COMMUNITY HEALTH NEEDS ASSESSMENT 2018

Med Center Health

The Medical Center at Albany

http://www.chc.net/home.aspx

This Community Health Needs Assessment (CHNA) Implementation Strategy was prepared for The Medical Center at Albany, Clinton County, KY by the Community and Economic Development Initiative of Kentucky (CEDIK) at the University of Kentucky.

CEDIK works with stakeholders to build engaged communities and vibrant economies. If you have questions about the assessment process, contact CEDIK:

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University of Kentucky
College of Agriculture,
Food and Environment
Cooperative Extension Service

Dear Medical Center at Albany Community,

The Medical Center at Albany is a not-for-profit hospital proudly serving Clinton and the surrounding counties. To strengthen the healthcare services at The Medical Center at Albany, our community shared with us their health care concerns and needs through the Community Needs Assessment process. With information from this survey, we can provide improved community healthcare and pro-actively provide care close to home to build a healthier community.

We are thankful for the collaborative relationships' we have with our longstanding supportive community partners and our Medical Staff. Thank you for the confidence you place in The Medical Center at Albany and Med Center Health Services. We are committed to meeting your family's healthcare needs every day.

Warm regards,

Laura E. Belcher, FACHE
Administrator

The Medical Center at Albany

The Medical Center at Albany

Patient-focused, quality-driven and mission-led…

At The Medical Center at Albany, we are committed to meeting the needs of our community. Our history dates back to 1953 when Clinton County Hospital opened to serve the healthcare needs of Clinton and surrounding counties.

On February 5, 2016 Commonwealth Health Corporation (CHC) assumed management of Clinton County Hospital. And on April 1, 2016, Clinton County Hospital was acquired by CHC and became The Medical Center at Albany. We continue to operate as a 42-bed, not-for-profit acute care hospital and provide needed access to healthcare for area residents.

As part of Med Center Health, we are patient-focused, quality-driven and mission-led. Our mission is to care for people and improve quality of life in the communities we serve. The Medical Center at Albany combines state-of-the-art technology, unsurpassed personal care, and the finest healthcare professionals to ensure your visit will be the very best it can be. The Medical Center at Albany is proud to partner with you by serving you today, and in the years to come!

The Medical Center at Albany Services

- Computed Tomography (CT)

- Mammography

- Emergency Department

- Laboratory

- Respiratory Care

- Senior Perspectives

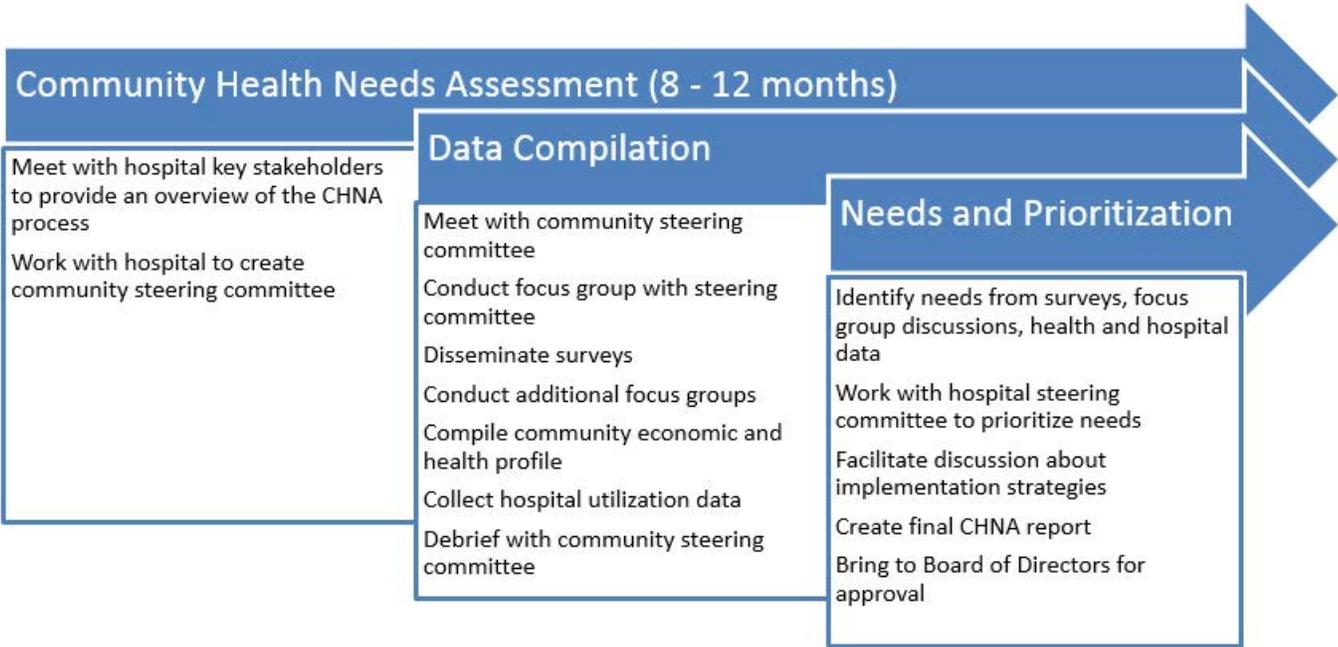- Nuclear Medicine

- Rehabilitation Services

CHNA Background

The Medical Center of Albany contracted with the Community and Economic Development Initiative of Kentucky (CEDIK) in the fall of 2017 to conduct a Community Health Needs Assessment (CHNA) in accordance with the Affordable Care Act (ACA). The ACA, enacted March 23, 2010, added new requirements that hospital organizations must satisfy in order to be described in section 501(c)(3).

The IRS requires hospital organizations to complete a CHNA and adopt an implementation strategy at least once every three years. This CHNA was the first prepared by CEDIK for this organization. A CHNA for the facility was completed in 2013 when the hospital was under different ownership.

Here is an overview of the CHNA process that CEDIK uses based on the IRS guidelines:


Community Health Needs Assessment (8 - 12 months)

Meet with hospital key stakeholders to provide an overview of the CHNA process

Work with hospital to create community steering committee

Data Compilation

Meet with community steering committee

Conduct focus group with steering committee

Disseminate surveys

Conduct additional focus groups

Compile community economic and health profile

Collect hospital utilization data

Debrief with community steering committee

Needs and Prioritization

Identify needs from surveys, focus group discussions, health and hospital data

Work with hospital steering committee to prioritize needs

Facilitate discussion about implementation strategies

Create final CHNA report

Bring to Board of Directors for approval

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A Portrait of the Community Served by The Medical Center at Albany

Map created with Google Maps, 2017

Albany is the county seat of Clinton County, Kentucky in the foothills of south central Kentucky, along the Tennessee line. It is bordered by two large bodies of water, Cumberland Lake and Dale Hollow Lake which support state parks to provide recreational experiences for residents and visitors alike. The Daniel Boone National Forest is located to the East of the county.
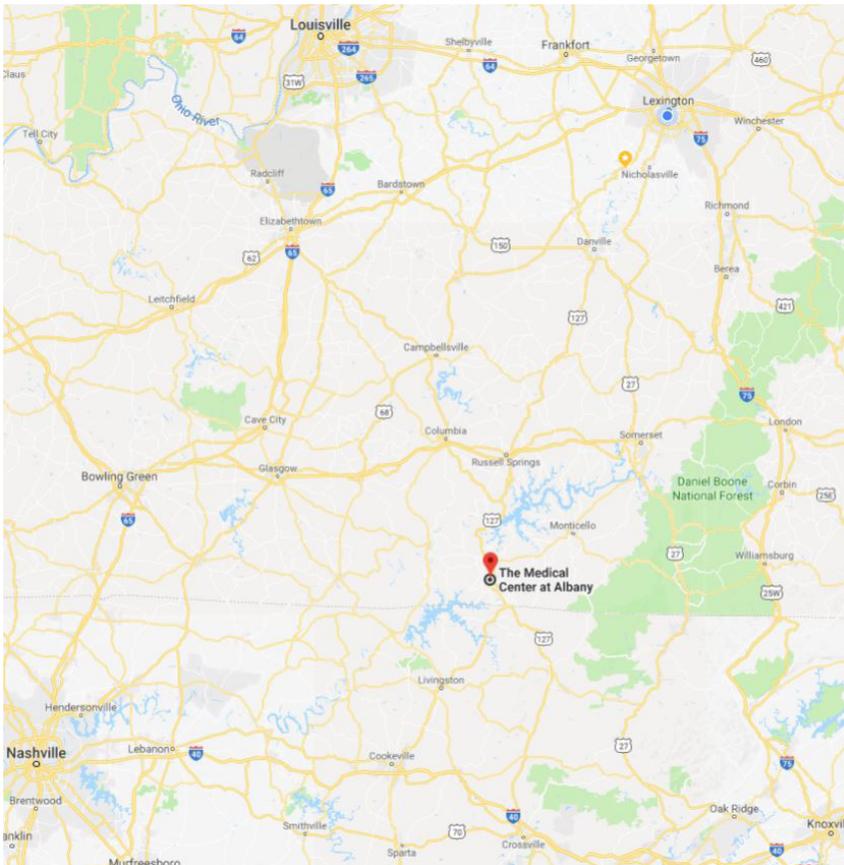
Highway 127 runs through the city providing access from neighboring communities. Interstate 75 is approximately seventy five miles traveling west toward either London or Williamsburg, KY. Clinton County, Kentucky is centrally located between four metro areas; Tennessee's Knoxville and Nashville and Kentucky's Lexington and Louisville.

Assessment Process

The assessment process included collecting secondary data related to the health of the community. Social and economic data as well as health outcomes data were collected from secondary sources to help provide context for the community (see below). In addition, CEDIK compiled hospital utilization data to better understand who was using the facility and for what services (next section). Finally, with the assistance of the Community Steering Committee, input from the community was collected through focus group discussions and surveys (see appendix for summary). First we present the demographic, social, economic and health outcomes data that were compiled through secondary sources. These data that follow were retrieved from 2017 County Health Rankings. For specific data sources see appendix.

Demographics

Indicator	Clinton County	Kentucky	National Level
Total Population	10,174	4,425,092	321,418,820
Percent of Population under 18 years	23.1%	22.9%	22.9%
Percent of Population 65 year and older	18.2%	15.2%	14.9%
Percent of Population Non-Hispanic White	94.9%	85.1%	61.6%
Percent of Population Non-Hispanic African American	0.6%	8.1%	12.4%
Percent of Population Hispanic	2.8%	3.4%	17.6%
Percent of Population other Race	1.7%	3.4%	8.4%
Percent of the Population not Proficient in English	0.1%	1.0%	5.0%
Percent of the Population that are Female	50.3%	50.8%	50.8%
Percent of the Population that are Rural	100.0%	41.6%	19.3%

Social and Economic Factors

Indicator	Clinton County	Kentucky	National Benchmark*
Median Household Income	$29,178	$45,178	$55, 800
High School Graduation Rate	93.0%	89.0%	83.0%
Percent of Population with Some College Education	44.8%	59.4%	64.0%
Violent Crime Rate	24	215	380
Percent of Population with Severe Housing Problems	11.9%	14.4%	19.0%
Percent Unemployed	8.3%	5.4%	5.3%
Percent of Population who is Food Insecure	17.1%	16.8%	15.0%
Percent of Population who has Limited Access to Healthy Foods	1.0%	4.8%	6.0%
Percent of Children Eligible for Free or Reduced Price Lunch	72.9%	56.9%	52.0%
Percent of Children in Poverty	39.6%	25.3%	21.0%
Percent of Children Living in a Single Parent Household	28.6%	34.5%	34.0%

*National Benchmarks indicate the 90th percentile at the national level.

