Community Health Needs Assessment

2025 - 2027

THE MEDICAL CENTER AT ALBANY

Med Center Health®

This Community Health Needs Assessment (CHNA) report was prepared for The Medical Center at Albany by the Community and Economic Development Initiative of Kentucky (CEDIK) at the University of Kentucky. CEDIK staff Melody Nall, Mercedes Fraser, Simona Balazs, Joe Kercsmar, Sarah Bowker and Alison Davis contributed to the information in this final report.

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 Administrator: melody.nall@uky.edu or (859) 218-5949.

Martin-Gatton
College of Agriculture,
Food and Environment

CEDIK | Community & Economic
Development Initiative of Kentucky

cedik.ca.uky.edu

Med Center Health..

The Medical Center at Albany

Dear Medical Center Albany Community,

We are pleased to share with you the 2025 Community Health Needs Assessment (CHNA). Every three years we participate in a CHNA process to update our approach to community health and wellness. The University of Kentucky-Community and Economic Development Initiative of Kentucky professionals were engaged to lead the CHNA process for The Medical Center at Albany. Since Summer 2024 we have collaborated with community partners and the community we serve to gain an understanding of the current health-related needs of our service area. Our CHNA approach had oversight from a steering committee comprised of both community leaders and hospital representatives that help guide the efforts in collecting data, listening to the community, and selecting the priorities.

This year our survey once again identified conditions such as diabetes, obesity, cardiovascular disease and access to care. With the information gained from this process This report will detail the data and findings that guided us to four priorities and include our plans to address these areas over the next three years.

The Medical Center at Albany would like to thank everyone that contributed to the CHNA plan either by completing a survey, participating in a focus group, providing meeting space and/or being part of the steering team. We hope this assessment is beneficial to those in our community and we look forward to continuing collaborative work to best address the needs in our communities.

Thank you for the confidence you place in The Medical Center at Albany and Med Center Health Services every day, we are committed to meeting your family's healthcare needs.

Alan Alexander
Administrator
The Medical Center at Albany

Table of Contents

Introduction

Med Center Health has seven campuses. The Medical Center at Albany provides health care services to Clinton and surrounding counties in Kentucky and Tennessee. As a 25-bed not for profit critical access 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 health care professionals to ensure your visit will be the very best it can be.

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.

SERVICES

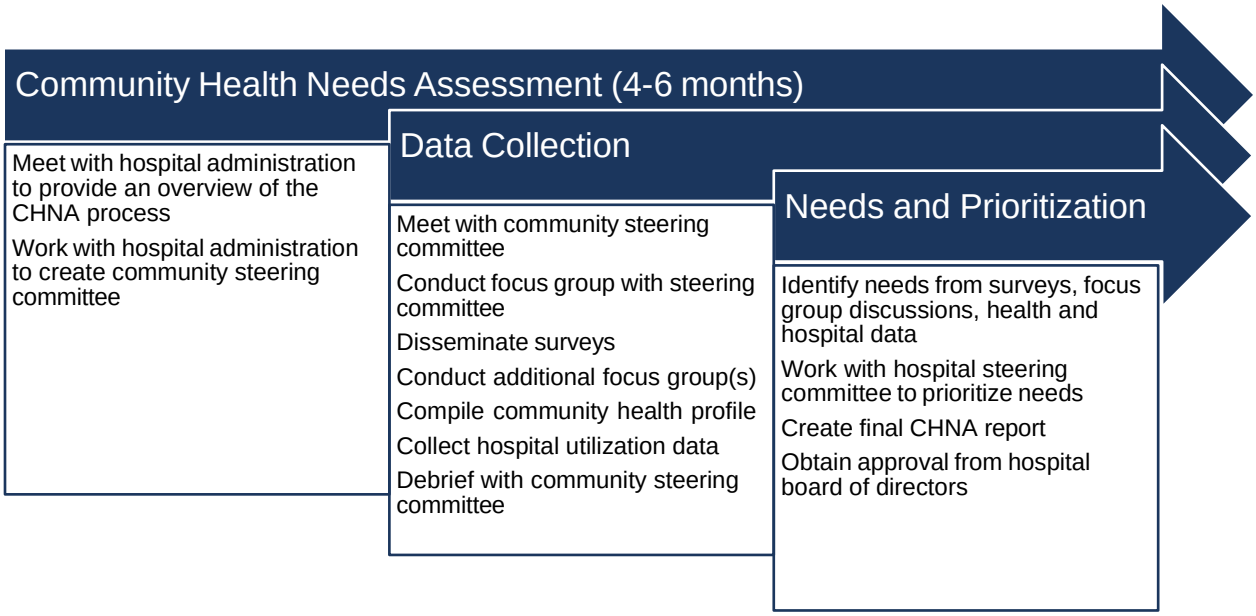
- Acute Care
- Diagnostic Imaging
- Emergency Department
- Laboratory
- Post-Acute Care – “Swing Bed”
- Rehabilitation
- Respiratory
- Stroke Care
- Surgical Services
- Specialty Clinic

CHNA Process

Med Center Health contracted with the Community and Economic Development Initiative of Kentucky (CEDIK) in the fall of 2024 to conduct a Community Health Needs Assessment (CHNA) for The Medical Center at Albany in accordance with the Affordable Care Act. The Affordable Care Act, enacted March 23, 2010, added requirements that hospital organizations must satisfy in order to be described in section 501(c)(3), as well as 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, 2021, and 2022.

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



Progress in Addressing Identified Priority Health Needs from 2022

Goal 1. Increase Access to Health Care Through the Recruitment and Retention of Primary Health Care Providers and Additional Specialty Care Providers

- Expansion of the Cardiology Clinic to include three providers, each with one clinic per month.
- Established and expanded Women's Health Specialists at The Medical Center at Albany Specialty Clinic. This started as one clinic day per month and expanded to two clinics per month.
- Established and expanded the Pulmonary Clinic with Western Kentucky Heart and Lung. This started as a one provider clinic day per month and expanded to two providers, each with a clinic, per month. In addition, telehealth follow-up visits and inpatient consultations are available.
- Establishment of Vascular Clinic with Med Center Heart, Lung & Vascular surgeons.
- Implemented two stipend agreements for students in medical school who plan to return to Albany and practice primary care or internal medicine in Albany/Clinton County with The Medical Center at Albany in 2026.
- Offering telehealth services for inpatient Pulmonology, Oncology/Hematology, General Psychiatry, and Infectious Disease.

Goal 2. Increase Efforts to Reduce Stigma and Connect Residents to Mental Health Services

- The decision was made corporately to eliminate inpatient psychiatric services in May 2023.
- The Medical Center at Albany collaborated with Rivendell Behavioral Health Services to provide mental health services for children, adolescents, and adults.

Goal 3. Reduce Substance Use in Clinton County

- Continuation of Medical Stabilization for patients who want to attend addiction treatment.
- Completed renovations to space suitable for inpatient addiction treatment.
- Secured lease and partnership with Ohio River Health Center to provide addiction inpatient treatment. Ohio River Health Center started providing inpatient recovery services in July 2024.

Goal 4. Increased Marketing of Hospital Services and Other Community Services, Including Age-Appropriate Health Screenings

- Annual billboards, advertisements, and social media promotion of the importance of mammograms, lung and colon cancer screenings, and the warning signs of stroke.
- Received ACR Designation Lung Cancer Screening Center in 2022 and renewed designation in 2025.

- Foot Hills Festival Sponsor, 5-K host, and provided a stroke education screening station and weight loss information in 2023 and 2024.
- Hosted a free screening and educational event for Diabetes Awareness on World Diabetes Day 2023.
- Sponsored the “Weight Loss Challenge” at Twin Lakes Family Wellness Center” 2023.
- The Medical Center at Albany was designated as A Stroke Ready Hospital by The Joint Commission. Achieving and maintaining this designation requires extensive community outreach, training, and awareness. Designation achieved in Fall 2024.
- Co-hosted a community wide health fair with The Health Care Coalition, providing on-site screening in Spring 2024.

Community Served by The Medical Center at Albany

The Medical Center at Albany determined its defined service area for this Community Health Needs Assessment as Clinton County, KY by reviewing inpatient discharge data by county of residence in 2023. In that year, 76% of The Medical Center at Albany inpatients originated from Clinton County. This figure comes from the Kentucky Hospital Association's market assessment data.

