



Taylor Regional Hospital

**2022 Community Health Needs
Assessment**



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Letter From The CEO

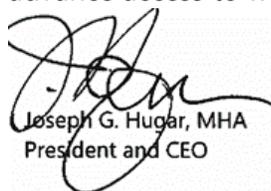
Dear Community Members:

Welcome to Taylor Regional Hospital, located in Campbellsville, Kentucky. Whether you are choosing a primary care physician, locating a specialist, or scheduling diagnostic tests, our healthcare team is here to meet your needs. Our family of physicians is an extraordinary group of doctors. They have chosen to work in our community to give patients the personal care they want and deserve. Taylor Regional Hospital is dedicated to meeting the community's needs and the people in which it serves. At TRH, we are also blessed to have an excellent team of Advanced Practice Nurses and highly trained nurses and support staff.

Our goal with the Community Health Needs Assessment (CHNA) is to understand the range of issues impacting the community's health needs. The assessment process will include understanding the local healthcare services provided and any gaps in meeting those needs. The assessment result will help us develop a report and subsequent actions steps to close the gaps that the community has identified. Our goal is to strengthen relationships with other healthcare providers and local community organizations that play a role in shaping the health and wellness of our community. As we forge new partnerships and strengthen existing relationships and work together to improve the entire health of our community.

The Patient Protection and Affordable Care Act (PPACA) requirements passed on March 23, 2010, require tax-exempt hospitals to create a hospital community health needs assessment every three years. The requirements include collecting demographic information and providing input from the community through surveys and data analysis and adopting an implementation strategy to address applicable needs detected during the assessment process. To meet these requirements, in 2022, a CHNA was conducted by Taylor Regional Hospital for the region we are privileged to serve. The implementation strategy developed to address the community's needs is summarized in a separate report approved by Taylor Regional Hospital and its Governing Board.

We are pleased to present this CHNA which represents a comprehensive assessment of health care needs in our community. We look forward to working with you and others in the community to optimize community health and continue meeting Taylor Regional Hospital's mission of providing outstanding health care to the people we serve. At TRH, we will continue to advance access to world-class care close to home throughout the Taylor and tri-county area.



Joseph G. Hugar, MHA
President and CEO

MISSION

The mission of Taylor Regional Hospital is to provide outstanding health care to the people we serve

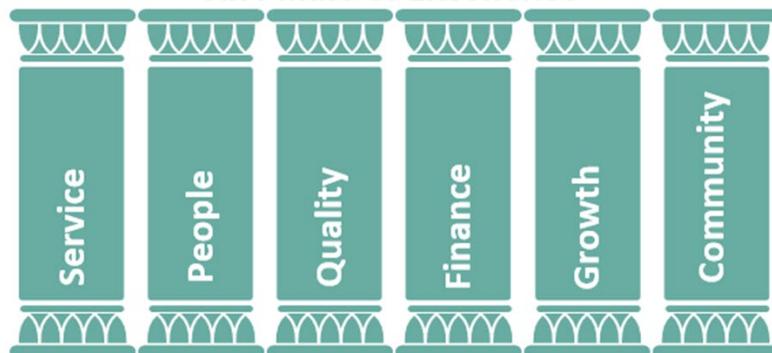
VISION

The vision of Taylor Regional Hospital is to be the preferred health care provider dedicated to enhancing the quality of life in our region.

VALUES

People Excellence
Integrity Learning
Stewardship

Six Pillars of Excellence



Executive Summary

On behalf of Taylor Regional Hospital, a community health needs assessment was conducted in 2022 primarily to identify the major health needs, both met and unmet, within the surrounding community. The community's geographic area is comprised primarily of Taylor County (Pop. 25,769), including the town of Campbellsville, KY.

The primary objectives of the CHNA were to 1) identify major health to improve the health of the community and facilitate collaboration among local healthcare providers, and 2) satisfy the federal guidelines within the Patient Protection and Affordable Care Act (PPACA) of 2010.

Data for this CHNA was collected from primary and secondary sources to identify key findings and gaps that may exist between health needs and services provided within the community. The method of collection for primary data were personal interviews and surveys. Several secondary data sources were reviewed and analyzed to identify key findings with strategic implications and for benchmarking Taylor Regional Hospital's service area.

Finally, it is important to note that our data collection did not include a statistically representative sample of the community, in that members of disadvantaged populations were less likely to participate via a web-based survey. These individuals may include immigrants, the homeless, as well as individuals with low education and income levels.

Highlighted, subsequently, are important findings identified through the data collection, analysis, and assessment process:

- Staffing (A Focus on RNs)
- Covid-19 Recovery
- Access to Care
- Alcohol and Drug Abuse

Taylor County has identified the above needs for its community and prioritized them based on the order above. The section later in this report titled "KEY FINDINGS" will go through all the health needs identified during the CHNA process.

Organizational Background

Taylor Regional Hospital

For more than 50 years, Taylor Regional Hospital has been the area's leading choice for compassionate and quality healthcare. Taylor Regional Hospital is a 90-bed, not-for-profit, county-owned facility located in Campbellsville, Kentucky. A board of directors governs the hospital and ensures the medical services are available to the residents of Campbellsville and surrounding areas.

History

Taylor Regional Hospital has a rich history dating back to 1968 when the Taylor County Hospital District purchased Rosary Hospital from the Dominican Order of St. Catharine. Soon after, in 1972, construction began on Taylor County Hospital. Over the years, numerous additions and renovations resulted in significant growth, and on July 11, 2003, Taylor County Hospital became Taylor Regional Hospital. The 90-bed facility is the county's second-largest employer with 762 employees and over 200 credentialed providers on staff who provide services to the populations served. Joseph G. Hugar serves as the Chief Executive Officer. Today, Taylor Regional Hospital is proud to be the area's leading choice for compassionate and quality healthcare. The hospital's vision, to be the preferred health care provider dedicated to enhancing the quality of life in our region, is supported by its mission to provide outstanding health care to the people it serves.

Services

Cardiology	Outpatient Infusion
Cardiac Rehabilitation	Pediatrics
Cardinal Kids	Podiatry
Care Center	Rehabilitation Services
Cancer Care	Robotic Surgery
Ear, Nose, & Throat	Rural Health
Education	Sleep Medicine
General Surgery	Surgical Services
Hospitalist Program	The Vein Center
Imaging Services	Taylor Regional Internal Medicine
Internal Medicine Associates	TRH Outpatient Pharmacy
Laboratory Services	TRH Specialty Physicians and Diagnostic Center
Neurology	Urology
Nutritional Services	Volunteer Services
Obstetrics & Women's Health	Walk-In Clinic
Orthopedics	Wound Care

Service Area & Community of the Hospital

Taylor Regional Hospital conducted the CHNA during 2021 on behalf of the approximately 25,769 (2019 US Census) residents of Taylor County, roughly 277 square miles. Additionally, the hospital provides services to members of the bordering counties of Larue (14,398), Marion (19,244), Green (10,941), Adair (19,202) and Casey (15,885).

The 2019 Census data also reports that the median age in Taylor County is 37.6 (US 38.1). The number of persons per household in Taylor County is 2.47 (US is 2.53). Race in Taylor County is as follows: 93.62% White, 5.06% Black or African American, 0.10% Native American, 0.18% Asian, 0.02% Pacific Islander, 0.32% from other races, and 0.70% from two or more races, and 0.82% of the population were Hispanic or Latino of any race.

There are 1,420 patients to 1 primary care physician in Taylor County as compared to the Kentucky average of 1,540 to 1. The overall health ranking for Taylor County is 53 out of 120 counties, with the general state ranking being 47th out of 50 states.

The defined communities served within this report did not exclude the medically underserved, low-income, or minority populations. In addition, the information did not exclude patients based on whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under Taylor Regional Hospital's financial assistance policy.

Kentucky Health Facts

The following table compares the state of Kentucky to the United States for key health indicators. This table gives a snapshot of some of the state trends consistent with what we may or may not be seen within Taylor County as we have conducted research when we surveyed and interviewed within the community.

Health Indicator	Kentucky	United States	Status
Smoking (% of adults, current smoker)	24.2%	16.0%	Higher
Youth Smoking	8.9%	6.0%	Higher
Youth e-cigarettes	26.1%	32.7%	Lower
Obesity	36.2%	32.1%	Higher
Youth Obesity	18.4%	15.5%	Higher
Mentally unhealthy days per month	5.3	4.3	Higher
Uninsured population under 65	9.0%	12.8%	Lower
Past year dental visits for adults	62.2%	67.6%	Lower
Drug overdose deaths	32.5	21.6	Higher
Cancer deaths	192.8	158.3	Higher
Heart disease deaths per 100,000	198.3	163.6	Higher
Infant Mortality per 1,000 live births	5.8	5.7	Higher
Life Expectancy at birth	75.9	78.8	Lower

Source: [Kentucky Health Facts](#)

Conducting the Assessment

Overview

Taylor Regional Hospital engaged Blue & Co., LLC (“Blue”) to assist the hospital in conducting a CHNA and analyzing the data for the CHNA requirements outlined in section 9007 of the Patient Protection and Affordable Care Act (“PPACA”) of 2010. Blue is a Certified Public Accounting firm that provides tax consulting and compliance to the healthcare industry, among other services. Taylor Regional Hospital provided all the financial support for the assessment process.

The CHNA requirements began in the taxable years beginning after March 23, 2010. On December 29, 2014, the Treasury Department and the IRS published final regulations for section 501(r) located in 26 CFR parts 1, 53, and 602. The Kentucky State Department of Health licenses Taylor Regional Hospital as a hospital facility. The Joint Commission and Medicare Certified also accredit the hospital.

The assessment was developed to identify the significant health needs in the community and gaps that may exist in services provided. It was also designed to provide the community with information to assess essential healthcare, preventive care, health education, and treatment services. This endeavor represents the Taylor Regional Hospital’s efforts to share information that can lead to improved healthcare and quality of care available to the community while reinforcing and augmenting the existing infrastructure of services and providers.

Community Health Needs Assessment Goals

The assessment had several goals which included identification and documentation of:

- Community health needs
- Quantitative analysis of needed physicians by specialty in the service area
- Health services offered in Taylor Regional Hospital’s service area
- Significant gaps in health needs and services offered
- Barriers to meeting any needs that may exist

Other goals of the assessment were:

- Strengthen relationships with local community leaders, health care leaders and providers, other health service organizations, and the community at large
- Provide quantitative and qualitative data to help guide future strategic, policy, business, and clinical programming decisions

Evaluation of 2019 Community Health Needs Assessment

The list below provides some of the identified needs from Taylor Regional Hospital's 2019 CHNA. An evaluation of the impact of actions taken since Taylor Regional Hospital finished conducting its 2019 CHNA to address the significant health needs identified in the 2019 CHNA. Some of the results of Taylor Regional Hospital's activities are listed below.

Heart Disease and Stroke

Goal 1: Increase Awareness and Promote Prevention

Goal 2: Provide Stroke Services

Taylor Regional Hospital offers multiple classes to the community and hospital staff each month. Most of these classes are held at the hospital in the education classroom to improve our region's knowledge and overall health.

Due to the Covid-19 pandemic, Taylor Regional Hospital has been able to increase the usage of the telehealth program and expand the platform beyond heart disease and stroke. Current efforts are active and pursuant in obtaining certifications in chest pain and stroke and estimated to complete by the end of 2022.

Knowledge Regarding Preventative Health and Healthy Living with Available Insurance/Financial Assistance Resources

Goal 1: Promote physical fitness and exercise throughout the community

Goal 2: Increase knowledge of the importance of healthy lifestyles and promote healthy nutrition

Taylor Regional Hospital continues to offer spinning and cycling 101 class with one offering (3/24/21) in the past year. Distributed 300+ pamphlets on the dangers of e-cigarettes and teen smoking.

Prevention of Chronic Disease

Goal 1: Increase patient awareness of chronic diseases.

Throughout the Covid-19 pandemic Taylor Regional Hospital has continued to provide class and education on the following:

- HPV and Oropharyngeal Cancer
- Breast Cancer
- Female Urinary Incontinence
- Bladder Cancer
- Ovarian and Cervical Cancer
- Lung Cancer
- Parkinson's Disease
- Oral Cancer
- Liver and Pancreatic Cancer
- Skin Cancer
- Diabetes
- Opioids

Recruitment and Retention of Physicians

Goal 1: Actively recruit physician specialist and primary care physicians to the Taylor Regional Community where physician shortages are identified

Taylor Regional Hospital has added the following Physicians:

2019

Meredith Angel, MD - Urology
Griffin Tucker, DO - Family Practice

2020

Tracy Courtney, MD - Neurology
Sean DeSimone, DO - Hospitalist (Internist)

2021

Saurabh Parasramka, MD - Medical Oncology

Process and Methodology

Documenting the healthcare needs of a community allows healthcare organizations to design and implement cost-effective strategies that improve the health of the population served. A comprehensive data-focused assessment process can uncover critical health needs and concerns related to education, prevention, detection, diagnosis, service delivery, and treatment. Blue used an assessment process focused on collecting primary and secondary data sources to identify critical areas of concern.

