



The Medical Center at Albany

2022 Community Health Needs Assessment



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The Medical Center at Albany

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<https://medcenterhealth.org>

This Community Health Needs Assessment (CHNA) was prepared for The Medical Center at Albany 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 Melody Nall, CEDIK Extension Specialist: melody.nall@uky.edu or (859) 218-5949.



University of Kentucky
**College of Agriculture,
Food and Environment**
*Community and Economic
Development Initiative of Kentucky*
cedik.ca.uky.edu



Dear Medical Center Albany Community,

The Medical Center at Albany is a not-for-profit hospital proudly serving Clinton County and surrounding counties. To strengthen our healthcare services at The Medical Center at Albany, our community shared with us their health care concerns and needs through the Community Needs Assessment. With information from this survey, we are looking to improve our community healthcare services and pro-actively provide care close to home to build a healthier community. The COVID-19 pandemic has been a healthcare priority for our community, as it has for many communities across Kentucky, for much of 2020 and now 2021. The pandemic has demanded our focus and resources be allocated to COVID-19 testing, treatment, increased acute care hospitalizations and vaccinations. The Medical Center Albany with the support of the Lake Cumberland District Health Department has been available and ready to meet the challenge. It is our hope to continue to fight the pandemic as well as get back to prioritizing the other healthcare concerns within our community as we move forward with our new plan cycle.

We are thankful for the collaborative relationships' we have with our longstanding supportive community partners and our Medical Staff. The recruitment of health care providers and the expansion of service are essential for improving the health status in our community.

Thank you for the confidence you place in The Medical Center at Albany. We are committed to meeting your family's healthcare needs.

Warm regards,

Laura E. Belcher, FACHE
Administrator
The Medical Center at Albany

Introduction

Med Center Health has six hospitals with campuses located in Albany, Bowling Green, Horse Cave, Franklin, and Scottsville. More than 30 clinics serve the area. This wide footprint, combined with our commitment to proactively invest in the resources our communities need, helps people heal closer to home. No matter where you live in Southcentral Kentucky, the highest quality care is within your reach.

Our commitment to the communities we serve goes beyond improving the health of our patients. As a not-for-profit institution, the monetary benefits we generate far outweigh the taxes we would pay if we were in business to make money. The intangible benefits are even more significant – all part of our mission to improve the health and wellness of the patients and communities we serve.

At The Medical Center at Albany, our history dates back to 1953 when Clinton County Hospital opened to serve the healthcare needs of Clinton and surrounding counties. We have been, and always will be, fully committed to meeting the healthcare needs of our community.

On February 5, 2016 Commonwealth Health Corporation (CHC) assumed management of Clinton County Hospital. In April 2016, Clinton County Hospital joined 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.

Mission

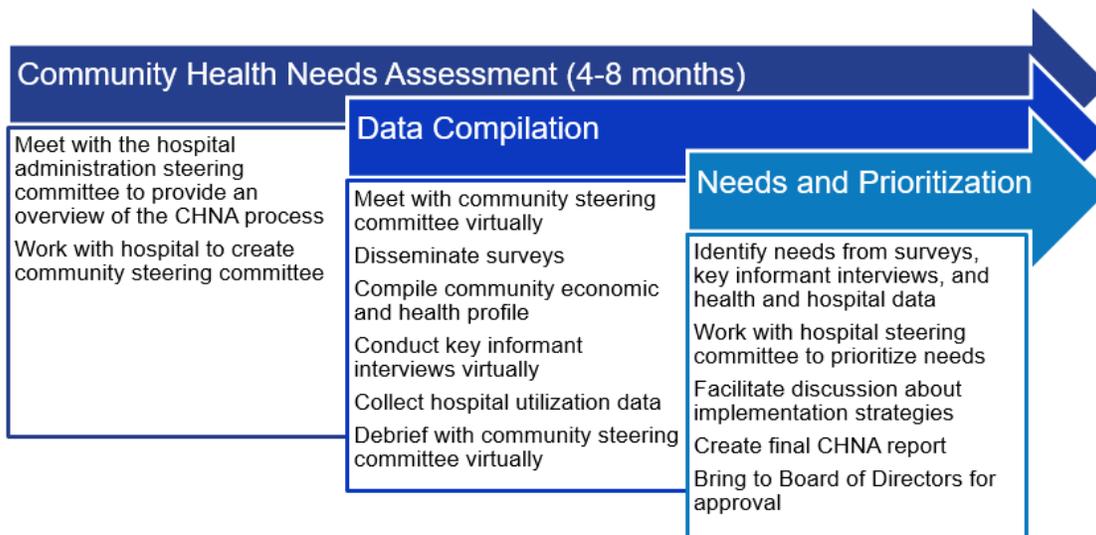
The primary mission of The Medical Center at Albany is to care for people and improve quality of life in the communities we serve.

CHNA Background

The Medical Center at Albany contracted with the Community and Economic Development Initiative of Kentucky (CEDIK) in the fall of 2020 to conduct a Community Health Needs Assessment (CHNA) in accordance with the Affordable Care Act (ACA). The Affordable Care Act (ACA), enacted March 23, 2010, added new requirements that hospital organizations must satisfy in order to be described in section 501(c)(3), as well as new reporting and excise taxes.

The IRS requires hospital organizations to complete a CHNA and adopt an implementation strategy at least once every three years. This CHNA was the fourth prepared by CEDIK for this organization; prior reports were completed in 2013, 2018 and 2021.

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



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2018 community health needs... addressed!

- ✓ Goal: Increase community awareness and knowledge regarding the risks of obesity and resources available at The Medical Center at Albany.

Healthy Monday tips sent to all Med Center Health employees and 90 worksites. The Medical Center plans and promotes the Med Center Health 10K Classic. The Medical Center also provides other exercise opportunities through CHC Wellness, community events and classes. The Medical Center at Albany sponsors the Foot Hills Festival 5K Glow Run in June. Weight loss information was provided at The Foot Hills Festival in October. Weight loss seminars are held for the community annually, or more frequent based on requests.

- ✓ Goal: Increase community awareness and knowledge of the health complications associated with uncontrolled high blood pressure. Increase knowledge and usage of 911 at onset of heart attack or stroke symptoms.

The Medical Center at Albany offers free stroke screenings at community events, worksites and health fairs. Early Heart Attack Care (EHAC) – Educates individuals on the early signs and symptoms of a heart attack. Provided EHAC and blood pressure screenings at Clinton County Fair in 2018 and 2019. Provided EHAC education at Senture Health Fair in February. Hands only CPR was demonstrated at the Community Baby Shower in April 2019. Distributed EHAC information to attendees at Hoops for Health in February at Clinton County High School in 2019.

- ✓ Goal: Increase community awareness & knowledge of causes and ways to prevent cancer and the importance of preventative screenings.