In this section, publicly available data are presented for Clinton County. These data come from the *County Health Rankings & Roadmaps* website (https://www.countyhealthrankings.org/), data on substance use rates come from *Kentucky Injury Prevention and Research Center* (https://kiprc.uky.edu/), and data on invasive cancer incidence are from *Kentucky Cancer Registry* (https://www.kcr.uky.edu/).

These data sites provide social, economic, and health data that is intended for use by communities to understand the multiple factors that influence a population's health. For more information on data sources, please see the Appendix. These data were accessed in March 2024.

Population	Clinton	Kentucky	US Overall
2022 Population Estimate	9,123	4,512,310	333,271,411
Percent of Population under 18 years	21.7%	22.3%	21.7%
Percent of Population 65 year and older	20.5%	17.6%	17.3%
Percent of Population Non-Hispanic White	93.3%	83.2%	58.9%
Percent of Population Non-Hispanic Black	0.8%	8.4%	14.1%
Percent of Population Hispanic	3.7%	4.3%	19.1%
Percent of Population Asian	0.5%	1.8%	6.3%
Percent of Population American Indian & Alaska Native	0.4%	0.3%	1.3%
Percent Native Hawaiian/Other Pacific Islander	0.4%	0.1%	0.3%
Percent of the Population not Proficient in English	0.9%	1%	8.2%
Percent of the Population Female	50.7%	50.3%	50.4%
Percent of the Population Rural	100.0%	41.3%	13.8%

Health Outcomes	Clinton	Kentucky	Top US Performers
Premature death rate (under age 75) per 100,000 pop.	11,138	11,055	6,000
Percent of live births with low birth weight	8.9%	8.9%	6%
Percent of population in fair/poor health	26.8%	21.1%	13%
Physically unhealthy days	5.4	4.5	3.1
Percent of population in frequent physical distress	17.1%	14.0%	-
Mentally unhealthy days	6.1	5.5	4.4
Percent of population who are diabetic	12.7%	12.4%	-
HIV prevalence rate	102	214.5	-
Health Behaviors			
Percent adult smokers	27.7%	20%	14%
Percent obese adults with BMI >=30	41.0%	41%	32%
Percent physically inactive adults	36.2%	30%	20%
Percent of population with access to exercise opp.	52.0%	70%	90%
Percent of adults excessively/binge drinking	13.1%	15%	13%
Percent of driving deaths due to alcohol impairment	14.3%	26%	10%
Chlamydia rate (newly diagnosed) per 100,000 pop.	183.5	410.3	151.7
Teen birth rate (ages 15-19) per 100,000 pop.	45	26	9
Drug overdose mortality rate per 100,000 pop.	41	43	-
Motor vehicle crash deaths per 100,000 pop.	30	18	-
Clinical Care			
Percent uninsured adults	10.0%	7.9%	-
Percent uninsured children	4.7%	3.8%	-
Primary care provider ratio	1853:1	1,601:1	1,030:1
Dentist ratio	3041:1	1,502:1	1,180:1
Mental health provider ratio	507:1	342:1	230:1
Preventable hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2788	3,457	1,558
Percent of population FFS Medicare enrollees receiving flu vaccinations	32%	44%	53%
Percent of female Medicare enrollees ages 65-74 receiving mammography screening	31%	42%	52%

Social & Economic Environment	Clinton	Kentucky	US Overall
Percentage of adults ages 25 and over with a high school diploma or equivalent	80.9%	88%	96%
Percentage of ages 25-44 with some post-secondary college	48.3%	63%	73%
Percent of unemployed job-seeking population 16 years and older	4.8%	3.9%	2.6%
Percent of children in poverty	33.8%	21%	11%
Percent of children in single-parent households	28.5%	25%	13%
Median household income	$41,739	$59,246	-
Social association rate per 10,000 population	6.5	10.2	18
Injury death rate per 100,000 population	118	106	64
Physical Environment			
Average daily density of air pollution - PM 2.5	7.3	8.2	5
Presence of drinking water violations	No	n/a	n/a
Percentage of severe housing problems with at least one of the following: Overcrowding, high housing costs, or lack of kitchen or plumbing facilities	11.3%	13%	8%
Percentage of workforce driving alone to work	83.4%	73%	70%
Percentage of workforce commuting alone for more than 30 minutes	20.4%	31%	17%
Food Access			
Percentage of population who lack adequate access to food	15.8%	12.9%	-
Percentage of population who are low-income and do not live close to a grocery store	1.1%	6.4%	-
Percentage of children enrolled in public schools that are eligible for free or reduced-price lunch	77.3%	56.9%	-

Substance Use Rates, Clinton	2019	2023
Any Drug-Involved Fatal Overdose, rate per 100K population	*Suppressed	*Suppressed
Any Drug-Involved Non-Fatal Overdose, rate per 100K population	284.3	196.8
ED Visit with a SUD Diagnosis, rate per 100K population	1039.2	983.8

**Rates based on counts less than 10 are suppressed*

Top 10 Invasive Cancer Incidence Rates

All Genders, All Races, 2018-2022	Clinton	Crude Rate	Age-adjusted Rate
Total all sites over five years ('18-'22)	**352**	**758**	**537.4**
Prostate (males only)	30	130.6	88
Lung and Bronchus	60	129.2	79.6
Breast	43	92.6	70.8
Colon & Rectum	37	79.7	50.5
Corpus Uteri (females only)	15	63.9	47
Melanoma of the Skin	22	47.4	35.1
Kidney and Renal Pelvis	19	40.9	29.3
Urinary Bladder, invasive and in situ	17	36.6	24.2
Thyroid	11	23.7	23.5
Myeloid and Monocytic Leukemia	11	23.7	23.2

Note: All rates are per 100,000 population. All rates are age-adjusted to 2000 US Standard Million Population.

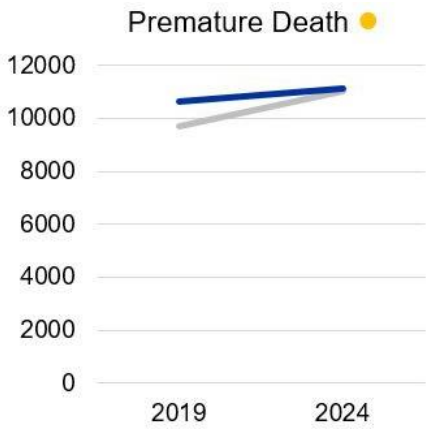
Next, to provide more context to the ongoing health of the community, we present five-year data trends for Clinton County alongside the state average. These data come from the *County Health Rankings & Roadmaps* website and include selected health outcomes, health behaviors, and access to care as well as social, economic, and environmental factors that impact the health of Clinton County residents.

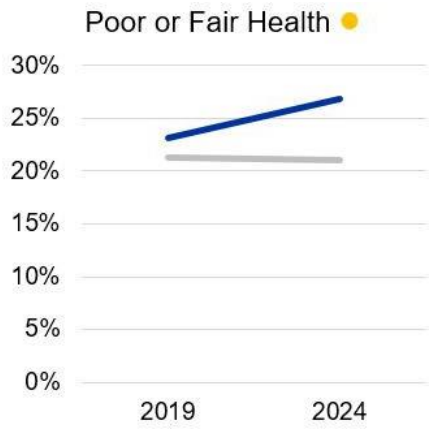
The blue lines represent Clinton County's data, and the gray lines are the Kentucky average for comparison. Further, each graph includes a title of the data, and either a yellow circle or green diamond that helps the reader quickly determine if the data indicate an improving trend (green), or a worsening trend (yellow). For more information on data sources, please see the Appendix.