Blue and Taylor Regional Hospital developed interview questions and a survey that would be the tools to gather information from key stakeholders in the community. Blue then conducted the conversations with community leaders and members of the hospital's medical staff or sent surveys that could be completed online. The community outreach data collection strategy was targeted at engaging a cross-section of residents from the community, as discussed below. Once data had been collected and analyzed, meetings with hospital leadership were held to discuss key findings and refine and prioritize the comprehensive list of community needs, services, and potential gaps.

Primary Data Collection Methods

The primary data was collected, analyzed, and presented with the assistance of Blue. Two primary data collection methods were used: 1) surveys; and 2) personal interviews.

Surveys

A survey was developed by Taylor Regional Hospital and used to solicit perceptions, insights, and general understanding from community members who represent the broad interests of the community, including those with special knowledge or expertise in public health. These individuals also represented the interests of the medically underserved, low-income, and minority populations of the community served. The survey "Community Input 2021" ([Attachment D](#)) was made available via an online tool and PDF for multiple service area members.

The survey comprised twenty-nine questions in total. Community leaders were asked the following key questions: top three most significant health needs in the community, perception of the availability of services, health status, provider coordination, and barriers. Additionally, the participants were allowed to write in issues not listed. The survey results can be found in the [key findings](#) section of the report.

Personal Interviews

Personal interviews were conducted by Blue with a total of ten (10) participants during October 2021, with each session lasting approximately 30 minutes. These sessions were conducted with community members served by Taylor Regional Hospital, including public service leaders, health experts, public officials, physicians, hospital employees, and other health professionals and providers, including those associated with Taylor Regional Hospital. The primary objective was to solicit perceptions regarding health needs and services offered in the community, along with any opportunities or barriers to satisfying requirements. The interview questions can be found in [Attachment D](#) of the report.

Secondary Data Sources

Blue reviewed secondary statistical data sources, including Deloitte 2020 Survey of Health Care Consumers in the United States, to identify health factors with strategic implications. The health factors identified were supported with information from additional sources, including US Census Quick Facts, County Health Rankings, and the Kentucky Department of Health. In addition, hospital-specific data provided by Taylor Regional Hospital were reviewed (citations in [Attachment E](#)).

Key Findings

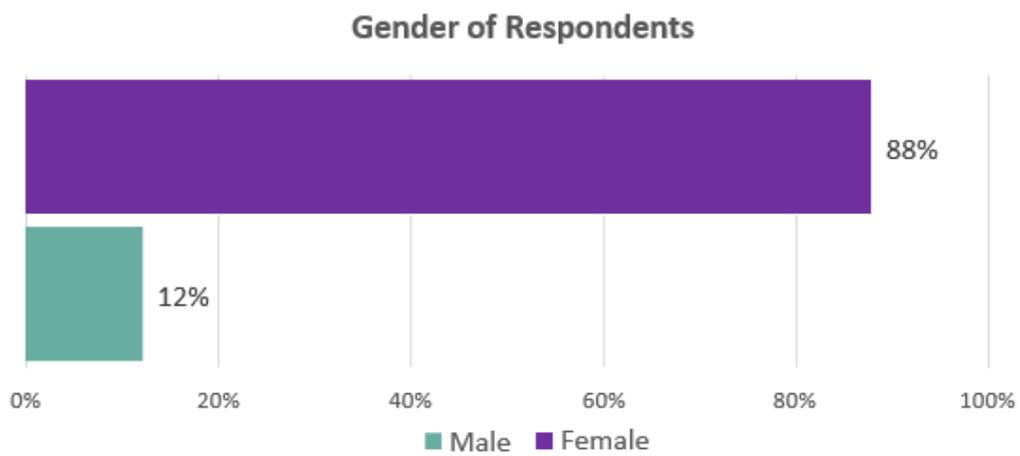
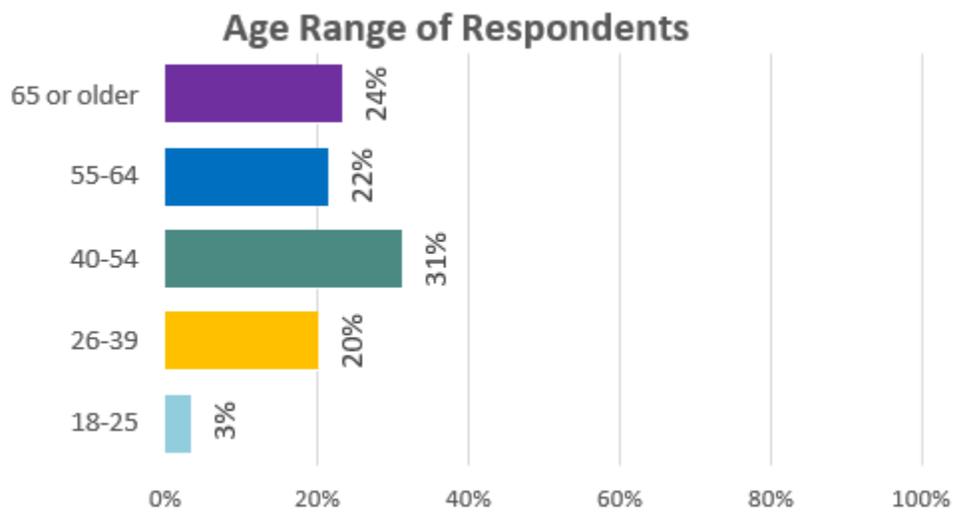
The following represents key findings generated from the data collection and analysis process:

Surveys

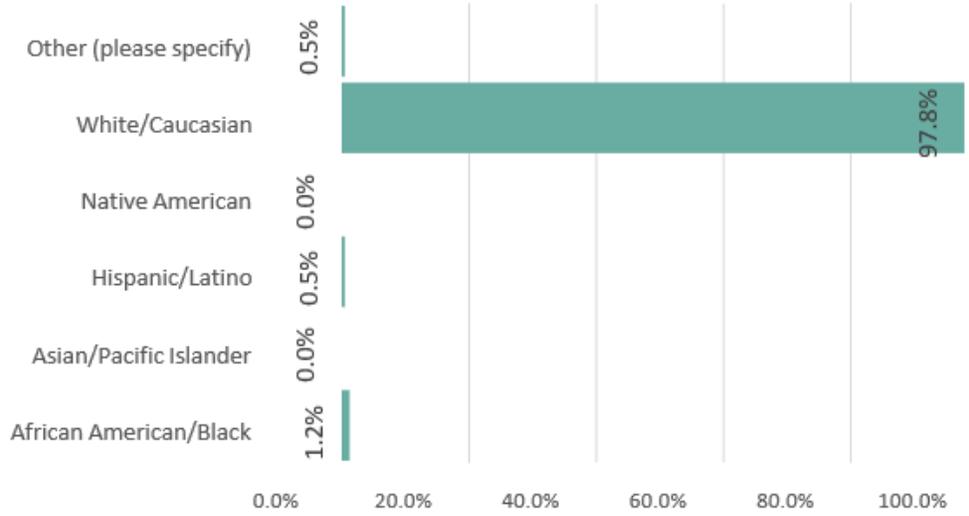
Q1. Zip code where you live		
Answer Choices	Responses	
42718	76.11%	309
42719	0.00%	0
42743	8.87%	36
42728	6.40%	26
42733	4.19%	17
42753	0.00%	0
Other (please specify)	4.43%	18
Answered		406

Q2. Zip code where you work		
Answer Choices	Responses	
42718	90.66%	301
42719	0.60%	2
42743	4.22%	14
42728	5.42%	18
42733	1.51%	5
42753	0.90%	3
Other (please specify)		51
Answered		332

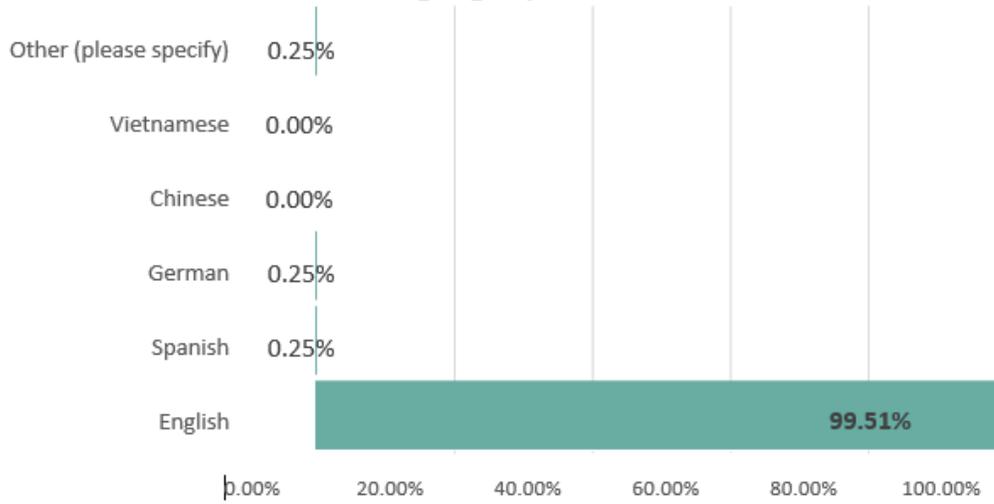
Other Choices	Responses
Unemployed	6
Retired	22
Disabled	5
Multiple	1
40033	7
40220	1
40222	2
42140	1
42539	1
42629	1
42701	3
47150	1