Information about cancer prevention is provided annually at the Foothills Festival. Distributed educational materials and promotional items promoting awareness and preventative screenings for Breast and Colon Cancer at Keystone Food health fair in May.



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✓ **Goal: Increase community awareness and knowledge of opioid epidemic.**

Truth and Consequences: The Choice is Yours is an enrichment event designed to allow students to see the consequences of drug and alcohol abuse. Students were given scenarios and then visited appropriate officials as if they had actually engaged in the behavior. This event was held in September 2019 at Clinton County High School for Junior and Seniors.

On April 10, 2019 the three workgroups (Prevention, Treatment and Recovery) of the Substance Use Disorder Regional Committee met to prioritize the issues challenging our region in addressing substance use disorder. The 47 attendees were presented an overview of the Kentucky Opioid Response Effort (KORE) by Allen Brenzel, MD, Chief Medical Officer for the Kentucky Department of Behavioral Health and Katie Marks, PhD, Program Director for the Kentucky Department of Behavioral Health. The overview also educated attendees about four basic infrastructure needs applicable to prevention, treatment and recovery.



Our hospital conducts a Community Health Needs Assessment every three years. We are excited to share our progress from the last assessment, as we prioritize our next goals based on recent community input.

Thank you for your continued support of The Medical Center at Albany.

Laura E. Belcher, FACHE
Administrator

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Introduction

The Medical Center at Albany

The Medical Center at Albany provides healthcare services to Clinton and surrounding counties in Kentucky and Tennessee. As a 42-bed acute care hospital, we provide the community with first-rate inpatient and outpatient services, including emergency services, 24/7.

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.

Services

- Cardiology
- Computed Tomography (CT)
- Diagnostic Imaging
- Digital Mammography
- Emergency Services
- General Surgery
- Infectious Disease
- Laboratory Services
- Magnetic Resonance Imaging (MRI)
- Nuclear Medicine
- Oncology
- Orthopedics
- Physical Rehabilitation
- Preventative Screenings
- Respiratory Care
- Telehealth

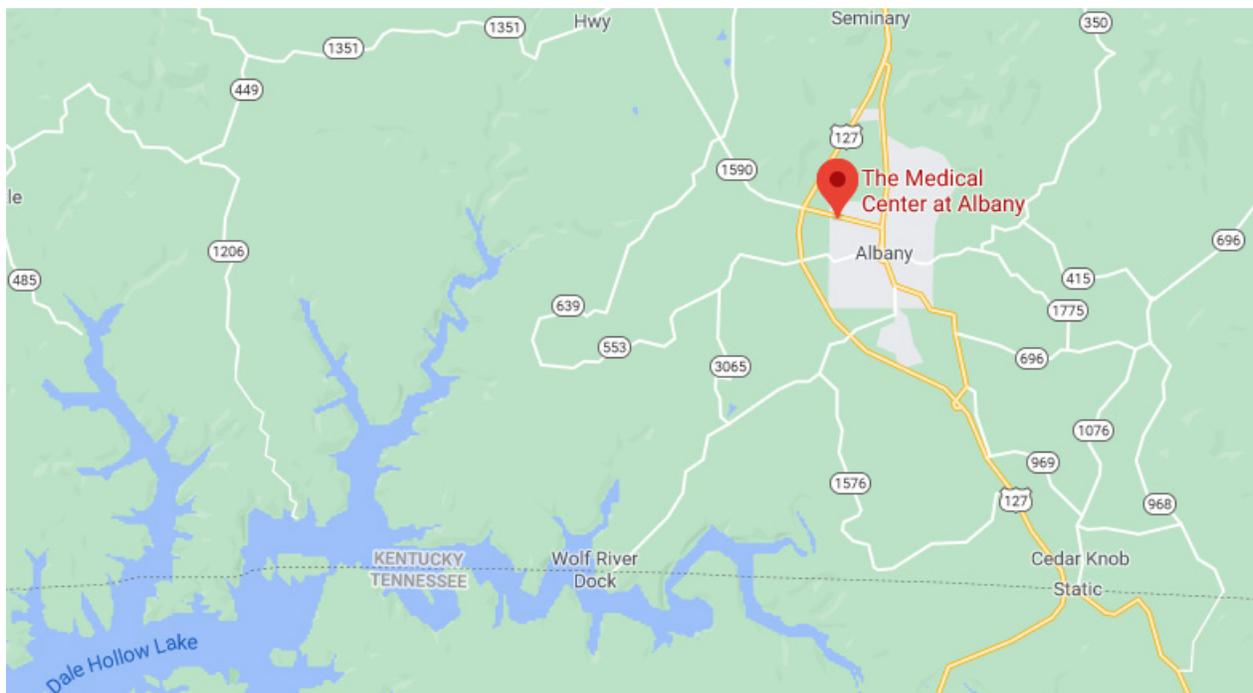
A Portrait of the Community Served by The Medical Center at Albany

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.



Dale Hollow Dam and Lake



Map created with Google Maps, 2021

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 and providers 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 key informant interviews and surveys.

First we present the demographic, social, economic and health outcomes data that were compiled through secondary sources. These data that follow were retrieved from County Health Rankings January 2022. For data sources see appendix.

Demographics

Indicator	Clinton County (KY)	Kentucky	Cumberland County (KY)	Russell County (KY)	Wayne County (KY)	Pickett County (TN)
2019 Population	10,218	4,467,673	6,614	17,923	20,333	5,048
Percent of Population under 18 years	22.2%	22.4%	21.0%	22.7%	20.3%	17.1%
Percent of Population 65 year and older	19.7%	16.8%	22.8%	20.2%	21.8%	27.8%
Percent of Population Non-Hispanic White	94.9%	84.1%	93.4%	93.2%	92.8%	96.2%
Percent of Population Non-Hispanic Black	0.5%	8.2%	2.9%	0.8%	1.6%	0.3%
Percent of Population Hispanic	2.9%	3.9%	1.5%	4.0%	3.7%	2.3%
Percent of Population other Race	1.0%	2.0%	0.4%	1.0%	1.0%	0.5%
Percent of Population not Proficient in English	0.0%	1.0%	0.0%	1.0%	0.0%	0.0%
Percent of Population Female	50.9%	50.7%	51.2%	50.8%	50.2%	50.3%
Percent of Population Rural	100.0%	41.6%	100.0%	100.0%	67.7%	100.0%

