



Caldwell Medical Center

Caldwell County, Kentucky

2024

Community Health Needs Assessment

Approved by Board: September 28th, 2024



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Executive Summary

Caldwell Medical Center (“CMC” or the “Hospital”) performed a Community Health Needs Assessment (CHNA) together in partnership with Ovation Healthcare (“Ovation”) to determine the health needs of the local community and an accompanying implementation plan to address the identified health needs. This CHNA report consists of the following information:

- 1) a definition of the community served by the Hospital and a description of how the community was determined;
- 2) a description of the process and methods used to conduct the CHNA;
- 3) a description of how the Hospital solicited and considered input received from persons who represent the broad interests of the community it serves;
- 4) commentary on the 2022 CHNA Assessment and Implementation Strategy efforts;
- 5) a prioritized description of the significant health needs of the community identified through the CHNA along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and
- 6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A broad community survey was performed to review and provide feedback on the prior CHNA and to support the determination of the Significant Health Needs of the community in 2024.

The Significant Health Needs identified by Caldwell Medical Center are:

- *Update once selected by organization*

In the Implementation Strategy section of the report, the Hospital addresses these areas through identified programs and resources with metrics included for each health need to track progress towards improved community health outcomes.

Community Health Needs Assessment

Overview

CHNA Purpose

A CHNA is part of the required documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals and fulfills requirements for accreditation for many health and public health entities. However, regardless of status, a CHNA provides many benefits to an organization. This assessment provides comprehensive information about the community's current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.

Organizational Benefits

- Identify health disparities and social determinants to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member's perceptions of healthcare in the region
- Support community organizations for collaborations

CHNA Process

1 

Survey the Community

Develop a CHNA survey to be deployed to the broad community in order to assess significant health priorities.

2 

Data Analysis

Review survey data and relevant data resources to provide qualitative and quantitative feedback on the local community and market.

3 

Determine Top Health & Social Needs

Prioritize community health and social needs based on data gathered from the community survey, secondary sources, and organizational input.

4 

Implementation Planning

Build an implementation plan to address identified needs with actions, goals, and metrics to track progress toward improved outcomes.

Process & Methods

This assessment takes a comprehensive approach to determining community health needs and includes the following methodology:

- Several independent data analyses based on secondary source data
- Augmentation of data with community opinions through a community-wide survey
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members

Data Collection and Analysis

This assessment relies on secondary source data, which primarily uses the county as the smallest unit of analysis. Most data used in the analysis is available from public internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the community members cooperating in this study are displayed in the CHNA report appendix.

All data sources are detailed in the appendix of this report with the majority of the data used for this assessment coming from:

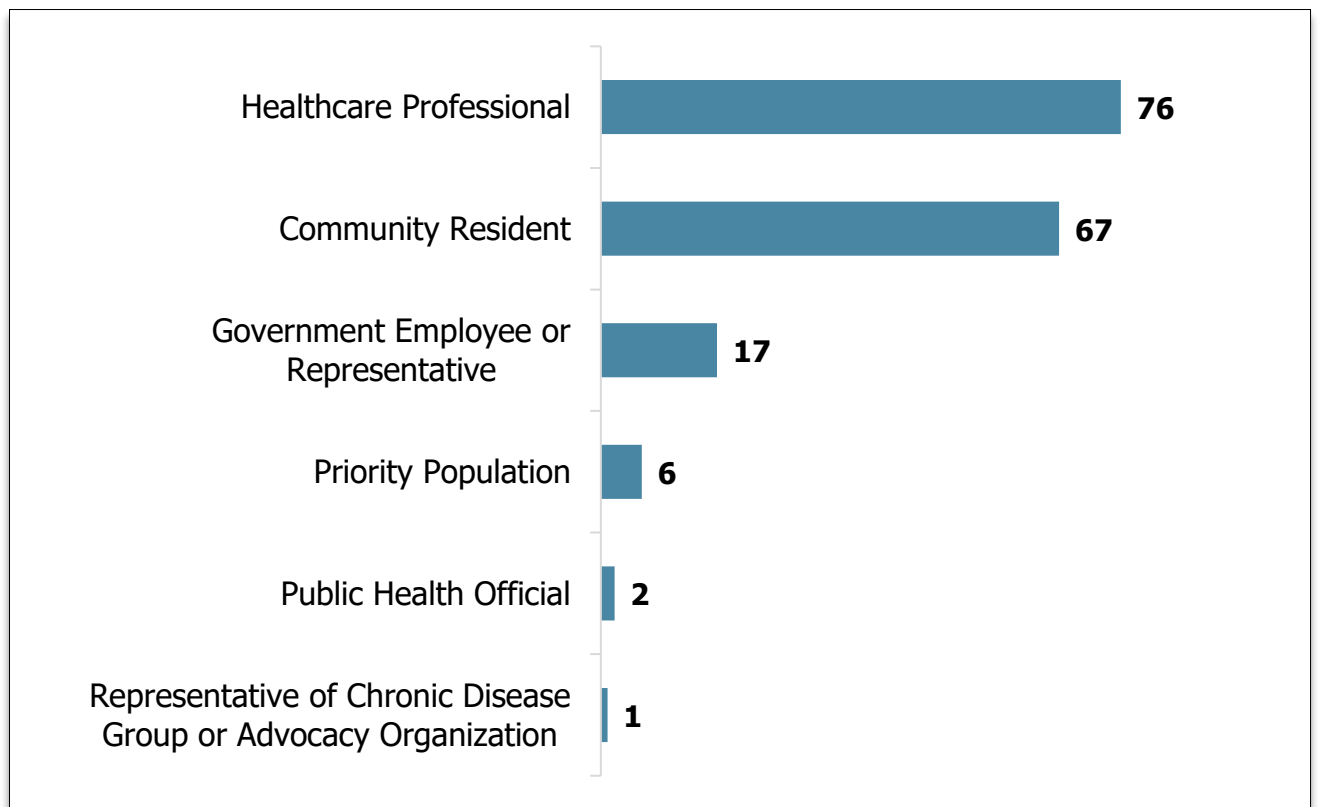
- County Health Rankings 2024 Report
- Kentucky Department for Public Health
- Centers for Medicare & Medicaid Services - CMS
- Centers for Disease Control and Prevention – CDC

A standard process of gathering community input was utilized. In addition to gathering data from the above sources, a CHNA survey was deployed to local expert advisors and the general public to gain input on local health needs and the needs of priority populations. Local expert advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's economic, racial, and geographically diverse population. One hundred fifty-seven (157) survey responses from community members were gathered between May and June 2024.

Community Input

Input was obtained from the required three minimum federally required sources and expanded to include other representative groups. The Organization asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are detailed in the appendix to this report. Additionally, survey respondents were asked to identify their age, race/ethnicity, and income level to ensure a diverse range of responses were collected.

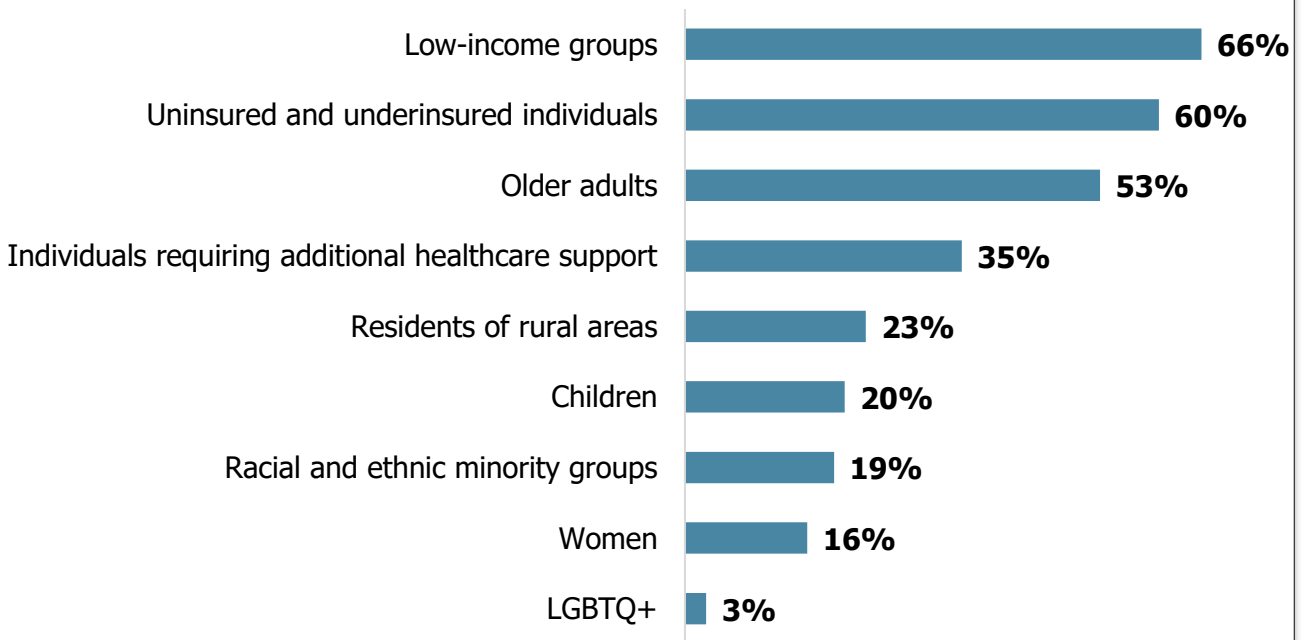
Survey Question: Please select all roles that apply to you (n=155)



Input on Priority Populations

Medically underserved populations are those who experience health disparities or face barriers to receiving adequate medical care because of income, geography, language, etc. The Hospital assessed what population groups in the community (“Priority Populations”) would benefit from additional focus and asked survey respondents to elaborate on the key health challenges these groups face.

Survey Question: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community? (please select your top 3 responses if possible)



Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following “take-away” bulleted comments:

- The top three priority populations identified were low-income groups, un/underinsured individuals, and older adults.
- Summary of unique or pressing needs of the priority groups identified by the respondents:

Access to Services

Affordable Healthcare

Lack of Transportation

Input on 2022 CHNA

The Hospital considered written comments received on the prior CHNA and Implementation Strategy as a component of the development of the 2024 CHNA and Implementation Strategy. Comments were solicited from community members to provide feedback on any efforts and actions taken by CMC since the 2022 CHNA and Implementation Plan were conducted. These comments informed the development of the 2024 CHNA and Implementation Plan and are presented in full in the appendix of this report. The health priorities identified in the 2022 CHNA are listed below with a selection of survey responses.