Ethnic Group of Respondents



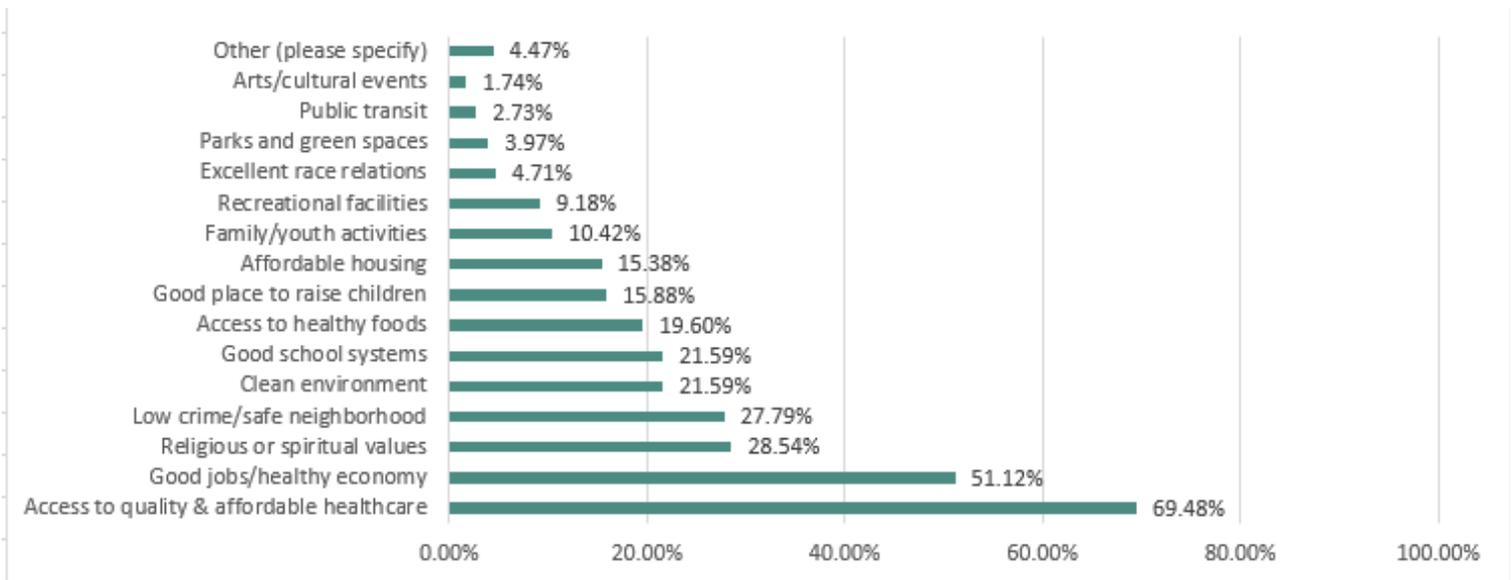
Language spoken at home



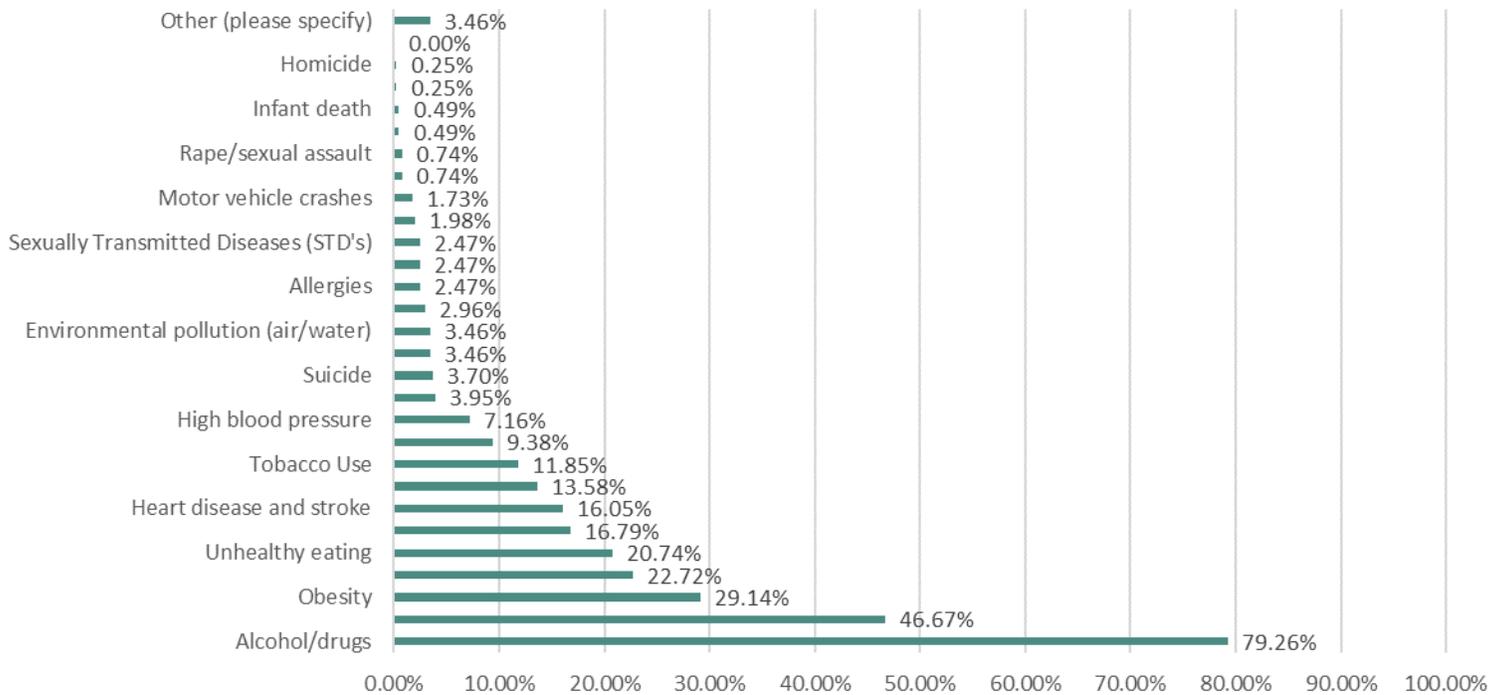
Q7. Is understanding the English language a problem for you?		
Answer Choices		Responses
Yes		0.25% 1
No		99.50% 400
If yes - Why?		0.25% 1
Number of Responses	If yes - Why?	
1	Hearing difficulty	

Q8. Are you satisfied with the health care system in Taylor County?		
Answer Choices		Responses
Yes		61.32% 241
No		38.68% 152
Answered		393
Skipped		14

Q9. What do you think are the THREE most important factors for a "Healthy Community?" (Those factors which most improve the quality of life in a community) Check only three:

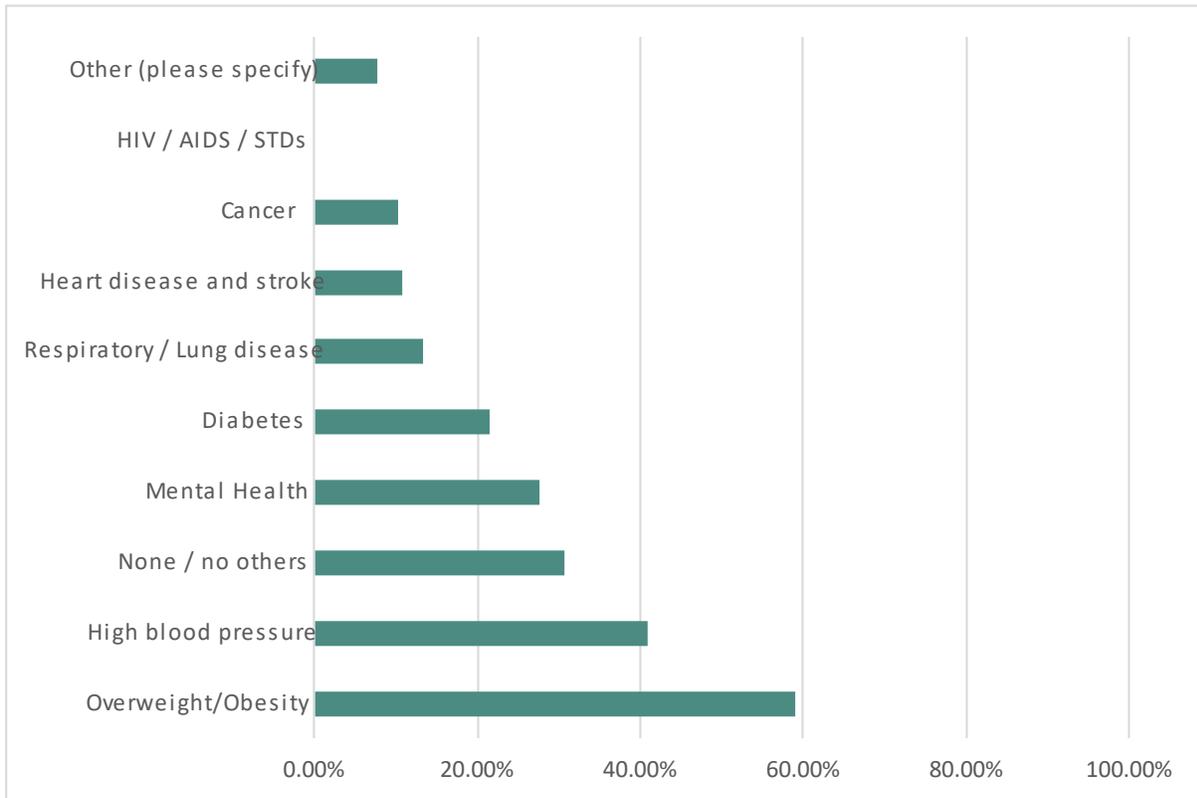


Q10. What do you think are the THREE most important "health problems" in Taylor County?



Other (please specify)	Number of Responses
COVID-19	6
Caregivers	1
All is important	3
Access to Specialist	1
Drug Abuse	1
More Physicians	1
Cost of care	1

Q11. Select the top THREE health challenges YOU face:



Other (please specify)	Number of Responses
Autoimmune	5
Allergies	3
Arthritis	3
Joint Pain	2
Asthma	1
My Health	1
Heart Disease	1
Exercise	1
Cirrhosis of the liver	1
Back Pain	1
Osteoporosis	1
Mobility	1
Chronic Pain	1

Other	1
Mental Health	1
Hearing	1

Other (please specify)	Number of Responses
Dental	1
Heart Failure	1
Fatigue	1
Stress	1
Lyme Disease	1
Post COVID Syndrome	1
Joint Inflammation	1

Q12. Do you have school age children?		
Answer Choices	Responses	
Yes	30.12%	122
No	69.88%	283
Answered		405
Skipped		2

Q13. If yes, which grades?		
Answer Choices	Responses	
Elementary	53.66%	66
Middle	43.90%	54
High	38.21%	47
Answered		123
Skipped		284

Q14. Are you raising children that are your grandchildren?		
Answer Choices	Responses	
Yes	5.15%	20
No	94.85%	368
Answered		388
Skipped		19

Q15. What issues do your school age children face?

COVID-19 and/or Mask Related	
Number of Responses	Responses
3	Having to wear a mask
3	COVID-19 in schools
3	Long-term impact of social isolation due to COVID-19
2	Need to close schools for COVID-19
2	Disruption of daily interactions due to COVID-19
2	Behind Due to COVID-19
1	Feeling safe at school due to COVID-19.
1	COVID-19 Challenges
1	Closing schools due to COVID-19
1	Stunted Social Skills due to COVID-19
1	Fear of educators not wearing a mask
1	Being out of school

Bullying & Peer Pressure Drugs or Alcohol / Mental Health / Health

Number of Responses	Responses
17	Bully
8	Peer Pressure
6	Drugs / Alcohol
6	Obesity
3	Anxiety
2	Drug Use at Home
2	Mental Health
2	Social Media
1	Depression
1	Lack of Self-Esteem
1	Confusion About Gender Issues
1	Inclusion
1	Peer Drug Use
1	Feeling Comfortable with Fitting in
1	Discrimination For Learning Ability
1	Race
1	Too Much Screen Time

Q15. What issues do your school age children face? CONTINUED

Misc. Responses	
Number of Responses	Responses
20	None
3	Social Determinants
3	Inadequate Education
2	Seen by a Physician
2	Lack of Sex Education
2	Funding for Schools & Art Programs
1	Having a Safe Home Environment
1	Neighborhood Lived in
1	Parent Involvement
1	Communicable Diseases
1	Sufficient Staffing
1	Help with Schoolwork
1	Educators Trained to Help Dyslexia.
1	Teachers That Care
1	Playgrounds Do Not Feel Safe.
1	Taking Religion Out of Schools
1	Environmental/Social Distractors
1	Childcare

Activity / Healthy Eating Related	
Number of Responses	Responses
7	Activities to Keep Active
3	Inedible School Lunches
2	Unhealthy School Lunches
2	Lack of exercise
2	Access to recreational facilities
2	Eating Healthy
1	Middle-Class Ability to Buy Healthy Foods
1	Access to Healthy Food
1	Non-School Hour Activities

16. Name one way to improve the health of Children?

Responses	Number of Responses
Exercise / Increase Activity	29
Healthy Eating	24
Limit Screen Time	8
Parent Education	7
Recreational Facilities	6
Access to Healthy Food	6
Free Healthcare for Checkups	6
Increase Local Community Activities for Children	5
Mental Health Programs	5
Vaccinations	5
Better Health Education	5
Education on Healthy Lifestyles	4
Safe Space to Play Outside	4
Education	4
Religious / Faith	4
Healthy School Lunches	3
More Outside Playing	3
More Non-Sport Activities	3
Dental Care	3
Specialized Doctors	3
Better Doctors	3
Get School Back to "Normal."	3
Safe Home Life	3
Access to Free School Teams/Clubs/Sports	2
Lunches That Taste Better	2
More Affordable Health Foods	2
Get Rid of Mask in Schools	2
Drug-Free Home	2
Make it Affordable for All Children	1

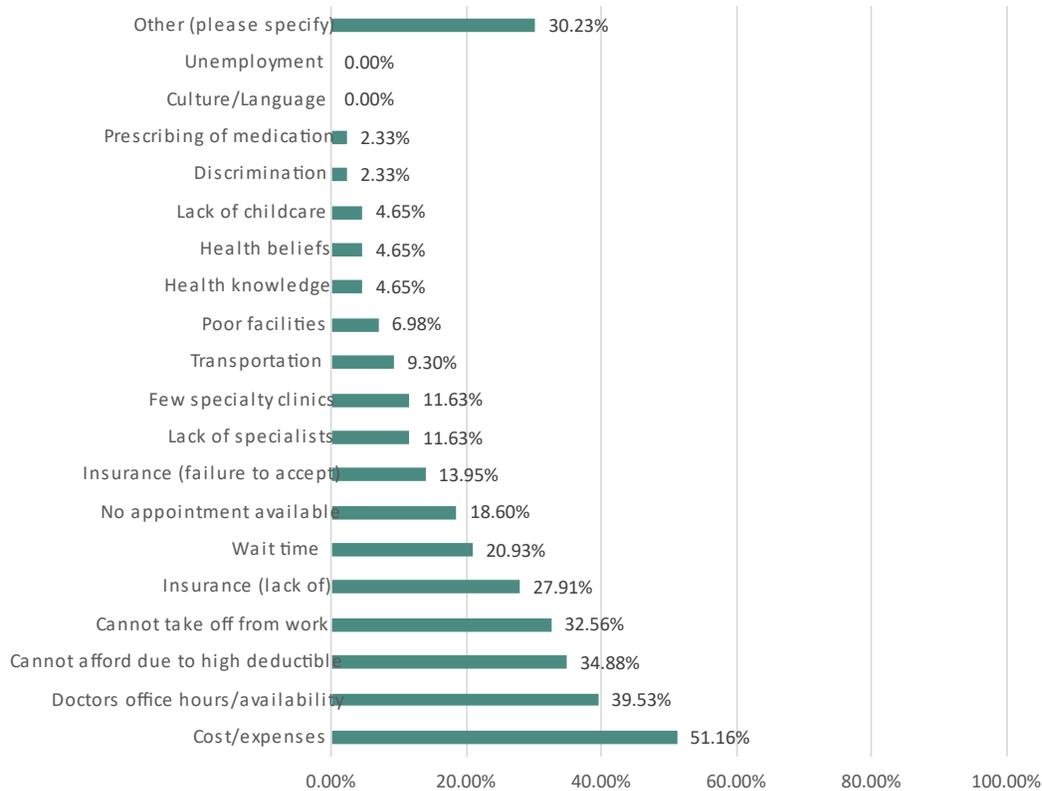
Responses	Number of Responses
Free Meals for All	1
Replace school food vendor	1
Limit social media	1
Increase Socializing	1
Drug Prevention Education	1
Decrease wait-times in MD office	1
Covid Vaccine	1
Mask	1
Outdoor learning	1
More law enforcement	1
Parent assistance with counseling	1
Drug free community	1