Social and Economic Factors

Indicator	Clinton County (KY)	Kentucky	National Benchmark*	Cumberland County (KY)	Russell County (KY)	Wayne County (KY)	Pickett County (TN)
Median Household Income	\$34,000	\$52,300	\$72,900	\$34,900	\$44,100	\$34,400	\$41,900
Graduation Rate of 9th Grade Cohort in 4 Years	98.0%	91.0%	95.0%	98.0%	97.0%	94.0%	98.0%
Percent Ages 25-44 w/ Some Post-Secondary College	40%	62%	73%	47%	51%	40%	48%
Percent of Unemployed Job-Seeking Population 16 Years and Older	5.5%	4.3%	2.6%	4.2%	5.7%	5.8%	4.7%
Percent of Children in Poverty	33%	21%	10%	33%	32%	33%	23%
Percent of Children Qualifying for Free or Reduced Lunches	75%	57%	32%	81%	71%	78%	n/a
Percent of Single-Parent Households	20%	26%	14%	31%	26%	22%	29%
Violent Crime Rate per 100,000 population	54	222	63	37	70	78	204

Health Behaviors

Indicator	Clinton County (KY)	Kentucky	National Benchmark*	Cumberland County (KY)	Russell County (KY)	Wayne County (KY)	Pickett County (TN)
Percent Adult Smokers	30%	24%	16%	27%	27%	28%	29%
Percent Obese Adults with BMI >= 30	38%	35%	26%	34%	35%	42%	31%
Percent Physically Inactive Adults	36%	29%	19%	22%	38%	37%	32%
Percent of Adult Excessive Drinking	14%	17%	15%	15%	14%	15%	16%
Percent of Driving Deaths with Alcohol Involvement	0%	25%	11%	30%	31%	15%	20%
Chlamydia Rate Newly Diagnosed (per 100,000)	194.6	436.4	161.2	119.3	376.9	299.3	157.7
Teen Birth Rate Ages 15-19 (per 1,000)	49	31	12	45	50	52	25

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

Health Outcomes

Indicator	Clinton County (KY)	Kentucky	National Benchmark*	Cumberland County (KY)	Russell County (KY)	Wayne County (KY)	Pickett County (TN)
Premature Death (Years of Potential Life Lost Before Age 75 per 100,000 population)	9,500	9,500	5,400	9,000	11,100	9,200	10,400
Percent of Population in Fair/Poor Health	31%	22%	14%	27%	28%	30%	25%
Average Poor Physical Health Days in Past 30 Days	6.4	4.6	3.4	5.9	6	6.1	5.5
Average Poor Mental Health Days in Past 30 Days	5.9	5	3.8	5.8	5.7	5.7	5.9
Percent of Live Births with Low Birth Weight	10%	9%	6%	8%	9%	9%	7%
Percent of Population who are Diabetic	12%	13%	8%	13%	15%	17%	12%
Child Mortality Rate (per 100,000 population)	n/a	60	40	n/a	60	70	n/a

Physical Environment

Indicator	Clinton County (KY)	Kentucky	National Benchmark*	Cumberland County (KY)	Russell County (KY)	Wayne County (KY)	Pickett County (TN)
Average Daily Density of Air Pollution - PM 2.5	8.6	8.7	5.2	8.6	8.7	8.7	8.3
Presence of Drinking Water Violations	No	n/a	n/a	No	No	No	No
Percentage of Severe Housing Problems with at least one of the following: Overcrowding, High Housing Cost, or Lack of Kitchen or Plumbing Facilities	10%	14%	9%	11%	14%	13%	6%
Percentage of Workforce Driving Alone to Work	84%	82%	72%	78%	87%	83%	83%
Percentage of Workforce Commuting Alone for More than 30 Minutes	17%	31%	16%	30%	25%	31%	38%

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

Hospital Utilization Data

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

Table: Hospital Inpatient Discharges, 1/1/2021 - 12/31/2021

County of Origin	Discharges
Clinton	351
Wayne	37
Cumberland	27
Pickett, TN	14
Warren	4
Russell	3
Pulaski	2
Calloway	2
Monroe	2
Fayette	2
McCracken	1
Hart	1
Barren	1
Edmonson	1
Allen	1
Green	1

Table: Hospital Outpatient Discharges, 1/1/2021 - 12/31/2021

County of Origin	Discharges
Clinton	12,992
Cumberland	1,439
Wayne	664
Pickett, TN	302
Fentress, TN	144
Russell	57
Pulaski	45
Putnam, TN	21
Overton, TN	20
Adair	20
Fayette	19
Jefferson	16
Monroe	15
Barren	14
McCreary	12
Metcalfe	12
Warren	10
Kenton	9
Clay, TN	7
Johnson, IN	7
Allen	6
Montgomery, OH	5
Taylor	5

Table: Hospital Inpatient Payer Mix, 1/1/2021 - 12/31/2021

	Payer	Discharges
	Medicare	284
	Medicare Replacement - Humana	27
	Medicaid MCO - Passport	21
	Medicaid	21
	Medicaid MCO - Wellcare	16
	Commercial	14
	Anthem	14
	Medicaid MCO - AETNA	13
	Medicaid MCO - Anthem	10
	Medicaid MCO - Humana	9

Table: Hospital Outpatient Payer Mix, 1/1/2021 - 12/31/2021

	Payer	Discharges
	Medicare	5,027
	Anthem	2,055
	Medicaid MCO - Wellcare	1,786
	Medicare Replacement - Humana	1,158
	Medicaid MCO - AETNA	1,039
	Medicare Replacement - Anthem	726
	Medicaid MCO - Passport	662
	Medicaid MCO - Humana	614
	Medicaid MCO - Anthem	488
	Medicaid	392
	Commercial	357
	N/A	338
	Medicare Replacement - UHC	298

Table: Hospital Inpatient Diagnosis Related Group, 1/1/2021 - 12/31/2021

DRG Description	Discharges
General Medicine	165
Respiratory Services	113
Cardiac Medicine	53
URO/Renal Medicine	45
Psych & Substance Abuse	20
Neuro Medicine	14
Orthopedic Medicine	13
General Surgery	9
Cancer	5
Trauma	5
Other	4
Other Surgery	3
Obstetrical Services	1

The Community Steering Committee

The Community Steering Committee plays a vital role to the CHNA process. CEDIK provides a list of community leaders, agencies and organizations to the hospital to assist them in the recruitment of members that would facilitate broad community input.

These committee members represent organizations and agencies that serve the Clinton county population in a variety of areas that impact a populations health. By volunteering their time, the committee members enabled the hospital to acquire input from residents that are often not engaged in conversations about their health needs. The steering committee provides both an expert view of the needs they see while working with the people and clients they serve and in extensive distribution of the community survey (completed in early 2021). Conducting this assessment during the COVID-19 pandemic added new challenges to accessing community input, however the community steering committee was committed to the process. For this report, the committee reviewed the Medical Center at Albany CHNA 2021 final report to determine the continued accuracy of the content as well as identifying additional content to include in the 2022 Medical Center at Albany Community Health Needs Assessment.

