the United States.

**Diabetes**

The following table and chart display the percentage of adults aged 18 and older who have ever been told by a doctor that they have diabetes. This is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Population with Diagnosed Diabetes	
	Diagnosed Diabetes Percent
Casey County	14.0%
Kentucky	13.0%
United States	10.0%

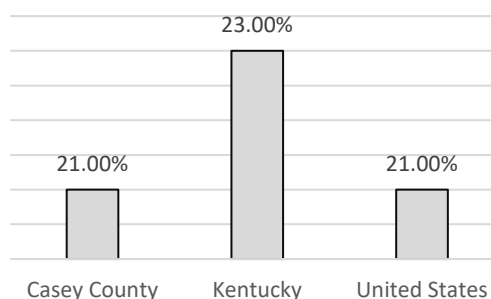
<https://www.countyhealthrankings.org/health-data/compare-counties?compareCounties=&year=2025>



### Heart Disease (Adult)

The following table has data on Medicare beneficiaries with ischemic heart disease based on administrative claims. This is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

Population with Heart Disease		
	Beneficiaries with Heart Disease	Beneficiaries with Heart Disease Percent
Casey County	467	21.0%
Kentucky	108,374	23.0%
United States	6,489,077	21.0%

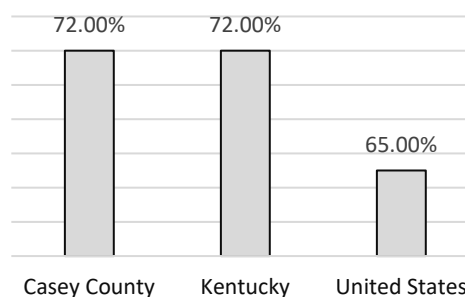


Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File, 2018.

### High Blood Pressure (Medicare)

The following table and chart report the number and percentage of the Medicare fee-for-service population with hypertension (high blood pressure). Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program.

High Blood Pressure (Medicare Population)		
	Beneficiaries with High Blood Pressure	Beneficiaries with High Blood Pressure Percent
Casey County	1,602	72.0%
Kentucky	339,258	72.0%
United States	20,085,238	65.0%



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor

## Obesity

The following table and chart display the percentage of adults aged 20 and older self-reporting having a Body Mass Index (BMI) greater than 30.0 (obese). Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

The adult obesity rate for Casey County is slightly higher than the state and national rates.

Population with Obesity			
	Survey Population Age 20 and older	Population with BMI> 30.0 (Obese)	Percent with BMI> 30.0 (Obese)*
Casey County	11,893	2,676	25.5%
Kentucky	3,377,595	1,078,014	31.8%
United States	232,757,930	70,168,831	30.1%

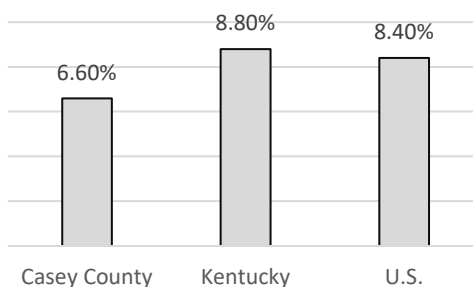
Data Source: County Health Rankings, 2022  
via  
<https://www.countyhealthrankings.org/app/kentucky/2022/rankings/casey/county/outcomes/overall/snapshot>

## Low Birth Weight

The table and chart below display the percentage of total births that are low birth weight (Under 2500g). Low births are live births where the infant weighed less than 2,500 grams (approximately 5 lbs.)

This is relevant because low birth weight infants are at high risk for health problems. This can also highlight the existence of health disparities.

	Percent Low Weight Births
Casey County	6.6%
Kentucky	8.8%
U.S.	8.4%



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

## KEY INFORMANT INTERVIEWS

In the Patient Protection and Affordable Care Act (PPACA) passed in March 2010, nonprofit hospitals were mandated to conduct a community-based needs assessment every three years. As a part of the process, each hospital is required to solicit input from those who represent the broad interests of the community served by the hospital as well as those who have special knowledge or expertise around public health and underserved populations.