Health Behaviors

Indicator	Clinton County	Kentucky	National Benchmark*
Percent of Adults who Smoke Regularly	25.5%	25.9%	18.0%
Percent of Adults who are Obese (BMI>=30)	34.9%	32.9%	28.0%
Percent of Adults who are Physically Inactive During Leisure Time	31.8%	27.8%	22.0%
Percent of Adults who have Access to Exercise	57.6%	69.8%	84.0%
Percent of Adults who Drink Excessively (Heavy or Binge)	12.1%	16.3%	18.0%
Percent of Alcohol-Impaired Driving Deaths	30.8%	28.5%	30.0%
STDs: Chlamydia Rate (per 100,000 population)	237	402	456.1
Teen Birth Rate (per 1,000 females ages 15-19)	61	44	32

Health Outcomes

Indicator	Clinton County	Kentucky	National Benchmark*
Percent of Babies Born with Low Birth-weight (<2500 grams)	9.8%	8.9%	8.0%
Percent of Adults Reporting Poor or Fair Health	24.0%	20.9%	15.0%
Average Poor Physical Health Days in Past 30 Days	5.4	4.7	3.6
Percent of Adults who Report Frequent Physical Distress	16.4%	15.1%	11.0%
Average Poor Mental Health Days in Past 30 Days	4.5	4.4	3.7
Percent of Adults who Report Frequent Mental Distress	14.3%	14.4%	11.0%
Percent of Adults with Diabetes	12.7%	12.3%	10.0%
HIV Prevalence Rate	95	159	353
Drug Overdose Mortality Rate	59	25	15
Motor Vehicle Crash Deaths Rate	27	17	11
Premature Age-adjusted Mortality Rate	11,852	8,932	n/a

"N/a" denotes where national benchmarks were not made available by County Health Rankings.

Access to Care

Indicator	Clinton County	Kentucky	National Benchmark*
Percent Uninsured (< age 65 without health insurance)	11.8%	9.9%	14.0%
Percent of Uninsured Adults	14.3%	11.9%	16.0%
Percent of Uninsured Children	5.1%	4.5%	6.0%
Ratio of Population to Primary Care Physicians	2,541:1	1,495:1	1,320:1
Ratio of Population to Dentists	3,391:1	1,617:1	1,520:1
Ratio of Population to Mental Health Providers	535:1	564:1	500:1
Rate of Preventable Hospital Stays (per 1,000 Medicare Enrollees)	163	77	50
Percent of Diabetics that Receive HbA1c Screening	81.0%	85.9%	85.0%
Percent of Women Receiving Mammography Screening	49.6%	58.9%	63.0%

Hospital Utilization Data

The Tables below provide an overview of The Medical Center at Albany patients and in particular where they come from, how they pay, and why they visited.

Table: Hospital Outpatient Discharges, 1/1/16-12/31/16

County of Origin	Discharges	Total Charges	Average Charges
Clinton - KY	12,399	$21,419,969.83	$1,727.56
Cumberland - KY	1,088	$2,521,000.42	$2,317.10
Wayne - KY	664	$1,572,765.07	$2,368.62
Pickett - TN	251	$695,067.83	$2,769.19
Fentress - TN	96	$185,208.88	$1,929.26
Russell - KY	61	$139,508.85	$2,287.03
Metcalfe - KY	53	$251,247.15	$4,740.51
Pulaski - KY	45	$126,409.52	$2,809.10
Monroe - KY	23	$86,037.80	$3,740.77
McCreary - KY	22	$65,444.47	$2,974.75
Adair - KY	20	$78,594.30	$3,929.72
Overton - TN	16	$28,735.88	$1,795.99
Jefferson - KY	9	$28,872.03	$3,208.00
Boone - KY	8	$9,216.15	$1,152.02
Madison - KY	8	$21,903.16	$2,737.90

Table: Hospital Outpatient Payer Mix, 1/1/16-12/31/16

Payer	Discharges	Total Charges	Average Charges
Medicare	5,903	$11,189,594.53	$1,895.58
Medicaid	4,377	$7,659,319.10	$1,749.90
Commercial	3,912	$7,905,084.85	$2,020.73
Self-Pay & Charity	626	$656,994.61	$1,049.51
Other	163	$333,101.26	$2,043.57

Table: Hospital Inpatient Discharges, 1/1/16-12/31/16

County of Origin	Discharges	Total Charges	Average Charges
Clinton - KY	512	$6,833,661.80	$13,347.00
Wayne - KY	58	$822,854.32	$14,187.14
Cumberland - KY	33	$602,492.99	$18,257.36
Pickett - TN	25	$377,581.56	$15,103.26
Russell - KY	10	$113,094.61	$11,309.46

Table: Hospital Inpatient Payer Mix, 1/1/16-12/31/16

Payer	Discharges	Total Charges	Average Charges
Medicare	438	$6,011,528.88	$14,807.71
Commercial	113	$1,673,271.55	$12,751.70
Medicaid	81	$1,032,887.37	$13,724.95
Self-Pay & Charity	6	$52,763.41	$7,868.48
Other	3	$23,605.45	$8,793.90

Table: Hospital Inpatient Diagnosis Related Group, 1/1/16 - 12/31/16

DRG Description	Discharges	Total Charges	Average Charges
Medicine - Pulmonary	220	$3,126,540.98	$14,211.55
Medicine - General	192	$2,787,626.39	$14,518.89
Medicine - Cardiovascular Disease	88	$1,070,263.54	$12,162.09
Medicine - Nephrology/Urology	60	$699,727.05	$11,662.12
Medicine - Orthopedics	31	$367,035.51	$11,839.86
Surgery - General	15	$363,009.10	$24,200.61
Medicine - Neuro Sciences	12	$131,819.41	$10,984.95
Medical - Oncology	10	$73,937.33	$7,393.73
Medicine - Otolaryngology	6	$74,648.72	$12,441.45
Psychiatry	4	$41,800.80	$10,450.20

The Community Steering Committee

The Community Steering Committee is a vital part to the CHNA process.
These individuals represent organizations and agencies from the service area and in particular, the individuals who were willing to volunteer enabled the hospital to get input from populations that were often not engaged in conversations about their health needs. CEDIK provided a list of potential agencies and organizations that would facilitate broad input.

The Community Steering Committee met twice as a group and each time a hospital representative welcomed and thanked the individuals for assisting in the process. CEDIK asked that hospital representatives not be present during any focus group discussions.

The Medical Center at Albany Community Steering Committee

Name	Organization
Richard Armstong	Clinton County
Nicky Smith	City of Albany
Brook Bingham	Prevention Center-Adanta
Sandra Pharis	Clinton County Schools
April Speck	Chamber and Healthy Hometown
Lisa Beard	State Farm
Willard Johnson	Monticello Banking
Christy Nuetzman	University of Kentucky Cooperative Extension
Laura Roberts	Pharmacist
Sam Matthews	Family Medical Centers
Rodney Huff	Senior Perspectives
Tim Booher	Air Evac Lifeteam
Karen Lee	Keystone
Brother Grant	Religion and Feeding America
Lonnie Scott	Clinton County EMS
Jim Guffey	Clinton County Sheriff Office
Amanda Clooney	First & Farmer Bank
Charlotte Nasief	Clinton County Schools
Lucas Thacker	Clinton County Housing Authority

Community Feedback

Focus groups were conducted in the area the Medical Center at Albany patients resides. These groups were conducted as separate meetings or in conjunction with other regularly scheduled meetings in the county. Twenty-six individuals participated and there was representation from seniors and underserved populations in the service area allowing them the opportunity to share their thoughts, opinions and healthcare needs. Below is a list of ideas discussed within the groups.

Resident's vision for a healthy community

- Access to healthy, affordable food
- Access to healthcare with affordable copays, hospital, doctors, urgent care
- Provide wide range of emergency services for all residents
- Health education in schools and community
- Connected walk, run, bike paths
- Substance-use free community
- Activities for youth and children for fitness and safe fun

What are the greatest health needs in Clinton and surrounding counties?

- Diabetes
- Obesity
- Cancer focusing on breast, lung and prostate
- Substance abuse
- Food insecurity and the lack of fresh fruits and vegetables
- Heart disease and high blood pressure
- Tobacco use
- Poverty

Community Feedback con't

**What could the hospital do to meet the community's health needs?**

- Increase specialty clinics

- Expand advertising of services that are currently available from The Medical Center at Albany

- Health promotion and awareness

- Health fair

- Scheduled clinics or screenings which could match the "Disease" awareness month

- Remote Area Medical (RAM) event with free screenings and dental services

- Community education classes on all areas of health

- Low cost or no cost screenings at men's as well as women and children's health days

- Mental health services including grief support

- Drug rehab services

- Open the intensive care unit to keep patients close to family

- Chaplain program within the hospital

- Invest in a hospice suite
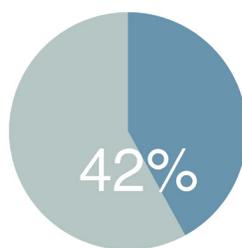
Medical Center at Albany
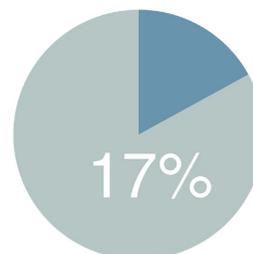
Fall 2017 Survey Results

316

Respondents surveyed by hospital for their CHNA.

69%
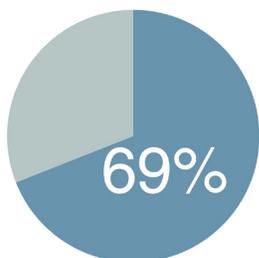
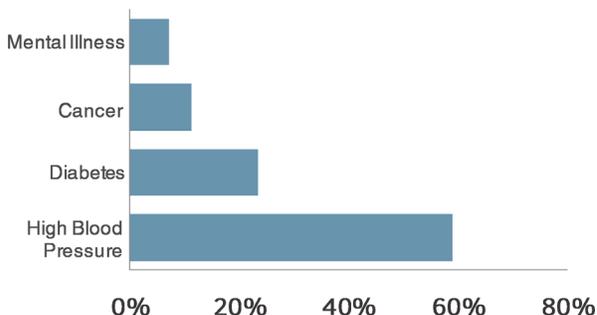Households that used the services of a hospital in the past 24 months.

42%

Households that delayed health care due to lack of money and/or insurance.

17%

Households that are currently without health insurance.

Households with someone receiving treatment for:

Condition	Percentage
Mental Illness	~5%
Cancer	~10%
Diabetes	~22%
High Blood Pressure	~58%

Household eligibility:

Medicare	**25%**
Medicaid	**21%**
Public Housing Assistance	**3%**
SNAP (Food Stamp Program)	**10%**

**3.16** Average respondent rating of the overall health of their community.
Scale: 1=very unhealthy to 5=very healthy

How can the Medical Center at Albany better meet the community's health needs?

After hours clinic (urgent care), diabetes/heart disease/eating healthy/exercise workshops, help with drug abuse in community, more outpatient services and specialists

What other healthcare services should be provided in your community?