Upon recruitment to the steering committee, CEDIK staff schedule and complete a combination of in-person (committee meeting) and virtual conversations (Zoom interviews) to introduce the assessment process for 2022, the role and duties of a committee member and conduct either a focus group or key informant interview. At the end of the focus group and the individual key informant interviews, members reviewed 2021 CHNA report primary data and current secondary health data, each member corroborated that the identified health needs continue to be a priority for Clinton County residents. The committee unanimously agreed and recommended that Medical Center at Albany should continue to address the 2021 identified health needs and continue the work towards addressing those priority health needs over the next three years.

The Medical Center at Albany Community Steering Committee

Name	Organization
Tracy Aaron	Lake Cumberland District Health Department Health Education Director
Lucas Abner	Clinton County EMS/911/EM Director
Kelly Abston	Clinton County Judge Executive (proxy)
Michael Paul Beaty	Air Evacuation team
Emily Craig	Clinton County Schools FRSYSC Lead, Albany Elementary and Early Childhood Center
Paula Little	Clinton County Schools, Interim Superintendent
Christy N. Stearns	Clinton County Cooperative Extension, FCS Agent

Community Feedback

Focus Group and Key Informant Interviews

Twelve members of the Clinton County Health Coalition participated in a focus group for this community health needs assessment. The coalition membership includes representation from the health department, behavioral health, public schools, family resource centers, cooperative extension, regional cancer prevention and community-based services. Each coalition member brings knowledge and expertise related to health needs of the specific population they serve.

In addition, seven steering committee members participated in either a focus group or an individual interview to identify current health needs, barriers to health care, and discuss social determinants of health. Below is a summary of responses that highlight the conversations. This summary identifies strengths of the community and the healthcare system, challenges/barriers in the broader healthcare system and opportunities for improving the health of the community.

Vision for a healthy Clinton County

- Walkable community with safe, accessible trails and parks
- Updated playgrounds in parks
- Residents using Wellness Center, Parks and Lakes to full capacity
- Access to mental health and substance use treatment
- Employment opportunities, jobs with benefits
- Good schools
- Available health care: hospital, clinics, physicians
- Access to fresh and healthy foods
- Farmer's Market
- Tobacco free community
- Physical activity promotion – 5K's, bike rides, and hiking clubs

Most significant health problems/issues

- Allergies and asthma (specifically youth)
- Mental health issues
- Heart disease
- Tobacco use and Vaping
- Substance use/drug use
- Cancer – all types
- Obesity – child and adult
- Diabetes
- Food insecurity
- Lack of health education
- Health literacy – lack of knowledge on screening tests and insurance benefits and how to access or file for benefits
- Homelessness
- Socioeconomic status – lower income population
- Transportation to services
- COVID-19 implications – increased mental health issues (all ages), increased social isolation, increased child abuse, increased screen time and lack of physical activity for children and youth, increased wait times for health care appointments

Strengths of healthcare in Clinton County

- Federally Qualified Health Clinic in the county
- Good hospital services – mammography screening, specialists come to the county, emergency department, outpatient care and services, transfers patients when necessary
- Hospital is active in Clinton County Health Coalition
- Hospital coordinates closely with The Medical Center at Bowling Green
- Hospital maintains positive relationship with UK Medical Center and Children's Hospital
- Clinton County Health Department - provides diabetes and nutrition education and continues to provide important updates, testing and vaccine clinics during COVID-19

Strengths of healthcare in Clinton County, continued

- Healthy Kids clinic in the schools for students and staff
- Telehealth usage increased and gained more acceptance during pandemic
- COVID-19 – community partners work together (health, government and industry), hospital doing an excellent job with COVID testing, communication improved among community partners

Challenges with current healthcare in Clinton County

- Need additional specialty care – cardiology, pediatrics, ENT, hospitalist, oncology care to reduce travel time for patients and seniors
- Urgent Care clinic needed for after hours and weekends – avoid ER fees
- Additional marketing or PR about available hospital services
- EMS – need additional trucks/equipment, staff
- Customer service training for hospital staff – specific to needs of patient populations (low literacy and non-readers)
- Transportation – long drives to specialists, maternal health, labor and delivery and essential services
- Community participation at events sponsored by health coalition and other entities
- COVID-19 – reduced health department services and education as all staff working on contact tracing, testing, vaccine and vaccine education

Barriers to healthcare

- Transportation to medical appointments
- Money – co-pays are high and prevents some from seeking care, individual health insurance is expensive
- Substance use – fear of losing children if seek treatment
- Cost of prescriptions and insurance co-pays
- Lack of knowledge about available services in community

Barriers to healthcare, continued

- COVID-19 – some not seeking regular health care or screenings
- Veterans – social isolation and need connections for health care and other medical needs
- Lack of specialists in the county – cause long drives for appointments
- Lack of dental care in county – especially for children
- Shortage of nurses, physicians and hospital staff
- Shortage of staff at long term care facilities

What can be done in the county to better meet health needs?

- Increased mental health services
- Increase substance use treatment in the county
- Substance Use Disorder – add syringe exchange program
- Reduce stigma towards mental health and substance use disorder
- Promote available healthcare resources at hospital, health departments and clinics
- Health education related to age-appropriate screenings and where to schedule those screenings – mammograms, colonoscopy, FIT tests and more
- Health education promotion across all health topics and health needs identified
- Urgent care clinic – for after hours and weekend non-emergency events or illnesses
- Promote smoking cessation classes
- Vaping and tobacco free education for youth
- Reduce smoking in pregnancy
- Health screenings – mobile and around the county for seniors and others without transportation
- Safe walking areas in county
- More emphasis on prevention and wellness in health education starting in school

What can be done in the county to better meet health needs? (continued)

- Access to healthy foods and education on how to prepare healthy meals
- Prescription assistance program – to help with high cost of medications
- Recruit and retain physicians – primary care
- “Connect” help days – individuals can get assistance with navigating insurance and needed health screenings
- Patient/health navigator for community at hospital or in physician’s office to navigate system after a diagnosis

Positive impacts of COVID-19 on the community

- Partners work well together
- Hopeful to maintain the “increased communication” experienced during COVID-19 among healthcare, industry and community partners
- Increased use and proficiency of technology
- Technology has helped overcome geographic barriers – reduced travel for meetings/more participation
- More access to educational opportunities

Negative impacts of COVID-19 on the community

- Misinformation shared about COVID-19
- Decreased willingness for mask use
- Increased mental health issues for all ages
- Community fatigued from COVID-19
- Labor force smaller
- Student attendance down
- Exacerbated the political divide in the country
- Concern vaccine opinions could spill over to future vaccine adherence
- Medical issue (COVID-19) moved outside of medical realm as it is politicized