Drug/Substance Abuse



Prevention/Wellness



Healthcare Access



Chronic Disease Management

"Continue to connect with the area residents by offering events and educational opportunities for the community."

"I have seen frequent testing. We need more education available to the community."

"Only signs on drug abuse posted in areas. A drug support group might be helpful!"

"I have seen a couple of prevention services available but only because I work with CMC."

Impact of Actions to Address the 2022 Significant Health Needs

- Expansion of service offerings, locations, and availability to increase local access to healthcare
- Increased presence at community health festivals, with the provision of free preventative screenings and education

Community Served

For the purpose of this study, the service area is defined as Caldwell and Lyon Counties in Kentucky. The data presented in this report uses this county-based service area to present population health data wherever possible. The Hospital has identified Caldwell and Lyon Counties as its service area for this assessment as the majority of CMC Inpatient Discharges come from these two counties.

Service Area

Lyon County, Kentucky

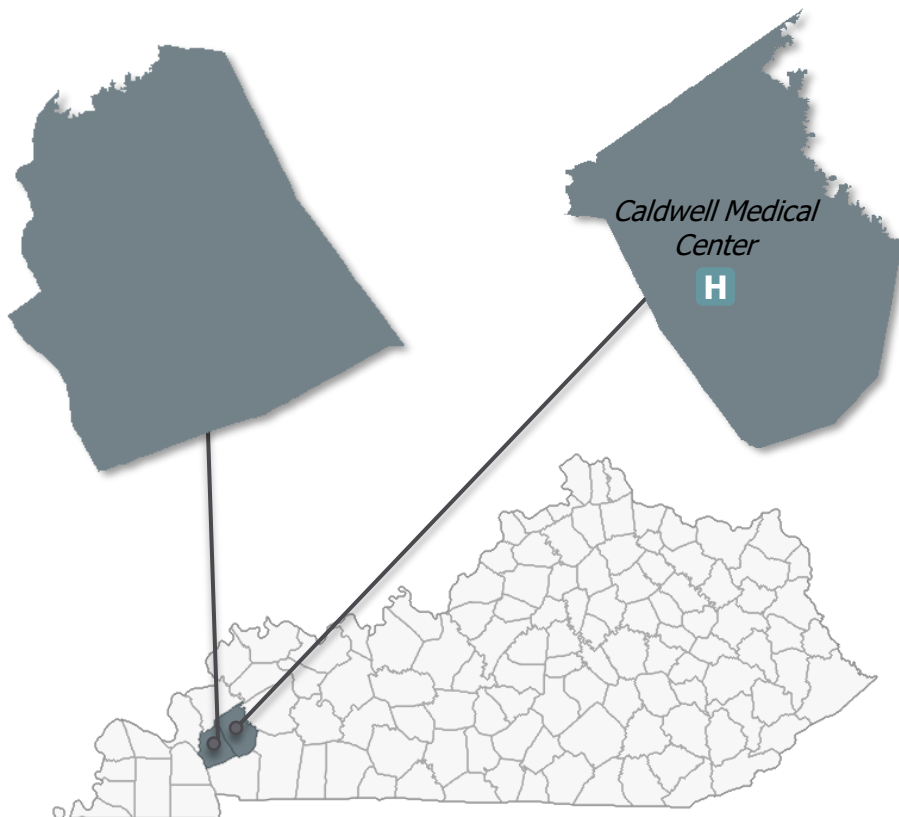
Total Population: **9,101**

ZIP	City
42038	Eddyville
42055	Kuttawa

Caldwell County, Kentucky

Total Population: **12,570**

ZIP	City
42445	Princeton
42411	Fredonia



Source: County Health Rankings 2024 Report

Service Area Demographics

	Caldwell County	Lyon County	KY
Demographics			
Total Population	12,570	9,101	4,512,310
Age			
Below 18 Years of Age	22.8%	13.6%	22.3%
65 and Older	21.3%	23.8%	17.6%
Race & Ethnicity			
Non-Hispanic White	89.7%	87.3%	83.2%
Non-Hispanic Black	5.3%	7.9%	8.4%
American Indian or Alaska Native	0.4%	0.4%	0.3%
Asian	0.5%	0.6%	1.8%
Native Hawaiian or Other Pacific Islander	0.1%	0.0%	0.1%
Hispanic	2.3%	2.5%	4.3%
Gender			
Female	50.7%	40.4%	50.3%
Male	49.3%	59.6%	49.7%
Geography			
Rural	52.1%	100.0%	41.3%
Non-Rural	47.9%	0.0%	58.7%

Source: County Health Rankings 2024 Report

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data



737 indicators collected from data sources



157 surveys completed by community members

Evaluate

Evaluate indicators based on the following factors:



Worse than benchmark



Identified by the community



Impact on health disparities



Feasibility of being addressed

Select

Select priority health needs for implementation plan



Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. This approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Hospital's process, each survey respondent had the opportunity to prioritize community health needs. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not at all) to 5 (extremely), including the opportunity to list additional needs that were not identified.

The ranked needs were divided into "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable breakpoint in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

Ranked Health Priorities

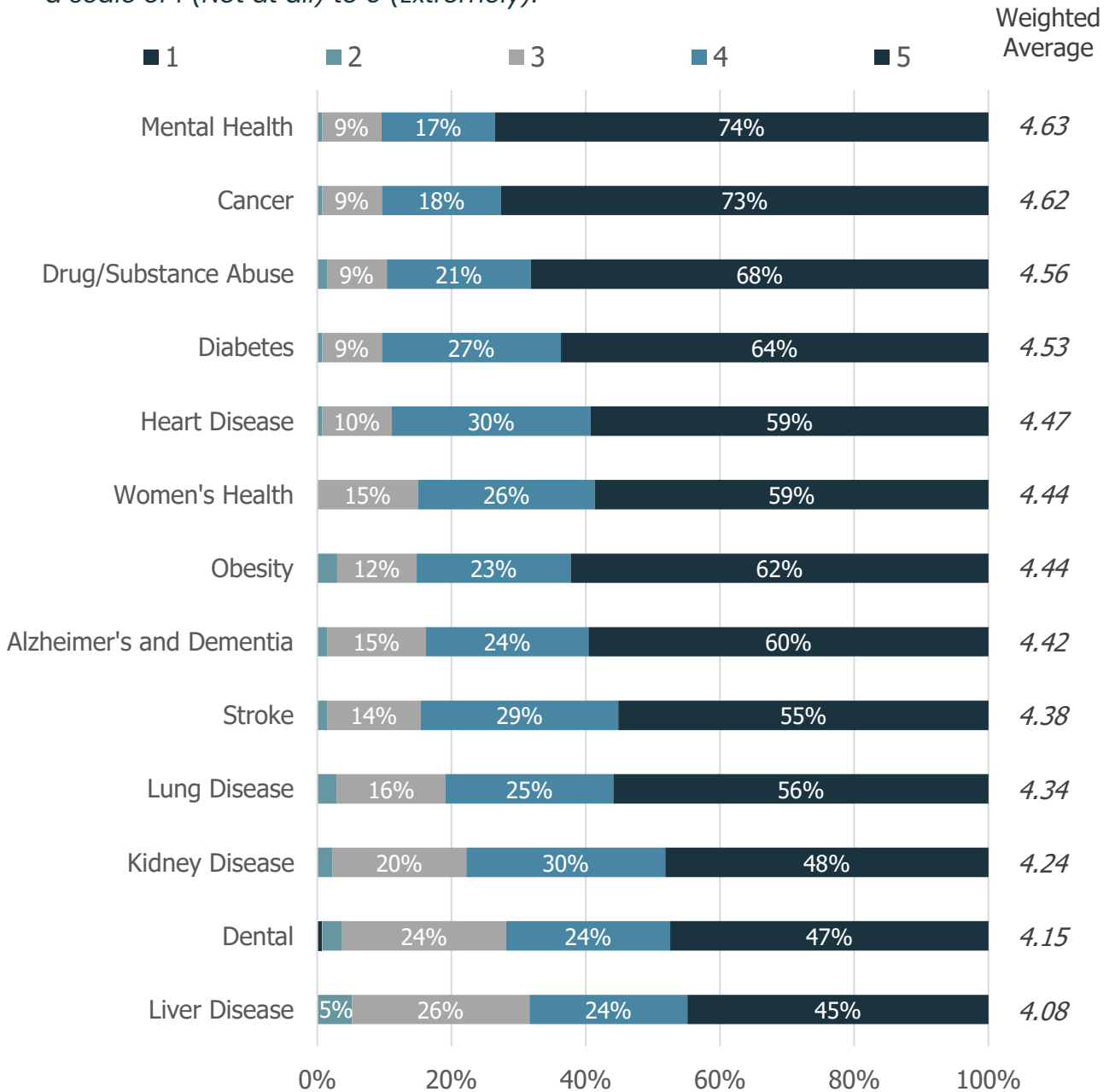
The health priority ranking process included an evaluation of health factors, community factors, and personal factors, given they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the social drivers that influence community health and health equity.
- Behavioral factors are the individual actions that affect health outcomes.

In our community survey, each broad factor was broken out into more detailed components, and respondents rated the importance of addressing each component in the community on a scale from 1 to 5. The results of the health priority rankings are outlined below:

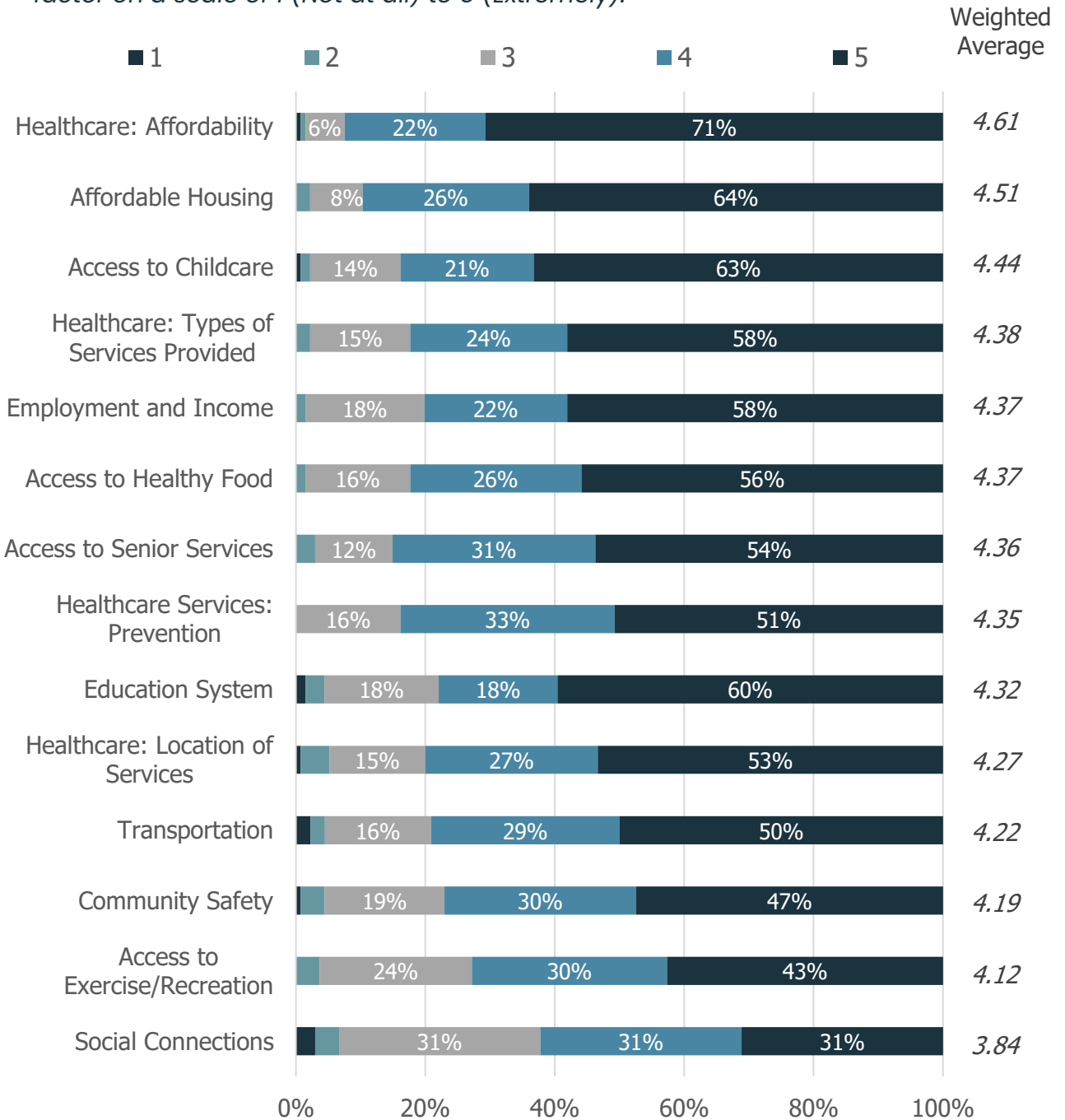
Health Factors

Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).



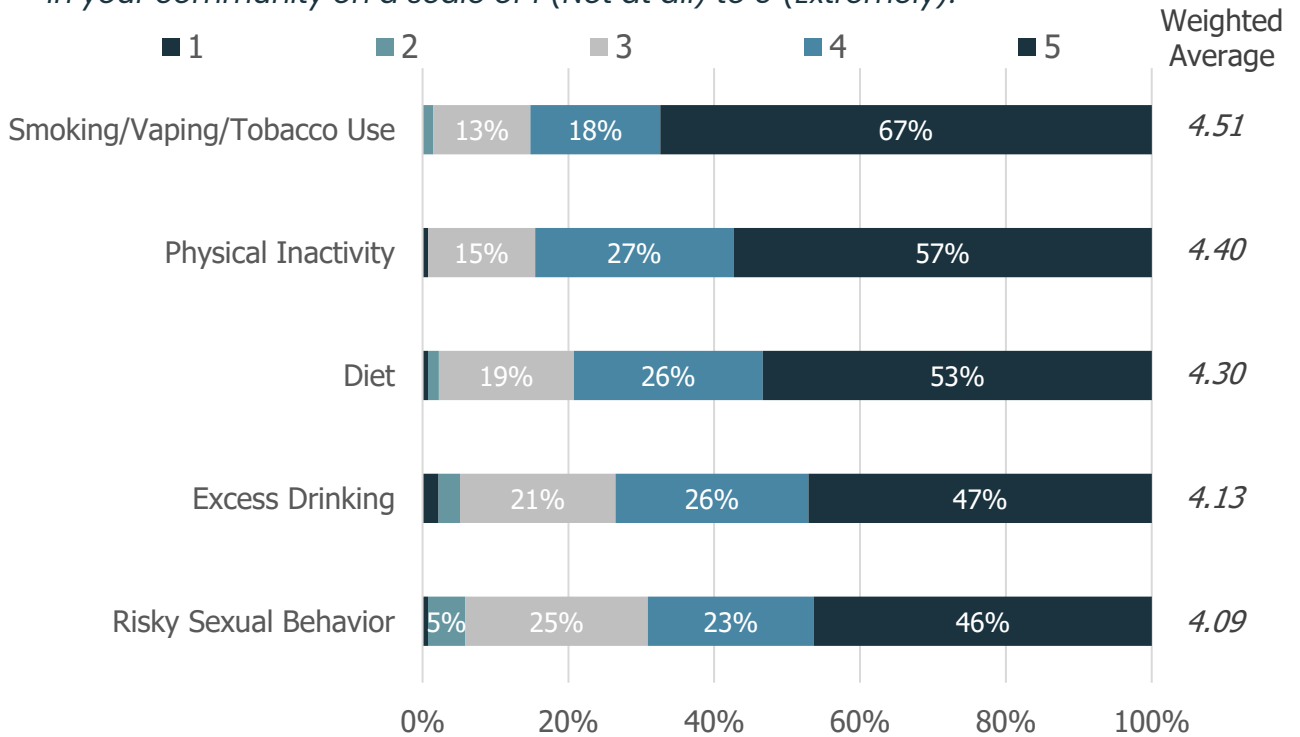
Community Factors

Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).



Behavioral Factors

Survey Question: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).



Overall Health Priority Ranking

Health Issue	Weighted Average (out of 5)	Combined 4 (Important) and 5 (Extremely Important) Rating
Mental Health	4.63	90%
Cancer	4.62	90%
Healthcare: Affordability	4.61	92%
Drug/Substance Abuse	4.56	90%
Diabetes	4.53	90%
Affordable Housing	4.51	90%
Smoking/Vaping/Tobacco Use	4.51	85%
Heart Disease	4.47	89%
Obesity	4.44	85%
Women's Health	4.44	85%
Access to Childcare	4.44	84%
Alzheimer's and Dementia	4.42	84%
Physical Inactivity	4.40	85%
Stroke	4.38	85%
Healthcare: Types of Services Provided	4.38	82%
Access to Healthy Food	4.37	82%
Employment and Income	4.37	80%
Access to Senior Services	4.36	85%
Healthcare Services: Prevention	4.35	84%
Lung Disease	4.34	81%
Education System	4.32	78%
Diet	4.30	79%
Healthcare: Location of Services	4.27	80%
Kidney Disease	4.24	78%
Transportation	4.22	79%
Community Safety	4.19	77%
Dental	4.15	72%
Excess Drinking	4.13	74%
Access to Exercise/Recreation	4.12	73%
Risky Sexual Behavior	4.09	69%
Liver Disease	4.08	68%
Social Connections	3.84	62%

Community Health Characteristics

This section highlights health status indicators, outcomes, and relevant data on the health needs in Caldwell and Lyon Counties. The data at the county level is supplemented with benchmark comparisons to the state data. The most recently available data is used throughout this report with trended data included where available.

Behavioral Health

Mental Health

Mental health issues were the #1 community-identified health priority with 90% of respondents rating it as important to be addressed in the community (important is categorized as a 4 or 5 rating on the community survey).

Poor mental health disproportionately affects people in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities due to a lack of access to providers and an inclusive behavioral health workforce ([NAMI](#)).

While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

	Caldwell County	Lyon County	Kentucky
Suicide Mortality Rate per 100,000 (2021)	19.4	17.0	17.9
Poor Mental Health Days past 30 days (2021)	5.8	5.5	5.5
Population per 1 Mental Health Provider (2023)	1,260	1,520	340

Source: CDC Final Deaths, County Health Rankings 2024 Report

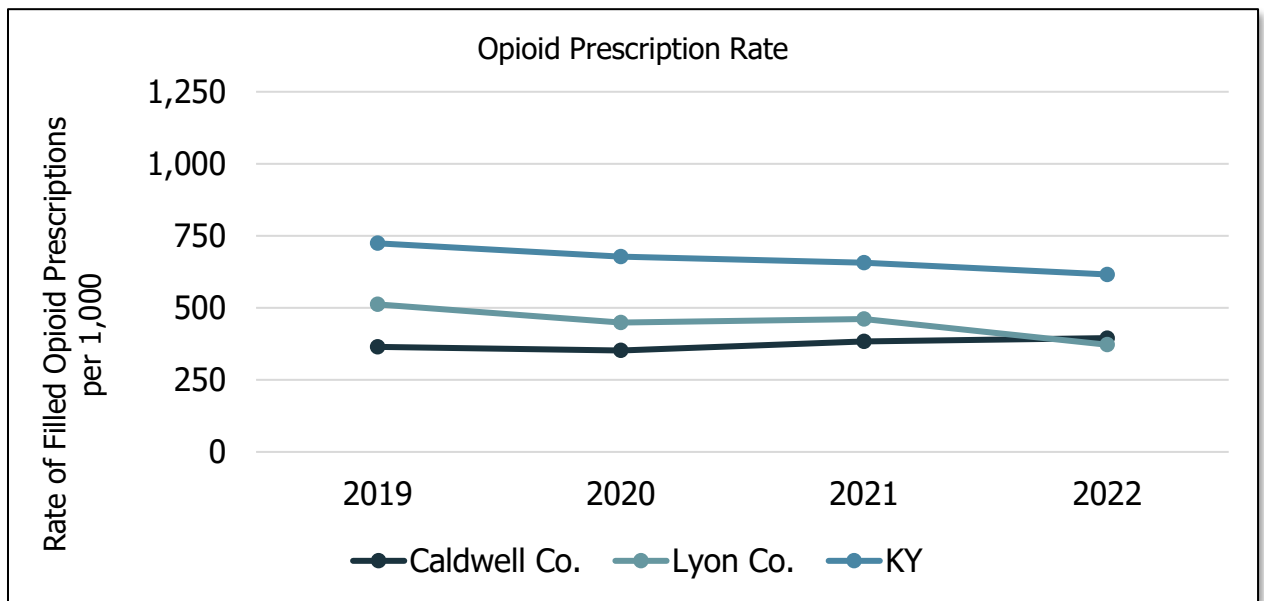
Drug, Substance, and Alcohol Use

Drug and substance abuse was identified as the #4 health priority with 90% of survey respondents rating it as an important factor to address in the community.