**Methodology**

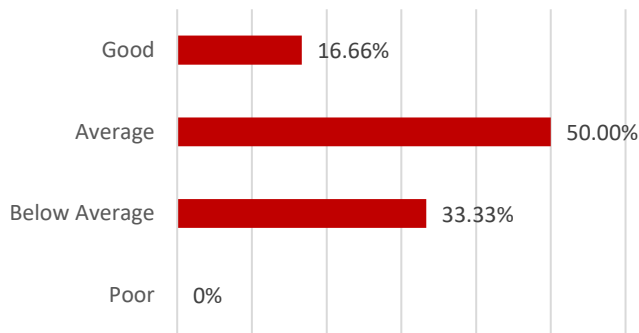
Interviews were held with various professionals representing a cross-section of industries and organizations within the community’s population. Stakeholders were determined based on their a) specialized knowledge or expertise in behavioral health, b) their affiliation with local government, schools and industry or c) their involvement with underserved and minority populations. Individuals participating in the interviews included:

- Karen Atwood, board member, Casey County Hospital Board of Trustees
- Chris Carman, middle grade teacher, Casey County Schools
- Brenda Carmicle, Executive Director, Casey County Community Ministries
- Jamie Jones
- Lori Pierce, Director of Nursing, Casey County Hospital
- Donna Rigney, owner, The Village Restaurant
- Chad Weddle, Sheriff, Casey County
- Kelly Wilson, HANDS Program Specialist, Casey County Health Department

The purpose of the interviews was to receive feedback on community health and wellness attributes, strengths, and challenges. Topics included questions about 1) health and quality of life, 2) underserved and underrepresented populations, 3) barriers, and 4) efforts and activities to address challenges.

**Key Informant general observations and comments**

Key informants were asked to rate the overall health and quality of life in their community. Half felt the overall health was just average, with only a few giving a rating of below average or good.



Interview comments:

“We have high rates of tobacco use, obesity, and low physical activity.”

“There is a general lack of exercise.”

“Children do not always receive healthy foods at home.”

“It seems like there are so many people battling sickness right now.”

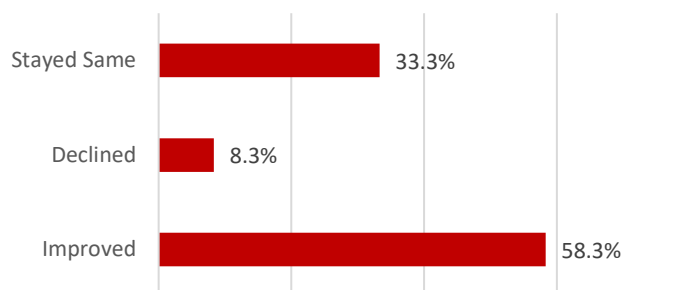
“They are afraid to go to the doctor because of a lack of specialty doctors.”

“The knowledge and resources are there for better quality of life from a health standpoint. However, the lower rating is due to a lack of motivation from the community as a whole.”

“Our children need more community resources to encourage physical activity.”

**Changes in Health and Quality of Life**

When asked if the overall health and quality of life in their community had improved, stayed the same, or declined over the past three years, more than half (58.3%) believed it had improved. One-third felt that conditions had stayed the same, and only 8.3% believed that the health and quality of life was worse now than it was three years ago.



**Interview comments:**

“We have a new facility and plans for more specialty care.”

“There is more access to newer up-to-date facilities.”

“There a lot of elderly and low-income individuals living here.”

“More people in the community are trying to live healthy lifestyles.”

**Specific Barriers**

Key Informants were asked to describe barriers, if any, that exist to improving health and quality of life of patients served by Casey County Hospital. The most frequent barriers described were transportation and money (unable to afford insurance).