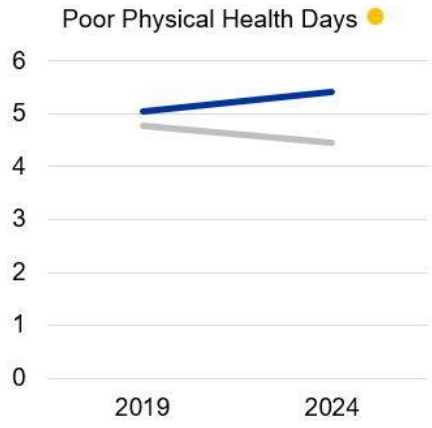
County Health Rankings Data Trends

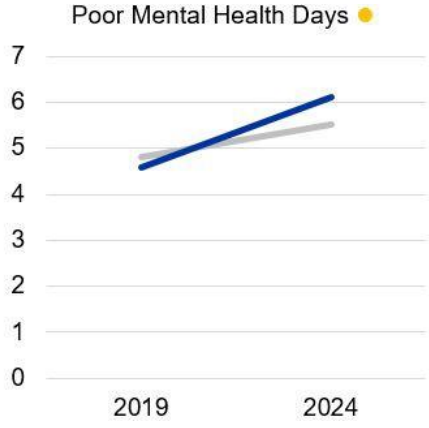
Health Outcomes

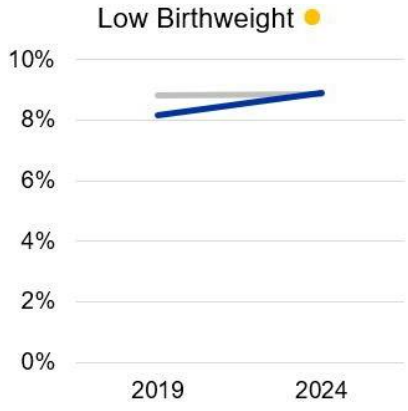
Note: Clinton is in **blue**, the Kentucky average is in **gray**.

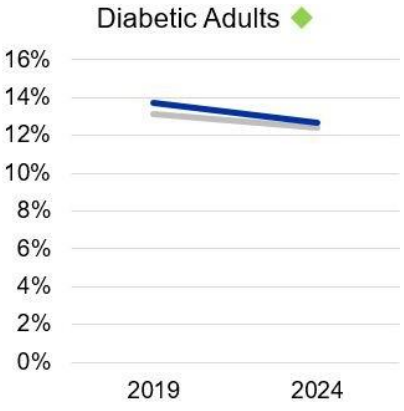












Health Behaviors

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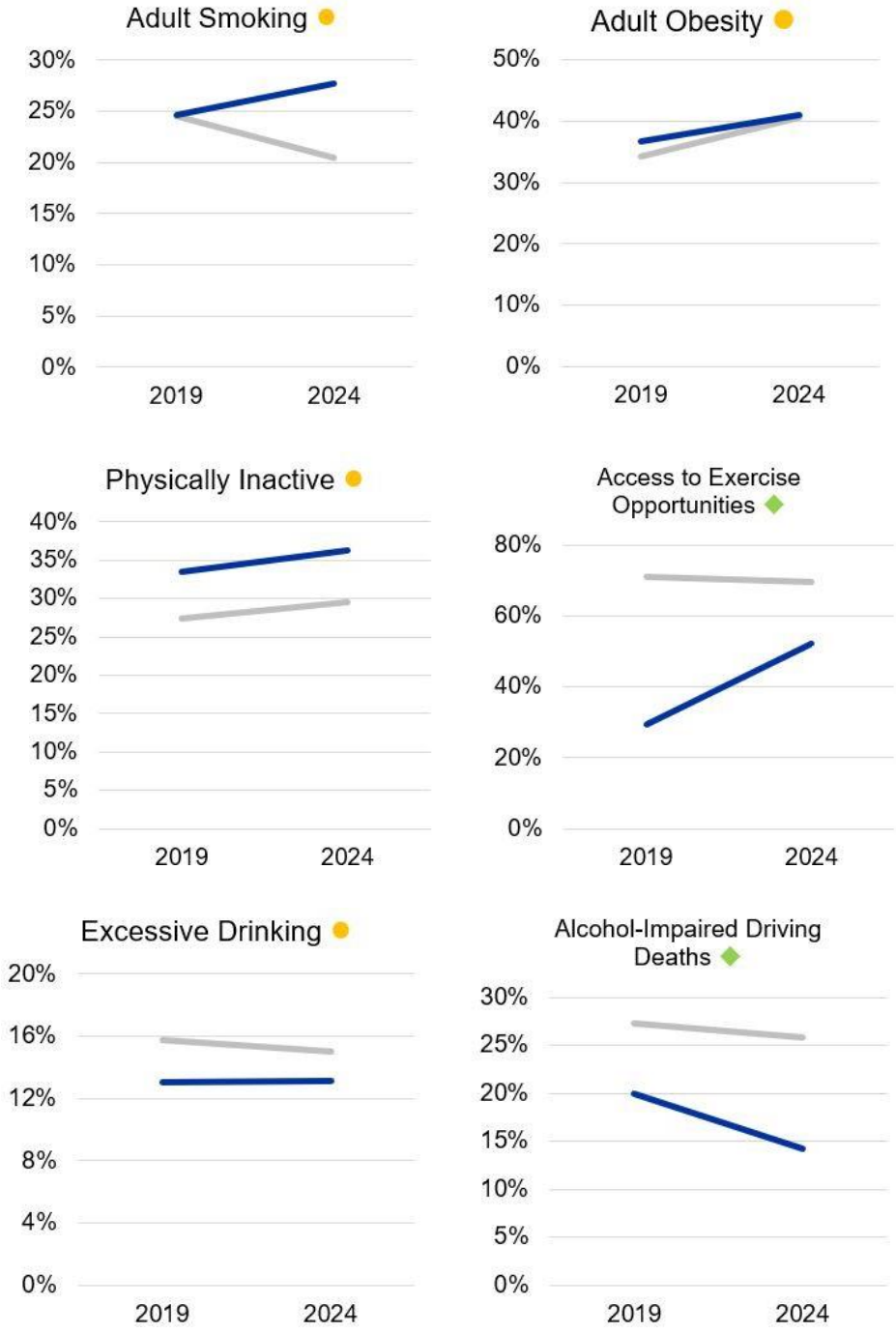

Health Behaviors, continued

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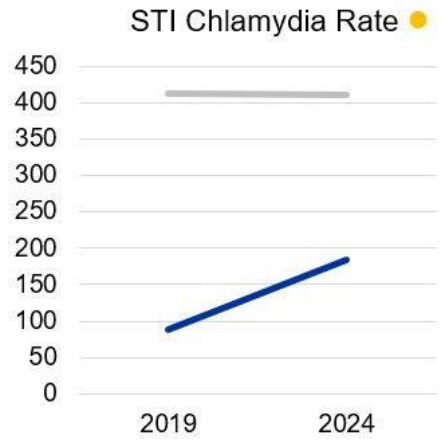
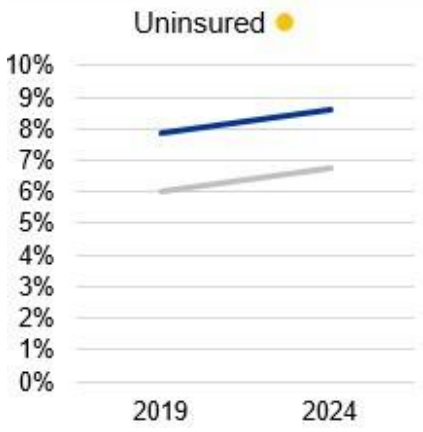
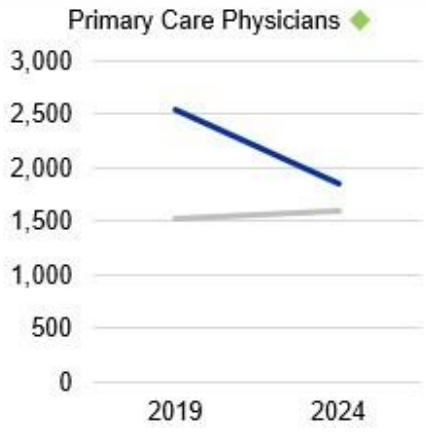
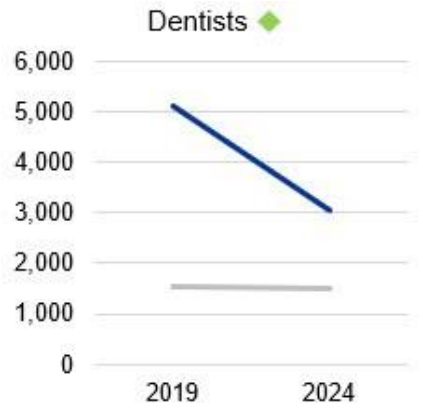


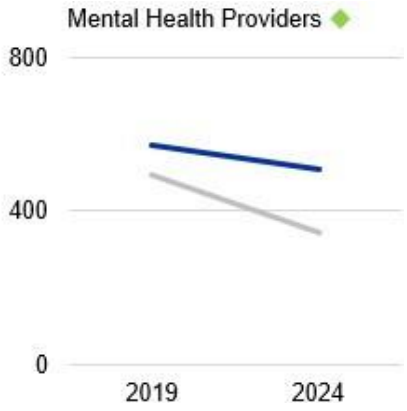
Access to Care

Note: Clinton is in **blue**, the Kentucky average is in **gray**.