Caldwell County has lower rates of excessive drinking and alcohol-impaired driving deaths than the Kentucky average, and a greater adult smoking rate than the Kentucky average. Lyon County has greater rates of excessive drinking, alcohol-impaired driving deaths and adult smoking than the Kentucky average. Both Caldwell and Lyon Counties have lower opioid prescription rates than the average across the state of Kentucky.

	Caldwell County	Lyon County	Kentucky
Opioid Dispensing Rate per 100 persons (2022)	39.5	37.2	61.6
Excessive Drinking (2021)	14%	16%	15%
Alcohol-Impaired Driving Deaths (2017-2021)	17%	33%	26%
Adult Smoking (2021)	23%	22%	20%

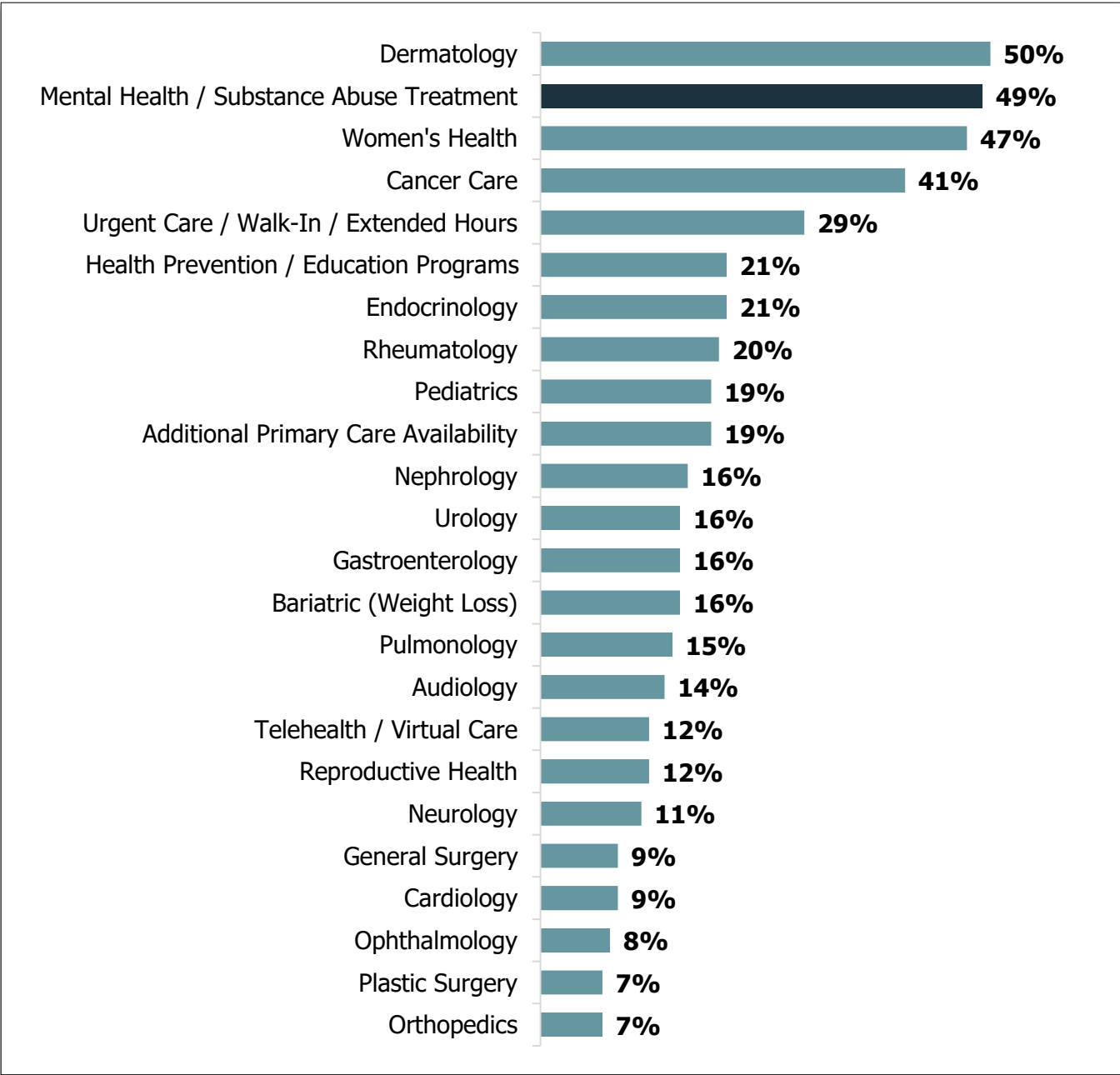
Source: County Health Rankings 2024 Report; CDC



Source: CDC Opioid Dispensing Rates data

In the community survey, respondents were asked to identify what healthcare services and programs they would like to see available in their community. Forty-nine percent (49%) of survey respondents said they would like to see more mental health and substance use disorder (SUD) treatment available in Caldwell County.

Survey Question: What additional services/offerings would you like to see available in Caldwell County? (select all that apply)



Chronic Diseases

Cancer

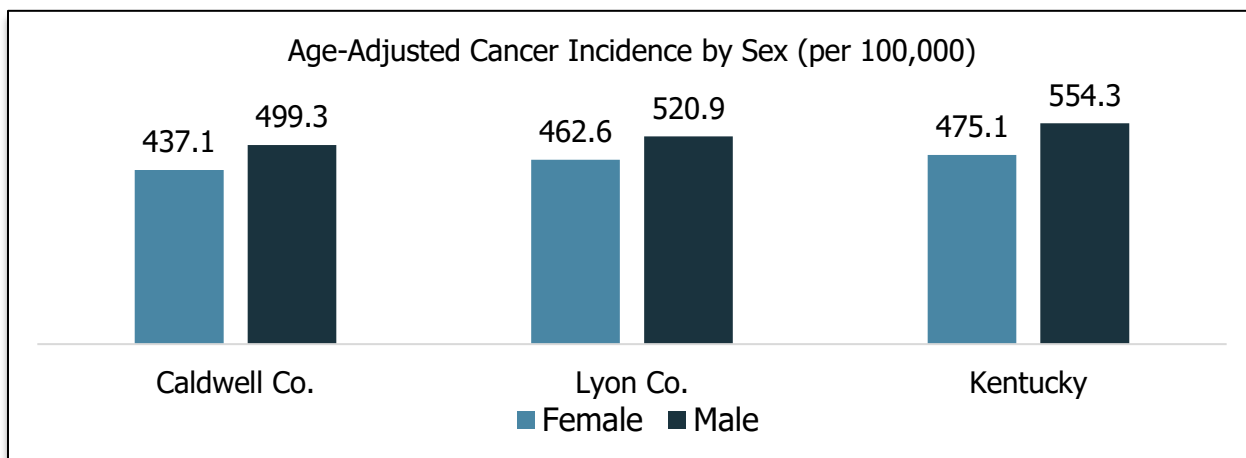
Cancer was identified as the #2 community health issue with 92% of survey respondents rating it as important to address in the community. Cancer is the 2nd leading cause of death in both Caldwell County and Lyon County ([CDC Final Deaths](#)). Additionally, 41% of survey respondents said they would like to see additional access to cancer care in Caldwell County.

Caldwell and Lyon Counties both have a higher cancer mortality rate than the state overall. In Caldwell County, Lyon County, and the state of Kentucky as a whole, men have a higher incidence of cancer than women.

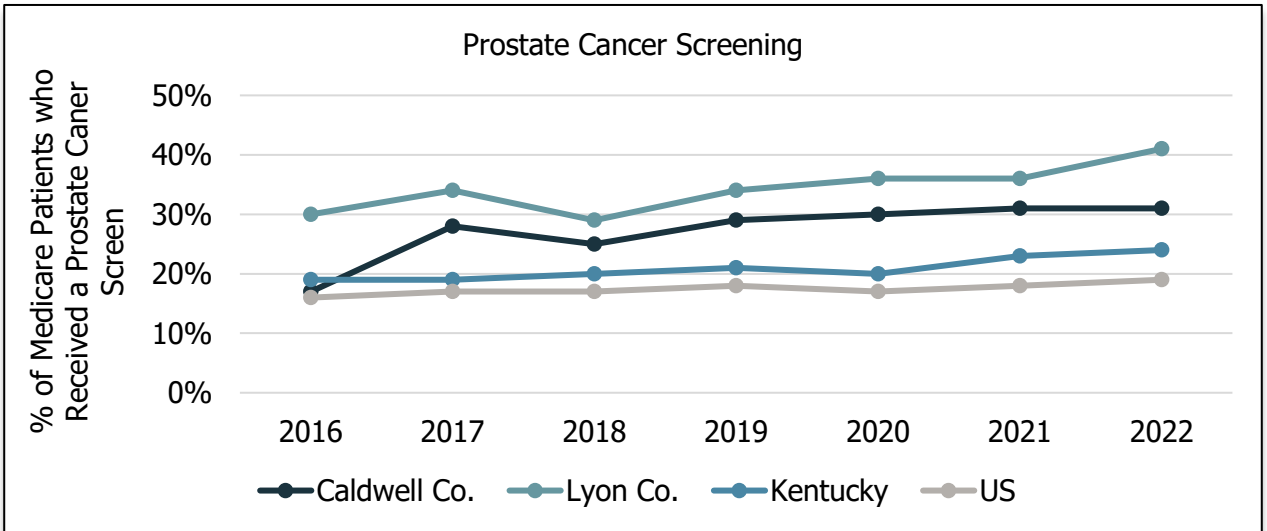
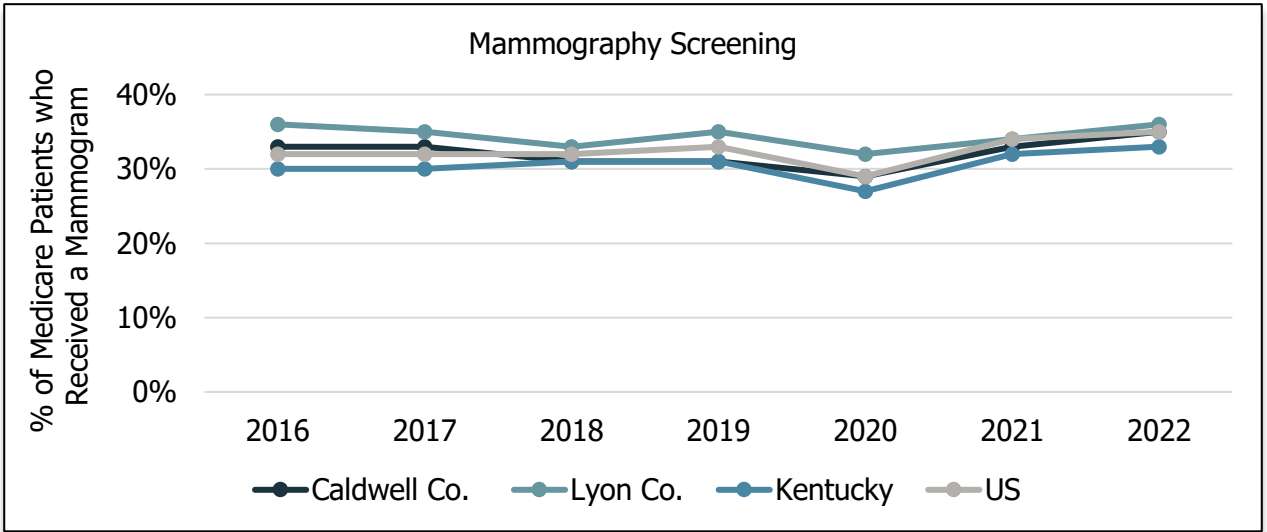
Rates of Medicare enrollees (women age 65+) who have received a mammogram in the past year is higher in Caldwell and Lyon Counties than in Kentucky, with some fluctuation over the last decade at different time periods. Among Medicare enrollees (men age 65+), Caldwell and Lyon Counties both had a higher prostate cancer screening rate in the past year compared to both the state and the US.