- Lack of transportation
- No insurance or under-insured
- Lack of health knowledge
- Limited access to healthy foods in the community

Interview comments:

- “Health care is so expensive, especially if you don’t have a plan from your employer.”
- “Culture and family beliefs play a big role in seeking help from the outside.”
- “Cultural issues; historic tobacco-growing community led to acceptance of smoking and vaping.”
- “There is a lack of knowledge, especially when it relates to mental health.”

**Addressing Barriers**

Stakeholders recommended specific actions or steps that could be taken to help address barriers faced by individuals and groups in the community.

- Increase health education and awareness.
- We need programs in our city to help the less fortunate.
- Increase mental health support for adults, provide after-work programs.

**Casey County Hospital Services**

Key informants were asked to provide ideas on services that Casey County Hospital might provide to better meet the needs of its patients and patients’ families.

- Better educate the community on the available health resources in the community.
- Provide more information to patients when they visit doctors so they better understand follow up and how to manage their care.
- Bring in more specialty physicians (pulmonology, cardiology, OB).
- Provide more MRI and CT Scans.
- Offer health fairs in other locations.
- Add more EMS, currently not enough staff.
- Expand staff to include heart and kidney specialists.
- Provide more recovery services in the community.

**Critical Health Needs**

Stakeholders provided input on the most critical health needs of the general population in Casey County. The three most critical health needs were obesity, mental health, and pediatric care for children.

Others health needs included:

- |                                  |                             |
|----------------------------------|-----------------------------|
| - Addictions                     | - Lack of physical activity |
| - Cancer                         | - Nutrition education       |
| - Dental                         | - Primary care options      |
| - Elder care                     | - Specialty care            |
| - Heart                          | - Tobacco use (smoking)     |
| - Health-related issue awareness | - Urgent care               |

**Serious Unmet Needs**

Participants were asked to identify specific types of individuals or groups of people that are being served by Casey County Hospital who have serious unmet health needs.

The group explained how the working poor is the group with the most unmet health needs.

The “working poor” is a term describing individuals or families who are employed but earn wages below the official poverty line. They may earn too much to qualify for assistance programs but often don’t make enough money to cover basic living expenses.

Other individuals and groups with unmet needs include:

- Children
- Homeless
- Elderly
- Victims of violence

**Interview comment:**

“Mental Health is a real issue with all ages. Healthy Kids Clinic assists in schools; however, parents are not always receptive.”

**INFORMATION GAPS**

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Hospital; however, there may be several medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publicly available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input from these specific populations through key stakeholder interviews.

**PRIORITIZATION OF IDENTIFIED HEALTH NEEDS**

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the Community Health Needs Assessment must provide a prioritized description of the community health needs identified through the CHNA and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, the Hospital completed an analysis of these to identify community health needs. The following data was analyzed to identify health needs for the community:

### **Leading Causes of Death**

Leading causes of death and death rates for the community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. adjusted death rate resulted in a health need for the Hospital.

### **Health Outcomes and Factors**

An analysis of the County Health Rankings health outcomes and factors data was prepared for each county within the Hospital community. County rates and measurements for health behaviors, clinical care, social and economic factors, and the physical environment were compared to state benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30 percent of the national benchmark) resulted in an identified health need.

### **Primary Data**

Health needs identified through key informant interviews were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

### **Health Needs of Vulnerable Populations**

Health needs of vulnerable populations were included for ranking purposes.

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following four factors. Each factor received a score between 0 and 5, with a total maximum score of 20 (indicating the greatest health need).

- 1) **How many people are affected by the issue or size of the issue?** For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized.
  - i. >25% of the community = 5
  - ii. >15% and <25% = 4
  - iii. >10% and <15% = 3
  - iv. >5% and <10% = 2
  - v. <5% = 1
- 2) **What are the consequences of not addressing this problem?** Identified health needs, which have a high death rate or have a high impact on chronic diseases, received a higher rating.
- 3) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (Leading Causes of Death, Primary Causes for Inpatient Hospitalization, Health Outcomes and Factors, Primary Data, Interviews) identified the need.