Q17. How would you rate Taylor County as a "Healthy Community?"		
Answer Choices	Responses	
Very Healthy	0.25%	1
Healthy	11.75%	47
Somewhat Healthy	58.00%	232
Unhealthy	26.00%	104
Very Unhealthy	4.00%	16
	Answered	400
	Skipped	7

Q18. How would you rate your health?		
Answer Choices	Responses	
Very Healthy	3.47%	14
Healthy	39.11%	158
Somewhat Healthy	44.55%	180
Unhealthy	10.40%	42
Very Unhealthy	2.48%	10
	Answered	404
	Skipped	3

Q19. Where do you go for routine healthcare?		
Answer Choices	Responses	
Physician's Office	85.40%	345
Health Department	0.00%	0
Emergency Room	0.00%	0
Urgent Care Center	2.97%	12
Clinic in a Grocery or Drug Store	0.00%	0
I do not Receive Routine Healthcare	11.63%	47
	Answered	404
	Skipped	3

Q20. If you answered "I don't receive routine healthcare" to number 19, please choose all reasons why below:



Q20 - Other Responses	Number of Responses
No Wheelchair Accessible Vehicle/Facility	1
Family Practice Doctors Not accepting New Patients	2
N/A or Don't Need to	4
Mask Mandates	1
Lack of Specialist in The Area	1
Don't Have a Family Physician	2
Multiple Misdiagnoses	2
Cost of Local Hospital is Not Competitive	1
The Professionalism of Staff & Hospital	1

Q21. How often have you used the Emergency Room in the past 12 months?		
Answer Choices	Responses	
1-2 times	19.75%	80
3-5 times	2.22%	9
6 or more	0.49%	2
None	76.30%	309
Don't remember	1.23%	5
	Answered	405
	Skipped	2

Q22. How often have you used the Emergency Room in the past 12 months for a child in your care?		
Answer Choices	Responses	
1-2 times	12.12%	44
3-5 times	1.10%	4
6 or more	0.00%	0
None	86.23%	313
Don't Remember	0.55%	2
	Answered	363
	Skipped	44

Q23. What means of transportation do you use?		
Answer Choices	Responses	
Personal Vehicle	98.25%	392
Hospital Van	0.75%	3
Walk	1.00%	4
Share Ride	1.50%	6
Other (Please Specify)	0.75%	3
	Answered	399
	Skipped	8

Q23 - Other Responses	Number of Responses
My Friend Takes Me	1
Relative Brings Me	1
Rides With Family	1

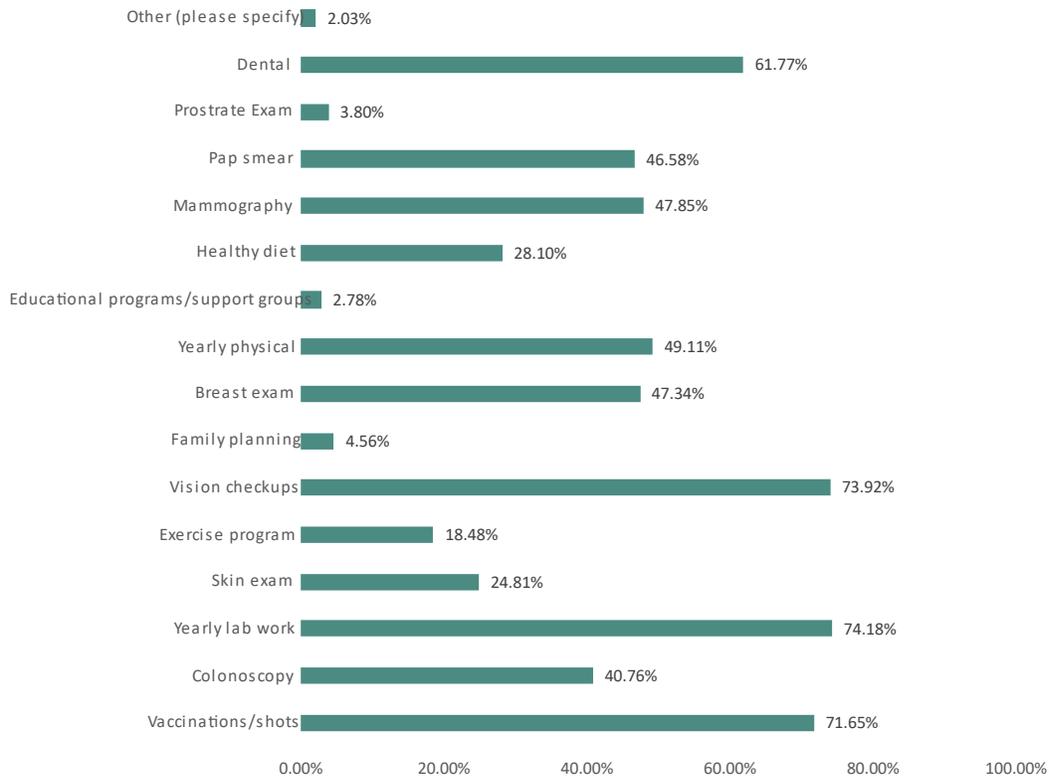
Q24. Have you ever missed an appointment or been unable to get needed health care because of problems due to transportation

Answer Choices	Responses	
Yes	6.19%	25
No	93.81%	379
Answered		404
Skipped		3

Q25. If yes, what were the reasons? Check all that apply.

Answer Choices	Responses	
My Private Vehicle Was Not Available	44.00%	11
Someone Else Drives me - They Were Not Available	48.00%	12
Cost of Transportation	4.00%	1
Problems Walking or Biking	16.00%	4
No Service Available	36.00%	9
Answered		25
Skipped		382

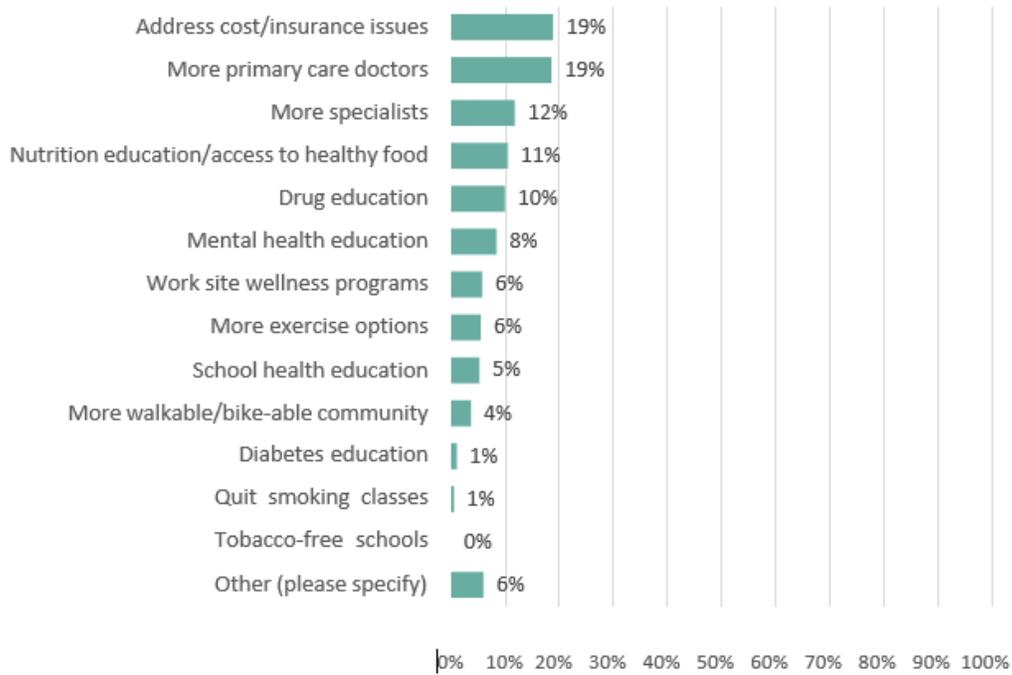
Q26. What preventative health services do you use?



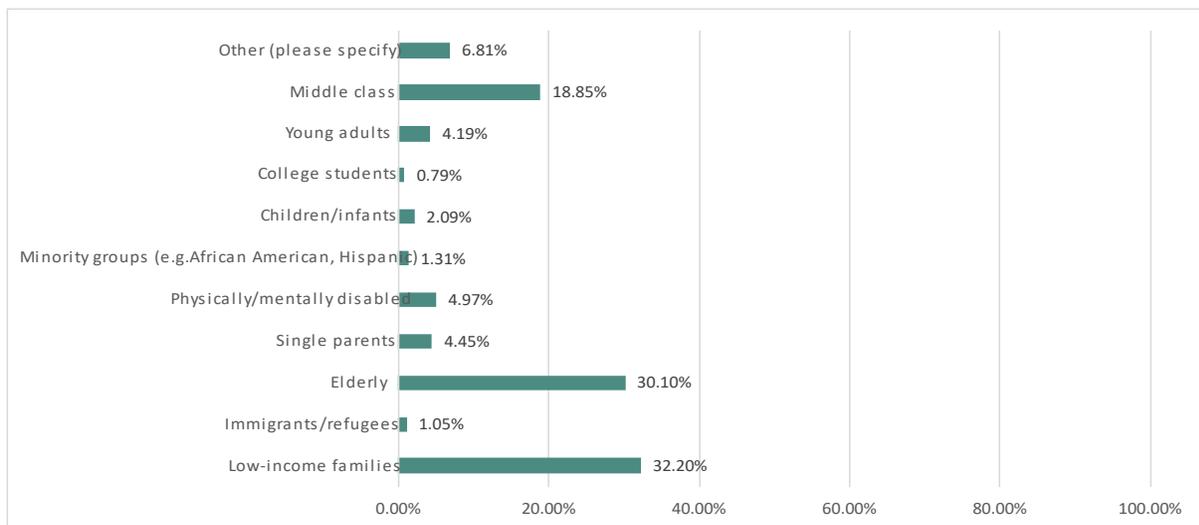
Q27. The last time you used a health care facility in Taylor County did you feel you received enough information/education to recover?

	Yes		No		Total
Taylor Regional Hospital	76.09%	280	23.91%	88	368
Doctors Office	84.35%	318	15.65%	59	377

Q28. In your opinion, what is the best way to address the health needs of people in Taylor County? (Please choose one)



Q29. What group needs the most help with access to health care in Taylor County?



Q29 Other - Responses	Number of Responses
Cost Assistance for the Middle Class	3
Single Parents and People with Disabilities	1
All of the Above	7
School-Age Children Need More Exercise in School	1
Working-Class People	1
Mental Health Issues Need Attention and Awareness	1
People Without Transportation	1
Those Without Insurance and High Deductibles	3
Older Adults with Underlying Medical Conditions	1
Children	1
Low Income	2
Immigrants	1
Middle Class Means High Deductibles	1
People Without Dental & Vision Covered by Medicare	1

Personal Interview Results

Responses to “Health and Quality of Life in Taylor County”

1. 8/10
2. 8/10
3. 7/10
4. 6/10
5. 7/10
6. 8/10
7. 8.5/10
8. Average
9. Above Average
10. Fair

Responses to “Has health and quality of life improved, stayed the same, or declined in the past few years?”

All participants agreed that Taylor County has improved to some degree, but COVID-19 has played a significant part within the community. They all point to lack of transportation, substance abuse, and the need to be more competitive with neighboring hospitals as substantial barriers.

1. Declined
2. Declined
3. Stayed Same
4. Improved
5. Declined
6. Declined
7. Stayed Same
8. Improved
9. Improved
10. Declined

Responses to “Are there people or groups of people in Taylor County whose health or quality of life may not be as good as others?”

Due to different income levels and Insurance barriers, all participants agree that those considered to be in poverty have a lower quality of life.

1. Equal; Elderly seems to be in decline, while the younger population is doing better.
2. Minority Groups
3. Elderly
4. Yes, Lower-income communities or specific ethnic groups.
5. Lower income-poverty
6. Lower income-poverty
7. Elderly - Seniors
8. Drug abusers, Mentally Ill, Obese.
9. Those in poverty/low income have limited access or don't take advantage of nutrition and health options.
10. Minority Groups

Responses to “What barriers, if any, exist to improving health and quality of life in Taylor County?”

1. Stereotypes and opportunities within the community as a whole.
2. COVID-19, Cost of Medical Care, Out-of-pocket expenses, and Access to insurance.
3. .
4. Yes, the city's financial situation. Needs to be more dollars dedicated to substance abuse education and efforts.
5. Yes, there is little to no access to mental health facilities in the community. Psychiatric ward is needed or similar service closer to Taylor County.
6. No barriers in Taylor County. May be barriers in terms of cost and red tape involved, but care is available.
7. No barriers in Taylor County. There are walking tracks in parks, fitness options, and healthcare is accessible.
8. No barriers in Taylor County. Hospital is progressive and customer friendly. People don't always take advantage of what's available.
9. People have to take responsibility.

Responses to “What are the most critical health and quality of life issues?”

1. COVID-19, Substance abuse and Obesity.
2. Cancer, COVID-19, and Diabetes.
3. Access, Transportation, Affordable Options for Healthcare (Gym).
4. High Blood Pressure, Obesity, and Diabetes.
5. Substance abuse
6. Mental Health and working with the hospital and health system to help with “repeaters.”
7. COVID-19 was the most critical health issue along with Obesity and Cancer.
8. Substance Abuse, especially in the 20-35 age group.
9. Cancer and Substance Abuse.
10. Outreach

Responses to “Has access to health improved in last few years?”