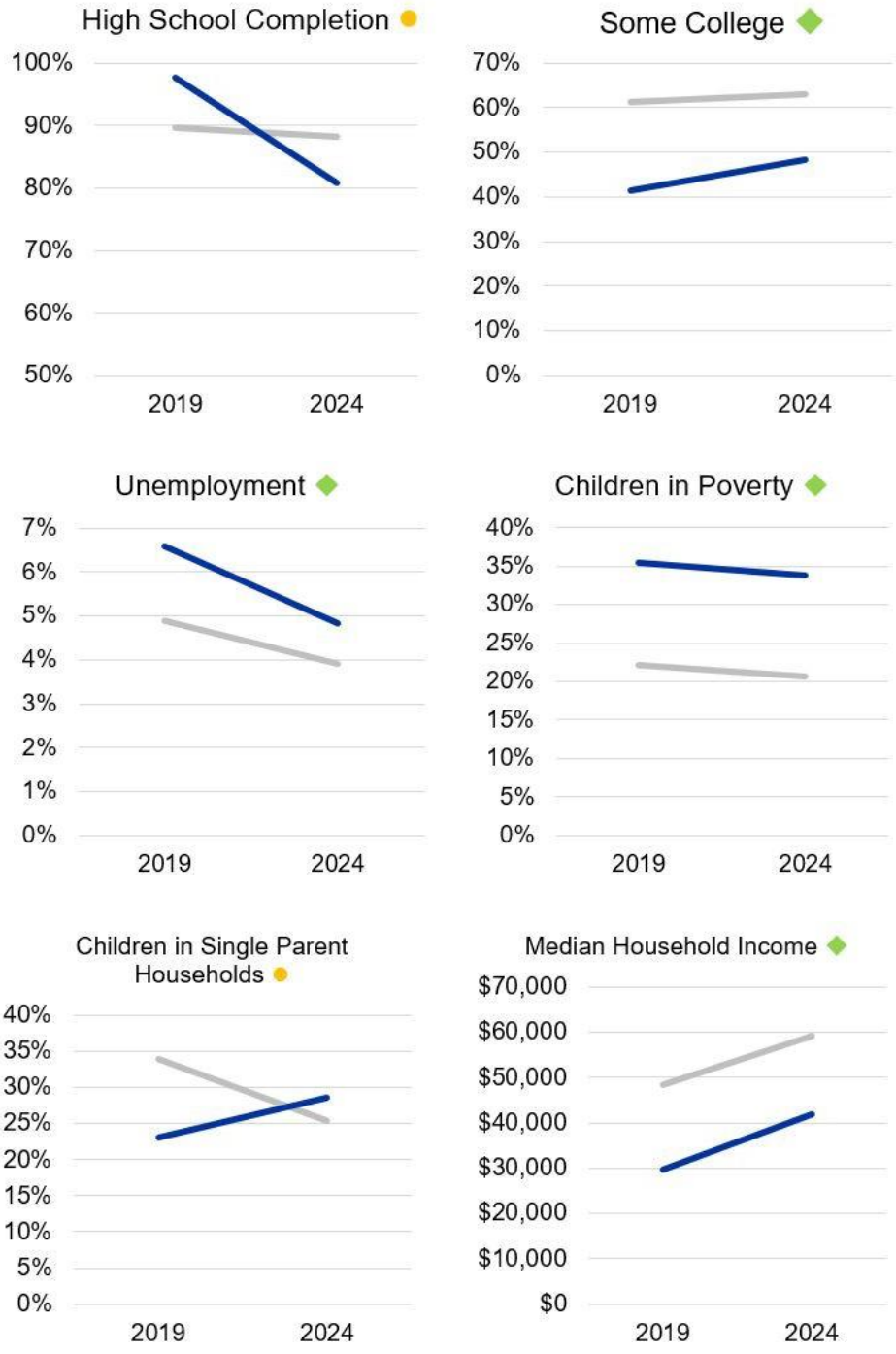






Social and Economic Environment

Note: Clinton is in **blue**, the Kentucky average is in **gray**.



Social and Economic Environment, continued

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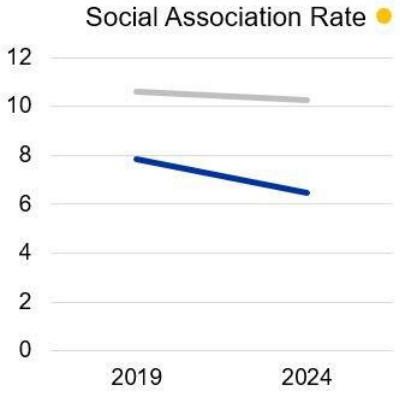

Physical Environment

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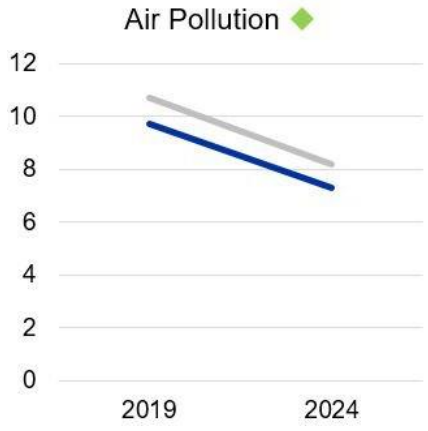

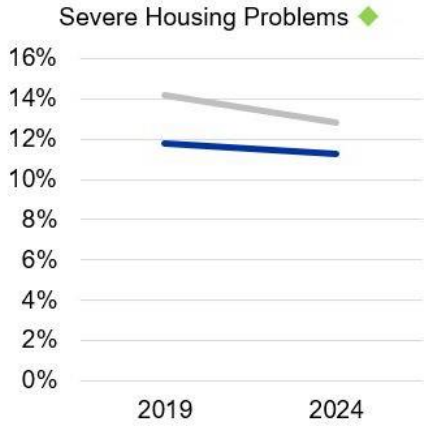

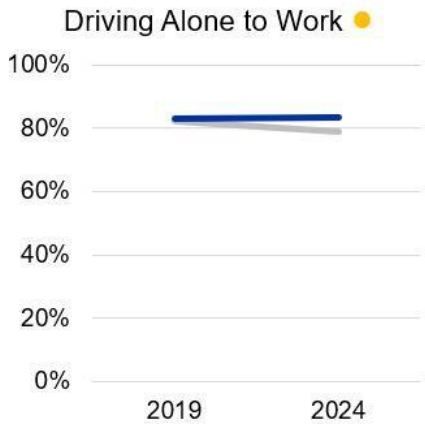

Food Access

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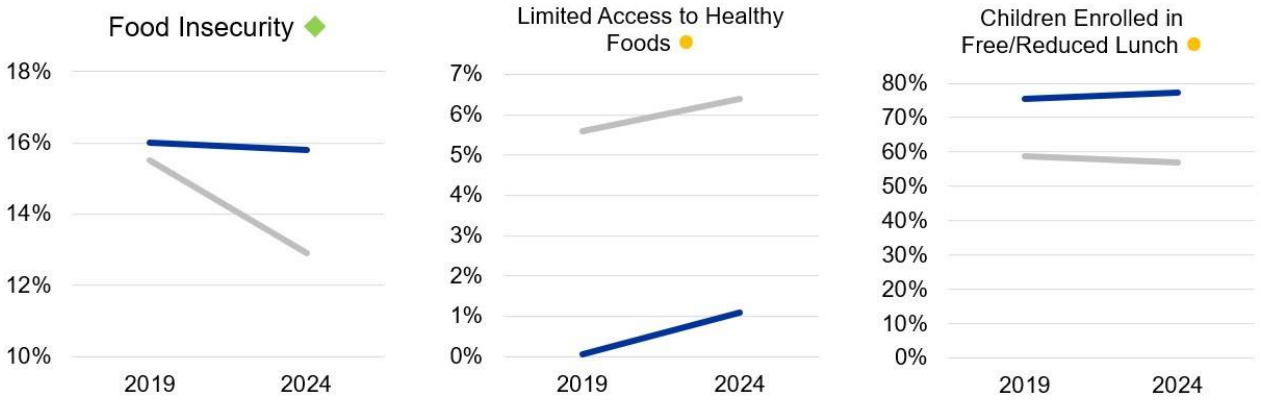


Hospital Utilization Data

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

Hospital Usage, 10/1/2023 - 9/30/2024

Patient Status	Total
Inpatient Discharges	533
Outpatient Visits	16,757

Hospital Inpatient Payer Mix, 10/1/2023 - 9/30/2024

Payer	Discharges
Medicare	429
Medicaid	55
Commercial	40
Other	8
Self-Pay & Charity	1

Hospital Outpatient Payer Mix, 10/1/2023 - 9/30/2024

Payer	Visits
Medicare	7,621
Medicaid	5,326
Commercial	2,945
Other	481
Self-Pay & Charity	384

Hospital Inpatient Diagnosis Related Group, 10/1/2023 - 9/30/2024

DRG Description	Discharges
Medicine – General	184
Medicine – Pulmonary	138
Medicine – Cardiovascular disease	67
Medicine – Nephrology/Urology	52
Medicine – Orthopedics	45
Surgery – General	19
Medical – Oncology	10
Medicine – Neuro sciences	9
Surgery – Cardiovascular & Thoracic	3
Medicine – Otolaryngology	3
Surgery – Orthopedics	1
Neonatology	1
Chemical dependency	1

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 facilitates broad community input.