	Caldwell County	Lyon County	Kentucky
Cancer Incidence Rate Age-Adjusted per 100,000 (2016-2020)	466.8	476.3	506.8
Cancer Mortality Rate per 100,000 (2021)	211.0	193.5	181.1

Source: CDC, National Cancer Institute



Source: National Cancer Institute

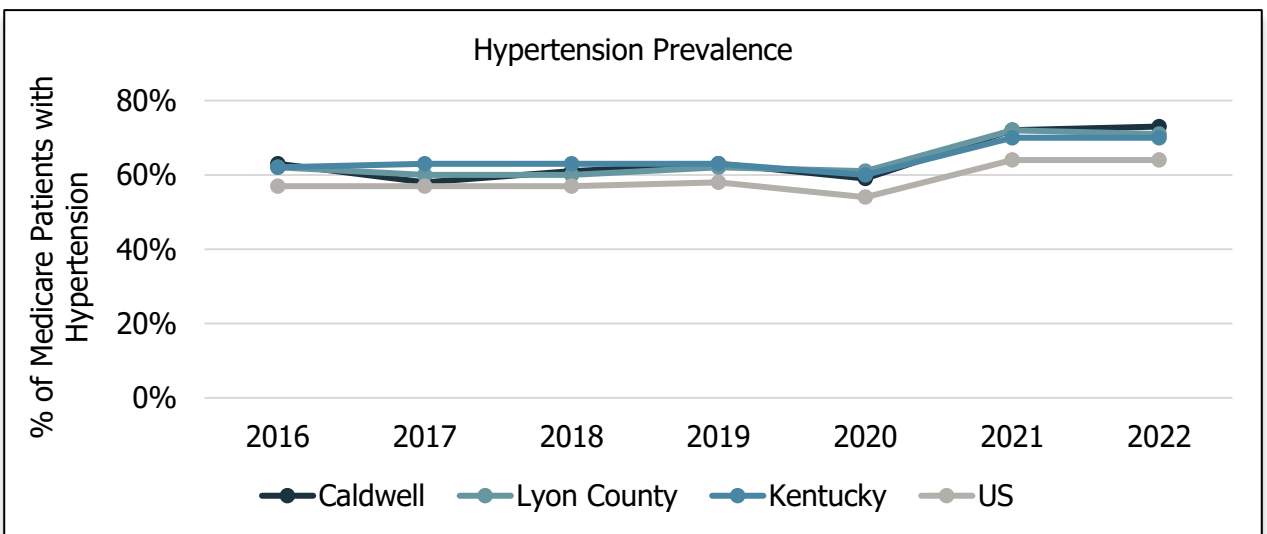
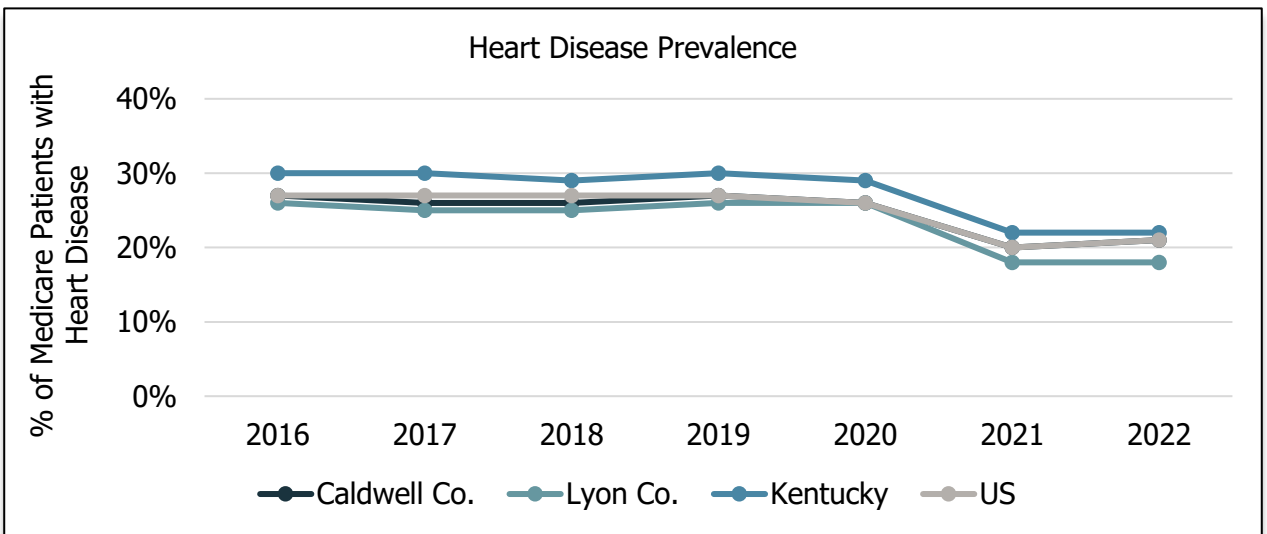


Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Cardiovascular Health

Heart disease is the leading cause of death in both Caldwell and Lyon Counties and the counties both have a higher mortality rate than the state (264.9 for Caldwell and 231.4 for Lyon compared to 217.5 *per 100,000* in Kentucky) (CDC Final Deaths).

In the Medicare population, Caldwell County and Lyon County have a lower prevalence of heart disease but a higher prevalence of hypertension than Kentucky. Additionally, it is important to evaluate health disparities in the community for cardiovascular health outcomes, as racial and ethnic minority groups are more likely to die of heart disease than their white counterparts ([CDC](#)).



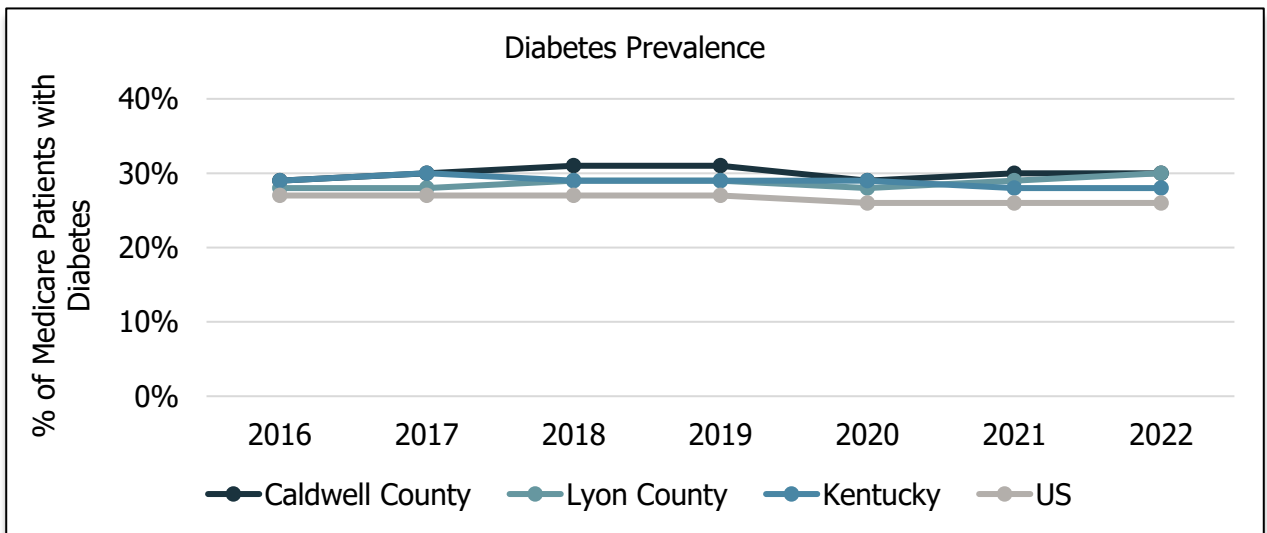
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Diabetes

The diabetes mortality rate in Caldwell County is similar to Kentucky, but the diabetes mortality rate in Lyon County is higher than Kentucky ([CDC Final Deaths](#)). When evaluating the Medicare population, both Caldwell and Lyon Counties have a slightly higher prevalence of diabetes compared to Kentucky though rates have remained stable over the past decade.

	Caldwell County	Lyon County	Kentucky
Diabetes Mortality Rate per 100,000 (2021)	32.7	42.0	32.5
Diabetes Prevalence (2021)	11%	10%	12%

Source: CDC Final Deaths, County Health Rankings 2024 Report



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Obesity and Unhealthy Eating

In Caldwell and Lyon Counties, adults have similar rates of obesity as in Kentucky on average. Additionally, both counties see similar rates of physical inactivity as the state. Both counties experience less access to exercise opportunities than the state as a whole. Obesity, physical inactivity, and diet are well-established risk factors for type 2 diabetes development and other chronic diseases ([American Diabetes Association](#)).