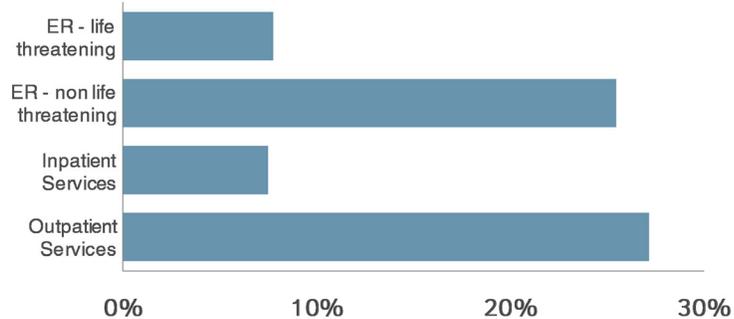Oncology, urgent care, cardiology, gynecologist/OB

92%
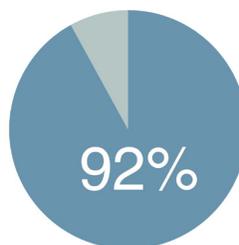
Respondents that have a family doctor.

59%
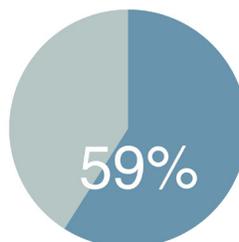
Respondents that regularly visit a physician for a check-up.

Of the 307 respondents who used hospital services in the last 24 months, services included:

33% of households who used a hospital in the last 24 months used a hospital's emergency services.

Of the respondents who used a hospital other than the Medical Center at Albany, reasons included:
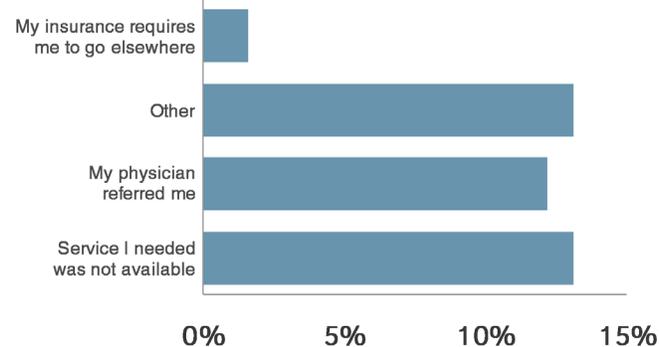
Respondents who required specialty services in the last 24 months, and where they received them:

	Medical Center at Albany	Other Facility
Ob/Gyn	5	
Oncology	2	
Neurology	3	
Urology	3	
Pediatrics	7	
Cardiology	15	
Pulmonary	6	
Orthopedics	9	
Dialysis	2	
Psychiatry	4	
Surgery	2	
Radiology	97	
Emergency	104	
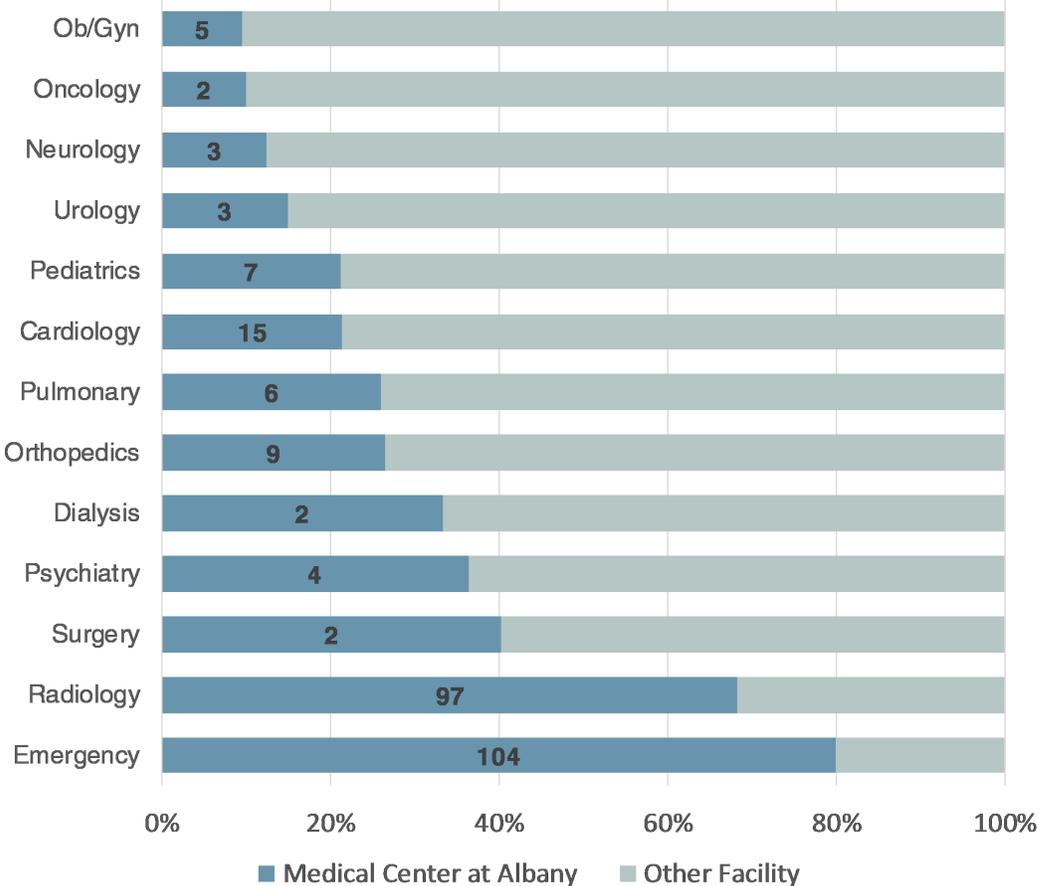
Prioritization of Identified Health Needs

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on five factors:

1) The ability of The Medical Center at Albany to evaluate and measure outcomes.

2) The number of people affected by the issue or size of the issue.

3) The consequences of not addressing this problem.

4) Prevalence of common themes.

5) The existence of hospital programs which respond to the identified need.

Health needs were then prioritized taking into account their overall ranking, the degree to which The Medical Center at Albany can influence long-term change, and the impact of the identified health needs on overall health.

The Medical Center at Albany convened to develop the implementation strategy after priorities were discussed. They will continue to work with the community to execute the implementation plan and realize the goals that have been positioned to build a healthier community – a healthier Kentucky.

Implementation Strategy

Obesity

1. Increase community awareness and knowledge regarding the risks of obesity and resources available in the Medical Center Albany service area and/or system.

   - Collaborate with partners to communicate nutritional and physical activity education for school age children (example 5-2-1-0).

   - Provide nutritional education and body fat analysis to school, community, civic and employers groups.

   - Host Surgical Weight Loss educational sessions to educate patients about the option of a surgical weight loss program.

Partners and Resources currently working on this identified need in Clinton County:

   UK Clinton County Cooperative Extension, Clinton County Healthy Hometown Coalition, Lake Cumberland District Health Department

Cardiovascular/Heart Disease/Hypertension

1. Increase knowledge and usage of 911 at onset of heart attack or stroke symptoms.

2. Increase community awareness and knowledge of the health complications associated with uncontrolled high blood pressure.

   - Provide stroke screenings and blood pressure screenings at schools, community, civic, and employer groups.

   - Provide stroke and chest pain education on the signs and symptoms "when to call 911," aspirin education for chest pain, hands only CPR to community and worksites.

Partners and Resources currently working on this identified need in Clinton County:

   UK Clinton County Cooperative Extension, Clinton County Healthy Hometown Coalition, Lake Cumberland District Health Department, American Heart Association

Implementation Strategy, continued

Cancer

1. Increase community awareness and knowledge of causes and ways to prevent cancer and the importance of preventative screenings.

- Provide education on screening and prevention efforts of lung, colon and breast cancer.

Partners and Resources currently working on this identified need in Clinton County:

UK Clinton County Cooperative Extension, Healthy Hometown Coalition, Lake Cumberland District Health Department, Kentucky Cancer Program, American Cancer Society

Substance Abuse/Mental Health

1. Increase community awareness and knowledge of opioid epidemic.

- Educate community on dangers of substance abuse through articles in WellNews.

- Offer education programs on the Trends in Drug Abuse to the community and physicians.

- Explore the feasibility of offering medical detox and outpatient treatment service.

- Develop partnerships to provide services that MCA cannot offer.

Partners and Resources currently working on health needs in Clinton County:

UK Clinton County Cooperative Extension, Clinton County Healthy Hometown Coalition, Lake Cumberland District Health Department, Kentucky Agency for Substance Abuse Policy

Explanation of priorities that will not be addressed at this time:

- **Food Insecurity** - MCA will continue to be part of the Healthy Hometown Coalition and support all programs that are identified by the coalition as priorities such as food insecurity. Currently the coalition is working on food insecurities in our community. MCA will continue to be involved in the activities of the coalition but will not be addressing food insecurities as a priority.

- **Poverty** - Socioeconomic status is the most powerful predictor of disease, disorder, injury and mortality according to Tom Boyce, Chief of UCSF's Division of Developmental Medicine. Poverty is a larger priority than The Medical Center at Albany can address with the available resources. Through community coalitions and other activities, MCA will participate in events that help fight poverty.

- **Tobacco Use** (smoking and smokeless) - Each year more than 8,000 Kentuckians die of illnesses caused by tobacco use. Some die of lung cancer, while others fall victim to cardiovascular disease. Annually, Medicaid and Medicare costs exceed an estimated $1.2 billion for treatment of Kentuckians suffering smoking-related diseases and conditions. This equals $300 for each of the four million people living in Kentucky. Based on the feedback that was received, it was determined that efforts will be focused on cancer in general with educational materials that will address risk factors including smoking and exposure to smoke. The risks of smoking will also be addressed through the activities related to the priority of cardiovascular disease. As a member of the Kentucky Health Collaborative, we have involvement in the smoke free advocacy group to continue to strive for a smoke free environment.

Conclusion

This Implementation Strategy will be rolled out over the next three years, from Fiscal Year 2019 through the end of Fiscal Year 2021.

The Medical Center at Albany will kick off the Implementation Strategy by initiating collaborative efforts with community leaders to address each health priority identified through the assessment process.

Periodic evaluation of goals/objectives for each identified priority will be conducted to assure that we are on track to complete our plan as described.

At the end of Fiscal Year 2021, the Medical Center at Albany will review the Implementation Strategy and report on the success experienced through the collaborative efforts of improving the health of the community.