These committee members represent organizations and agencies that serve the Clinton County population in a variety of areas that relate to the health of the population. By volunteering their time, the committee members enable 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. The community steering committee committed to the process both with promoting the survey through social media and encouraging organizations to share through email channels.

The Medical Center at Albany leadership recruited members of the community to serve on the steering committee. CEDIK representatives scheduled and completed the first meeting in September 2024 to introduce the assessment process, share the role of a committee member and to lead a focus group. A final steering committee meeting was held in January 2025 for the report of survey, focus group and key informant interview results along with selected secondary health data to inform and guide the prioritization process of the identified health needs. This resulted in the community steering committee making recommendations on the priority health needs for The Medical Center at Albany to address over the next three years.

The Medical Center at Albany Community Steering Committee

Name	Representing Organization
Tracy Aaron	Lake Cumberland District Health Department
Lucas Abner	Clinton County EMS and Emergency Services
Wayne Ackerman	Clinton County Schools
Vicky Albertson	Clinton County Health Department
Michael Beaty	Air Evac Lifeteam
Billie Cash	Southern KY Early College Career Academy
Amy Claban	The Medical Center at Albany
Gina Poore	Clinton County Schools
Christy Stearns	Clinton County Cooperative Extension

Community Feedback

In September 2024, members of The Medical Center at Albany Community Health Needs Assessment steering committee participated in a focus group. The committee membership includes representation from the Clinton County health department, Clinton County Schools, Clinton County EMS and Emergency Services, Air Evac Lifeteam and Lake Cumberland District Health Department. The members bring knowledge and expertise to the populations they serve. Two additional focus groups were conducted with the Clinton County Chamber of Commerce and with the Clinton County Health Coalition. Twenty-two individuals participated in the three focus groups. What follows is a summary of the responses that highlight the results of the conversations that identify strengths of the community and the health care system, challenges/barriers in the broader health care system and opportunities for improving the health of the community.

Focus Group Findings

Focus groups provide an opportunity to have a facilitated discussion about health needs and issues that affect residents of Muhlenberg County. Specifically, organizations that work with or represent underserved populations such as children, families and senior citizens. Three focus groups were conducted during the assessment time frame and 23 individuals participated in the discussions. Below is the summary of the questions and responses of the participants thoughts, opinions and experiences related to health care needs in their community.

Strengths and assets of Clinton County

Community

- Farmers market
- Clinton County Health Coalition
- Clinton County Extension office – nutrition and fitness education, 4-H activities
- Community partnerships – respond to emerging needs
- Active faith community
- Good schools and summer feeding program
- Days of Grace food pantry
- Community Center – senior meals and activities
- Good school system
- Tourism – lakes area and increased tourism dollars

Healthy lifestyle opportunities

- Community park – walking trail, sports for youth
- Twin Lakes Wellness Center
- Diabetes Education and HANDS program – health department

Access to Care

- Primary Care Clinics
- Federally Qualified Health Center (FQHC)
- Health Department
- Hospital – many services and resources
- Telehealth
- Nursing Home
- Horizon Adult Day Care
- The Adanta Group (mental health and substance use disorder care)
- Physician Weight Loss Clinic

Greatest issues that affect health in Clinton County

Health Care Access
- Insurance – high copays or high deductibles
- Medicare plans and coverage – confusion on the choices and coverage
- Health literacy
- Dialysis center
- Transportation to appointments

Food Access
- Food insecurity
- Seniors need nutritional supplements – but cannot afford them (Boost, Ensure, etc.)
- Backpack program for students to take home
- Summer feeding program – available through schools

Chronic Disease
- Cardiovascular disease
- Diabetes
- Obesity
- Cancer
- Renal failure
- Hypertension
- Mental Health – children, youth & adults

Economic Security/Community Vitality
- Cycle of poverty
- Need for affordable housing, better quality of housing
- Transportation needs
- Children being raised by grandparents or other relatives
- Increased homeless population
- Water quality concerns and issues

Improve Healthy Choices
- Tobacco use
- Vaping
- Substance misuse (drugs and alcohol)
- Lack of physical activity

Strengths of health care in Clinton County

- Large variety of clinics – decreased wait times and increased access to appointments
- Specialists come to the hospital for clinics
- Weekend appointments – Clinton Family Clinic
- FQHC clinic – sees patients on sliding fee scale
- Dental and vison services available at schools
- Community health fair – multiple organizations participate
- Library – offers programs
- Kindness and compassion from all providers
- EMS – new fleet of ambulances
- Access to pharmacies – for prescription medications
- Air ambulance in county

Challenges with current health care in Clinton County

- Need for vision and dental pop-up clinics for adults
- Transportation plan for accessing clinic appointments and essential services (limited availability through RTEC and taxis)
- Local access to psychiatry services – medication management
- Local wellness policy at the schools- need to focus on students' whole health
- Expand After school meals beyond the high school
- Professional Development for school staff/admin/faculty to address their health needs, importance of school breakfast, school lunch and physical activity
- Increase health screenings and mobile services for families – dental and vision
- Increased access to specialists: Endocrinology, Neurology, Pediatrics, Allergist, Cardiac Rehab, Chemotherapy
- Increased services: Assisted living, Dialysis, Dietician, Immunizations
- Affordable, quality housing
- Increased awareness of available health services, screenings and resources in the county

Barriers to health care in Clinton County

- Poverty
- Affordable housing
- Transportation
- Grandparents (relatives) raising grandchildren with limited resources
- Increasing rental costs
- Lack of access to healthy foods in the county
- High cost of healthy foods
- Numerous fast-food restaurants, limited healthy options for dining out
- Inflation costs

How to better meet health needs in Clinton County

Health care

- Vision and dental pop-up clinics for adults
- Hospital screening days on weekends for workers who cannot take off to attend
- Local psychiatric services – medication management
- Transportation – medical appointments, or leaving hospital
- Chronic disease management
- Dialysis center
- Health Insurance education – what is covered, eligible benefits

Community

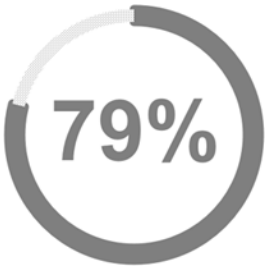
- Life skills for high school students – health literacy and financial literacy
- Address bullying in schools
- Health education and community outreach from health professionals
- Expand school wellness policy to address whole person health – students and staff
- Health fairs – free screenings and education
- After school meals program in schools – similar to the high school

The Medical Center at Albany Survey Results

WINTER 2024

Respondent Demographics

157 Respondents



Respondents describe themselves as female.

Additional responses: Male (21%).

Respondents by age group:

18-24	2%
25-39	9%
40-54	26%
55-64	26%
65-69	17%
70 or older	20%

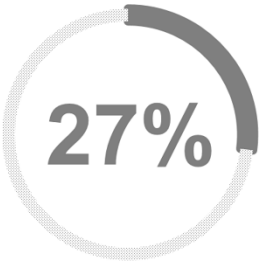
Respondents are employed full-time.

Additional responses: Retired (37%), Unemployed (5%), Employed part-time (2%).

Respondents by educational attainment:

High School	32%
Technical school	8%
College or Above	58%
Other	2%

Some College, Master's Degree & Rank 1.



Respondent households have delayed healthcare because of lack of money and/or insurance.