- 4) **Alignment with Hospital goals and resources.** The rating for this factor was determined by whether the need fits within the Hospital’s strategic plan, as well as the Hospital’s ability to address the need. Rating of one (least) through five (greatest) was given to the need, based on management assessment.

**Each need was ranked based on the prioritization metrics.** As a result, the following summary of needs is identified in the table below.

Health Problem or Issue	How many people are affected by the issue?	What are the consequences of not addressing this problem?	What is the Impact on Vulnerable Populations?	How Important is it to the Community?	Alignment with the Hospital’s resources	Total Score
Cancer	5	4	5	5	4	23
High Cost of Health Care/Deductibles	5	5	4	5	4	23
Tobacco Usage/Adult Smoking	4	4	5	4	5	22
Lack of Primary Care Physicians	4	4	4	5	5	22
Lack of Health Knowledge	4	4	5	4	4	21
Physical Inactivity/Access to Exercise Opportunities	5	4	4	3	5	21
Obesity	5	4	3	3	4	19
Lack of Mental Health Providers	4	4	3	4	4	19
Heart Disease	3	4	4	4	4	19
Lack of Dentists	4	4	4	3	4	19
Lung Disease	3	3	5	3	3	17
Poverty/Lack of Resources	3	4	3	3	4	17
Substance Abuse	3	4	3	3	3	16
Alcohol-Impaired Driving	3	4	3	3	4	17
Mammography Screenings	3	4	3	3	3	16
Stroke	3	3	3	2	3	14
High Blood Pressure	4	3	2	1	2	12
Elder Care	2	3	3	2	1	11
Unintentional Injury	3	3	2	2	2	12
Children in Single-Parent Households	2	2	2	2	2	10
Motor Vehicle Accidents/Alcohol Impaired Driving Deaths	2	2	2	1	1	8
Teen Birth Rate	1	2	2	1	1	7
Sexually Transmitted Infections	1	2	2	1	1	7
Violent Crime	1	2	2	1	1	7

### Management’s Prioritization Process

For the health needs prioritization process, the Hospital engaged a hospital leadership team to review the most significant health needs reported on the prior CHNA using the following criteria:

- Current area of hospital focus.
- Established relationships with community partners to address the health need.
- Organizational capacity and existing infrastructure to address the health need.

Based on the criteria outlined above, any health need that scored a 15 or more (out of a possible 20) was identified as a priority area that will be addressed through Casey County Hospital’s Implementation Strategy for fiscal year 2025-2027. Those priority areas included:

1. Cancer
2. High Cost of Health Care/Deductibles
3. Tobacco usage/Smoking
4. Lack of Primary Care Physicians

### HEALTH CARE RESOURCES

The availability of health resources is a critical component to the health of a community’s residents and a measure of the soundness of the area’s health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community’s health status. Fewer health care facilities and health care providers can impact the timely delivery of services.

A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care. This section addresses the availability of health care resources to the residents in the community.

### Hospitals and Health Centers

The Hospital has 25 beds and is one of three critical access hospitals located in the community. Residents of the community also take advantage of services provided by hospitals in neighboring counties.

The table below summarizes critical access hospital services available to the residents of Casey County:

Summary of Acute Care Hospitals					
Facility	Address	County	Miles from Liberty, KY	Beds*	Facility Type
Casey County Hospital	187 Wolford Ave, Liberty, KY	Casey	0.0	24	Critical Access
Lake Cumberland Regional Hospital	305 Langdon St, Somerset, KY 42503	Pulaski	23.6	258	Acute/General
Ephraim McDowell Regional Medical Center	217 S. Third St. Danville, KY	Boyle	24.3	170	Acute/General
Russell County Hospital	153 Dowell Rd, Russell Springs, KY 42642	Russell	19.4	25	Critical Access
Spring View Hospital	320 N Loretto Rd, Lebanon, KY 40033	Marion	25.2	75	Acute/General
Taylor Regional Hospital	1700 Old Lebanon Rd, Campbellsville, KY 42718	Taylor	30.4	90	Acute/General