Appendix

Sources for all secondary data used in this report:

Demographics*

Indicator	Original Source	Year
Total Population	Census Population Estimates	2015
Percent of Population under 18 years	Census Population Estimates	2015
Percent of Population 65 year and older	Census Population Estimates	2015
Percent of Population Non-Hispanic White	Census Population Estimates	2015
Percent of Population Non-Hispanic African American	Census Population Estimates	2015
Percent of Population Hispanic	Census Population Estimates	2015
Percent of Population other Race	Census Population Estimates	2015
Percent of the Population not Proficient in English	American Community Survey 5-year Estimates	2011-2015
Percent of the Population that are Female	Census Population Estimates	2015
Percent of the Population that are Rural	Census Population Estimates	2010

Social and Economic Factors

Indicator	Original Source	Year
Median Household Income	Small Area Income and Poverty Estimates	2015
High School Graduation Rate	EDFacts	2014-2015
Percent of Population with Some College Education	American Community Survey 5-year Estimates	2011-2015
Violent Crime Rate	Uniform Crime Reporting - FBI	2012-2014
Percent of Population with Severe Housing Problems	Comprehensive Housing Affordability Strategy (CHAS) data	2009-2013

Social and Economic Factors, continued

Indicator	Original Source	Year
Percent Unemployed	Bureau of Labor Statistics	2015
Percent of Population who is Food Insecure	Map the Meal Gap	2014
Percent of Population who has Limited Access to Healthy Foods	USDA Food Environment Atlas	2010
Percent of Children Eligible for Free or Reduced Price Lunch	National Center for Education Statistics	2014-2015
Percent of Children in Poverty	Small area Income and Poverty Estimates	2015
Percent of Children Living in a Single Parent Household	American Community Survey	2011-2015

Health Behaviors

Indicator	Original Source	Year
Percent of Adults who Smoke Regularly	Behavioral Risk Factor Surveillance System	2015
Percent of Adults who are Obese (BMI>=30)	CDC Diabetes Interactive Atlas	2013
Percent of Adults who are Physically Inactive	CDC Diabetes Interactive Atlas	2013
Percent of Adults who have Access to Exercise Opportunities	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2014
Percent of Adults who Drink Excessively	Behavioral Risk Factor Surveillance System	2015
Percent of Alcohol-Impaired Driving Deaths	Fatality Analysis Reporting System	2011-2015
STDs: Chlamydia Rate (per 100,000 population)	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2014
Teen Birth Rate (per 1,000 females ages 15-19)	National Center for Health Statistics - Natality files	2008-2014

Health Outcomes

Indicator	Original Source	Year
Percent of Babies Born with Low Birth-weight (<2500 grams)	National Center for Health Statistics - Natality files	2008-2014
Percent of Adults Reporting Poor or Fair Health	Behavioral Risk Factor Surveillance System	2015
Average Poor Physical Health Days in Past 30 Days	Behavioral Risk Factor Surveillance System	2015
Percent of Adults who Report Frequent Physical Distress	Behavioral Risk Factor Surveillance System	2015
Average Poor Mental Health Days in Past 30 Days	Behavioral Risk Factor Surveillance System	2015
Percent of Adults who Report Frequent Mental Distress	Behavioral Risk Factor Surveillance System	2015
Percent of Adults with Diabetes	CDC Diabetes Interactive Atlas	2013
HIV Prevalence Rate	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013
Drug Overdose Mortality Rate	CDC WONDER mortality data	2013-2015
Motor Vehicle Crash Deaths Rate	CDC WONDER mortality data	2009-2015
Premature age-adjusted mortality	CDC WONDER mortality data	2013-2015

Access to Care

Indicator	Original Source	Year
Percent Uninsured (< age 65 without health insurance)	Small Area Health Insurance Estimates	2014
Percent of Uninsured Adults	Small Area Health Insurance Estimates	2014
Percent of Uninsured Children	Small Area Health Insurance Estimates	2014
Ratio of Population to Primary Care Physicians	Area Health Resource File/American Medical Association	2014
Ratio of Population to Dentists	Area Health Resource File/National Provider Identification file	2015
Ratio of Population to Mental Health Providers	CMS, National Provider Identification file	2016
Rate of Preventable Hospital Stays	Dartmouth Atlas of Health Care	2014
Percent of Diabetics that Receive HbA1c Screening	Dartmouth Atlas of Health Care	2014
Percent of Women Receiving Mammography Screening	Dartmouth Atlas of Health Care	2014

Clinton County

We want to better understand your health needs and how the hospital and its partners can better meet those needs. Please take just 3-5 minutes to fill out this survey. Please do not include your name anywhere, all responses will remain anonymous.

Please tell us your zip code

_____

Do you have a family doctor?

○ Yes

○ No

If yes, do you regularly visit your physician for a check-up?

○ Yes

○ No

Have you or someone in your household used the services of a hospital in the past 24 months?

○ Yes

○ No

If yes, what services did you use?

☐ Emergency Room for life-threatening issue

☐ Emergency Room for non-life threatening issue

☐ Outpatient Service

☐ Inpatient

If yes, which hospital?

☐ The Medical Center Albany

☐ Wayne County - Monticello

☐ Cumberland County Hospital - Burkesville

☐ Cookeville Regional Medical Center - Cookeville

☐ Livingston Regional Hospital - Livingston

☐ The Medical Center at Bowling Green

☐ Lexington Hospital

☐ Nashville Hospital

☐ Other _____

Why did you or someone in your household go to a hospital **other than** the Medical Center of Albany?

☐ Service I needed was not available

☐ My physician referred me

☐ My insurance requires me to go somewhere else

☐ Other _____

If you received care at the Medical Center of Albany, how satisfied were you with your overall experience?

○ Very Satisfied

○ Satisfied

○ Dissatisfied

○ Very Dissatisfied

While receiving care in a hospital, what is most important to you? (Please mark 3)

☐ Nursing Care

☐ Comfort of the Hospital/Environment

☐ Proximity to Family/Home

☐ Physician Interaction with Patients

☐ Explanation of Diagnosis

☐ Effective Treatment

☐ Other (please explain) _____

Have you or someone in your household used any of the services below in the past 24 months?

	Click to write Column 1	
	Medical Center of Albany	Other Facility
Emergency		
Cardiology		
Obstetrics/Gynecology		
Radiology (X-Ray)		
Click to write Statement 11		
Neurology		
Psychiatry (Mental Illness)		
Oncology (Cancer Care)		
Urology		
Orthopedics		
Pulmonology (Lung Care)		
Pediatrics		
Dialysis		
Surgery		

Select the top THREE health challenges you face:

☐ Cancer

☐ Diabetes

☐ Mental health issues

☐ Heart disease and stroke

☐ High blood pressue

☐ HIV/AIDS/STDs

☐ Overweight/obesity

☐ Respiratory/lung disease

☐ Other _____

Do you or someone in your household receive treatment for any of the following conditions?

☐ Diabetes

☐ High blood pressure

☐ Cancer

☐ Mental Illness

Are you or anyone in your household without health insurance currently?

○ Yes

○ No

Have you or someone in your household delayed heathcare due to lack of money and/or insurance?

○ Yes

○ No

Are you or members of your household currently eligible for any of the following insurance types?

☐ Medicare

☐ Medicaid

☐ Public Housing Assistance

☐ SNAP (food stamp program)

☐ VA

☐ Commercial (Humana, Anthem Blue Cross)

☐ No coverage

What do you think are the THREE most important factors for a "Healthy Community?" (Those factors which most improve the quality of life in a community.) Check only three:

☐ Good place to raise children

☐ Low crime/safe neighborhood

☐ Good school systems

☐ Easy access to healthcare

☐ Family/youth activities

☐ Affordable housing

☐ Low disease rate

☐ Personal responsibility

☐ Excellent race relations

☐ Good jobs/healthy economy

☐ Religious or spiritual values

☐ Clean Environment

☐ Arts/cultural events

☐ Parks and recreation

☐ Quality childcare

☐ Other _____

Choose all statements that apply to you:

☐ I am active at least 1 hour a day (active is defined as daily movement activities such as cleaning or yard work)

☐ I eat at least 5 servings of fruits and vegetables a day

☐ I eat fast food more than 2 times per week

☐ I smoke cigarettes

☐ I chew tobacco

☐ I use illegal drugs

☐ I abuse or overuse prescription drugs

☐ I consume 2 or more alcoholic drinks (if female) or 3 or more (if male) a day

☐ I do not understand when health care providers speak to me using medical terms

☐ I have access to a wellness program through my employer

How would you rate your own **personal health**?

○ Very unhealthy

○ Unhealthy

○ Neither healthy nor unhealthy

○ Healthy

○ Very healthy

How would you rate the **overall health of your community**?

○ Very unhealthy

○ Unhealthy

○ Neither healthy nor unhealthy

○ Healthy

○ Very healthy

What do you use for transportation?

☐ My own vehicle

☐ Friend

☐ R-Tech

☐ Taxi/cab

☐ Other _____

Are you satisfied with the healthcare system in your county?

○ Yes

○ No

Where do you go for routine healthcare?

☐ Physician's office

☐ Emergency room

☐ Clinic in a grocery or drug store

☐ Health department

☐ Urgent care center

☐ I do not receive routine healthcare

If you answered "I do not receive routine healthcare" to the above question, please select all that apply as to why:

☐ No appointment available

☐ No specialist in my community

☐ No transportation

☐ Cannot take off from work

☐ Cannot afford it

☐ Cannot afford due to high deductible

How far do you travel to see a specialist?

☐ Less than 20 miles

☐ 20-49 miles

☐ 50-100 miles

☐ More than 100 miles

☐ I do not see any specialists

What could the hospital do to better meet the community's health needs (education programs, after-hours access, outpatient services)?

_____

_____

_____

_____

What other healthcare service do you feel should be provided in your community?

_____

_____

_____

_____

What group needs the most help with access to health care? (Choose only one)

○ Low income families

○ Physically/mentally disabled

○ Young adults

○ Immigrants/refugees

○ Minority groups (Hispanic/African Americans)

○ Middle class

○ Elderly

○ Children/infants

○ Single parents

○ College student

What is your age?

○ 18-24

○ 25-39

○ 40-54

○ 55-64

○ 65-69

○ 70 or older

What is your gender?

○ Male

○ Female

What ethnic group do you identify with?

○ African American/Black

○ Asian/Pacific Islander

○ Hispanic/Latino

○ Native American

○ White/Caucasian

○ Other _____

What is your marital status?

○ Married/living with partner

○ Single

○ Widow

○ Divorced

What is the highest level of education you have completed?

○ High school graduate

○ College graduate

○ Technical school graduate

What is your annual household income?

○ $0-24,999

○ $25,000-$49,999

○ $50,000-$74,999

○ $75,000-$99,999

○ $100,000 or more

○ Prefer not to answer

What is your current employment status?

○ Employed full-time

○ Employed part-time

○ Student

○ Homemaker

○ Unemployed

○ Disabled

○ Retired

What is your primary language?

○ English

○ German

○ Spanish

○ Chinese

○ Vietnamese

○ Other _____

Thank you very much for your response!
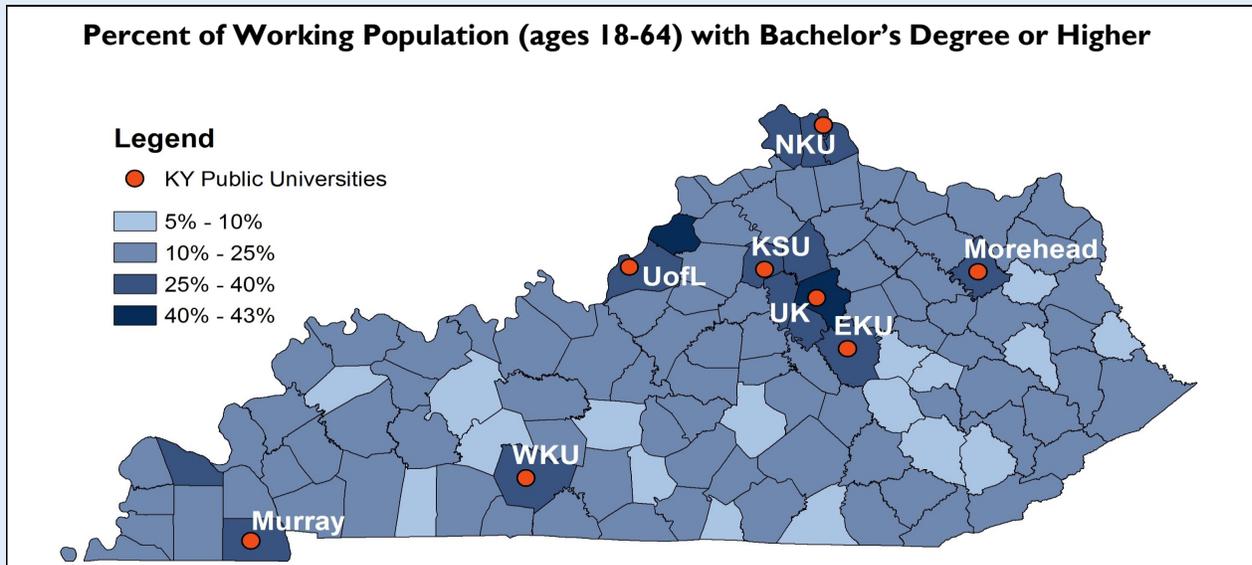
In Clinton County, in 2013, the percent of kids ready for kindergarten was 38.9%, the average high school GPA was 2.8, and the junior year ACT score was 18.8.