1. Yes, Pre-COVID-19.
2. Yes and no. The availability has improved, but due to COVID-19, it constantly is in flux.
3. Yes, we do have telehealth offerings (But people have to have access to the internet).
4. Access has improved. Urgent Treatment centers are around the community, in Taylor County or surrounding counties.
5. Yes, it’s improving.
6. Yes, it’s improving. Hospitals and others have created more access to care. Still, those that are uninsured or under-insured.
7. Need more Primary Care providers.
8. Improved
9. Yes, mainly hospital and health department services.
10. Worse

Responses to “Are you familiar with the outreach efforts of Taylor Regional Hospital regarding Heart Disease, Cancer, and Stroke?”

1. No Answer
2. No Answer
3. Yes, they offer many programs, but people have to want them.
4. Yes, Community events, especially around COVID-19, have been helpful.
5. Familiar with Radio, billboards, and social media information from hospital.

6. Not Familiar
7. Hospital provides health fairs/clinics to communities and businesses. Advertising and social media presence noticed. More effort to get the word out to all populations.
8. Social Media, Advertisings, and sign at the hospital.
9. Partnership with larger hospital within closer proximity.
10. Social Media and Health Department.

Responses to “What insights and observations do you have in regard to health behaviors in the community surrounding obesity, physical inactivity, drug abuse, and tobacco use?”

1. We have a lot of programs, four gyms and walking trails...People have to want to do better.
2. No Answer
3. Start targeting young people at earlier ages and give them options for a healthier lifestyle. Gov. will have to get involved.
4. Offers plenty of classes, but cannot say if it is better or worse.
5. No Answer
6. No Sure
7. Hospital provides the community with health fairs and education, and good advertising of services.
8. Hospital provides health fairs/clinics to communities and businesses. Advertising and Social Media presence noticed. More effort to get the word out to all populations.
9. No answer
10. Especially during a pandemic.

Responses to “What is the most important issue Taylor Regional Hospital should address in next 3-5 years?”

1. Retention and Growth.
2. Chronic Illness is very prevalent, and we need to put some structures in place to help lower the rates here. It could be a trickle-down effect also to curb drug use. They do an excellent job, and our hospital does so much for the community. Very blessed and fortunate to have them.
3. Taylor Regional Hospital has an excellent record. Hospital has to have the ability to attract more specialist such as sports medicine, OB/GYN,

- Cardiologist and generate additional revenue. Enhance Patient Experience and become competitive. Enhance Marketing capabilities within the community and neighboring areas. Taylor Regional Hospital has an excellent facility, excellent leadership, excellent track record. Overall, we are doing a good job and have to be more competitive at a regional level.
4. Continue to access the untapped healthcare market (Minority) by marketing and providing mini-clinics to lower-income areas to help those with transportation issues. Nothing at this time... We are very blessed and fortunate to have Taylor Regional Hospital in our Community! Taylor Regional Hospital brings people in and treats them well, from employment to treatment.
 5. Adequate staffing of all healthcare facilities in the community. Walk-in clinics are good; they need more PCPs.
 6. Mental Health and having more qualified/trained individuals to deal with these patients in the emergency room. 'Everyone gets a MIW and transferred to Eastern State. Not all cases are the same severity.
 7. Support and Advocacy for patients' families. Bad experiences for some in the community. Seen examples of a "push" to get patients out of the emergency department and to another facility, rather than have the resources in the community.
 8. Community Outreach efforts.
 9. Children/Teen Nutrition and Health.
 10. Have done outstanding support for school systems, had a tremendous COVID-19 plan in place and provided excellent service for the community.

National Healthcare Trends Synopsis

Healthcare spending continues to slowly grow at the national level each year. The following data describes the recent trends in national healthcare and was obtained from the Centers for Medicare & Medicaid Services (CMS) and the American Health Rankings. For full report, please see Attachment F: [National Health Care Trends](#)

CMS 2020 Health Expenditures

- NHE grew 9.7% to \$4.1 trillion in 2020, or \$12,530 per person, and accounted for 19.7% of Gross Domestic Product (GDP)
- Medicare spending grew 3.5% to \$829.5 billion in 2020, or 20 percent of total NHE
- Medicaid spending grew 9.2% to \$671.2 billion in 2020, or 16 percent of total NHE
- Private health insurance spending declined 1.2% to \$1,151.4 billion in 2020, or 28 percent of total NHE
- Out of pocket spending declined 3.7% to \$388.6 billion in 2020, or 9 percent of total NHE
- Federal government spending for health care grew 36.0% in 2020, significantly faster than the 5.9% growth in 2019. This faster growth was largely in response to the COVID-19 pandemic
- Hospital expenditures grew 6.4% to \$1,270.1 billion in 2020, slightly faster than the 6.3% growth in 2019
- Physician and clinical services expenditures grew 5.4% to \$809.5 billion in 2020, faster growth than the 4.2% in 2019
- Prescription drug spending increased 3.0% to \$348.4 billion in 2020, slower than the 4.3% growth in 2019
- The largest shares of total health spending were sponsored by the federal government (36.3 percent) and the households (26.1 percent). The private business share of health spending accounted for 16.7 percent of total health care spending, state and local governments accounted for 14.3 percent, and other private revenues accounted for 6.5 percent

As a nation, there has been a strong awareness on the impact our lifestyles have on our health. The following data obtained from America's Health Rankings 2020 Edition represents the improvements and challenges in healthcare factors for 2020.

2020 National Findings

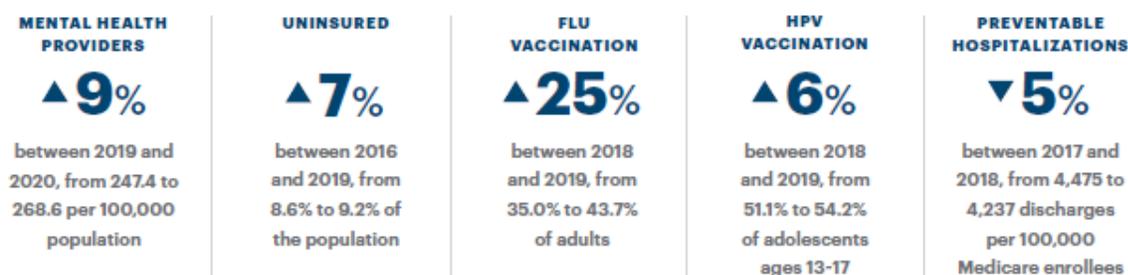
Social & Economic Factors



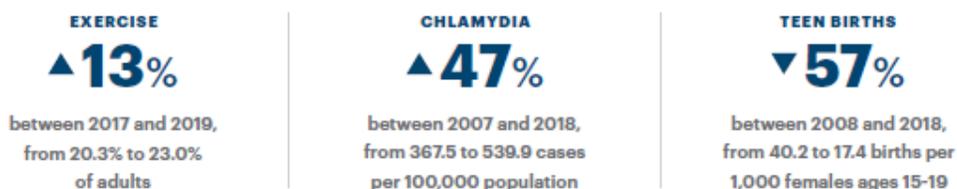
Physical Environment



Clinical Care



Behaviors



Health Outcomes

FREQUENT MENTAL DISTRESS

▲ **11%**

between 2018 and 2019, from 12.4% to 13.8% of adults

PAST MONTH NON-MEDICAL DRUG USE

▲ **10%**

between 2019 and 2020, from 5.9% to 6.5% of adults

DRUG DEATHS

▼ **5%**

between 2017 and 2018, from 21.6 to 20.6 deaths per 100,000 population

PREMATURE DEATH

▼ **1%**

between 2017 and 2018 from 7,447 to 7,350 years of potential life lost before age 75 per 100,000 population

SUICIDE

▲ **23%**

between 2009 and 2018, from 12.0 to 14.8 deaths per 100,000 population

LOW BIRTHWEIGHT

▲ **19%**

between 1990 and 2018, from 7.0% to 8.3% of infants

LOW BIRTHWEIGHT RACIAL GAP

▲ **4%**

between 2017 and 2018, from 6.7 to 7.0 percentage points

MULTIPLE CHRONIC CONDITIONS

▼ **8%**

between 2018 and 2019, from 10.3% to 9.5% of adults

OBESITY

▲ **15%**

between 2011 and 2019, from 27.8% to 31.9% of adults



Americashealthrankings.org [2020 annual report](#)

State Healthcare Trends Synopsis

Kentucky



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Health Outcome State Ranking

America's Health Ranking – Summary 2021:

Highlights:

FREQUENT MENTAL DISTRESS

▲26%

from 13.8% to 17.4% of adults between 2015 and 2020

SMOKING

▼26%

from 29.0% to 21.4% of adults between 2011 and 2020

FLU VACCINATION

▲10%

from 42.1% to 46.5% of adults between 2019 and 2020

Strengths:

- Low racial disparity in premature death rates
- High rate of high school graduation
- High percentage of fluoridated water

Challenges:

- High prevalence of multiple chronic conditions
- High prevalence of insufficient sleep
- High prevalence of cigarette smoking

Source: [America's Health Ranking](#)

Kentucky Health Ranking Highlights:

Measures		Rating	State Rank	State Value	U.S. Value
BEHAVIORS*		+	48	-1.339	—
Nutrition and Physical Activity	Exercise (% ages 18+)	+	50	15.3%	23.0%
	Fruit and Vegetable Consumption (% ages 18+)	+	50	4.7%	8.0%
	Physical Inactivity (% ages 18+)	+	50	30.6%	22.4%
Sexual Health	Chlamydia (new cases per 100,000 population)	++++	15	468.1	551.0
	High-risk HIV Behaviors (% ages 18+)	+++	30	5.7%	5.6%
	Teen Births (births per 1,000 females ages 15-19)	+	44	24.9	16.7
Sleep Health	Insufficient Sleep (% ages 18+)	+	48	38.6%	32.3%
Smoking and Tobacco Use	Smoking (% ages 18+)	+	49	21.4%	15.5%
HEALTH OUTCOMES*		+	47	-0.813	—
Behavioral Health	Excessive Drinking (% ages 18+)	++++	11	15.8%	17.6%
	Frequent Mental Distress (% ages 18+)	+	47	17.4%	13.2%
	Non-medical Drug Use (% ages 18+)	+	45	15.0%	12.0%
Mortality	Premature Death (years lost before age 75 per 100,000 population)	+	45	9,922	7,337
	Premature Death Racial Disparity (ratio)	+++++	3	1.1	1.5
Physical Health	Frequent Physical Distress (% ages 18+)	+	49	15.2%	9.9%
	Low Birthweight (% of live births)	++	32	8.7%	8.3%
	Low Birthweight Racial Disparity (ratio)	+++++	10	1.8	2.1
	Multiple Chronic Conditions (% ages 18+)	+	49	16.1%	9.1%
	Obesity (% ages 18+)	+	45	36.6%	31.9%

* Values derived from individual measure data. Higher values are considered healthier.

— Data not available, missing or suppressed.

For measure definitions, sources and data years, see the Appendix or visit www.AmericasHealthRankings.org.

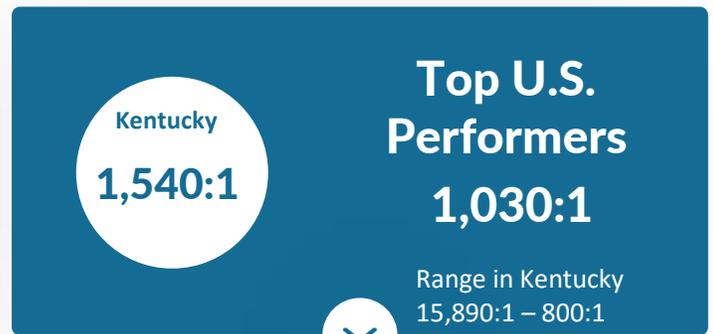
Rating	Rank
+++++	1-10
++++	11-20
+++	21-30
++	31-40
+	41-50

Source: America's Health Ranking

2021 Kentucky Highlights



HEALTH FACTORS
UNINSURED



HEALTH FACTORS
PRIMARY CARE PHYSICIANS



HEALTH FACTORS
PHYSICAL INACTIVITY



HEALTH FACTORS
MENTAL HEALTH PROVIDERS

Source: [America's Health Ranking](#)

COUNTY HEALTH CARE TRENDS SYNOPSIS

According to County Health Rankings, the citizens of the service area are predominantly white (91.31%) and made up of 48.99% female. The average age of the Taylor County population is 37.66 (35.5 male and 39.9 female). 39.19% of Taylor County holds a High School diploma, while less than 25% have some college. The median household income of \$44,522 is lower than the state level of \$50,525.

Kentucky had reported an unemployment rate of 4.3%, and Taylor County is slightly lower at a 3.2 % unemployment rate. The percentage of children living in poverty in Taylor County is 23% higher than the state at 17%. The average size per household is 2.5 persons, which is the same as the state of Kentucky.