### Other Health Care Facilities and Providers

Critical access hospital services are not the only health services available to members of the Hospital’s community. The following table provides a listing of community health centers and medical facilities:

Summary of Other Health Care Facilities			
Facility	Address	County	Facility Type
Casey County Primary Care	195 Wallace Wilkinson Blvd, Liberty, KY	Casey	Health Clinic
Casey County Family Practice	187 Wolford Avenue, Liberty, KY	Casey	Health Clinic
Ephraim McDowell Liberty Family Medical Clinic	511 Middleburg St., Liberty, KY	Casey	Health Clinic
Liberty Medical Center	108 Taylor Street, Liberty, KY	Casey	Health Clinic
Advanced Family Clinic	84 Hustonville Street, Liberty, KY	Casey	Health Clinic
Casey Family Medical Clinic	428 Hustonville Street, Liberty, KY	Casey	Health Clinic

Source: Health Resources and Services Administration - <http://findahealthcenter.hrsa.gov/#>

The Lake Cumberland District Health Department was established and operates under the premise that all people are entitled to adequate health care; that they have a right to maintain a healthy independence and to have access to information concerning their health and prevention of illness. They offer a variety of exceptional services that meet the unique needs of individuals and families.

- WIC services
- HANDS Program
- Breastfeeding services
- Restaurant Inspection services
- Environmental services

More information on the Casey County Health Department's services may be obtained by visiting <https://www.lcdhd.org/locations/casey-county/>

## APPENDICES

### Analysis of Data

Analysis of Health Status: Leading Causes of Death (2024)					
	U.S. Crude Rates	Kentucky Crude Rates	(A) Country Crude Rates	(B) 10% Increase of Kentucky Crude Rates	If County Rate Greater than 10% over Kentucky Rate, (A)>(B), then “Health Need”
<b>Casey County</b>					
Heart Disease	207.22	250.86	228.95	-8.73	
Cancer	182.70	228.18	286.50	+25.55	Health Need
Lung Disease	44.9	73.9	131.4	+77.80	Health Need
Stroke	48.3	51.9	40.0	-22.92	

Crude rate is shown per 100,000 residents. Refer to “Leading Causes of Resident Death” table for more information.

CASEY COUNTY HOSPITAL – 2025 CHNA

Analysis of Health Outcomes and Factors (2024)					
	U.S. Crude Rates	Kentucky Crude Rates	(A) Country Crude Rates	(B) 10% Increase of Kentucky Crude Rates	If County Rate Greater than 10% over Kentucky Rate, (A)>(B), then "Health Need"
<b>Casey County</b>					
Adult Smoking	13.0%	18.0%	26.0%	+44.44%	Health Need
Adult Obesity	34.0%	38.0%	41.0%	+7.89%	
Food Environment Index	7.4	6.6	6.7	+1.5%	
Physical Inactivity	23.0%	25.0%	34.0%	+36.0%	Health Need
Access to Exercise Opportunities	84.0%	70.0%	10.0%	-85.7%	Health Need
Excessive Drinking	19.0%	15.0%	14.0%	-6.6%	
Alcohol-Impaired Driving	26.0%	26.0%	50.0%	+92.30%	Health Need
Sexually Transmitted Infections	495.0	406.8	144.5	-64.47%	
Teen Birth Rate	16	24	31	+29.16%	Health Need
Uninsured	10.0%	7.0%	9.0%	+28.57%	Health Need
Primary Care Physician ratio	1,330:1	1,600:1	7,930:1	+395.6%	Health Need
Dentist ratio	1,360:1	1,500:1	5,310:1	+254.0%	Health Need
Mental Health Provider ratio	300:1	320:1	990:1	+209.3%	Health Need
Mammography Screening	44.0%	43.0%	32.0%	-25.58%	Health Need
Children in Poverty	16.0%	20.0%	28.0%	+40.0%	Health Need
Children in Single-Parent Households	25.0%	25.0%	25.0%	—	
Violent Crime Rate	416.0	226.5	8.40	-96.29%	