Education Demographics	Clinton County		Lake Cumberland ADD*		Kentucky	
	Estimate	Percent	Estimate	Percent	Estimate	Percent
SCHOOL ENROLLMENT						
Population Enrolled in School, 3 years and older	2,356	100.0%	47,028	100.0%	1,094,621	100.0%
Nursery School and Preschool	231	9.8%	2,312	4.9%	65,893	6.0%
Kindergarten	137	5.8%	2,566	5.5%	59,096	5.4%
Grades 1-8	956	40.6%	20,436	43.5%	454,133	41.5%
Grades 9-12	604	25.6%	11,032	23.5%	229,226	20.9%
College or Graduate School	428	18.2%	10,682	22.7%	361,888	26.2%
EDUCATIONAL ATTAINMENT						
Population, 25 years and older	7,017	100.0%	142,640	100.0%	2,902,296	100.0%
Less than High School	2,266	32.3%	35,488	24.9%	510,196	17.6%
High School Degree (includes equivalency)	2,526	36.0%	54,993	38.6%	988,008	34.0%
Some College or Associate's Degree	1,740	24.8%	34,453	24.2%	795,165	27.4%
Bachelor's Degree	246	3.5%	9,456	6.6%	361,888	12.5%
Graduate or Professional Degree	246	3.5%	8,198	5.7%	247,039	8.5%
High School Degree or More	4,758	67.8%	107,101	75.1%	2,392,100	82.4%
Bachelor's Degree or More	491	7.0%	17,654	12.4%	608,927	21.0%

Area Development District (ADD)

Source: US Census/5-yr ACS, 2009-2013

Percent of Working Population (ages 18-64) with Bachelor's Degree or Higher

Legend
- ● KY Public Universities
- 5% - 10%
- 10% - 25%
- 25% - 40%
- 40% - 43%

Source: US Census/5-yr ACS, 2009-2013

Educational Performance Measures	County	Kentucky
Percent of Kids Ready for Kindergarten, 2013	38.9%	49.0%
Average Junior Year ACT Composite Score (out of 36 points), 2013	18.8	19.4
Average High School GPA (out of 4.0), 2013	2.8	2.9
Percent of High School Graduates Enrolled in College, 2011-2012	53.2%	60.2%
Percent of High School Graduates Enrolled in In-State College	49.5%	55.4%
6-year College Graduation Rate, 2007 cohort	42.1%	54.2%

Source: KCEWS/County Profile Data, 2014-2015

For more information on test scores or school readiness go to KY Center for Education and Workforce Statistics (KCEWS) at https://kcews.ky.gov/. For more information on postsecondary education, go to KY Council on Postsecondary Education at http://cpe.ky.gov/info/.

In 2014, Clinton County had 392 jobs in the education industry.
The fastest growing educational occupation in the county was Substitute Teachers.

County Employment and Earnings by Type of Educational Institution

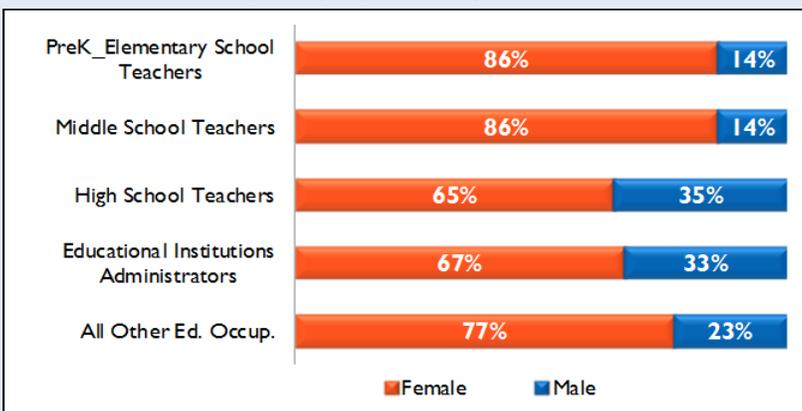| Educational Institution	2009 Jobs	2014 Jobs	5-yr Change 2009-2014	Average Annual Earnings
Elementary and Secondary Schools	389	376	-3.3%	$40,503
Public	370	352	-4.9%	$40,736
Private	19	24	26.3%	$35,961
Colleges, Universities, and Professional Schools	n/a	n/a	n/a	n/a
Public	n/a	n/a	n/a	n/a
Private	n/a	n/a	n/a	n/a
All Other Schools and Educational Support Services	21	16	-23.8%	n/a
Public	<10	n/a	n/a	n/a
Private	11	n/a	n/a	n/a

Source: EMSI, 2014

County Employment by Educational Occupation

Educational Occupation	2014 Jobs	Occupational Mix Effect	National Growth Effect	Competitive Effect	Median Hourly Earnings
Pre-K and Kindergarten Teachers	12	-1	2	-8	$19.29
Elementary School Teachers	65	-5	5	-1	$22.04
Middle School Teachers	22	-2	2	n/a	$22.21
High School Teachers	37	-4	3	n/a	$22.53
Postsecondary Education Teachers	<10	n/a	1	-12	$24.69
Special Education Teachers	21	-2	2	n/a	$21.68
Teacher Assistants	55	-5	5	-6	$9.81
School Counselors	<10	-1	1	-1	n/a
Self-Enrichment Education Teachers	<10	n/a	n/a	-1	n/a
Educational Institutions Administrators	15	-1	1	-2	$31.94
Education, Training and Library Occupations	13	-1	1	-2	$17.48
Other Education Occupations	17	-1	1	-2	$21.00

Source: EMSI, 2014

Percent of County Employment by Gender

	Female	Male
PreK_Elementary School Teachers	86%	14%
Middle School Teachers	86%	14%
High School Teachers	65%	35%
Educational Institutions Administrators	67%	33%
All Other Ed. Occup.	77%	23%

Source: EMSI, 2014

Statewide Spending on Education

K-12 Education	KY Amounts
Total Revenues	$443,314,000
State and local sources	$398,688,000
Federal sources	$44,626,000
Total Expenditures	$492,400,000
4-year Public Universities	**KY Averages**
Average Annual In-State Tuition & Fees	$8,543
Average Debt per Student	$22,384

Source: TRF Policy Map, 2012

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Kentucky County Education Profiles
Insights for Data Interpretation

Prepared by: Simona Balazs, CEDIK Research Associate and James E. Allen IV, Research Director

CEDIK's Education Profile is comprised of two major parts. The first page is an overview of selected education indicators, while the second page offers a closer economic look at the education industry. In an effort to provide as much data as possible on two pages, precise definitions of some measures were not included. Thus, questions may arise including: What does this number represent exactly? How can I interpret this? This short overview provides additional clarification to the meaning of the selected measures in the profile.

Education Overview

The first page begins by highlighting three indicators of educational achievement in the county: the percent of kids ready for kindergarten, the average high school GPA and the junior year ACT score. The first indicator is important because the educational and environmental background in children pre-kindergarten differ widely. This allows schools to assess and understand how kids are prepared to start school. The high school GPA and the junior year ACT are two of the most important factors for acceptance into college. The high school GPA is out of 4.0 and the junior year ACT is out of 36 points. The average junior year ACT score for Kentucky is 19.4; the values at county level range between 16.5 and 22.7. For the average high school GPA, the state value is 2.9, while the counties range between 2.6 and 3.3 for an average GPA.

The table on the first page provides data on selected education indicators grouped into two categories: School Enrollment and Educational Attainment. Numbers are provided for the county, Area Development District (ADD), and Kentucky. School Enrollment data looks at population enrolled in school (3 years and over) and provides estimate and percent for variables such as kindergarten, grades 9-12 (high school) and college or graduate school. Educational Attainment data give an overview of population 25 years and over that graduated high school or has a bachelor's degree, for example. The source of data and description for these indicators is the US Census, 5-year ACS.

The midsection of the first page maps the percent of working population (ages 18-64) with bachelor's degree or higher for each Kentucky county. The darker the shade of blue, the higher the percent of that county's working population that has attained least a bachelor's degree. The location of the eight public universities in Kentucky is also mapped. It can be observed that there is a link between where the universities are located and the educational attainment of the working population. Data for this map also come from the US Census, 5-year ACS.

The page ends with a comparative table for some of the educational performance measures at the county and state level. Aside from the three indicators highlighted at the top of the page, this table also provides information on the percent of high school graduates enrolled in college and the 6-year college graduation rate. The college graduation rate for the county is the rate of students from that county that attended college, regardless of where they went to college. The source of data is Kentucky Center for Education and Workforce Statistics (KCEWS).

Industry Indicators

Data on the second page provide more detailed information on the employment in the education industry by type of educational institution and occupations. This page starts with a statement on the total number of jobs in the education industry for the county and the fastest growing educational occupation in 2014. One important note here is that the fastest growing occupation in the county is not necessarily the one with the highest employment; it is the occupation with the highest percent change from 2013.

The table on the top of the page looks at employment and earning for different types of educational institutions in the county. It features the number of jobs for 2009 and 2014, the 5-year change, and the average annual earnings for employees working at that institution. The total average annual earnings for a category (e.g., elementary and secondary schools) are an average of public and private annual earnings weighted by employment in each

subcategory. Thus, some categories report average annual earnings that are much closer to the average for the public educational institutions, while for other categories the average is closer to the private annual average earnings. Data in this table come from the Economic Modeling Specialists Inc. (EMSI).

The second table on this page looks at several county-level economic indicators for various education occupations, such as elementary or high school teachers, special education teachers, school counselor and educational institutions administrators. The table provides the number of jobs for that occupation, the occupational mix effect, the national growth effect, the competitive effect, the number of job postings and the median hourly earnings for 2014. The occupational mix effect represents the share of that education occupation's growth that is explained by the growth of this occupation at national level; in other words, the national growth rate for the entire economy is subtracted from the national growth rate of the occupation and then applied to the number of occupational jobs in the county. The national growth effect describes how much of the occupation's growth at the county level is explained by the overall growth of the national economy (i.e., if the nation's economy is growing, then there should be some positive change in the county's education occupation). Both of these indicators rely on the national growth. The occupational mix effect depends on national growth in that particular industry, whereas the national growth effect depends on the growth in the nation's economy as a whole. Of particular importance is the competitive effect because it explains how much of the change in the education occupation is due to a competitive advantage that the county has. Unlike the previously mentioned indicators, the competitive effect cannot be explained by the national trends, and it can be positive even if the county employment for the occupation declines. The competitive effect gives the difference between the expected change and the actual change for the education occupation in the county. A positive value indicates that the county's education occupation is outperforming national trends, while a negative effect means that the occupation is

underperforming compared to the national trends. The source of data for this table is Economic Modeling Specialists Inc. (EMSI).