Approximately 7% of the population in Taylor County does not have health insurance, which is the same in Kentucky. The number of people in relation to the number of dentists in Taylor County is 2,860 to one dentist, compared to Kentucky of 1,490 to one. The number of people regarding the number of mental health providers in Taylor County is 480 to one compared to 420 to one in Kentucky. The ratio of primary care physicians is 1,420 to one in Taylor County, which is slightly better than Kentucky, which is 1,540 to one.

The percentage of adults who are obese is at 39% in Taylor County versus 35% in the state of Kentucky. The rate of teen births in Taylor County is higher at 36% than in Kentucky at 31%. There is better access to physical exercise equipment, facilities, and other opportunities for physical exercise in Taylor County at 83% vs. the state of Kentucky at 71%. The percentage of physically inactive residents is 37% vs. 29% in Kentucky. The rate of drug-related deaths is 30% compared to the state at 32%.

The number of preventable hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees in the county, 5,844 versus 5,615 for Kentucky. Life expectancy in Taylor County is 75.8 years which is the same as the state at 75.8.

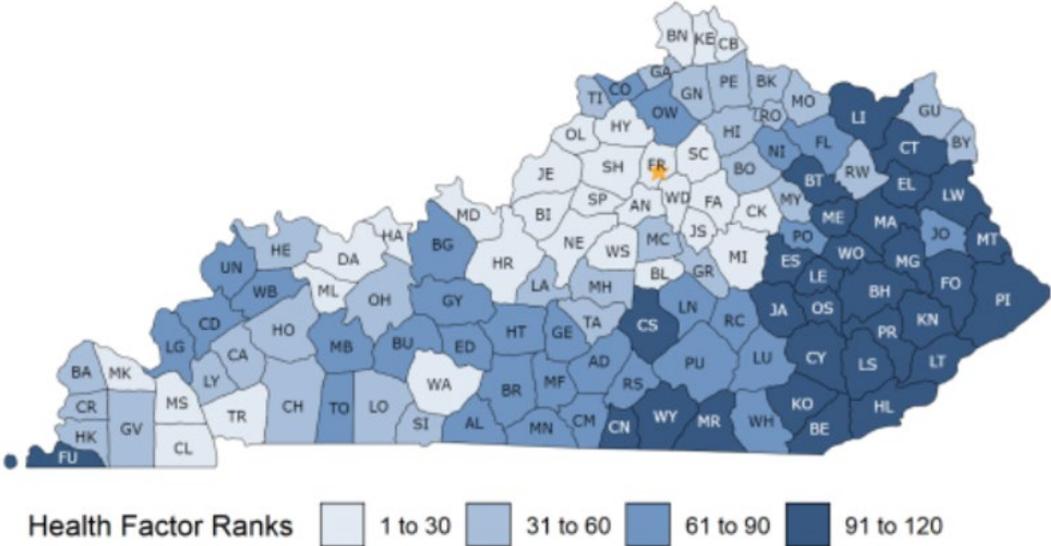
2021 County Health Rankings for the 120 Ranked Counties in Kentucky

County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors
Adair	51	77	Clark	63	29	Harrison	41	40	Madison	26	21	Perry	119	95
Allen	75	72	Clay	111	118	Hart	50	68	Magoffin	109	117	Pike	100	92
Anderson	28	22	Clinton	81	94	Henderson	60	31	Marion	70	56	Powell	103	83
Ballard	32	55	Crittenden	69	78	Henry	37	25	Marshall	25	20	Pulaski	68	62
Barren	33	66	Cumberland	49	82	Hickman	38	49	Martin	97	104	Robertson	86	60
Bath	92	100	Daviess	16	10	Hopkins	52	32	Mason	66	35	Rockcastle	90	79
Bell	115	112	Edmonson	42	73	Jackson	99	108	McCracken	21	19	Rowan	54	50
Boone	2	2	Elliott	93	107	Jefferson	34	30	McCreary	106	111	Russell	84	85
Bourbon	47	36	Estill	102	99	Jessamine	20	18	McLean	74	26	Scott	4	6
Boyd	82	44	Fayette	7	5	Johnson	96	88	Meade	11	24	Shelby	8	11
Boyle	17	16	Fleming	39	86	Kenton	29	9	Menifee	85	102	Simpson	56	39
Bracken	73	48	Floyd	114	103	Knott	110	105	Mercer	24	34	Spencer	3	7
Breathitt	120	113	Franklin	36	15	Knox	108	109	Metcalfe	62	80	Taylor	53	37
Breckinridge	27	61	Fulton	104	97	Larue	40	59	Monroe	91	90	Todd	67	67
Bullitt	12	17	Gallatin	95	53	Laurel	61	75	Montgomery	57	46	Trigg	14	27
Butler	71	87	Garrard	48	54	Lawrence	98	101	Morgan	76	91	Trimble	58	41
Caldwell	46	42	Grant	78	43	Lee	105	115	Muhlenberg	55	65	Union	88	69
Calloway	6	23	Graves	22	58	Leslie	112	114	Nelson	18	8	Warren	10	13
Campbell	9	4	Grayson	80	89	Letcher	113	106	Nicholas	79	84	Washington	23	28
Carlisle	30	38	Green	59	63	Lewis	101	110	Ohio	44	52	Wayne	64	93
Carroll	94	76	Greenup	43	47	Lincoln	87	81	Oldham	1	1	Webster	77	74
Carter	89	96	Hancock	13	12	Livingston	19	70	Owen	35	64	Whitley	107	71
Casey	83	98	Hardin	15	14	Logan	45	45	Owsley	117	119	Wolfe	118	116
Christian	65	57	Harlan	116	120	Lyon	31	33	Pendleton	72	51	Woodford	5	3

For more information on how these ranks are calculated visit www.countyhealthrankings.org

Source: [County Health Rankings](#)

2021 Kentucky Health Factors Map by County



For other health factors map go to [Attachment G](#)

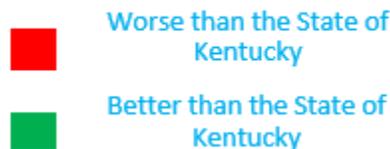
Health Status Synopsis

After reviewing secondary data for Taylor County and surrounding counties, it was noted that the Health Outcomes ranking is mainly in the top half, with some dropping in the bottom half. (Taylor 53, Marion 70, Larue is 40, Green is 59, Adair is 51, and Casey is 83).

Insert Graph here

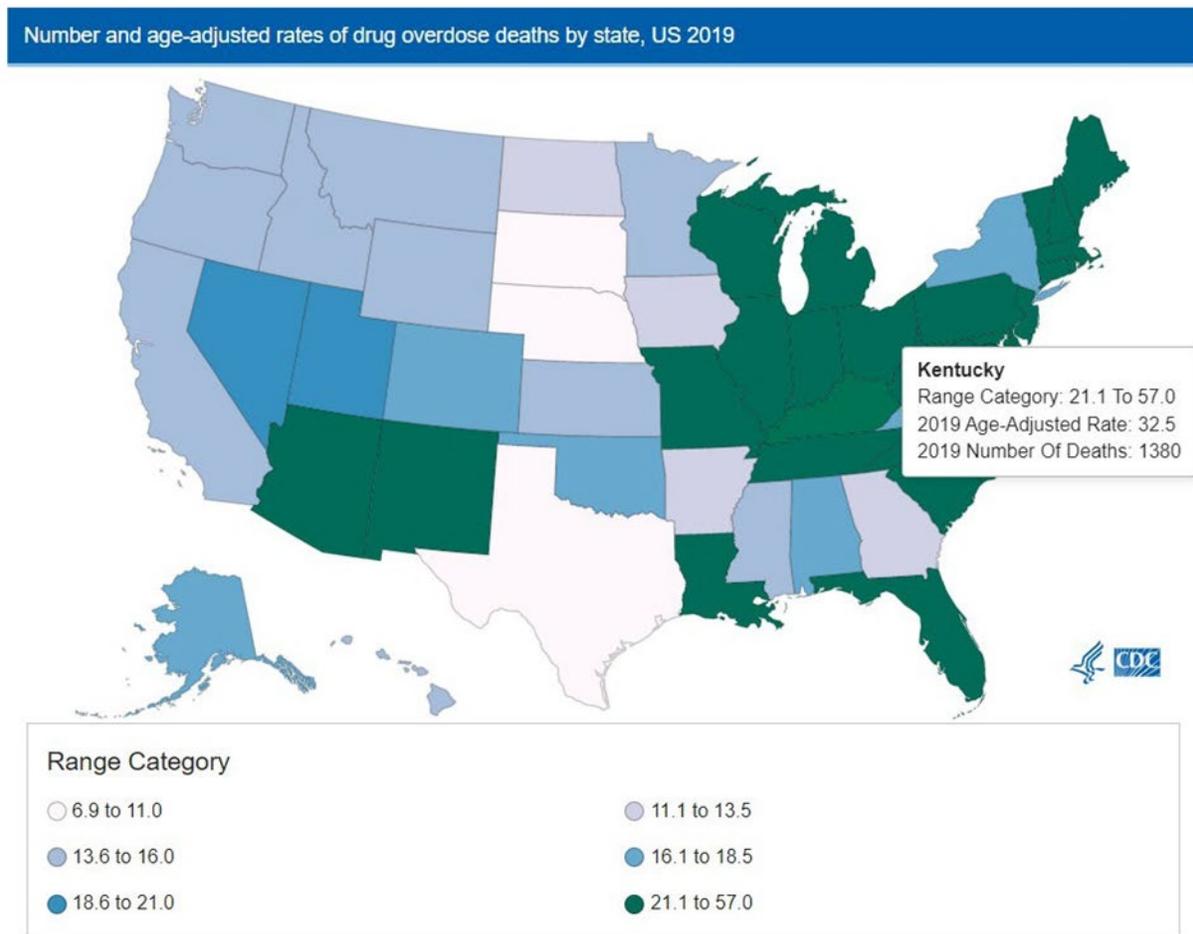
	Kentucky	Taylor (TA), KY	Marion (MH), KY	Larue (LA), KY	Green (GE), KY	Adair (AD), KY	Casey (CS), KY
Health Outcomes							
Length of Life							
Premature death	9,500	9,500	9,400	8,500	9,800	8,900	10,800
Quality of Life							
Poor or fair health	22%	25%	28%	25%	27%	27%	31%
Poor physical health days	4.6	5.5	5.8	5.4	5.7	5.7	6.4
Poor mental health days	5	5.5	5.7	5.5	5.8	5.8	6
Low birthweight	9%	9%	9%	9%	8%	8%	8%
Health Factors							
Health Behaviors							
Adult smoking	24%	25%	27%	27%	28%	27%	29%
Adult obesity	35%	39%	37%	39%	36%	40%	29%
Food environment index	6.9	6.6	7.5	8	7.1	7.2	7
Physical inactivity	29%	37%	41%	32%	27%	34%	32%
Access to exercise opportunities	71%	83%	48%	55%	8%	60%	0%
Excessive drinking	17%	15%	15%	16%	15%	15%	15%
Alcohol-impaired driving deaths	25%	13%	36%	24%	15%	18%	60%
Sexually transmitted infections	436.4	353.3	386.7	211.2	180.8	272	165.1
Teen births	31	36	38	36	43	22	48
Clinical Care							
Uninsured	7%	7%	6%	7%	8%	8%	8%
Primary care physicians	1,540:1	1,420:1	2,160:1	14,310:1	5,520:1	2,750:1	15,890:1
Dentists	1,490:1	2,860:1	3,210:1	4,800:1	2,740:1	4,800:1	8,080:1
Mental health providers	420:01:00	480:01:00	540:01:00	3,600:1	730:01:00	490:01:00	950:01:00
Preventable hospital stays	5,615	5,884	3,528	5,726	6,639	6,026	11,072
Mammography screening	40%	41%	47%	40%	32%	39%	29%
Flu vaccinations	46%	42%	38%	47%	38%	31%	34%

Source: www.countyhealthrankings.org



Kentucky Opioid & Health Indicator Trends

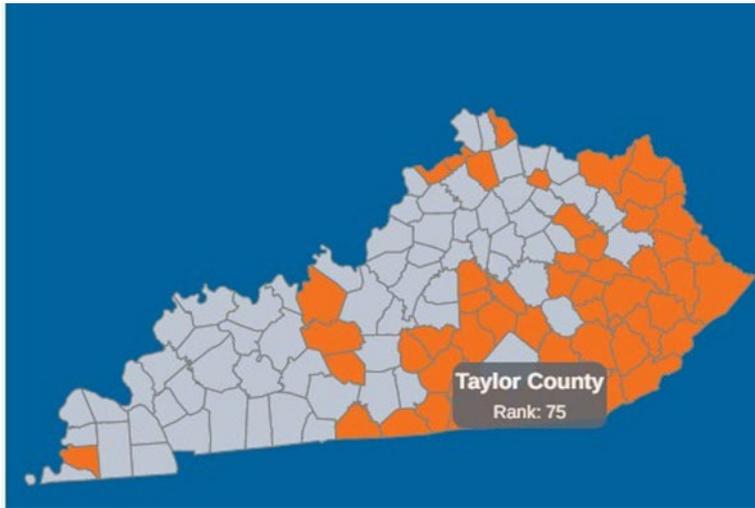
Kentucky has some of the highest age-adjusted drug overdose rates and deaths by state. Below is a map from the CDC that represents data from 2019.