	Caldwell County	Lyon County	Kentucky
Adult Obesity (2021)	37%	39%	41%
Limited Access to Healthy Foods (2019)	1%	1%	6%
Physical Inactivity (2021)	30%	28%	30%
Access to Exercise Opportunities (2023)	37%	64%	70%

Source: County Health Rankings 2024 Report

Healthcare Access

Access & Affordability

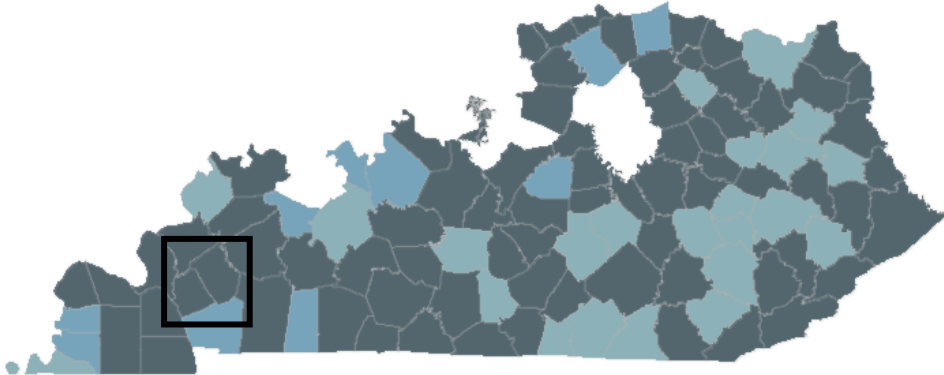
Access to affordable and quality healthcare services is a key driver to improved health outcomes, economic stability, and health equity. In the community survey, 19% of respondents said they would like to see additional primary care availability in the county. Both Caldwell and Lyon Counties have a lower household income than the Kentucky average and a similar uninsured population as the state. Additionally, Caldwell and Lyon Counties have less access to primary care physicians, mental health providers, and dentists as shown in the following provider ratios and health professional shortage areas (HPSA).

	Caldwell County	Lyon County	Kentucky
Uninsured Population (2021)	7%	8%	7%
Median Household Income (2022)	\$51,600	\$58,900	\$59,200
Population per 1 Primary Care Physician (2021)	4,210	2,930	1,600
Population per 1 Dentist (2022)	2,510	4,550	1,500

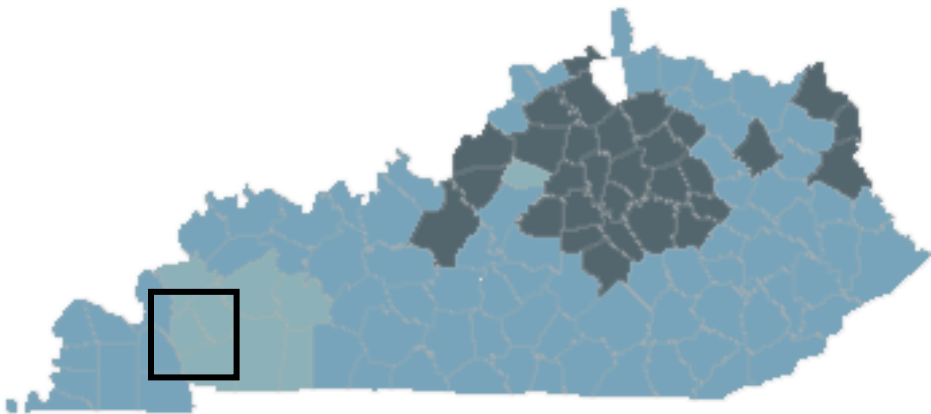
Source: County Health Rankings 2024 Report


Kentucky Health Professional Shortage Areas (HPSA)


Primary Care




Mental Health



 HPSA Population

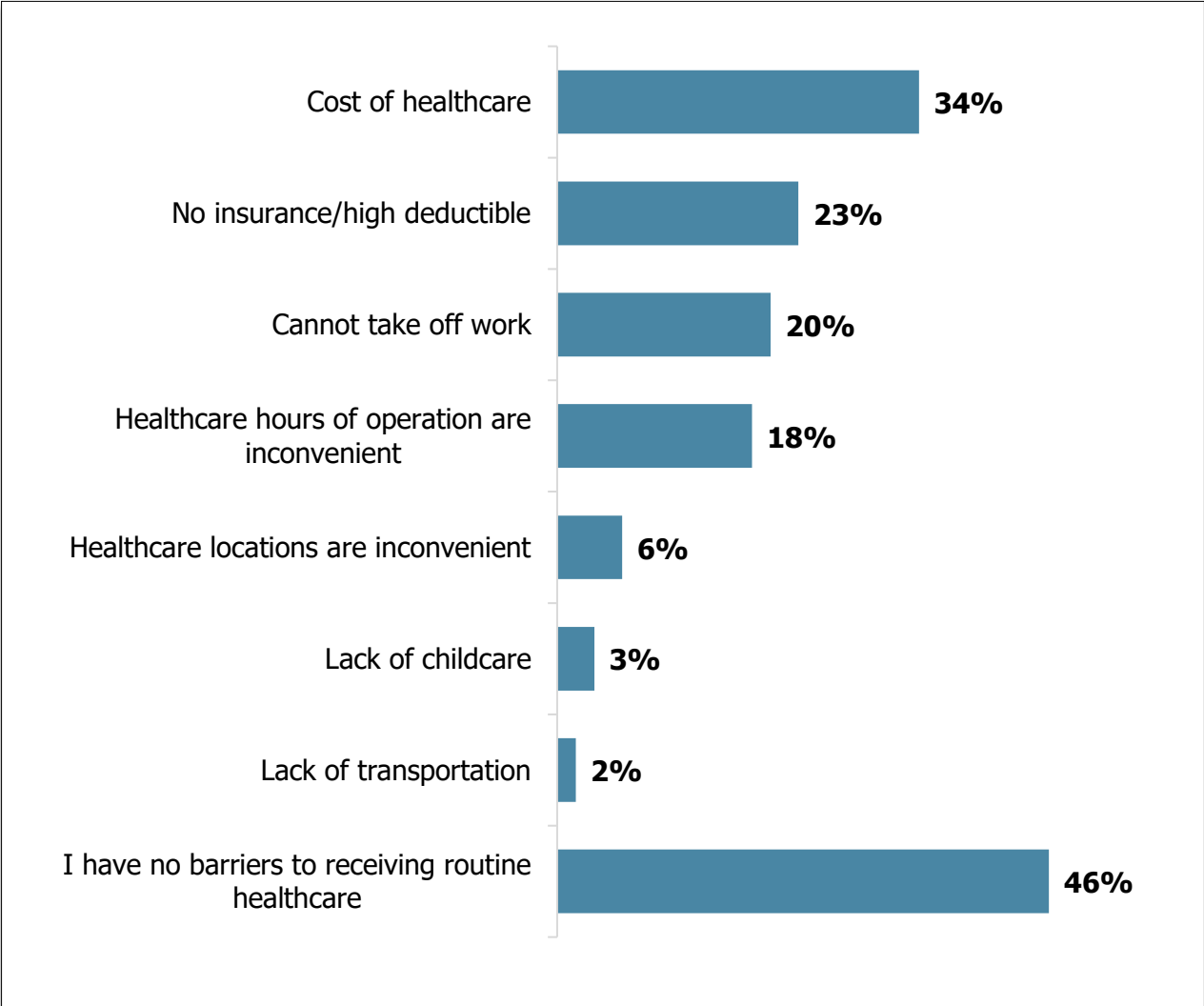
 Geographic HPSA

 High Needs Geographic HPSA

Source: data.hrsa.gov

When survey respondents were asked about their barriers to care, affordability of healthcare was the top barrier with 34% saying the cost of healthcare is a barrier and 23% saying no insurance/high deductible is a barrier.

Survey Question: What barriers keep you or anyone in your household from receiving routine healthcare? (Please select all that apply)



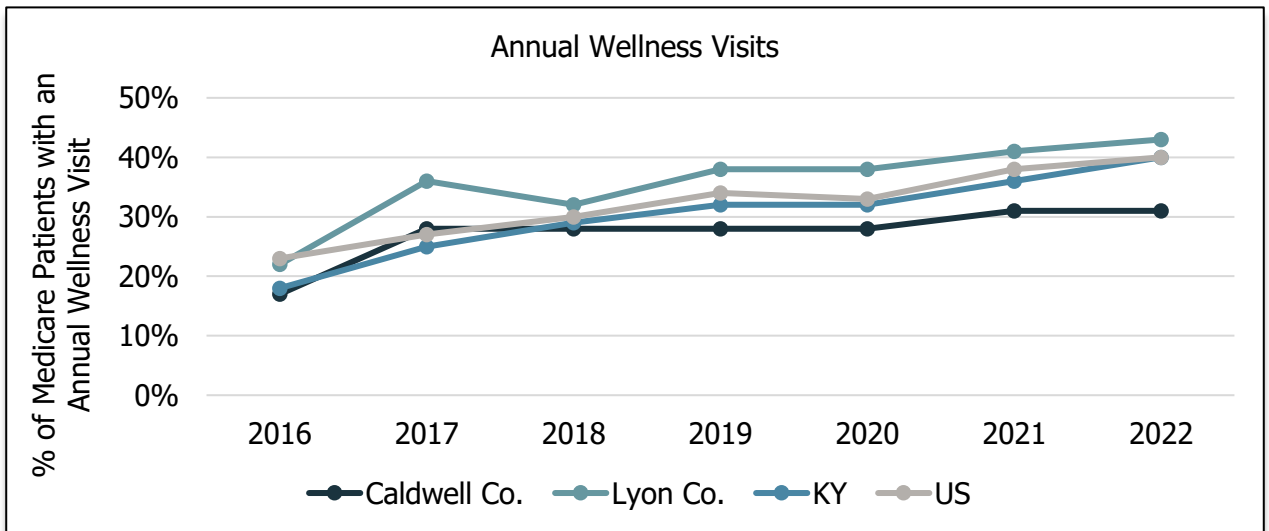
Prevention Services

Prevention services including routine check-ups, health screenings, and education can help prevent or detect diseases early when they are easier to treat. Preventive care reduces the burden on healthcare systems by preventing unnecessary hospital stays and costly care. In the community survey, 21% of respondents said they would like to see additional health prevention and education programs available in the community.

Caldwell and Lyon Counties both have higher annual mammography screening but lower flu vaccine adherence rates than the state. Caldwell County has a lower rate of preventable hospital stays than Kentucky, while Lyon County has a higher rate than the state. The rate of annual wellness visits in the Medicare population of Caldwell County is less than the average across the state. Conversely, Lyon County sees a higher rate of annual wellness visits among the Medicare population than the state.