The graph on the bottom-left section is a snapshot of the gender distribution for some education occupations. For most counties, the graph looks at gender for five or six occupations for the education industry. However, for some counties certain occupations are not represented or there was insufficient data; in these cases, the chart includes fewer than five categories. Again, the source for this data is Economic Modeling Specialists Inc. (EMSI).

In the bottom-right section of the page, the profile ends with an overview of some financial indicators for the education industry in the state. The table shows, in 2012, that almost 90% of the Kindergarten-12th Grade educational institutions' revenue came from state and local sources and only 10% from federal sources. It also shows that the average debt for a student from a 4-year public university is over $22,000. These data were sourced from The Reinvestment Fund (TRF) Policy Map and are not available at the county level.

References:
1. Economic Modeling Specialists Inc. (EMSI), 2014, http://www.economicmodeling.com/;
2. KY Center for Education and Workforce Statistics (KCEWS)/ County Profile Reports, 2014, https://kcews.ky.gov/#;
3. U.S. Census/5-year ACS, retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml;
4. The Reinvestment Fund (TRF) Policy Map, 2012 data, http://www.policymap.com/.

Still have questions?
If you have further questions regarding the data in this profile, please contact CEDIK Research Director James Allen IV at 859-218-4386.

Demographics	Clinton County	Kentucky	United States
Total Population, 2012 Estimate (Census)	10,285	4,380,415	313,914,040
Percent Change in Total Population, 2000-2010 (Census)	0.1%	0.9%	1.7%
Percent of the Population that is Non-white, 2010 (Census)	2.5%	11.4%	22.1%
Percent of the Population that is Older than 64 years, 2010 (Census)	17.2%	14.0%	13.7%
Percent of the Total Population in Poverty, 2011 Estimate (SAIPE)	27.2%	19.1%	15.9%
Percent of the Total Population under 18 in Poverty, 2011 Estimate (SAIPE)	39.0%	27.2%	22.5%

		Estimate	Reliability	Estimate	Reliability	Estimate	Reliability
Reliability ■ Very reliable (>95% C.I.) ▲ Somewhat reliable (90-95% C.I.) ● Not very reliable (<90% C.I.)	Percent of the Population 25 & Older that has a High School Diploma, GED, or more, 2007-2011 Estimate (ACS)	63.3%	■	81.7%	■	85.4%	■
	Percent of the Population 25 & Older that has a Bachelor's Degree or more, 2007-2011 Estimate (ACS)	7.5%	■	20.6%	■	28.2%	■
	Percent of Workers who Travel 30 minutes or more one way, to work, 2007-2011 Estimate (ACS)	0.3%	▲	0.3%	■	—	—
	Unemployment Rate, 2012 Annual Average (BLS)	9.5%		8.2%		8.1%	
	Median Household Income, 2012 Estimate (SAIPE)	$27,095		$41,086		$51,017	

Jobs Overview	Clinton County	Lake Cumberland ADD*	Kentucky
2002 Total Jobs	3,640	63,720	1,716,446
2012 Total Jobs	3,807	65,309	1,761,238
2022 Projected Jobs	4,192	75,682	1,975,115
2002-2012 Percent Change in Total Jobs	5.0%	2.0%	3.0%
2012-2022 Projected Percent Change in Total Jobs	10.0%	16.0%	12.0%
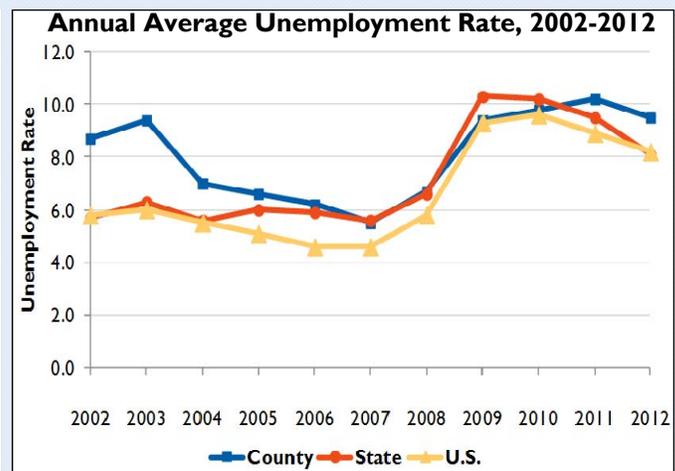
*ADD = Area Development District

Source: EMSI 2013

Annual Average Unemployment Rate, 2002-2012
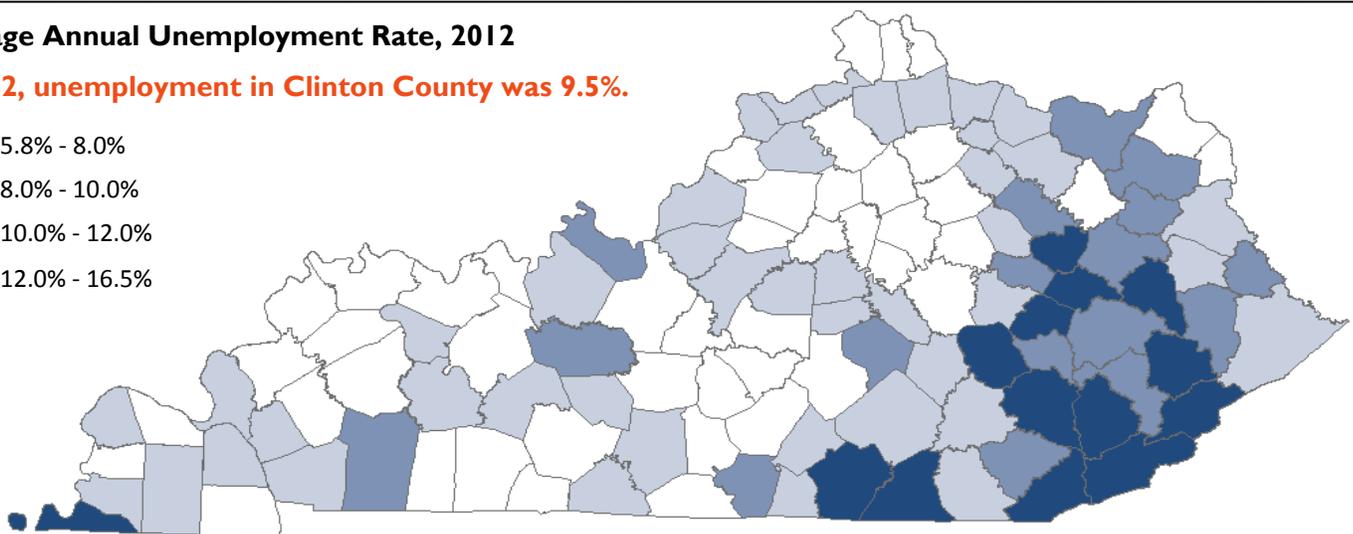

Source: Bureau of Labor Statistics 2013

Average Annual Unemployment Rate, 2012

In 2012, unemployment in Clinton County was 9.5%.

- ☐ 5.8% - 8.0%
- ☐ 8.0% - 10.0%
- ☐ 10.0% - 12.0%
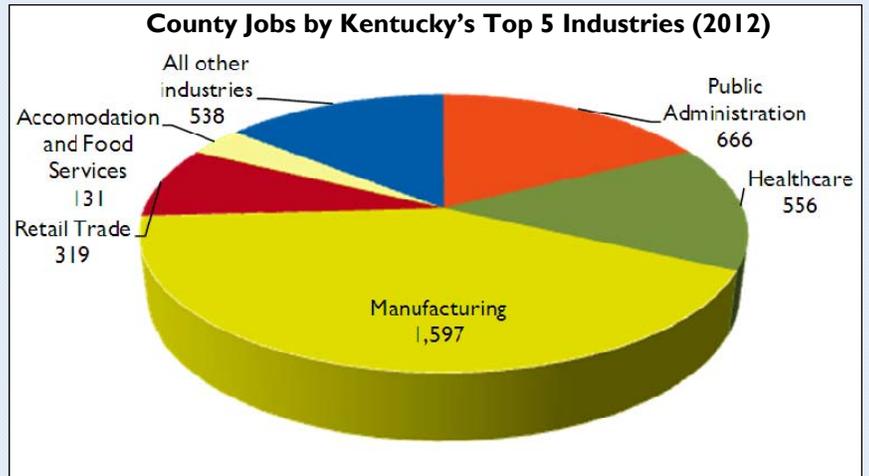- ☐ 12.0% - 16.5%

Source: Bureau of Labor Statistics 2013

Top 10 Industries by Employment (2012)

Industry Name (by 3-digit NAICS codes)	County Jobs
Food Manufacturing	1,395
Local Government	540
Hospitals (Private)	238
Ambulatory Health Care Services	195
Textile Product Mills	119
Food Services & Drinking Places	116
Gasoline Stations	94
Merchant Wholesalers, Nondurable Goods	91
Nursing & Residential Care Facilities	83
State Government	75
Total Top 10 industries	**2,946**

Source: EMSI 2013

This page divides the county's jobs into different industries, as defined by the <u>North American Industry Classification System (NAICS)</u>.

County Jobs by Kentucky's Top 5 Industries (2012)

All other industries 538

Accomodation and Food Services 131

Retail Trade 319

Public Administration 666

Healthcare 556

Manufacturing 1,597

Source: EMSI 2013

Industry Sector (by 2-digit NAICS codes)	Clinton County			Lake Cumberland ADD*		Kentucky	
	Percent Share of Total Jobs	2012 Jobs	2012 LQ†	2012 Jobs	2012 LQ†	2012 Jobs	2012 LQ†
Agriculture, Forestry, Fishing & Hunting	0.4%	15	0.4	172	0.3	7,508	0.5
Mining, Quarrying, & Oil & Gas Extraction	1.0%	37	1.6	290	0.7	20,309	1.9
Utilities	0.3%	12	0.7	350	1.3	6,559	0.9
Construction	1.7%	65	0.4	1,936	0.7	67,281	0.9
Manufacturing	41.9%	1,597	4.6	11,077	1.9	223,770	1.4
Wholesale Trade	2.7%	104	0.6	1,908	0.7	72,794	1.0
Retail Trade	8.4%	319	0.7	8,145	1.1	202,862	1.0
Transportation & Warehousing	1.0%	39	0.3	3,068	1.5	82.331	1.5
Information	0.4%	15	0.2	721	0.5	26,526	0.7
Finance & Insurance	2.0%	78	0.5	1,881	0.7	68,331	0.9
Real Estate & Rental & Leasing	0.6%	22	0.4	446	0.5	17,868	0.7
Professional, Scientific, & Technical Services	0.7%	25	0.1	1,366	0.3	67,533	0.6
Management of Companies & Enterprises	0.0%	0	0.0	230	0.2	20,055	0.8
Administrative & Waste Management Services	0.4%	17	0.0	3,046	0.8	104,557	1.0
Educational Services	0.6%	24	0.0	994	0.8	17,463	0.5
Health Care & Social Assistance	14.6%	556	1.1	10,734	1.3	226,618	1.0
Arts, Entertainment, & Recreation	1.4%	54	1.0	533	0.5	19,540	0.7
Accommodation & Food Services	3.4%	131	0.4	4,677	0.8	155,420	1.0
Other Services (except Public Administration)	0.8%	31	0.2	1,320	0.6	48,628	0.8
Public Administration	17.5%	666	1.1	12,415	1.2	305,286	1.1

*ADD = Area Development District　　*†LQ= National Location Quotient (see Insights for description)*

Source: EMSI 2013

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Kentucky County Economic Profiles
Insights for Data Interpretation

Prepared by: Simona Balazs, CEDIK Research Assistant

CEDIK's Economic Profile is comprised of two parts. The first page contains an overview of demographics and employment in the county, while the second page offers a closer look at jobs by industry. In an effort to provide as much data as possible on two pages, precise definitions of some measures were not included. Thus, questions may arise including: What does this number represent exactly? How can I interpret this? This short overview provides additional clarification to the meaning of the selected measures in the profile.