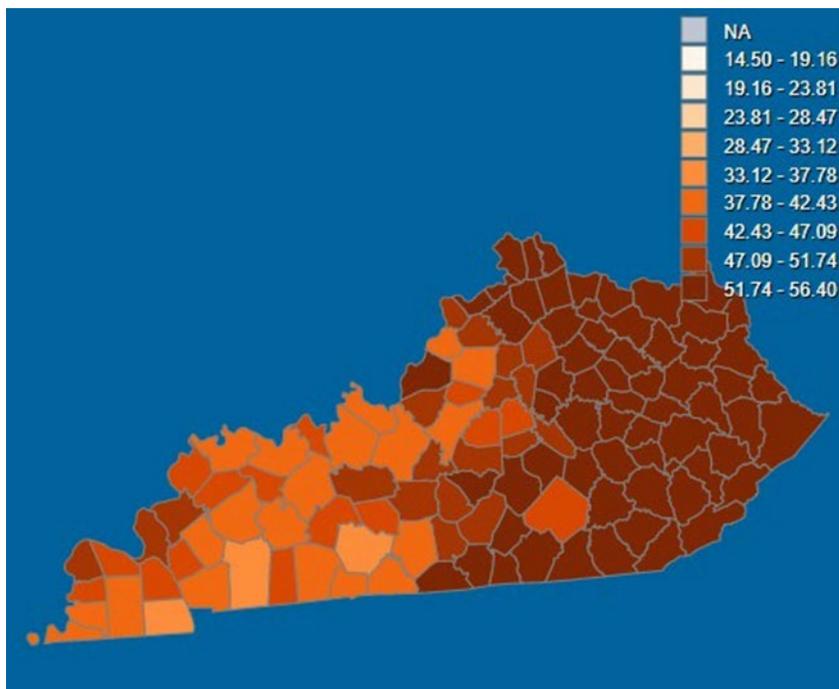
The CDC has also identified 220 counties at risk of HIV or hepatitis C outbreaks due to the opioid epidemic. These represent only the top 5% of counties in the nation based on six factors assessed.

Out of the 220 counties identified by the CDC, Taylor County ranked 75 in the nation, Adair County number 93, and Green County number 132.

Vulnerable Counties in Kentucky out of 220 Nationwide:



Age-adjusted Drug Poisoning Deaths Per 100,000:



Source: <https://opioid.amfar.org/KY#data-explorer>

Conclusion

Community Identified Themes

Alcohol/Drugs: When community members ranked the top three most important health concerns, alcohol and drug abuse were one of the top three by 79%. Respondents also had commented on drug abuse multiple times throughout the survey.

Taylor, Adair, and Green counties were on the CDC's top 220 counties in the nation as being vulnerable counties due to the opioid epidemic. Counties identified by the CDC are recommended to ensure that targeted, evidence-based interventions and services are available for people in these communities.

"We cannot even walk at designated places without needles."

"More stuff to do in the community for kids will equal fewer children doing drugs and drinking" "Make sure needles aren't laying around."

"Rampant drug use of peers"

Transportation Services: Transportation was listed as a barrier to care by community members in the survey and in-person interviews. Barriers noted were getting from point A to Point B, having a safe environment and streets to walk, and a more "walkable/bikeable" community.

While there seems to be an abundance of walking trails for exercise purposes, the community may not feel safe walking on the trails and complained that sidewalks are in "disrepair." Relying on friends, family, and local transportation was not always easy for those who did not have their vehicle.

For those that need transportation to healthcare appointments, hospital transportation was not mentioned as an option and, therefore, a less known alternative to people in the community.

"A more walkable community would be great."

"[We need] More exercise options and more walkable/bikeable areas."

"In wheelchair don't have a handicapped van or can't get them when I have an appointment plus can't find anyone to widen doors."

Access to Care: The physician needs assessment indicated a surplus of primary care providers. However, community members state that there are barriers to accessing primary care doctors. Some of the obstacles include not accepting new patients, hours of operation for non-emergent care, and no availability for non-urgent walk-in visits. The doctor's office hours/availability was the second-highest ranked reason the community members did not receive care and could not take time off work was number four.

The availability of specialty physicians in the area was listed as a barrier to care for community members. The physician needs assessment top specialist needs are pediatrics, dermatology, gastroenterology, and internal medicine. The highest need identified in the community survey for "other" health conditions the community needs treatment for are autoimmune disorders. There is currently no physician in the area that specializes in autoimmune disease.

"Tired of getting sent out of town for something that Should be able to be handled in the town we live in. More Specialists... I cannot stress that enough."

"Not enough doctors to care for several needs. Sends to many 100 miles away."

"It's hard to get an appointment with a family physician in Taylor County Campbellsville. They don't take on new patients."

"Mental health needs attention. You can't get help when you get depressed. You have to plan it and be able to know three months ahead that you're going to be depressed to find an appointment."

Jobs: Within the community, the market's availability of more competitive jobs was a concern in the qualitative interviews. The most significant concern voiced in the discussions related to jobs was the shortage of nurses. The nationwide nurse shortage and the competitive salaries of traveling nurses are a trend that the community feels they will not absorb since it is a small community.

Health & Wellness: For school-aged children, the qualitative data from both surveys and in-person surveys biggest concern for school-aged children was the availability of facilities in the community to increase exercise that was both safe and no-cost. The second highest concern was the availability of healthy food or lack of knowledge of eating healthy food choices.

The qualitative data for the adults also backs up this concern showing obesity as the number one health condition that the adults are being treated for and high blood pressure being number two. Over 50% of the community self-identified as somewhat healthy or unhealthy (the bottom two choices), and 84% rated Taylor County in the bottom two options.

According to state and nationwide data assessing health outcomes and health factors, Taylor, Green, and Adair County continued to decline in adult obesity, premature death, and physical health. For Kentucky, adult obesity is 35%, and the top-performing states are 26% which is a 35% increase. Taylor County and Adair County are 50% or higher than the best performers and 11-15% higher than Kentucky for adult obesity.

"[We need] recreation areas that are SAFE, fenced, and provide free or low-cost activities"

"[We] Need recreational facilities like YMCA."

"[I need] Better ways to feed my children healthier foods that I can afford being a single parent that can't get assistance and don't make a lot of money."

*"The playgrounds don't feel safe as they used to" "Safe places to play outside."
"Improve the parks and the safety of them."*

Cost of Care: The most significant barrier to care the community identified as cost of care, cannot afford due to high deductible and lack of insurance (outside of access issues placed). Over 50% of the community members who answered why they did not receive routine care chose cost/expense.

"Out-of-pocket costs are unbearable."

"Middle class means high deductibles / less likely to go to a doctor for health issues."

"When I was working, the middle class needed assistance with cost issues related to health as by the time I paid to have insurance; then I had all these other bills that insurance did not pay such as deductibles, out-of-pocket expenses, drug costs, etc."

"Those who "make too much" from pensions after paying bills don't make enough to get the proper care that no one talks about."

"Have family members who will not go to the doctor because of a bill that is received"

Overall Observation

The onset of Covid-19 has impacted both small and large communities alike. The effect on health care workers and the patients has been challenging, and in small rural hospitals, fighting Covid-19 can be particularly intense. The Covid-19 pandemic has impacted the rise in mental health, substance use, and access to care in the community. Qualitative discussions emphasized that the community needs are becoming even more significant due to general Covid-19-related stressors. The delays in getting care are resulting in more severe conditions and mental health needs.

Qualitative data showed drug and alcohol abuse as one of the top concerns. Quantitative data also showed Kentucky as one of the states that had the highest age-adjusted drug overdose rates and deaths. Specifically, Taylor, Adair, and Green County ranked in the highest risk counties in the nation at risk due to the opioid epidemic.

Cost and access to care are other concerns voiced in the community. The top barriers to care cited by the community are the availability of specialists close by, mental health specialists, transportation, and the inability to get into family physicians due to the failure to take on new patients over 50% of the community survey stated the top barriers to care are the cost of care and the inability to afford care due to high deductibles. Qualitative data shows that the middle class is impacted the most, stating that out-of-pocket costs are "unbearable."

According to the qualitative data, health and wellness are another concern in school-aged children. The most significant problems are the lack of community facilities, safe areas to exercise and play, and healthy food choices. According to the CDC, rural residents report less leisure-time physical activity and lower seatbelt use than their urban counterparts. They also have higher poverty rates, less access to healthcare, and are less likely to have health insurance. All these factors can lead to poor health outcomes and play a role in contributing to the communities' concerns.

Contact

This assessment summary is published on the website of Taylor Regional Hospital (www.trhosp.org). A copy may be obtained by contacting Taylor Regional Hospital's Administration office at 270-465-3561.

Attachment A: Community Resources Identified

(Taylor County) Campbellsville, Kentucky (Population in County 25,769)

Disability Services

- Social Security Administration, 1-800-772-1213,
- Commission for Children with Special Health Care Needs, 1-800-232-1169
- Tri-Generations, LLC, 270-789-9216.
- Supports for Community Living (SLC) Medicaid Waiver provided for individuals with developmental disabilities.
- Kids Spot, 270-465-7768. Speech and occupational therapy for kids with disabilities.

Medical Services

- Taylor County Crisis Relief Center, 270-465-0835
- C&S Mission Store, 270-465-8834
- K-Chip (KY Children's Health Insurance Plan), 1-855-306-8959
- Taylor County Health Department, 270-465-4191
- Family Support, 1-855-306-8959
- One Cross Clinic, 270-789-0034
- Taylor Regional Hospital, 270-465-3561

Clothing Services

- Holy Thread Clothing Ministry, First United Methodist Church, 270-465-5951
- Clothing Closet, The ROCK Community Worship Center, 270-465-5951
- In His Hands Outreach, 270-403-1515
- C&S Mission Store, 270-465-8834
- Campbellsville Youth Services Center, 270-789- 3710

*For other community resources, please visit:

<https://www.cville.kyschools.us/userfiles/1159/my%20files/sources%20of%20service%20book%202020.pdf?i d=80157>

(Marion County Lebanon, Raywick, Loretto, Bradfordville, Saint Mary, Kentucky (Population in County 19,244)

- Mark A. Mattingly Senior Center
- Marion County Ministerial Association Rev. J.C. Riley
- Marion County Community Services Center
- Lebanon Senior Center
- Central Kentucky Community Action
- Bradfordville Senior Center
- The Caring Place

(Larue County) Hodgenville, Buffalo, Magnolia, Kentucky (Population in County 14,398)

- Larue County Community Action Office
- Magnolia Cumberland Presbyterian Church Food Pantry
- LaRue County Church of Christ Food Pantry
- Hodgenville United Methodist Church Food Pantry
- Hodgenville Senior Center

(Green County), Greensburg, Kentucky (Population in County 10,941)

- Adult Education
- ADANTA (Behavioral Health)
- Adoption Hotline
- Adult and Child Abuse Helpline
- Alcohol/Drug Treatment Referral Hotline
- American Red Cross
- Bethany House
- Child Support Enforcement
- Commission for Children with Special Healthcare Needs

(Adair County), Columbia, Kentucky (Population in County 19,222)

- Adult Education
- ADANTA (Behavioral Health)
- Adoption Hotline
- Adult and Child Abuse Helpline
- Alcohol/Drug Treatment Referral Hotline
- American Red Cross
- Bethany House
- Child Support Enforcement
- Commission for Children with Special Healthcare Needs

(Casey County) Liberty, Kentucky (Population in County 15,885)

- Adult Education
- ADANTA (Behavioral Health)
- Adoption Hotline
- Adult and Child Abuse Helpline
- Alcohol/Drug Treatment Referral Hotline
- American Red Cross
- Bethany House
- Child Support Enforcement
- Commission for Children with Special Healthcare Needs

Attachment B: 2021 County Health Rankings: Ranked Measure Sources & Years of Data

	Measure	Source	Years of Data
HEALTH OUTCOMES			
Length of Life	Premature death*	National Center for Health Statistics - Mortality Files	2017-2019
Quality of Life	Poor or fair health	Behavioral Risk Factor Surveillance System	2018
	Poor physical health days	Behavioral Risk Factor Surveillance System	2018
	Poor mental health days	Behavioral Risk Factor Surveillance System	2018
	Low birthweight*	National Center for Health Statistics - Natality files	2013-2019
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2018
Diet and Exercise	Adult obesity	United States Diabetes Surveillance System	2017
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2015 & 2018
	Physical inactivity	United States Diabetes Surveillance System	2017
	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & US Census Timeline Files	2010 & 2019
Alcohol and Drug Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2018
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2015-2019
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
	Teen births*	National Center for Health Statistics - Natality files	2013-2019
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2018
	Primary care physicians	Area Health Resource File/American Medical Association	2018
	Dentists	Area Health Resource File/National Provider Identification file	2019
	Mental health providers	CMS, National Provider Identification	2020
Quality of Care	Preventable hospital stays*	Mapping Medicare Disparities Tool	2018
	Mammography screening*	Mapping Medicare Disparities Tool	2018
	Flu vaccinations*	Mapping Medicare Disparities Tool	2018
SOCIAL & ECONOMIC FACTORS			
Education			
Education	High school completion	American Community Survey, 5-year estimates	2015-2019
Employment	Some college	American Community Survey, 5-year estimates	2015-2019
Income	Unemployment	Bureau of Labor Statistics	2019
Income	Children in poverty*	Small Area Income and Poverty Estimates	2019
Family and Social Support	Income inequality	American Community Survey, 5-year estimates	2015-2019
	Children in single-parent households	American Community Survey, 5-year estimates	2015-2019
Family and Social Support	Social associations	County Business Patterns	2018
	Community Safety	Violent crime	Uniform Crime Reporting - FBI
Community Safety	Injury deaths*	National Center for Health Statistics - Mortality Files	2015-2019
	PHYSICAL ENVIRONMENT		
Air and Water Quality			
Air and Water Quality	Air pollution - particulate matter	Environmental Public Health Tracking Network	2016
	Housing and Transit	Drinking water violations	Safe Drinking Water Information System
Housing and Transit	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2013-2017
	Driving alone to work*	American Community Survey, 5-year estimates	2015-2019
	Long commute - driving alone	American Community Survey, 5-year estimates	2015-2019