Respondents by household's current program eligibility:

Medicare	34%
Medicaid	17%
SNAP	4%
VA	8%
Commercial Insurance	27%
No coverage	10%

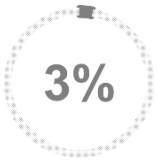
Where respondents and their household members go for routine healthcare:

Go to a Physician's office.

Respondents also use these options:

Do not receive routine health care	3%
Health Department	1%
Urgent Care Center	1%
Emergency Room	0%

Barriers that keep respondents from receiving routine health care:



Respondents that do not receive routine health care.

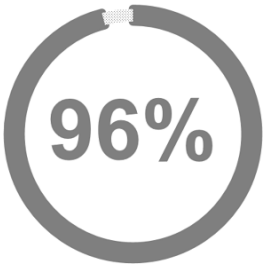
Respondents ranked the top three barriers to health as **Cost/expenses, Lack of insurance, and Long wait times for appointments**.

Respondents identified these barriers:

(1) Cost/expenses	**23%**
(3) Not enough physicians causing a long wait time to get in for an appointment	**15%**
Doctor office hours	13%
(2) Lack of insurance	**12%**
Failure to accept insurance	10%
Health benefits	9%
Health knowledge	7%
Transportation	5%
Lack of childcare	2%
Other	3%

Unhappy with local doctors, Previous experiences, want to stay close to home,

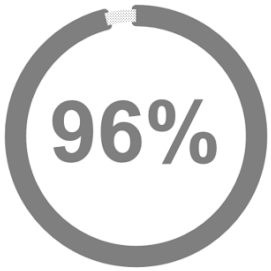
Presence of reliable/affordable transportation and willingness to use telehealth services:



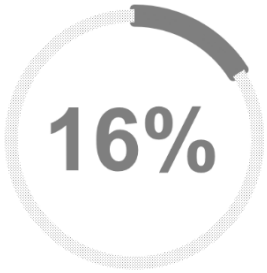
Use their own vehicle when traveling for healthcare.

Respondents willing to use telehealth to reduce travel time. 62% would use telehealth to limit COVID exposure.

Respondents' family doctor visits:



Respondents have a family doctor.



Respondents have a family doctor but do not visit annually.

Respondent households receive treatment for these conditions:

High blood pressure	48%
Diabetes	28%
Weight management	10%
Cancer	8%
Mental illness	5%
Substance use/addiction	0.5%

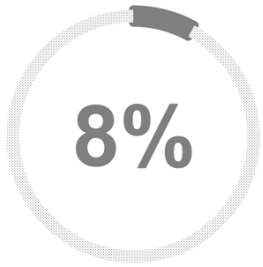
Who or what respondents rely on most often for health information:

Health care provider	49%
Friend/family	14%
Internet	14%
Social media	7%
Public health officials (such as your local health department or the Center for Disease Control)	5%
Television	4%
Community events	3%
Radio	2%
Other	1%

Newspaper Health Articles, Research

Respondents report these health behavior indicators:

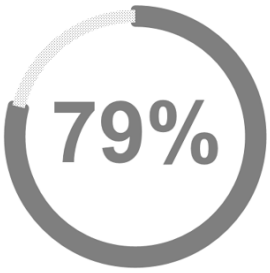
I am active 1 hour per day	36%
I eat fast food more than 2 times per week	26%
I eat 5 servings fruit/veggies daily	13%
I have access to a wellness program through my employer	11%
I do not understand when health care providers speak to me using medical terms	7%
I smoke cigarettes	4%
I chew tobacco	2%
I consume 2 or more alcoholic drinks (if female) or 3 or more (if male) a day	1%
I abuse or overuse prescription drugs	0%
I use illegal drugs	0%



Respondent households currently without insurance.

Respondents used these hospital services in the past 12 months:

Emergency room for life-threatening issue	7%
Emergency room for non-life-threatening issue	31%
Outpatient service	56%
Inpatient service	6%



Respondents that have used the services of a hospital in the past 12 months.

Hospital where respondents have used services:

The Medical Center at Albany	72%
The Medical Center at Bowling Green	7%
Cookeville Regional Medical Center	5%
Wayne County Hospital - Monticello	4%
Cumberland County Hospital - Burkesville	3%
Lexington Hospital	2%
Nashville Hospital	1%
Livingston Regional	1%
Other	5%
Lake Cumberland Regional, LeConte Medical Center, Rockcastle Regional Hospital, Medical Center At Franklin	

Most important when receiving care in a hospital:

Effective treatment	34%
Nursing care	27%
Explanation of diagnosis	18%
Proximity to family/home	9%
Physician interaction with patients	7%
Comfort of hospital/environment	3%
Other	2%
Efficiency, User friendly	

Respondents satisfied with their overall experience at The Medical Center at Albany.

Reasons respondents used services other than The Medical Center at Albany:

Service I needed was not available	35%
My physician referred me	26%
My insurance requires me to go somewhere else	5%
Other	34%
*Accident, Out of town, VA, Cost, Preference**	

* "Preference" accounted for 5% of total answers

The top three health challenges respondent households face:

High blood pressure	**29%**
Diabetes	**20%**
Overweight/obesity	**17%**
Heart Disease & Stroke	11%
Cancer	9%
Respiratory/Lung disease	6%
Mental health	5%
Substance use/addiction	1%
Other	4%
Neurological, Kidneys, cholesterol, thyroid, gastro, spina bifida, neuropathy, liver, arthritis, spine, UTIs	

The top three most risky behaviors of Clinton County residents:

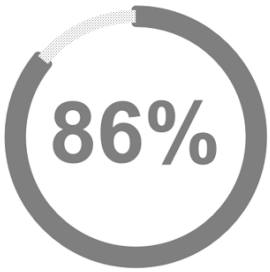
Overweight/poor eating habits & lack of exercise	**22%**
Drug abuse	**20%**
Alcohol abuse	**20%**
Prescription drug use	15%
Tobacco use	14%
Unsafe sex	4%
Dropping out of school	2%
Other	2%
Stress	

Specialty services used at The Medical Center at Albany in the past 12 months:

Radiology/X-ray	36%
Emergency	33%
Surgery	11%
Cardiology	6%
Obstetrics/Gynecology	5%
Orthopedics	4%
Pulmonology/Lung care	2%
Oncology (Cancer Care)	1%
Urology	1%
Pediatrics	1%

How far respondents drive for specialist visits:

Less than 20 miles	4%
20 - 49 miles	11%
50 - 100 miles	55%
More than 100 miles	20%
I do not see any specialists	11%



Respondents drive more than 20 miles for specialist visits.

The top three most important factors for a healthy community:

Good jobs/healthy economy	**15%**
Low crime/safe neighborhood	**14%**
Easy access to hospital/ physicians/nurses (health care)	**14%**
Good school systems	11%
Good place to raise children	10%
Affordable housing	8%
Religious/spiritual values	7%
Family/youth activities	4%
Clean environment	4%
Personal responsibility	4%
Low disease rate	2%
Parks and recreation	2%
Quality childcare	2%
Transportation (public/ Ubers/ etc.)	2%
Excellent race relationships	0.2%
Other	0.2%
No Drugs & Good Church	

Group that needs the most help with access to health care:

Elderly	43%
Uninsured	19%
Low-income families	12%
Disabled	8%
Children/infants	8%
Young adults	7%
Immigrants/refugees	0%
Minority groups	0%
Other	3%
Common/Working/Middle-class Families, Veterans	

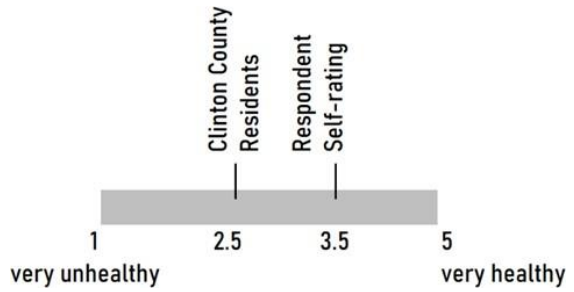
Clinton County action to have a positive effect on opioid crisis/substance use:

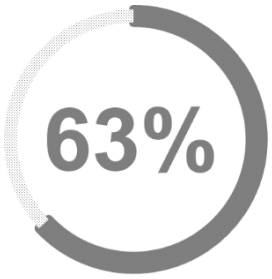
Open more treatment facilities	24%
Provide more substance abuse prevention education/services	23%
Provide more court-appointed treatment	21%
Offer more payment options (non-Medicaid/ scholarship opportunities)	12%
Provide transportation to treatment	8%
Provide more naloxone (to treat overdoses)	5%
Other	8%
More police, jailtime, hold substance users accountable	

Three most important Clinton County actions to have a positive effect on health:

More jobs	**21%**
More physicians and nurse practitioners	**14%**
Nutrition education/healthy food access	**13%**
Money for community assistance programs	11%
Mental/emotional health care access	10%
More exercise options	7%
More transportation services	7%
Health policies	6%
Diabetes education	5%
Quit smoking classes	4%
Other	2%
More BG docs & specialist to Albany	

Respondent rating of their personal health, and the physical health of their community:





Respondents satisfied with the health care system in Clinton County.