Demographics and Employment

Page one of the profile starts with data on selected demographic variables, such as "percent change in total population", "percent of the total population in poverty", "unemployment rate", and "median household income". Numbers in the first table are provided for the county, Kentucky and the United States, allowing for comparison between the regions. In the second-part of the first table, estimates are provided along with a measure of "reliability". The "reliability" refers to the Margin of Error (MOE) for the estimates. The MOE relates to uncertainty associated with an estimate based on the fact that there might be differences between the population included in the survey (sample population) versus the entire population. Thus, a small MOE suggests that the estimates are more likely to reflect what is actually happening in the county (i.e., higher reliability), while a large MOE suggests that the estimate is potentially not reflecting reality. To indicate the reliability of the estimate we used three confidence intervals (C.I.): >95%, between 90-95% and <90%. In our table, the three C.I. are coded as ■ for C.I. >95%, ▲ for C.I. between 90-95% and ● for C.I. <90%. If an estimate in the table has a ■ for example, then the MOE is small and the estimate is very reliable. If the symbol is ●, then the MOE is higher and the estimate might not be very representative of the full population. Data on this table come from different sources, mainly the U.S. Census Bureau and the U.S. Bureau of Labor Statistics (BLS). The American Community Survey (ACS) is a survey administered by the Census Bureau that collects data on age, sex, education, income, etc. The Small Area Income and Poverty Estimates (SAIPE) is a program developed by the Census Bureau that provides "more current estimates of selected income and poverty statistics than those from the most recent decennial census" (Census/SAIPE description).

On the middle section of the page, there is a table that provides an overview of jobs (total jobs, percent change in jobs, projected number of jobs) for the county, the Area Development District (ADD) and the state. An ADD consists of a network of planning and development organizations from neighboring counties that work towards the development of that area. There are 15 ADDs in Kentucky and each county is part of one. This section also contains a graph with unemployment rates over time (2002-2012) by county, Kentucky and the United States. In general, if the county's unemployment rate is below that of Kentucky and the United States, the county is performing well economically. Note that Kentucky, the United States, and most counties saw a spike in unemployment between 2008 and 2009 as a result of the economic recession. Sources of data for this part are from Economic Modeling Specialist Inc. (EMSI) and the BLS.

On the bottom of the first page is a Kentucky map of the average annual unemployment rate for 2012 by county. As the unemployment rate increases, the color of a county becomes a darker shade of blue. A legend for the range of unemployment represented by each color and the county's actual unemployment rate is also provided in the figure. The data source for the unemployment rate is the BLS.

Jobs by Industry

Data on the second page provide more detailed information on number of jobs by industry, as categorized by the Northern American Industry Classification System (NAICS). NAICS is a standard used to classify the business establishments into various industries. Each firm is assigned a 6-digit number, and each digit after the first describes the firm in an increasing level of detail. For example, the code "11" describes jobs in jobs in "Agriculture, Forestry, Fishing, and Hunting", the code "112" (an extra digit) describes jobs within agriculture, forestry, fishing, and hunting that fall under "Animal Production", and the code "1123" (again, one more digit) describes jobs within animal production that belong to "Poultry and Egg Production." All of the tables on this page use NAICS to categorize employment by industry in the county. The source of data for this entire page is EMSI.

To start, the top-left table lists the number of county level jobs for the top 10 industries in that county, by 3-digit NAICS codes. To create this table, employment was examined for all 3-digit NAICS

industries in the county, and then sorted highest to lowest. These top 10 industries represent the major sources of employment in the county. One can easily compare total employment from these top 10 industries with Total Jobs from the previous page to learn what share of county employment comes from these top 10 industries. For many counties, over 50% of total county jobs come from these top 10 industries.

A second method of looking at jobs in the county is illustrated in the pie chart in the upper-right corner. For this chart, we look at county employment in Kentucky's five largest 2-digit NAICS industries, which are Public Administration, Healthcare, Manufacturing, Retail Trade and Accommodation and Food Services. For space, all the other 2-digit NAICS industries were aggregated as one. The data in the chart represent county employment for Kentucky's 5 largest industries. Because these are Kentucky's top 5 industries (and not necessarily the county's), employment numbers for the county can be very low, or in some cases, one of these 5 major industries might not be present in a county at all.

The large table on the remainder of the page is an overview of all industry groups by 2-digit NAICS codes for the county, ADD and Kentucky. This table contains data for the percent share of a particular industry in that county, the total number of jobs for an industry, and the national Location Quotient (LQ) value. The LQ is an indicator of how concentrated a particular estimate (in this case, employment by industry), is in the region (county, ADD or state) as compared with the nation. If the LQ is higher than 1.0, then employment in that industry is a larger share of total employment in the region than the national average. In other words, regional employment is more concentrated in that the industry than at the national average. is the larger the LQ,, the higher the concentration. For example, Kentucky's LQ of 1.9 in the Mining industry suggests that more people are employed by the mining industry in Kentucky than across the country. Conversely, if the LQ is less than 1.0, then employment in this industry is less concentrated than it is nationally. For example, Kentucky's LQ of 0.5 in the Agriculture industry suggests that fewer people are employed by the agriculture industry than elsewhere in the United States. Data is provided for the county, the ADD, and Kentucky in order to allow for comparison of jobs and LQs.

References:

Bureau of Labor Statistics (BLS) for Unemployment Rate, retrieved from http://www.bls.gov/home.htm

Census for Population Estimates, retrieved from http://www.census.gov/popest/data/index.html

Census/ American Community Survey (ACS) for Education estimates, retrieved from https://www.census.gov/acs/www/about_the_survey/american_community_survey/

Census/Small Area Income and Poverty Estimates (SAIPE) for Population in Poverty estimates, retrieved from http://www.census.gov/did/www/saipe/

Economic Modeling Specialists Inc. (EMSI) for Employment Data, retrieved from http://www.economicmodeling.com/

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If you have further questions regarding the data in this profile, please contact CEDIK Research Director James Allen at (859) 218-4386.
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In 2012, the employment share of the healthcare industry in Clinton County was 14.6%. Healthcare was the third largest industry employer in the county with 556 workers. Also in 2012, the healthcare industry brought in 12.0% ($26,539,199) of the county's gross product.

	Clinton County	Lake Cumberland ADD*	Kentucky
Health Outcomes			
Premature death (years of potential life lost per 100,000 population)	9,670	9,244	8,768
Percent of adults reporting poor or fair health	28.1%	28.0%	21.4%
Average number of poor physical health days in the past 30 days	6	5	5
Average number of poor mental health days in the past 30 days	5	5	4
Percent of babies born with low birth weight (less than 2,500 grams)	10.6%	8.6%	9.1%
Percent of adults with Diabetes	11.8%	12.4%	11.6%
HIV prevalence rate (per 100,000 population)	65	38	140
Age-adjusted mortality (per 100,000 population, if under age 75)	484	464	445
Child mortality (per 100,000 population)	n/a	53	65
Infant mortality (per 100,000 population)	n/a	375	710
Health Behaviors			
Percent of adults who smoke regularly	22.9%	23.8%	26.4%
Percent of adults who are obese (BMI greater than or equal to 30)	32.7%	32.8%	32.9%
Percent of adults who are physically inactive	37.7%	35.6%	31.5%
Percent of adults who drink excessively (heavy or binge)	1.3%	7.9%	11.5%
Motor vehicle crash deaths (per 100,000 population)	47	28	20
STDs: Chlamydia rate (per 100,000 population)	58	215	377
Teen birth rate (per 1,000 females ages 15-19)	64	63	50
Access to Care			
Percent uninsured (under age 65 without health insurance)	21.1%	21.2%	17.5%
Percent of uninsured adults	26.4%	26.3%	21.8%
Percent of uninsured children	7.7%	7.8%	6.7%
Percent of adults reporting they could not see a doctor due to cost	23.5%	22.0%	17.0%
Rate of preventable hospital stays (per 1,000 Medicare enrollees)	244	130	103
Percent of diabetics that receive HbA1c screenings	77.3%	83.5%	83.8%
Percent of women receiving mammography screenings	33.1%	55.3%	61.7%
Physical Environment			
Pollution: Average daily measure of fine particulate matter (micrograms per cubic meter)	13	13	13
Drinking water safety: Percent of the population exposed to water exceeding a violation limit in the past year	0.0%	8.8%	10.9%
Rate of recreational facilities (per 100,000 population)	10	8	8
Percent of the population that lives within half a mile of a park	n/a	1.8%	24.0%

Area Development District

Source: County Health Rankings, 2013. See Insights for specific years of each indicator.

In your county:

11.8% of adults have diabetes

22.9% of adults are regular smokers

32.7% of adults are obese

26.4% of adults & **7.7%** of children are without health insurance

Number of providers per 1,000 population:

Primary Care Physicians: 0.68

Dentists: 9.7228974234321822E-2

Mental Health Providers: 0.78

Supply of Physicians	11
Primary Care Physicians (PCP)	7
Specialist Physicians	4
Percent Physicians over 65	18.2%
Percent Kentucky trained	63.6%
Percent Foreign trained	9.1%
PCP who Accept Medicaid	4

Source: KY Health Benefit Exchange & Deloitte, 2012

Healthcare Providers	2012			2017	
	Supply	Need	Gap	Need	Gap
Physicians	11	33	22	34	23
Physician Assistants	0	3	3	3	3
Nurse Practitioners	3	5	2	5	2
Registered Nurses	76	102	26	104	28
Licensed Practical Nurses	53	27	-26	28	-25
Nurse Aides	153	53	-100	54	-99
Dentists	1	6	5	6	5
Mental Health Providers	8	23	15	24	16
Optometrists	2	2	0	2	0

Source: KY Health Benefit Exchange & Deloitte, 2012

NAICS Health Sector	2008 Jobs	2013 Jobs	2023 Projected Jobs	2013 Establishments
Offices of Physicians	50	66	94	5
Offices of Dentists	<10	<10	<10	4
Offices of Other Health Practitioners	12	13	29	1
Outpatient Care Centers	<10	<10	<10	1
Medical & Diagnostic Laboratories	73	73	11	2
Home Health Care Services	73	58	95	4
General Medical & Surgical Hospitals	266	227	257	1
Psychiatric & Substance Abuse Hospitals	0	0	0	0
Specialty Hospitals (not Psychiatric & Substance Abuse)	0	0	0	0
Average Earnings Per Worker (2013)	$41,483			

Source: EMSI, 2013

2013 Medicaid Recipients by Age Group

| Age of Recipient	Total Recipients
< 18	1,550
18-34	306
35-64	701
65 +	533
N/A	113
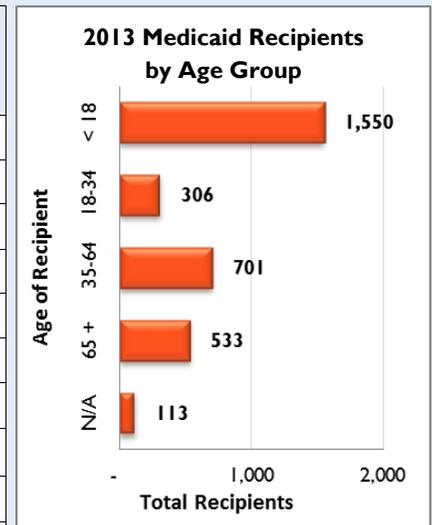
Source: KY Cabinet for Health and Family Services, 2013

Access to Primary Care Physicians (PCPs) by Population

Low Access (less than 1 PCP per 2,000 population)

Intermediate Access (less than 1 PCP per 1,000 population)

High Access (more than 1 PCP per 1,000 population)

In 2012, Kentucky had .93 primary care physicians per 1,000 population.

