



## 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.

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**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: \_\_\_\_\_