Prioritization of Identified Health Needs

The Medical Center at Albany CHNA steering committee meeting was held in January 2025 to review findings from the community surveys, key informant interviews, focus groups and county specific secondary health data.

The process of priority selection 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 after the data presentation and completed the process of prioritizing the identified health needs. 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. Mental health (Including substance misuse services)
2. Food access (share current resources in community and address current food insecurity)
3. Transportation
4. Additional health care providers (Primary Care Providers and Specialists)

Other needs mentioned but not prioritized:

1. Health education awareness and literacy (including available services in the county)
2. Vision and dental services for adults (Medicaid population)
3. Water issues and concerns
4. Dialysis center

Implementation Strategy

Through the research and recommendations from the Community Health Needs Assessment and hospital staff, administration and Board of Directors, the following strategies will guide The Medical Center at Albany leadership in addressing our community's health needs over the next three years.

A beneficial component of the Community Health Needs Assessment process is working with key organizations to understand the needs of our community. Over the next three years, The Medical Center at Albany will focus on continuing to strengthen relationships with the organizations listed below and develop collaborative efforts to improve health care within Clinton and surrounding counties. This list is not meant to be exclusive and other organizations/providers will be added as identified.

Key partners

- American Cancer Society
  - Continued support of the Relay for Life
  - Access to Educational and Prevention Material
- Kentucky Heart & Stroke Association
  - Stroke accreditation, 2024
  - Pursuing Acute Heart Attack Ready certification
- Clinton County Health Department
  - Partner with various projects in the community as the need arises
- Clinton County Schools
  - Support schools' efforts to form healthy habits in the youth
- Lake Cumberland-Clinton County District Health Department
  - Collaborate on numerous health related program
  - Diabetes Prevention Program
- Medicaid Managed Care Organizations/Case Management
  - Education opportunities with members on services offered
- Variety of Community Organizations working on Food Insecurities
- Kentucky Rural Health Association
- UK Extension Office
  - Healthy food classes, diabetes education
- Foothills Festival Committee
  - 5-K Walk/Run
  - Festival Screenings
- Albany/Clinton County Chamber of Commerce
  - Community Education of services offered during Chamber Breakfast sponsorship
- Adanta
  - Mental Health Services
  - Mental Health Evaluation
- WBKO
  - *90 Seconds to Better Health*

    - Health & Wellness Expo
- Norton Healthcare and UK HealthCare Stroke Care Network
    - SCOPE Stroke screenings
    - Brain Protector programs
    - Adult Education stroke program
- Ohio River Health Center
    - Substance use disorder
    - Mental health

Goal 1. Increase Access to Health Care Through the Recruitment and Retention of Primary Health Care Providers and Additional Specialty Care Providers

Strategies:

- 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.
- 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 allow for participation in NHSC Loan Repayment Programs.
- Utilize telehealth services to increase residents' access to primary care and specialty care on an inpatient and outpatient basis.

Goal 2. Reduce Substance Use in Clinton County

Strategies:

- Identify and refer patients from point of service to provider for substance use disorder in a timely manner.
- Continue to partner with providers of Substance Use Disorder Services to expand offering in the area.
- Continue to track and educate providers on the proper use of opioids in the treatment of their patients (i.e., no opioids prescribed for an ankle sprain).

Partners: Clinton County Health Department, Clinton County School System. Ohio River Health Center, Adanta, Clinton County Extension Services, Health Coalition

Goal 3. Increase Marketing of Hospital Services and Other Community Services, Including Age-Appropriate Health Screenings

Strategies:

- Provide information on available services in our community through advertising, community outreach events, and social media outlets.
- Continue to utilize telemedicine services to provide access to specialists and primary care.
- Provide information and awareness on health screenings available in our area.
- Decrease barriers to accessing health services.
- Maintain Certification for Acute Stroke Ready Hospital through The Joint Commission.
- Obtain Acute Heart Attack Ready Certification through The Joint Commission.

Partners: Clinton County Health Department, Clinton County School System. Ohio River Health Center, Clinton County Extension Services, Health Coalition, Local Independent Health Care Providers

Explanation of Priorities that will not be addressed at this time

The Medical Center at Albany will continue to be part of the Clinton County 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. The hospital will continue to be involved in the activities of the coalition but will not be addressing food insecurities as a priority.

Transportation is directly tied to the poverty-socioeconomic status of our community. Poverty impacts someone's ability to own a dependable vehicle and limits one's ability to pay for publicly available transportation. Poverty is a larger priority than The Medical Center at Albany can address with the available resources. Through community coalitions and other activities, the hospital will participate in events that help fight poverty. The Medical Center at Albany is in the process of evaluating the core transportation issues tied to health care for our patients. The Medical Center at Albany will work with partnerships to address the transportation needs of individual patients through our case work process.

Next Steps

This Implementation Strategy will be rolled out over the next three years, from April 2025 through March 2027.

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 the hospital is on track to complete the plan as described.

The Medical Center at Albany staff will review the implementation strategy and report on the success experienced through the collaborative efforts of improving the health of the community.

Appendix

A. Secondary Data Sources

B. The Medical Center at Albany CHNA Survey

C. Board Approval

Secondary Data Sources, 2024 County Health Rankings

Population		Source	Years of Data
2022 Population Estimate	Total Population	Census Population Estimates	2022
Under 18 years	Percent of Population 18 years of age	Census Population Estimates	2022
65 years and older	Percent of Population 65 and older	Census Population Estimates	2022
Non-Hispanic Black	Percent of Population Non-Hispanic Black	Census Population Estimates	2022
American Indian & Alaska Native	Percent of Population American Indian & Alaska Native	Census Population Estimates	2022
Asian	Percent of Population Asian	Census Population Estimates	2022
Native Hawaiian or Other Pacific Islander	Percent of Population Native Hawaiian or Other Pacific Islander	Census Population Estimates	2022
Hispanic	Percent of Population Hispanic	Census Population Estimates	2022
Non-Hispanic White	Percent of Population Non-Hispanic White	Census Population Estimates	2022
Not Proficient in English	Percentage of population aged 5 & over who reported speaking English less than well.	American Community Survey, 5-year estimates	2018-2022
Female	Percent of Population Female	Census Population Estimates	2022
Rural	Percent of Population Rural	Census Population Estimates	2020

Health Outcomes			
Premature death rate	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	National Center for Health Statistics - Mortality Files	2019-2021
Child mortality rate	Number of deaths among residents under age 18 per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2018-2021
Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted).	Behavioral Risk Factor Surveillance System	2021
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	Behavioral Risk Factor Surveillance System	2021
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	Behavioral Risk Factor Surveillance System	2021
Low birthweight	Percentage of live births with low birthweight (< 2,500 grams).	National Center for Health Statistics - Natality files	2016-2022
Frequent physical distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	Behavioral Risk Factor Surveillance System	2021
Diabetic adults	Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted).	Behavioral Risk Factor Surveillance System	2021
HIV prevalence rate	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2021