Respondents **have a family doctor, and 67% visit their physician regularly.**



Households are **currently without health insurance.**

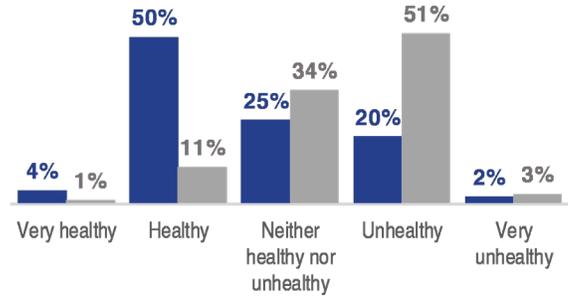


Respondents **who go to a physician's office for routine healthcare.**

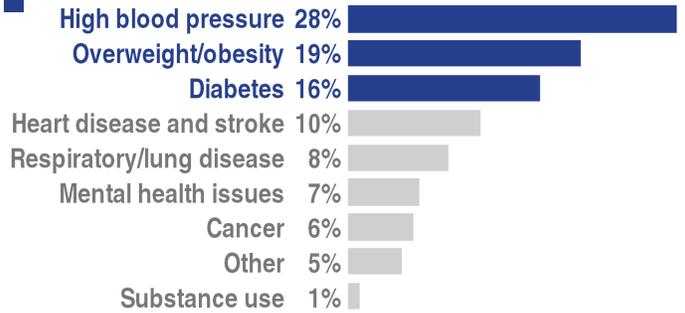


Households have **delayed care due to lack of money or insurance.**

Respondent's rating of **their health** and the **health of the people in this community**:



Top health challenges that households face:



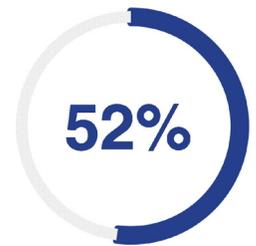
Households currently eligible for the following:

Commercial	28%
Medicare	26%
Medicaid	23%
SNAP (Food stamp program)	9%
No coverage	7%
VA	5%
Public Housing Assistance	1%

* Not all survey respondents answered every question. Respondents = total number of responses for each question; Households = questions where respondents were asked if "anyone in their household" were impacted.

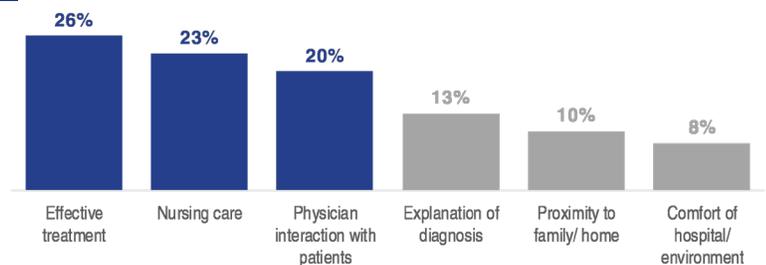


Households **are satisfied or very satisfied with their experience** at The Medical Center at Albany.

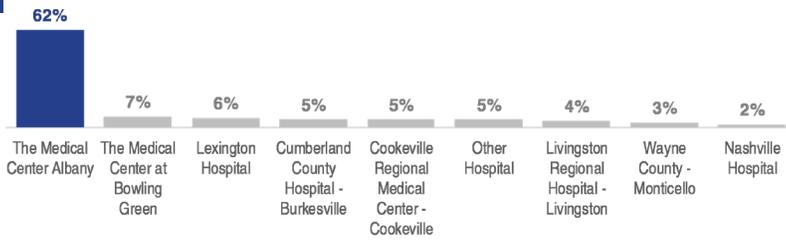


Households are **satisfied with the healthcare system** in their County.

Top hospital qualities important to respondents:



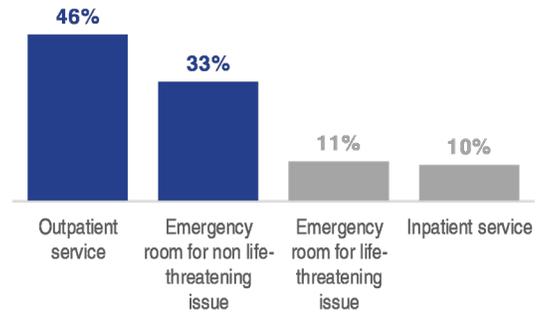
Hospitals* visited in the last 24 months by households:



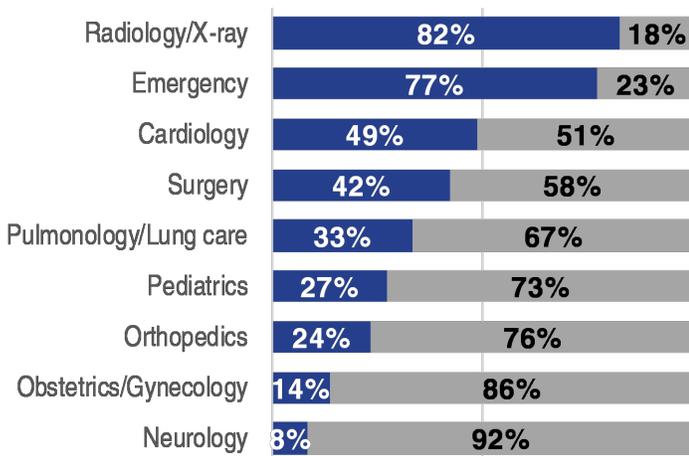
Households **have used hospital services** in the last 24 months.

**Why another hospital? Service I needed was not available (44%), physician referred me (26%), insurance requires me to go elsewhere (3%).*

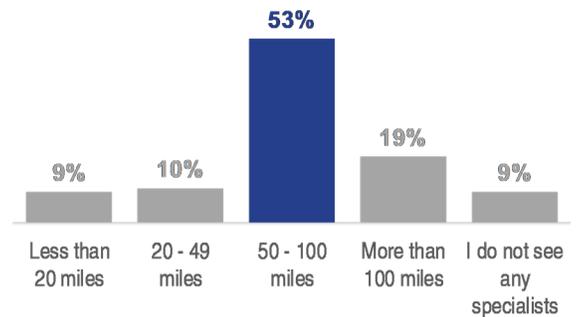
Hospital services used in the last 24 months by households:



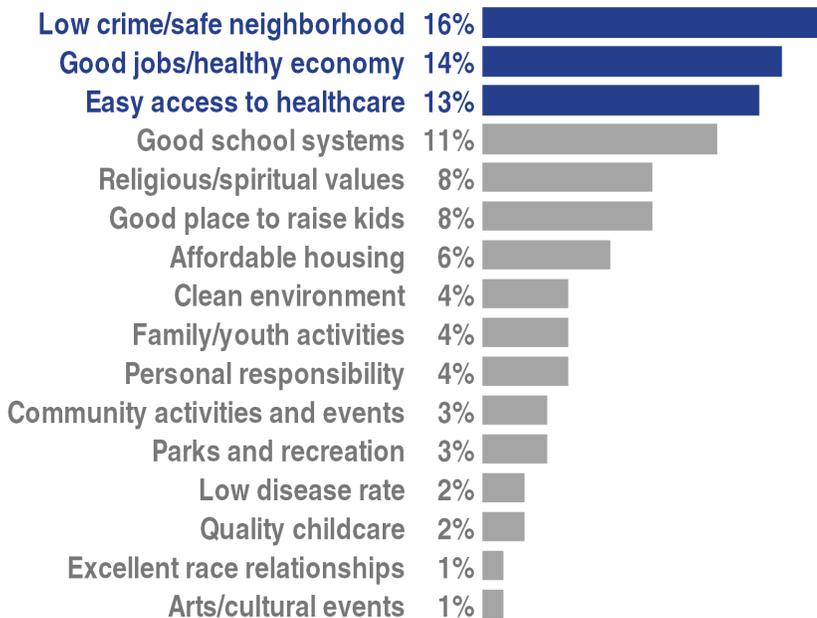
Households who have used specialty services **at The Medical Center at Albany** or at **another hospital** in the past 24 months:



How far households travel to see a specialist:



Respondent rating of **top three most important factors** for a healthy community:

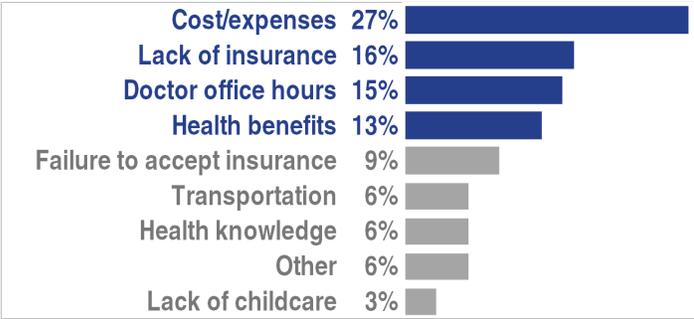


All but two respondents use their own vehicle for transportation. Others rely on friend/family.



Households **willing to use telehealth** to reduce travel time; **89% of households willing due to COVID-19.**

Respondent rating of what the barriers are to healthcare:



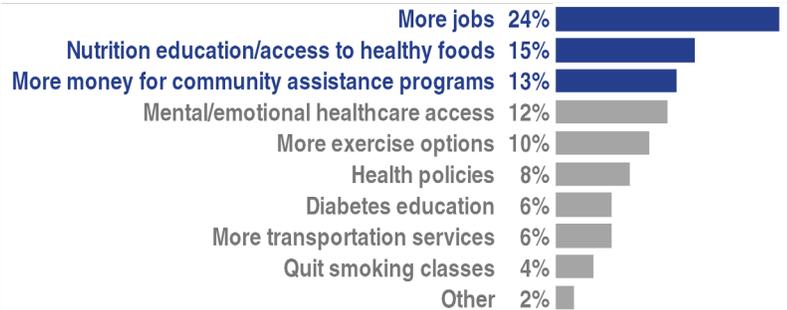
Percent of respondents that rated the following statements apply:

I am active at least 1 hour/day (active defined as daily movement activities like cleaning/yard work)	37%
I eat fast-food more than 2 times/week	31%
I have access to a wellness program through my employer	12%
I eat at least 5 servings of fruits and veggies/day	11%
I smoke cigarettes	5%
I chew tobacco	2%
I consume 2+ alcoholic drinks (women) or 3+ (men)/day	1%
I do not understand when healthcare providers speak to me using medical terms	1%

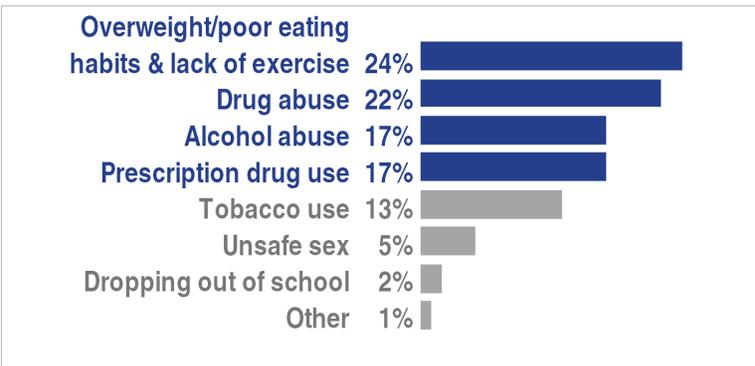
Respondent rating of top three groups that need the most help with access to healthcare:

Elderly	27%
Low-income families	22%
Uninsured	15%
Physically/mentally disabled	13%
Children/infants	12%
Young adults	6%
Minority groups (Hispanic)	3%
Immigrants/refugees	1%
Other	1%

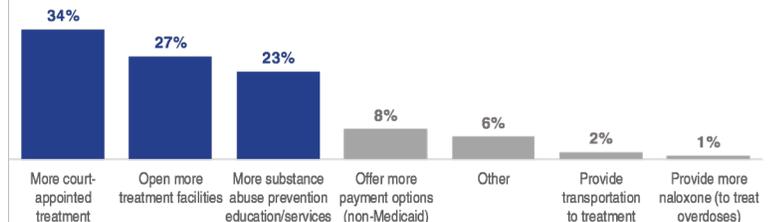
Respondent rating of top three most important things Clinton County can do to have a positive effect on health:



Respondent rating of top three most risky behaviors:



Respondent rating of the most important thing Clinton County can do to have a positive effect on opioid crisis/substance use:



Prioritization of Identified Health Needs

The Medical Center at Albany in Clinton County CHNA steering committee meeting was held at the Clinton County Cooperative Extension Service office on December 13, 2021. Members of the committee reviewed findings from the 2021 Medical Center at Albany Community Health Needs Assessment including the community survey results, additional primary data (key informant interviews and focus groups) and additional 2021 county specific secondary health data. Following the data review, a facilitated discussion determined the consensus to approve the priority health needs. Individual interviews with members unable to attend the December meeting followed the same review process and approval of recommended priority health needs.

The process of priority selection utilized in the 2021 report followed the Association for Community Health Improvement (ACHI) recommendations to consider:

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.

CEDIK staff led a facilitated discussion with members of the steering committee to identify any new health needs that might have emerged in the past year and after the review of information, affirmed the identified health needs are current. The following represent the recommendations of the steering committee to The Medical Center at Albany for addressing health needs in Clinton County and the hospital service area for the next three years.

Prioritized Needs

1. Increase access to health care through the recruitment and retention of primary health care providers and additional specialty care providers.
2. Increase efforts to reduce stigma and connect residents to mental health services.
3. Reducing substance use in Clinton County.
4. Increased marketing of hospital services and other community services, including age appropriate health screenings.