Source: KY Health Benefit Exchange & Deloitte, 2012

http://cedik.ca.uky.edu/
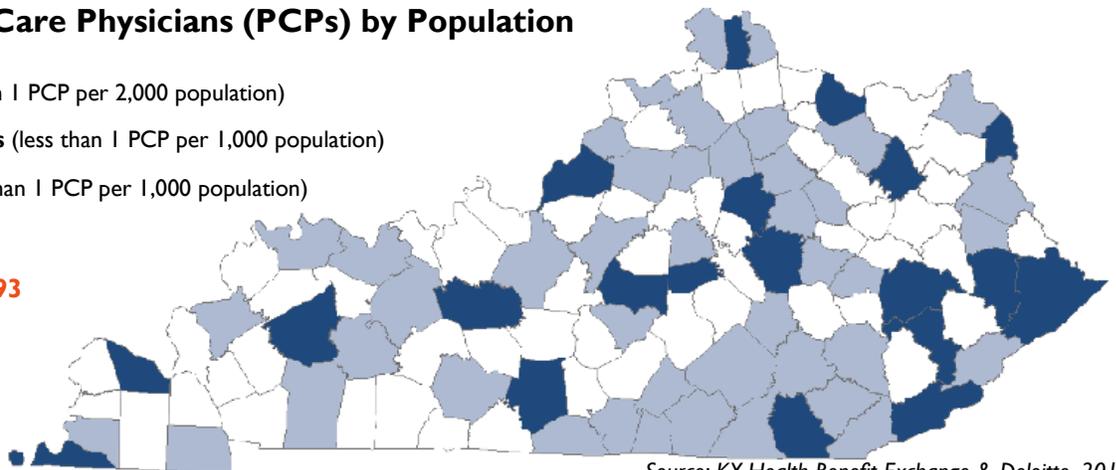
Kentucky County Healthcare Profiles
Insights for Data Interpretation

Prepared by: Simona Balazs, CEDIK Research Assistant

CEDIK's Healthcare Profile is comprised of three major parts. The first page is an overview of selected Health Indicators, while the second page offers a closer look at the Healthcare Industry and Healthcare Access. This short overview provides additional clarification to the selected measures in the profile.

Health Indicators

The first page begins with a statement on the status of the Healthcare Industry in the county, based on three criteria: the share of total county employment share in the healthcare industry, the rank of the healthcare industry relative to all other industries in county based on employment, and the percent (and dollar amount) that the healthcare industry brings to the county's gross product. For most counties, the healthcare industry ranks in top five industries in that county. The source of data is Economic Modeling Specialists Inc. (EMSI).

The table on the first page provides data on selected health indicators grouped into four categories: Health Outcomes, Health Behaviors, Access to Care, and Physical Environment. Numbers are provided for the county, Area Development District (ADD), and Kentucky. The source of the data and description for the Health Indicators is County Health Rankings for the year 2013. However, individual indicators themselves come from different years (see County Health Rankings Sources table below).

First, the Health Outcomes indicators include variables such as premature death, age-adjusted mortality, and percent of adults with diabetes. The premature death is measured in the number of years of potential life lost before the age of 75. For example, if a person died at age 50, then that person contributes 25 years to a county's premature death number. Next, the age-adjusted mortality rate (for residents under 75 years old) is a standard way of reporting the mortality rate so that counties with a younger population can be compared to those with an older population more fairly. The age-adjusted mortality rate reports the average mortality rate if all Kentucky counties had the same age distribution in

their populations. Please note that premature death, HIV prevalence rate, age-adjusted mortality, child mortality and infant mortality are reported as a rate per 100,000 population. Of course, most counties have far less than 100,000 residents, but the data are reported this way because the amounts are very small.

Second, the measures under Health Behavior are important markers of risky health behaviors that affect the community and the healthcare system in a county, ADD, or the state. Each one of these indicators increases the risk of various diseases and of premature death. Third, Access to Care indicators include the percent of people, adults, and children that are uninsured, and the percent of adults that could not see a doctor due to cost. These measures indicate a barrier in accessing needed health care. Finally, the table reports indicators of the county's Physical Environment, which are important for promoting public health.

Industry Indicators

The top of the second page reports the number of healthcare providers in the county, including physicians, dentists, mental health providers, and six other professions. The data show the supply, need, and gap for 2012, and the projected need and gap for 2017. The gap of healthcare providers is calculated as the difference between need and supply. If for a given occupation the need is greater than the supply, then the gap is positive—the county requires more providers for that occupation than it currently has. Likewise, if the supply is greater than the need for a given occupations, then the gap is negative; in this case, the county has an excess of providers for that occupation given the size of its population.

To the left of the primary table, the 2012 supply of physicians is unpacked into number of primary care physicians (PCP) and specialist physicians. The percent of physicians over 65 and percent of physicians that are trained in Kentucky or abroad are also reported. The upper-left corner reports the number of providers for 1,000 people for PCPs, dentists, and mental health

providers. These three healthcare occupations are used to designate Health Professional Shortage Areas (HPSA) and medically underserved populations (MUPs) by the U.S. Department of Health and Human Resources. In 2013, there were approximately 5,800 PCP HPSAs, 4,600 Dental HPSA, and 3,700 Mental Health HPSAs in the United States. For both of these tables at the top of the second page, the data source is a study implemented by the Kentucky Health Benefit Exchange and Deloitte in 2012 called the "Kentucky Health Care Workforce Capacity Report," which painstakingly verified data from the Kentucky Board of Medical Licensure and similar boards to ensure accuracy.

The left table in the middle section of the second page reports the total number of jobs for 2008, 2013, and projections for 2023. It also includes the number of health sector establishments and average earnings per worker in 2013 for the main healthcare subsectors. These subsectors are based on 4-digit codes of the North American Industry Classification System (NAICS) for the county. For information on NAICS, please see the Insights for CEDIK's Economic Profile. The data source for this section is EMSI.

Healthcare Access

The bar graph on the right provides information about Medicaid recipients by age group for the county. Data come from the Kentucky Cabinet for Health and Family Services/Department of Medicaid Services as of July 2013. Whereas Medicare is a federally run insurance program for people over 65 and younger disabled and dialysis patients, Medicaid is a federal-state assistance program in which medical bills are paid from federal, state and local tax funds. In Kentucky as of 2014, children aged 0-1 are eligible for Medicaid if they live in a household below 195% of the federal poverty level (FPL), and other children aged 1-18 are eligible if below 159% of the FPL. Additionally, pregnant women are eligible for Medicaid if in a household below 195% of the FPL, while parents and other adults are eligible if below 133% of the FPL.

However, keep in mind that this figure shows Medicaid recipients in the county, and that there are likely others who are eligible but are not recipients.

Finally, the profile ends with a Kentucky map of Access to Primary Care Physicians (PCP) by population. The map was constructed using the same ratio provided in the upper-left corner of the number of PCPs per 1,000 population. A darker color on the map indicates higher access to PCPs. The 2012 rate of PCP per 1,000 people for the state of Kentucky is also provided on the map. All of the High Access counties have higher than average access to PCPs for the state, while all of the Low Access and most of the Intermediate Access have lower than average access to PCPs for the state.

References:

County Health Rankings for Health Indicators, retrieved from http://www.countyhealthrankings.org/app/kentucky/2013/rankings/outcomes/overall/by-rank

Economic Modeling Specialists Inc. (EMSI) for Employment Data, retrieved from http://www.economicmodeling.com/

KY Cabinet for Health and Family Services/Department of Medicaid Services for Medicaid Data, retrieved from http://chfs.ky.gov/dms/stats.htm

KY Health Benefit Exchange and Deloitte 2012 Report for Provider Data, retrieved from http://healthbenefitexchange.ky.gov/Pages/Kentucky-Health-Care-Workforce-Capacity-Report.aspx

"What is the difference between Medicare and Medicaid?" US Department of Health & Human Services, retrieved from http://answers.hhs.gov/questions/3094

"Medicaid and CHIP Eligibility Levels", Center for Medicare & Medicaid Services, retrieved from http://www.medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Medicaid-and-CHIP-Eligibility-Levels/medicaid-chip-eligibility-levels.html

Data Sources:

(see table on next page)

If you have further questions regarding the data in this profile, please contact CEDIK Research Director James Allen at (859) 218-4386.
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Data retrieved from County Health Rankings at www.countyhealthrankings.org, a collaboration between Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute		
Health Outcomes	**Original Source**	**Year**
Premature death (years of potential life lost per 100,000 population)	National Center for Health Statistics	2008-2010
Percent of adults reporting poor or fair health	Behavioral Risk Factor Surveillance System	2005-2011
Average number of poor physical health days in the past 30 days	Behavioral Risk Factor Surveillance System	2005-2011
Average number of poor mental health days in the past 30 days	Behavioral Risk Factor Surveillance System	2005-2011
Percent of babies born w/ low birth weight (less than 2,500 grams)	National Center for Health Statistics	2004-2010
Percent of adults with diabetes	National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation	2009
HIV prevalence rate (per 100,000 population)	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2009
Age-adjusted mortality (per 100,000 population, if under age 75)	CDC WONDER mortality data	2008-2010
Child mortality (per 100,000 population)	CDC WONDER mortality data	2007-2010
Infant mortality (per 100,000 population)	CDC WONDER mortality data	2006-2010
Health Behaviors	**Original Source**	**Year**
Percent of adults who smoke regularly	Behavioral Risk Factor Surveillance System	2005-2011
Percent of adults who are obese (BMI greater than or equal to 30)	National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation	2009
Percent of adults who are physically inactive	National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation	2009
Percent of adults who drink excessively (heavy or binge)	Behavioral Risk Factor Surveillance System	2005-2011
Motor vehicle crash deaths (per 100,000 population)	National Center for Health Statistics	2004-2010
STDs: Chlamydia rate (per 100,000 population)	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2010
Teen birth rate (per 1,000 females ages 15-19)	National Center for Health Statistics	2004-2010
Access to Care	**Original Source**	**Year**
Percent uninsured (under age 65 without health insurance)	Small Area Health Insurance Estimates	2010
Percent of uninsured adults	Small Area Health Insurance Estimates	2010
Percent of uninsured children	Small Area Health Insurance Estimates	2010
Percent of adults that could not see a doctor due to cost	Behavioral Risk Factor Surveillance System	2005-2011
Rate of preventable hospital stays (per 1,000 Medicare enrollees)	Dartmouth Atlas of Health Care	2010
Percent of diabetics that receive HbA1c screenings	Dartmouth Atlas of Health Care	2010
Percent of women receiving mammography screenings	Dartmouth Atlas of Health Care	2010
Physical Environment	**Original Source**	**Year**
Pollution: Average daily measure of fine particulate matter (micrograms per cubic meter)	CDC WONDER Environmental data	2008
Drinking water safety: Percent of the population exposed to water exceeding violation limit in the past year	Safe Drinking Water Information System	2012
Rate of recreational facilities (per 100,000 population)	County Business Patterns	2010
Percent of the population that lives within half a mile of a park	Environmental Public Health Tracking Network	2010