Secondary Data Sources, 2024 County Health Rankings, continued

Health Behaviors		Source	Years of Data
Adult smoking	Percentage of adults who are current smokers (age-adjusted).	Behavioral Risk Factor Surveillance System	2021
Adult obesity	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.	United States Diabetes Surveillance System	2021
Physical inactivity	Percentage of adults age 20 and over reporting no leisure-time physical activity.	United States Diabetes Surveillance System	2021
Percent with Access to Exercise Opportunities	Access to exercise opportunities	ArcGIS Business Analyst and ArcGIS Online; YMCA; US Census TIGER/Line Shapefiles	2023, 2022 & 2020
Excessive drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	Behavioral Risk Factor Surveillance System	2021
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement.	Fatality Analysis Reporting System	2017-2021
Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2021
Teen births	Number of births per 1,000 female population ages 15-19.	National Center for Health Statistics - Natality files	2016-2022
Drug overdose mortality rate	Number of drug poisoning deaths per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2019-2021
Motor vehicle crash deaths	Number of motor vehicle crash deaths per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2015-2021
Access to Care			
Uninsured adults	Percentage of population under age 65 without health insurance.	Small Area Health Insurance Estimates	2021
Uninsured children	Percentage of children under age 19 without health insurance.	Small Area Health Insurance Estimates	2021
Primary care physicians	Ratio of population to primary care physicians.	Area Health Resource File/American Medical Association	2021
Dentists	Ratio of population to dentists.	Area Health Resource File/National Provider Identification file	2022
Mental health providers	Ratio of population to mental health providers.	CMS, National Provider Identification	2023
Preventable Hospital Stays	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	Mapping Medicare Disparities Tool	2021
Mammography Screening	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening.	Mapping Medicare Disparities Tool	2021
Flu Vaccinations	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.	Mapping Medicare Disparities Tool	2021

Secondary Data Sources, 2024 County Health Rankings, continued

Social & Economic Factors		Source	Years of Data
High school completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	American Community Survey, 5-year estimates	2018-2022
Some college	Percentage of adults ages 25-44 with some post-secondary education.	American Community Survey, 5-year estimates	2018-2022
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	Bureau of Labor Statistics	2022
Children in poverty	Percentage of people under age 18 in poverty.	Small Area Income and Poverty Estimates; American Community Survey, 5-year estimates	2022 & 2018-2022
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	American Community Survey, 5-year estimates	2018-2022
Children in single-parent households	Percentage of children that live in a household headed by a single parent.	American Community Survey, 5-year estimates	2018-2022
Social associations	Number of membership associations per 10,000 population.	County Business Patterns	2021
Median household income	The income where half of households in a county earn more and half of households earn less.	Small Area Income and Poverty Estimates; American Community Survey, 5-year estimates	2022 & 2018-2022
Injury deaths	Number of deaths due to injury per 100,000 population.	National Center for Health Statistics - Mortality Files	2017-2021
Physical Environment			
Air pollution - particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	Environmental Public Health Tracking Network	2019
Drinking water violations	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	Safe Drinking Water Information System	2022
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	Comprehensive Housing Affordability Strategy (CHAS) data	2016-2020
Driving alone to work	Percentage of the workforce that drives alone to work.	American Community Survey, 5-year estimates	2018-2022
Long commute - driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	American Community Survey, 5-year estimates	2018-2022
Food Access			
Food insecurity	Percentage of population who lack adequate access to food.	Map the Meal Gap	2021
Limited access to healthy foods	Percentage of population who are low-income and do not live close to a grocery store.	USDA Food Environment Atlas	2019
Children eligible for free or reduced price lunch	Percentage of children enrolled in public schools that are eligible for free or reduced price lunch.	National Center for Education Statistics	2021-2022

MED CENTER HEALTH | The Medical Center Albany

Clinton County CHNA Survey 2024

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?

- O Yes
- O No

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

- O Yes
- O No

Q4. Have you or anyone in your household used the services of a hospital in the past 12 months?

- O Yes
- O No

Q5. If yes, what services did you use?

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

Q6. If yes, which hospital?

- O The Medical Center at Albany
- O Wayne County Hospital – Monticello
- O Cumberland County Hospital – Burkesville
- O Cookeville Regional Medical Center – Cookeville
- O Livingston Regional Hospital – Livingston
- O The Medical Center at Bowling Green
- O Lexington Hospital
- O Nashville Hospital
- O Other. Please specify:

_____

Q7. Why did you or anyone in your household go to a hospital **other than** The Medical Center at Albany?

- O Service I needed was not available
- O My physician referred me
- O My insurance requires me to go somewhere else
- O Other. Please specify:

_____

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

- O Very Satisfied
- O Satisfied
- O Neither satisfied nor dissatisfied
- O Dissatisfied
- O Very Dissatisfied

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

- O Nursing care
- O Comfort of the hospital/environment
- O Proximity to family/home
- O Physician interaction with patients
- O Explanation of diagnosis
- O Effective treatment
- O Other. Please specify:

_____

Q10. Have you or anyone in your household used any of the services below in the past 12 months?

Services	The Medical Center at Albany	At Another Hospital
Emergency	O	O
Cardiology	O	O
Obstetrics/Gynecology	O	O
Radiology X-Ray	O	O
Neurology	O	O
Psychiatry/Mental illness	O	O
Oncology (Cancer Care)	O	O
Urology	O	O
Orthopedics	O	O
Pulmonology/Lung Care	O	O
Pediatrics	O	O
Dialysis	O	O
Surgery	O	O
Substance use/Addiction	O	O

Q11. Please select the top THREE health challenges you or anyone in your household face. Choose only three:

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

_____

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

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

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

- O Yes
- O No

Q14. Have you or anyone in your household delayed health care due to lack of money and/ or insurance?

- O Yes
- O No

Q15. Are you or members of your household currently eligible for any of the following programs?

- O Medicare
- O Medicaid
- O Public Housing Assistance
- O SNAP (food stamp program)
- O VA
- O Commercial (Humana, Anthem Blue Cross)
- O No coverage

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

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

_____

Q17. Please choose all statements that apply to you:

- O I am active at least 1 hour a day (active is defined as daily movement activities such as cleaning or yard work)
- O I eat at least 5 servings of fruits and vegetables a day
- O I eat fast food more than 2 times per week
- O I smoke cigarettes
- O I chew tobacco
- O I use illegal drugs
- O I abuse or overuse prescription drugs
- O I consume 2 or more alcoholic drinks (if female) or 3 or more (if male) a day
- O I do not understand when health care providers speak to me using medical terms
- O I have access to a wellness program through my employer

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

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

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

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

Q20. What do you use for transportation?

- O My own vehicle
- O Family/friend
- O R-Tech
- O Taxi/cab
- O Other. Please specify:

_____

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

- O Yes
- O No

Q22. Where do you go for routine health care?

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

Q23. How far do you or anyone in your household travel to see a specialist?

- O Less than 20 miles
- O 20-49 miles
- O 50-100 miles
- O More than 100 miles
- O I do not see any specialists

Q24. Would you be willing to utilize telehealth services?

	YES	NO
To reduce travel time	O	O
To limit COVID exposure	O	O

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

- O Doctor office hours
- O Lack of insurance
- O Transportation
- O Health benefits
- O Lack of childcare
- O Failure to accept insurance
- O Health knowledge
- O Cost expenses
- O Not enough physicians causing a long wait time to get in for an appointment
- O Other. Please specify:

_____

Q26. Please rank your TOP THREE barriers to health care 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:

- O Low-income families
- O Physically/mentally disabled
- O Young adults
- O Immigrants/refugees
- O Minority groups (Hispanic/African Americans)
- O Elderly
- O Children/infants
- O Uninsured
- O 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. Choose only three:

- O Good place to raise kids
- O Low crime/safe neighborhood
- O Easy access to hospital/physicians/nurses (health care)
- O Family/youth activities
- O Good school system
- O Affordable housing
- O Low disease rate
- O Excellent race relationships
- O Personal responsibility
- O Good jobs/healthy economy
- O Religious/spiritual values
- O Clean environment
- O Arts/cultural events
- O Parks and recreation
- O Quality childcare
- O Transportation (public, Ubers, etc.)
- O 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:

- O Health policies
- O More exercise options
- O Nutrition education/access to healthy foods
- O Mental/emotional health care access
- O Diabetes education
- O Quit smoking classes
- O More transportation services
- O More jobs
- O More money for community assistance programs
- O More health care providers (physicians and nurse practitioners)
- O Other. Please specify:

_____

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

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

_____

Q31. Who or what do you rely on most often for health information? Choose all that apply:

- O Television
- O Community events
- O Radio
- O Social media
- O Health care provider
- O Friend/family
- O Internet
- O Public health officials (such as your local health department or the Center for Disease Control)
- O Other. Please specify:

_____

Q32. What is your age?

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

Q33. What is your gender?

- O Male
- O Female
- O Other. Please specify:

_____

Q34. What is the highest level of education you have completed?

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

_____

Q35. What is your current employment status?

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

_____

Thank you for your time spent taking this survey!

Approval

This Community Health Needs Assessment was approved by The Medical Center at Albany Board of Trustees in February 2025.

_____ _____

SIGNATURE DATE