	Caldwell County	Lyon County	Kentucky
Preventable Hospital Stays per 100,000 (2021)	2,517	3,660	3,457
Mammography Screening (2021)	43%	45%	42%
Flu Vaccination (2021)	25%	39%	44%

Source: County Health Rankings 2024 Report



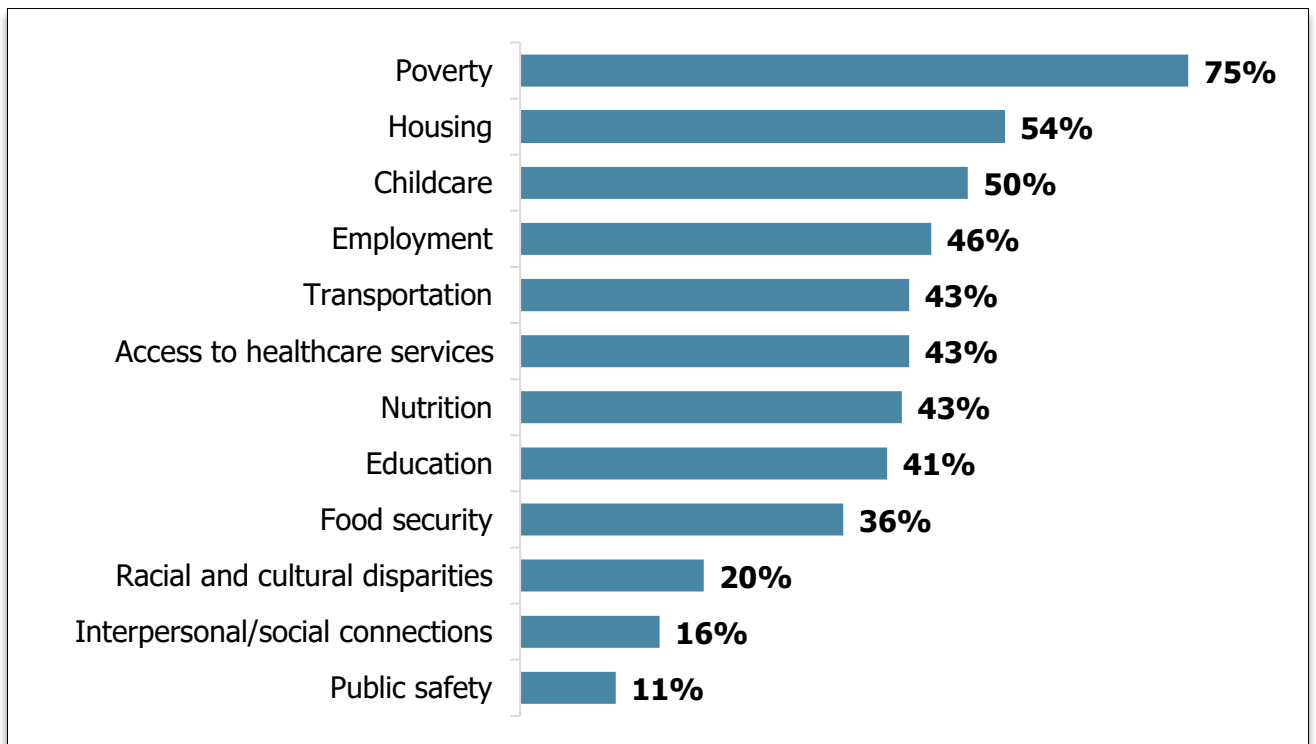
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Social Determinants of Health

Social determinants of health, such as economic stability, education, and access to healthcare, significantly influence health outcomes by shaping individuals' living conditions, behaviors, and access to resources necessary for maintaining good health. These factors can lead to health disparities, with marginalized groups often experiencing worse health outcomes due to these determinants.

Survey respondents were asked to identify the key social determinants of health (SDoH) that negatively impact the health of people in the community. The top SDoH identified was poverty with 75% of survey respondents identifying it as negatively impacting the health of the community followed by housing, childcare, employment, and access to healthcare services.

Survey Question: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (please select all that apply):



Housing

Access to affordable and safe housing influences a wide range of factors that contribute to physical and mental well-being. There is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses and stress, exposure to environmental hazards, and financial instability ([Center for Housing Policy](#)). Fewer Caldwell and Lyon County residents experience severe housing problems (overcrowding, high housing costs, lack of plumbing) than the state average. Additionally, 11% of Caldwell County residents and 9% of Lyon County residents spend 50% or more of their household income on housing.

	Caldwell County	Lyon County	Kentucky
Severe Housing Problems (2016-2020)	9%	11%	13%
Severe Housing Cost Burden (2018-2022)	11%	9%	12%
Broadband Access (2018-2022)	82%	86%	86%

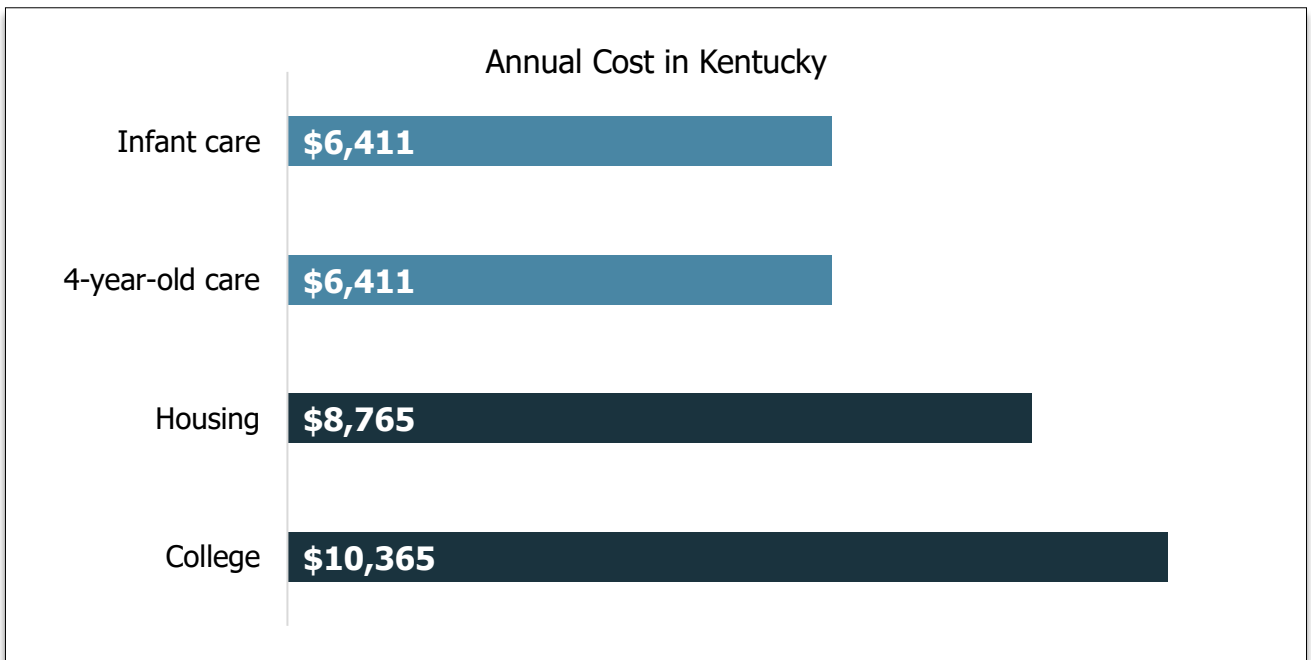
Source: County Health Rankings 2024 Report

Access to Childcare

The average yearly cost of infant care in Kentucky is \$8,732. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family's income ([Economic Policy Institute](#)). In Caldwell County, 25% of household income is required for childcare expenses and there are 7 childcare centers for every 1,000 children under age 5 in the county compared to 6 in the state. In Lyon County, 22% of household income is required for childcare expenses and there are 7 childcare centers for every 1,000 children under 5 in the county.

	Caldwell County	Lyon County	Kentucky
Children in Single-Parent Households (2018-2022)	19%	16%	25%
Child Care Cost Burden - % of HHI used for childcare (2023)	25%	22%	26%
Child Care Centers per 1,000 Under Age 5 (2010-2022)	7	7	6

Source: County Health Rankings 2024 Report



Source: Economic Policy Institute (2020)

Income, Employment, and Education

Income, employment, and education play a role in the community's ability to afford healthcare and impact health outcomes through health literacy and insurance coverage. Educational attainment and employment impact mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and access to health insurance (HealthAffairs). Additionally, these factors impact people's ability to afford services to live healthy and happy lives like safe housing, transportation, childcare, and healthy food.

	Caldwell County	Lyon County	Kentucky
High School Completion (2018-2022)	88%	91%	88%
Some College – includes those who had and had not attained degrees (2023)	56%	31%	63%
Unemployment (2023)	3.9%	4.4%	4.2%
Children in Poverty (2022)	24%	18%	21%

Source: County Health Rankings 2024 Report, U.S. Bureau of Labor Statistics

Evaluation & Selection Process

Worse than Benchmark Measure	Identified by the Community	Feasibility of Being Addressed	Impact on Health Equity
			
Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or U.S. averages	Health needs expressed in the online survey and/or mentioned frequently by community members	Growing health needs where interventions are feasible, and the Hospital could make an impact	Health needs that disproportionately affect vulnerable populations and can impact health equity if addressed

Health Need Evaluation	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Equity
Mental Health	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Healthcare: Affordability		✓	✓	✓
Drug/Substance Abuse		✓	✓	✓
Diabetes	✓	✓	✓	✓
Affordable Housing		✓		✓
Smoking/Vaping/Tobacco Use	✓	✓	✓	✓
Heart Disease	✓	✓	✓	✓
Obesity	✓	✓	✓	✓
Women’s Health		✓	✓	✓
Access to Childcare		✓		✓

Implementation Plan

Implementation Plan Framework

The Hospital determined that the action plan to address the identified significant health needs will be organized into key groups to adequately address the health needs with available time and resources. Note that though Mental Health, Drug/Substance Abuse, Affordable Housing, Women’s Health, and Access to Childcare were identified as significant issues impacting health in the community, the Hospital has not outlined a plan to address these needs as there are other community organizations with expertise to effectively address them.

Chronic Disease Management & Prevention

Goal: Reduce the onset of illness and chronic diseases through meaningful and impactful prevention, education, and management programs.

Affordable Healthcare Services

Goal: Reduce barriers and enhance access to care by providing affordable services and programs locally.



Chronic Disease Management & Prevention

Cancer, Diabetes, Smoking/Vaping/Tobacco Use, Heart Disease, Obesity

CMC Services and Programs Committed to Respond to This Need

- Extensive network of primary and specialty care clinics to treat chronic conditions
- Obesity/Healthy Lifestyle education provided in Family Health Clinics
- Screenings for various cancers conducted at the hospital and in clinics
- Comprehensive Cardio-Pulmonary Rehab program for heart and lung disease patients
- Participant in various local health fairs and education events in the community, with free preventive services offered to attendees
- Free sports physicals offered to local student-athletes
- Smoking cessation counseling provided in clinics
- Regularly-scheduled social media posts around community health and prevention of various conditions
- Observation of various health awareness months with free screenings, education, and other services provided
- Free eye exams and community education including annual screening reminders

Goals and Future Actions to Address this Significant Health Need

Goal: Reduce the onset of illness and chronic diseases through meaningful and impactful prevention, education, and management programs.