Implementation Strategy

Goal: Increase Access to Health Care

Strategies:

1. Increase the number of Specialty Care Providers (physicians and nurse practitioners) available through travel clinics delivering care to the residents of our primary service area.
2. Explore the opportunity of a rural health clinic in the primary service area. The establishment of the clinic will not only expand primary care providers but will also allow for participation in NHSC Loan Repayment Programs. These programs allow for physicians, nurse practitioners, physician assistants, licensed clinical social workers, counselors and other health care professionals to apply for assistance with their educational loans through commitment to work in designated rural areas.
3. Utilize telehealth services to increase residents access to primary care and specialty care on an inpatient and outpatient basis.

Partners and Resources currently working on the identified need in Clinton County: Med Center Health Physician Network, Western Kentucky Heart and Lung, National Health Service Corps, Kentucky Office for Rural Health, Kentucky Telehealth Network.

Goal: Reduce Substance Use

Strategies:

1. Through collaboration with addiction treatment providers to explore the options to establish inpatient residential, intense outpatient and sober living options locally.
2. Continue to provide medical stabilization services and develop marketing plan to make behavioral health professions, employers, providers, judicial systems and other aware of the services already available.
3. Ensure all services that are implemented have a marketing and communication plan developed and implemented to help educate the public and health care professionals on the best way to seek care for addictions.
4. Promote abstinence among youth through prevention efforts.

Partners and Resources currently working on the identified need in Clinton County: Med Center Health, Journey Pure, Clinton County Kentucky Agency for Substance Abuse Policy (ASAP), ADANTA, UK Clinton County Cooperative Extension, Clinton County Healthy Hometown Coalition.

Goal: Increased marketing of hospital services and other community services, including age appropriate health screenings

Strategies:

1. Enhance public knowledge of obesity and other risk factors and how it affects overall health and risk of chronic disease.
2. Focus on life style changes to reduce risk factors of chronic disease.
3. Educate public on screenings available to preventively identify early stage disease.
4. Educate public on resources available to reduce obesity as well as resources and treatment for chronic disease including diabetes, heart disease and lung disease.
5. Maximize chronic care management by collaborating with primary care and other health care providers.

Partners and Resources currently working on the identified need in Clinton County: Med Center Health, UK Clinton County Cooperative Extension, Clinton County Healthy Hometown Coalition, American Cancer Society, Kentucky Heart Disease and Stroke Prevention, WBKO, Lake Cumberland District Health Department.

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

Mental Health Services are outside of the resources that Med Center Albany is able to provide with the resources available. Through medical screening and assessments, various severity of behavioral health illnesses may be identified and placement and/or referral depending on each patients needs will be completed. The Medical Center at Albany will continue to maintain existing and establish new relationships of entities providing behavioral health treatment that can be beneficial for the placement and referral for The Medical Center at Albany patients and families.

Next Steps

This Implementation Strategy will be rolled out over the next three years, from Fiscal Year 2022 through the end of Fiscal Year 2024.

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 2024, 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	2019
Percent of Population under 18 years	Census Population Estimates	2019
Percent of Population 65 year and older	Census Population Estimates	2019
Percent of Population Non-Hispanic White	Census Population Estimates	2019
Percent of Population African American	Census Population Estimates	2019
Percent of Population Hispanic	Census Population Estimates	2019
Percent of Population other Race	Census Population Estimates	2019
Percent of Population Not Proficient in English	American Community Survey 5-year Estimates	2015- 2019
Percent of Population Female	Census Population Estimates	2019
Percent of Population Rural	Census Population Estimates	2010

Social and Economic Factors

Indicator	Original Source	Year
Median Household Income	Small Area Income and Poverty Estimates	2019
High School Graduation Rate	EDFacts	2017-2018
Percent of Population with Some College Education	American Community Survey 5-year Estimates	2015-2019
Percent of Unemployed Job-Seeking Population 16 Years and Older	Bureau of Labor Statistics	2019
Percent of Children in Poverty	Small Area Income and Poverty Estimates	2019

Social and Economic Factors, continued

Indicator	Original Source	Year
Percent of Children Eligible for Free or Reduced Lunch	National Center for Education Statistics	2018-2019
Percent of Single Parent Households	American Community Survey 5-yr est.	2015-2019
Violent Crime Rate (per 100,000 population)	Uniform Crime Reporting, Federal Bureau of Investigation	2014 & 2016
Injury Death Rate (per 100,000 population)	National Center for Health Statistics - Mortality Files	2015-2019
Firearm Fatalities Rate (per 100,000 population)	National Center for Health Statistics - Mortality Files	2015-2019

Health Behaviors

Indicator	Original Source	Year
Percent of Adults who Smoke Regularly	Behavioral Risk Factor Surveillance System	2018
Percent of Adults who are Obese (BMI>30)	United States Diabetes Surveillance System	2017
Percent of Adults who are Physically Inactive During Leisure Time	United States Diabetes Surveillance System	2017
Percent of Driving Deaths with Alcohol Involvement	Fatality Analysis Reporting System	2015-2019
Motor Vehicle Crash Deaths (per 100,000 population)	National Center for Health Statistics - Mortality Files	2013-2019
STDs: Chlamydia Rate (per 100,000 population)	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
Teen Birth Rate (per 1,000 females ages 15-19)	National Center for Health Statistics – Natality files	2013-2019

Health Outcomes

Indicator	Original Source	Year
Premature Death (Years of Potential Life Lost Before Age 75 per 100,000 population)	National Center for Health Statistics - Mortality Files	2017-2019
Percent of Adults Reporting Poor or Fair Health	Behavioral Risk Factor Surveillance System	2018
Average Poor Physical Health Days in Past 30 Days	Behavioral Risk Factor Surveillance System	2018
Average Poor Mental Health Days in Past 30 Days	Behavioral Risk Factor Surveillance System	2018
Percent of Babies Born with Low Birthweight (<2500 grams)	National Center for Health Statistics	2013-2019
Percent of Adults with Diabetes	United States Diabetes Surveillance System	2017
HIV Prevalence Rate (per 100,000 population)	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
Child Mortality (per 100,000 population)	National Center for Health Statistics - Mortality Files	2016-2019

Physical Environment

Indicator	Original Source	Year
Average Daily Density of Air Pollution - PM 2.5	Environmental Public Health Tracking Network	2016
Presence of Drinking Water Violations	Safe Drinking Water Information System	2019
Percentage of Severe Housing Problems with at least one of the following: Overcrowding, High Housing Cost, or Lack of Kitchen or Plumbing Facilities	Comprehensive Housing Affordability Strategy (CHAS) data	2013-2017
Percentage of Workforce Driving Alone to Work	American Community Survey, 5-year estimates	2015-2019
Percentage of Workforce Commuting Alone for More than 30 Minutes	American Community Survey, 5-year estimates	2015-2019



Clinton County CHNA Survey 2020

The Medical Center of Albany in collaboration with The Community and Economic Development Initiative of Kentucky (CEDIK), with the University of Kentucky, is conducting the Community Health Needs Assessment (CHNA) for Clinton County. We want to better understand your health needs and how the hospital and its partners can better meet those needs. Please take 10-15 minutes to fill out this survey. Please do not include your name anywhere. All responses will remain anonymous.

Q1. Please tell us your zip code:

Q2. Do you have a family doctor?

- Yes
- No

Q3. If yes, do you regularly (annually) visit your physician for a check-up?

- Yes
- No

Q4. Have you or someone in your household used the services of a hospital in the past months?

- Yes
- No

Q5. If yes, what services did you use?

- Emergency Room for life-threatening issue
- Emergency Room for non-life-threatening issue
- Outpatient Service
- Inpatient

Q6. 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. Please specify: _____

Q7. 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. Please specify: _____

Q8. If you received care at the Medical Center of Albany, how satisfied were you with your overall experience?

- Very Satisfied
- Satisfied
- Neither Satisfied nor Dissatisfied
- Dissatisfied
- Very Dissatisfied

Q9. While receiving care in a hospital, what is most important to you? **Choose only three**

- Nursing Care
- Comfort of the Hospital/Environment
- Proximity to Family/Home
- Physician Interaction with Patients
- Explanation of Diagnosis
- Effective Treatment
- Other. Please specify: _____

Q10. Have you or someone in your household used any of the services below in the past months?

	Medical Center of Albany	Other Facility
Emergency	<input type="radio"/>	<input type="radio"/>
Cardiology	<input type="radio"/>	<input type="radio"/>
Obstetrics/Gynecology	<input type="radio"/>	<input type="radio"/>
Radiology X-Ray	<input type="radio"/>	<input type="radio"/>
Neurology	<input type="radio"/>	<input type="radio"/>
Psychiatry Mental Illness	<input type="radio"/>	<input type="radio"/>
Oncology Cancer Care	<input type="radio"/>	<input type="radio"/>
Urology	<input type="radio"/>	<input type="radio"/>
Orthopedics	<input type="radio"/>	<input type="radio"/>
Pulmonology Lung Care	<input type="radio"/>	<input type="radio"/>
Pediatrics	<input type="radio"/>	<input type="radio"/>
Dialysis	<input type="radio"/>	<input type="radio"/>
Surgery	<input type="radio"/>	<input type="radio"/>
Substance use/addiction	<input type="radio"/>	<input type="radio"/>

Q11. Select the top THREE health challenges you or anyone in your household face:

- Cancer
- Diabetes
- Mental health issues
- Heart disease and stroke
- High blood pressure
- HIV/AIDS/STDs
- Overweight/obesity
- Respiratory/lung disease
- Substance use/addiction (alcohol, illegal drugs, painkillers, etc.)
- Other. Please specify: _____

Q12. Do you or someone in your household receive treatment for any of the following conditions?

- Diabetes
- High blood pressure
- Cancer
- Mental Illness
- Substance use/addiction
- Weight management

Q13. Are you or anyone in your household without health insurance currently?

- Yes
- No

Q14. Have you or someone in your household delayed healthcare due to lack of money and/or insurance?

- Yes
- No

Q15. 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

Q16. Please select the TOP THREE most risky behaviors. Choose only three:

- Alcohol abuse
- Tobacco use
- Unsafe sex
- Prescription drug use
- Overweight/poor eating habits and lack of exercise
- Dropping out of school
- Drug abuse
- Other. Please specify: _____

Q17. Please 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

Q18. How would you rate your own **personal health**?

- Very unhealthy
- Unhealthy
- Neither healthy nor unhealthy
- Healthy
- Very healthy

Q19. How would you rate the **overall health of your community**?

- Very unhealthy
- Unhealthy
- Neither healthy nor unhealthy
- Healthy
- Very healthy

Q20. What do you use for transportation?

- My own vehicle
- Friend/family
- R-Tech
- Taxi/cab
- Other. Please specify: _____

Q21. Are you satisfied with the healthcare system in your county?

- Yes
- No

Q22. Where do you go for routine healthcare?

- Physician's office
- Emergency room
- Health department
- Urgent care center
- I do not receive routine healthcare

Q23. 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

Q24. Would you be willing to utilize telehealth services?

	YES	NO
To reduce travel time	<input type="radio"/>	<input type="radio"/>
To limit COVID exposure	<input type="radio"/>	<input type="radio"/>

Q25. In your opinion what are the **barriers to healthcare**? Choose all that apply:

- Doctor office hours
- Lack of insurance
- Transportation
- Health benefits
- Lack of childcare
- Failure to accept insurance
- Health knowledge
- Cost expenses
- Other. Please specify: _____

Q26. Please rank your TOP THREE barriers to healthcare from your choices above:

Choice 1: _____

Choice 2: _____

Choice 3: _____

Q27. 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)
- Elderly
- Children/infants
- Uninsured
- Other. Please specify: _____

Q28. What do you think are the TOP 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
- Easy access to hospital/physicians/nurses (healthcare)
- Family/youth activities
- Good schools system
- Affordable housing
- Low disease rate
- Excellent race relationships
- Personal responsibility
- Good jobs/healthy economy
- Religious/ spiritual values
- Clean environment
- Arts/cultural events
- Parks and recreation
- Quality childcare
- Other. Please specify: _____

Q29. Please select the TOP THREE most important things Clinton County can do to have a positive effect on health. Choose only three:

- Health policies
- More exercise options
- Nutrition education/access to healthy foods
- Mental/emotional healthcare access
- Diabetes education
- Quit smoking classes
- More transportation services
- More jobs
- More money for community assistance programs
- Other. Please specify: _____

Q30. Please select the most important thing Clinton County can do to have a positive effect on the opioid crisis/substance use. Choose only one:

- Open more treatment facilities
- Provide transportation to treatment
- Provide more court-appointed treatment
- Provide more substance abuse prevention education/services
- Provide more naloxone (to treat overdoses)
- Offer more payment options (non-Medicaid, scholarship opportunities)
- Other. Please specify: _____

Q31. What is your age?

- 18 - 24
- 25 - 39
- 40 - 54
- 55 - 64
- 65 - 69
- 70 or older

Q32. What is your gender?

- Male
- Female
- Other. Please specify: _____

Q33. What is the highest level of education you have completed?

- High school
- College or above
- Technical school
- Other. Please specify: _____

Q34. What is your current employment status?

- Employed full-time
- Employed part-time
- Student
- Unemployed
- Retired
- Other. Please specify: _____

Approval

This Community Health Needs Assessment was approved by the The Medical Center at Albany Board of Trustees on <<DATE>>.

SIGNATURE

DATE