- Evaluate expansion into new service lines and offerings, specifically dermatology
- Expand marketing efforts around prevention services and screenings, including mammography, obesity screenings in surgical clinic, etc.
- Investment into MRI with AI-enabled capabilities to increase screenings

Impact of Actions and Access to Resources

- Improve health behaviors including healthy eating, exercise, yearly screening, and smoking cessation
- Decrease onset and prevalence of chronic diseases

Other Local Organizations Available to Respond to This Need

- Caldwell County State Extension Office <https://caldwell.ca.uky.edu/>
- Caldwell County Health Department <https://caldwellcounty.ky.gov/Pages/services.aspx>
- Pennyrile District Health Department <https://pennyrilehealth.org/>
- Caldwell County Schools <https://www.caldwell.kyschools.us/>

Affordable Healthcare Services

Healthcare: Affordability

CMC Services and Programs Committed to Respond to This Need

- Financial assistance program
- Financial counseling services available for un/underinsured individuals
- Interest-free financing offered
- Participant in 340b drug pricing program
- Partnership with MedFinancial patient payment program
- Cash discounts on select services provided at the hospital

Goals and Future Actions to Address this Significant Health Need

Goal: Reduce barriers and enhance access to care by providing affordable services and programs locally

- Expand programs and screening efforts specifically focused on underinsured individuals in the community
- Continued service line development to offer more services locally and limit the need to travel for care
- Provide education to patients on community organizations offering free or discounted services not currently offered at the hospital
- Engage with un/underinsured population in the community to assist with enrollment in affordable health plans

Impact of Actions and Access to Resources

- Increased rate of free screenings and prevention efforts in the community leading to greater affordability of services
- Reduce cost barriers to care through convenient clinic locations and access to specialty services locally

Other Local Organizations Available to Respond to This Need

- Caldwell County Health Department <https://caldwellcounty.ky.gov/Pages/services.aspx>
- Pennyrile District Health Department <https://pennyrilehealth.org/>
- Kentucky Women’s Cancer Screening Program
<https://www.chfs.ky.gov/agencies/dph/dwh/Pages/cancerscreening.aspx>
- Caldwell County Free Clinic <https://nafclinics.org/locations/caldwell-county-free-clinic/>
- Kentucky State Health Insurance Assistance Program
<https://www.chfs.ky.gov/agencies/dail/Pages/ship.aspx>

Additional Community Resources

Mental Health/Drug & Substance Abuse

- Pennyroyal Mental Health Center [Home - Pennyroyal Center](#)
- West Kentucky Drug & Alcohol Intervention Services, Inc. [Home \(wkdaservices.com\)](#)
- Alcohol/Narcotics Anonymous Meetings – 215 N. Harrison St. Princeton, KY 42445 (Monday-Sunday @ 7pm)
- Mountain Comprehensive Care Center [Princeton Outpatient Clinic | Mountain Comprehensive Care Center \(mtcomp.org\)](#)

Affordable Housing

- Princeton Housing Authority <https://affordablehousingonline.com/housing-authority/Kentucky/Housing-Authority-of-Princeton/KY072>

Women's Health

- Kentucky Women's Cancer Screening Program [Women's Cancer Screening - Cabinet for Health and Family Services \(ky.gov\)](#)
- Pennyrile District Health Department – WIC Program <https://pennyrilehealth.org/wic/>

Childcare

- HOPE Family Resource Center stephanie.randall@caldwell.kyschools.us
- Child Care Assistance Program for Families <https://www.chfs.ky.gov/agencies/dcbs/dcc/Pages/ccap.aspx>

Appendix

Community Data Tables

Leading Cause of Death

The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. Kentucky's Top 15 Leading Causes of Death are listed in the tables below in rank order. The mortality rates for both Caldwell and Lyon Counties are compared to the Kentucky state average, and whether the death rate was higher (red), lower (green), or as expected (black) compared to the U.S. average.

	Caldwell County	Lyon County	Kentucky	U.S
Heart Disease	264.9	231.4	217.5	173.8
Cancer	211.0	193.5	181.1	146.6
Accidents	60.9	50.7	96.3	64.7
Stroke	60.5	44.4	45.8	41.1
Lung Disease	55.1	46.9	57.5	34.7
Diabetes	32.7	42.0	32.5	25.4
Alzheimer's	28.5	38.0	32.7	31.0
Kidney Disease	25.2	22.4	21.1	13.6
Flu	21.9	19.9	13.8	10.5
Suicide	19.4	17.0	17.9	14.1
Liver Disease	12.1	9.6	17.3	14.5
Blood Poisoning	10.5	11.4	16.9	10.2
Hypertension	7.4	6.6	9.6	10.7
Parkinson's	6.8	6.5	10.2	9.8
Homicide	5.2	4.5	9.6	8.2

Source: worldlifeexpectancy.com, CDC (2021)

County Health Rankings

Source: www.countyhealthrankings.org

	Caldwell	Lyon	Kentucky	Top US Performers	US Overall
Length of Life					
Premature Death*	● 12,535	● 9,547	11,055	6,000	8,000
Life Expectancy*	● 73	● 76	74	81	79
Quality of Life					
Poor or Fair Health	● 22%	● 20%	21%	13%	14%
Poor Physical Health Days	● 4.8	● 4.5	4.5	3.1	3.3
Poor Mental Health Days	● 5.8	● 5.5	5.5	4.4	4.8
Low Birthweight*	● 8%	● 8%	9%	6%	8%
Health Behaviors					
Adult Smoking	● 23%	● 22%	20%	14%	15%
Adult Obesity	● 37%	● 39%	41%	32%	34%
Limited Access to Healthy Foods	● 1%	● 1%	6%	17%	12%
Physical Inactivity	● 30%	● 28%	30%	20%	23%
Access to Exercise Opportunities	● 37%	● 64%	70%	90%	84%
Excessive Drinking	● 14%	● 16%	15%	13%	18%
Alcohol-Impaired Driving Deaths	● 17%	● 33%	26%	10%	26%
Drug Overdose Deaths*	N/A	N/A	43.4	42	23
Sexually Transmitted Infections*	● 317	● N/A	410.3	152	496
Teen Births (per 1,000 females ages 15-19)	● 36	● 23	25.7	9	17
Clinical Care					
Uninsured	● 7%	● 8%	7%	6%	10%
Primary Care Physicians	4208:1	2934:1	1601:1	1,030:1	1,330:1
Dentists	2514:1	4551:1	1502:1	1,180:1	1,360:1
Mental Health Providers	1257:1	1517:1	342:1	230:1	320:1
Preventable Hospital Stays*	● 2,517	● 3,660	3,457	1,558	2,681
Mammography Screening	● 43%	● 45%	42%	52%	43%
Flu Vaccinations	● 25%	● 39%	44%	53%	46%
Social & Economic Factors					
High School Completion	● 88%	● 91%	88%	94%	89%
Some College	● 56%	● 31%	63%	74%	68%
Unemployment	● 3%	● 4%	4%	2%	4%
Children in Poverty	● 24%	● 18%	21%	10%	16%
Children in Single-Parent Households	● 19%	● 16%	25%	13%	25%
Injury Deaths*	● 94.6	● 133.4	106.2	64	80
Child Care Cost Burden (% of HHI used for)	● 25%	● 22%	26%	36%	27%
Child Care Centers (per 1,000 under age 5)	● 7	● 7	6	13	7
Physical Environment					
Severe Housing Problems	● 9%	● 11%	13%	8%	17%
Long Commute - Driving Alone (> 30 min.)	● 41%	● 33%	31%	17%	36%
Severe Housing Cost Burden (50% or more of HHI)	● 11%	● 9%	12%	15%	14%
Broadband Access	● 82%	● 86%	86%	90%	87%

*Per 100,000 Population

Key (Legend)

- Better than KY
- Same as KY
- Worse than KY

Source: County Health Rankings 2024 Report

Data and Inputs

Data Limitations

Rural communities and those with low population sizes face several data limitations including but not limited to:

- Small sample sizes: small populations reduce the statistical power and do not capture the full diversity of the community
- Data privacy: to ensure the confidentiality of individuals in small communities, data may be aggregated or withheld
- Data gaps: some events may happen less frequently in small populations leading to limited data and gaps in time
- Resource constraints: rural areas often have less funding for data collection and access to data collection technologies
- Underrepresentation in national surveys: many national level data sources focus on urban areas due to the higher population making access to data in small communities more limited

This assessment is meant to capture the health status of the service area at a specific point in time, combining both qualitative data from the local community through survey collection and quantitative data from multiple sources where the county is available as the smallest unit of analysis.

Local Expert Groups

Survey Respondents self-identify themselves into any of the following representative classifications:

- 1) Public Health Official – Persons with special knowledge of or expertise in public health
- 2) Government Employee or Representative – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the organizations
- 3) Chronic Disease Groups – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
- 4) Community Resident – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
- 5) Priority Population – Persons who identify as medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+
- 6) Healthcare Professional – Individuals who provide healthcare services or work in the healthcare field with an understanding / education on health services and needs.
- 7) Other (please specify)

Data Sources

Website or Data Source	Data Element	Date Accessed	Data Date
Syntellis, ESRI	Assess characteristics of the primary service area, at a ZIP code level; and, to access population size, trends and socio-economic characteristics	July 2024	2023
www.countyhealthrankings.org	Assessment of health needs of the county compared to all counties in the state	July 2024	2013-2022
CDC Final Deaths	15 top causes of death	July 2024	2021
Bureau of Labor Statistics	Unemployment rates	July 2024	2022
Kentucky Department for Public Health	State and local-level health data	July 2024	2019-2023
National Alliance on Mental Illness – NAMI	Statistics on mental health rates and services	July 2024	2021
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	July 2024	2022
American Diabetes Association	Type 2 diabetes risk factors	July 2024	2005
Centers for Disease Control and Prevention – CDC	Racial and ethnic disparities in heart disease	July 2024	2019
Human Resources & Services Administration – data.hrsa.gov	HPSA designated areas	July 2024	2023
Center for Housing Policy	Impacts of affordable housing on health	July 2024	2015
Economic Policy Institute	Childcare costs	July 2024	2020
Health Affairs: Leigh, Du	Effects of low wages on health	July 2024	2022