Explanations & Definitions

TERM	EXPLANATIONS & DEFINITIONS
Health Outcomes	Health Outcomes ranking is based upon the length of life and quality of life
Length of Life	Length of Life ranking is based on the premature death rate.
Premature Death	Years of potential life lost before age 75 per 100,000 population (age adjusted)
Quality of Life	Indicates poor health and the prevalence of disease in 4 separate categories which include poor or fair health, poor physical health days, poor mental health days and low birth weight.
Poor or Fair Health	Percent of adults reporting fair or poor health (age adjusted) by county.
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age adjusted).
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 Days (age adjusted).
Low Birth Weight	Percent of live births with low birth weights (<2,500 grams).
Health Factors	Weighted measures of health behaviors, clinical care, social and economic and physical environment factors within each county.
Health Behaviors	An aggregate of a number of variables that include adult smoking, adult obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections and teen births.
Life Expectancy	Average number of years a person is expected to live.
Adult Smoking	Percent of adults who report smoking \geq 100 cigarettes and are currently smoking.
Adult Obesity	Percent of adults who report a Body Mass Index (BMI) \geq 30.
Food Environment Index	Index of factors that contribute to a healthy food environment by weighing two indicators equally, one being the access to healthy foods by of low income and the other being the food insecurity of the population.
Physical Inactivity	Percent of adults 20 years or older reporting no leisure time physical activity.
Access to Exercise Opportunities	Percent of the population with adequate access locations where they can engage in physical activity.
Excessive Drinking	Includes both binge and heavy drinking.
Alcohol-Impaired Driving	Percent of driving deaths caused by alcohol
Sexually Transmitted	Chlamydia rate per 100,000 population.

TERM	EXPLANATIONS & DEFINITIONS
Teen Birth Rate	Teen birth rate per 1,000 female population, ages 15 to 19.
Clinical Care	Aggregate of several variables including percentage of uninsured, primary care physicians-to-population, preventable hospital days; diabetic screening, and mammography screening.
Uninsured	Percentage of the population under age 65 used in the clinical care factors ranking.
Primary Care Physicians	Ratio of population to Primary Care Physicians.
Dentists	Ratio of population to Dentists.
Mental Health Providers	Ratio of population to Mental Health Provider.
Preventable Hospital Stays	Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees.
Diabetic Monitoring	Percent of diabetic Medicare enrollees who receive HbA1c monitoring.
Mammography Screening	Percent of female Medicare enrollees who receive mammography screening.
Social & Economic Factors	Aggregate of factors including education level, unemployment rate, children in poverty, inadequate social support, children in single parent households, and violent crime rate.
High School Graduation	Percent of ninth graders who graduate in 4 years.
Some College	Percent of adults aged 25 to 44 years with some post-secondary education.
Unemployment	Percent of population 16+ unemployed but seeking work.
Children in Poverty	Percent of children under age 18 in poverty.
Income Inequality	Ratio of income at the 80th percentile to the 20th percentile.
Children in Single-Parent Households	Percent of children who live in a household headed by a single parent.
Social Associations	Number of membership associations per 10,000 population.
Violent Crime Rate	Annual crimes per 100,000 in population.
Injury Deaths	Number of deaths caused from injuries per 100,000 population.
Physical Environment	Aggregate of several weighted variables including air pollution, drinking water violations, severe housing problems, driving alone to work and long commute - driving alone.
Air Pollution - Particulate Matter	Average density of fine particulate matter in micrograms per cubic meter per day.
Drinking Water Violations	Percent of population who may be exposed to water that does not meet safe drinking water standards.
Severe Housing Problems	Percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen or plumbing.

TERM	EXPLANATIONS & DEFINITIONS
Driving Alone to Work	Percent of workforce that drives to work alone
Long Commute - Driving Alone	Percent of the workforce whose commute exceeds 30 minutes.
Additional Measures	Additional parameters identified in each category. These parameters are included as a valuable source of data to help gain a better understanding of the community. These measures are not used to determine the ranking of each category unless no other data is available.
Population	Number of individuals who reside in a county.
% Below 18 Years of Age	Percentage of the population who are younger than 18 years of age.
% 65 and Older	Percentage of the population who are 65 or older.
% Non-Hispanic African American	Percentage of the population who are not Hispanic African American.
% American Indian & Alaskan Native	Percentage of the population who are of American Indian and Alaskan Native descent.
% Asian	Percentage of the population who are of Asian descent.
% Native Hawaiian/Other Pacific Islander	Percentage of the population who are of Native Hawaiian or other Pacific Island descent.
% Hispanic	Percent of the population who are Hispanic.
% Non-Hispanic White	Percent of the population who are white and not of Hispanic descent.
% Not Proficient in English	Percent of the population, age 5 or older, who report as not speaking English "well".
% Females	The percent of the population that are female.
% Rural	Percentage of the population living in a rural area.
Diabetes	Percentage of adults aged 20 or older who have been diagnosed with having diabetes.
HIV Prevalence	Number of people per 100,000 population diagnosed with HIV.
Premature Age-Adjusted Mortality	Number of deaths under 75 years old per 100,000 population (age- adjusted).
Infant Mortality	Number of babies who died within 1 year of birth per 1,000 live births.
Child Mortality	Number of children (under age 18) who died per 100,000.
Food Insecurity	Percent of population who lack adequate access to food.
Limited Access to Healthy Foods	Percent of population who are low income and do not live close to a grocery store.
Motor Vehicle Crash Deaths	Number of deaths caused by motor vehicle crashes per 100,000 population.
Uninsured Children	Percent of the population under the age of 18 without health insurance.
Healthcare Costs	The amount of price-adjusted Medicare reimbursements per enrollee.
Could Not See Doctor Due to	Percent of the population who were unable to see a doctor because of cost.
Other Primary Care Providers	Ratio of population per primary care providers other than physicians.
Median Household Income	The income at which half the households earn more, and half earn less.
Children Eligible for Free Lunch	Percentage of children enrolled in public schools that are eligible for free lunch.
Homicides	Number of deaths caused by assault per 100,000 population.
Source: www.countyhealthrankings.org	

Demographic Data & Health Outcomes

Taylor County Analysis



Health Outcomes

Taylor (TA) is ranked in the higher middle range of counties in Kentucky (Higher 50%-75%)



Health Factors

Taylor (TA) is ranked in the higher middle range of counties in Kentucky (Higher 50%-75%)

	The county is getting worse for this measure.
	The county is the same for this measure.
	The county is getting better at this measure.

Taylor County Demographics	County	State
Population	25,769	4,467,673
% Below 18 years of age	22.40%	22.40%
% 65 and older	18.30%	16.80%
% Non-Hispanic Black	5.10%	8.20%
% American Indian & Alaska Native	0.20%	0.30%
% Asian	0.90%	1.60%
% Native Hawaiian/Other Pacific Islander	0.10%	0.10%
% Hispanic	2.50%	3.90%
% Non-Hispanic White	89.30%	84.10%
% Not proficient in English	0%	1%
% Females	51.10%	50.70%
% Rural	52.20%	41.60%

Taylor County Analysis: Continued

	Taylor (TA) County	Trend	Error Margin	Top U.S. Performers	Kentucky
Health Outcomes					
Length of Life					
Premature death	9,500		8,200-10,800	5,400	9,500
Quality of Life					
Poor or fair health	25%		22-29%	14%	22%
Poor physical health days	5.5		5.0-6.0	3.4	4.6
Poor mental health days	5.5		5.1-6.0	3.8	5
Low birthweight	9%		8-10%	6%	9%
	Taylor (TA) County	Trend	Error Margin	Top U.S. Performers	Kentucky
Health Factors					
Health Behaviors					
Adult smoking	25%		21-28%	16%	24%
Adult obesity	39%		31-47%	26%	35%
Food environment index	6.6			8.7	6.9
Physical inactivity	37%		30-44%	19%	29%
Access to exercise opportunities	83%			91%	71%
Excessive drinking	15%		14-16%	15%	17%
Alcohol-impaired driving deaths	13%		5-23%	11%	25%
Sexually transmitted infections	353.3			161.2	436.4
Teen births	36		31-40	12	31

source: www.countyhealthrankings.org

Taylor County Analysis: Continued

	Taylor (TA) County	Trend	Error Margin	Top U.S. Performers	Kentucky
Clinical Care					
Uninsured	7%		5-8%	6%	7%
Primary care physicians	1,420:1			1,030:1	1,540:1
Dentists	2,860:1			1,210:1	1,490:1
Mental health providers	480:01:00			270:01:00	420:01:00
Preventable hospital stays	5,884			2,565	5,615
Mammography screening	41%			51%	40%
Flu vaccinations	42%			55%	46%
Social & Economic Factors					
High school completion	87%		85-89%	94%	86%
Some college	60%		51-68%	73%	62%
Unemployment	4.30%			2.60%	4.30%
Children in poverty	21%		12-30%	10%	21%
Income inequality	4.8		3.9-5.7	3.7	5
Children in single-parent households	29%		21-38%	14%	26%
Social associations	14.5			18.2	10.6
Violent crime	161			63	222
Injury deaths	95		78-112	59	96
Physical Environment					
Air pollution - particulate matter	8.7			5.2	8.7
Drinking water violations	No				
Severe housing problems	14%		11-17%	9%	14%
Driving alone to work	83%		80-86%	72%	82%
Long commute - driving alone	23%		18-27%	16%	31%

Adair County Analysis:



Health Outcomes

Adair (AD) is ranked in the higher middle range of counties in Kentucky (Higher 50%-75%)



Health Factors

Adair (AD) is ranked in the lower middle range of counties in Kentucky (Lower 25%-50%)

Adair County Demographics	County	State
Population	19,202	4,467,673
% Below 18 years of age	19.90%	22.40%
% 65 and older	19.20%	16.80%
% Non-Hispanic Black	2.80%	8.20%
% American Indian & Alaska Native	0.30%	0.30%
% Asian	0.40%	1.60%
% Native Hawaiian/Other Pacific Islander	0.10%	0.10%
% Hispanic	2.20%	3.90%
% Non-Hispanic White	93%	84%
% Not proficient in English	0.00%	1.00%
% Females	50.20%	50.70%
% Rural	75.50%	41.60%

	Adair County	Trend	Error Margin	Top U.S. Performers	Kentucky
Health Outcomes					
Length of Life					
Premature death	8,900		7,400-10,500	5,400	9,500
Quality of Life					
Poor or fair health	27%		24-31%	14%	22%
Poor physical health days	5.7		5.2-6.3	3.4	4.6
Poor mental health days	5.8		5.3-6.3	3.8	5
Low birthweight	8%		7-10%	6%	9%

Adair County Analysis: Continued

	Adair County	Trend	Error Margin	Top U.S. Performers	Kentucky
Health Factors					
Health Behaviors					
Adult smoking	27%		23-31%	16%	24%
Adult obesity	40%		33-47%	26%	35%
Food environment index	7.2			8.7	6.9
Physical inactivity	34%		27-41%	19%	29%
Access to exercise opportunities	60%			91%	71%
Excessive drinking	15%		14-15%	15%	17%
Alcohol-impaired driving deaths	18%		8-31%	11%	25%
Sexually transmitted infections	272			161.2	436.4
Teen births	22		18-26	12	31
Clinical Care					
Uninsured	8%		7-9%	6%	7%
Primary care physicians	2,750:1			1,030:1	1,540:1
Dentists	4,800:1			1,210:1	1,490:1
Mental health providers	490:01:00			270:01:00	420:01:00
Preventable hospital stays	6,026			2,565	5,615
Mammography screening	39%			51%	40%
Flu vaccinations	31%			55%	46%

Adair County Analysis: Continued

	Adair County	Trend	Error Margin	Top U.S. Performers	Kentucky
Social & Economic Factors					
High school completion	80%		77-82%	94%	86%
Some college	47%		40-55%	73%	62%
Unemployment	5.30%			2.60%	4.30%
Children in poverty	30%		19-41%	10%	21%
Income inequality	4.6		3.8-5.4	3.7	5
Children in single parent households	19%		12-26%	14%	26%
Social associations	4.7			18.2	10.6
Violent crime	40			63	222
Injury deaths	93		74-114	59	96
Physical Environment					
Air pollution - particulate matter	8.8			5.2	8.7
Drinking water violations	No				
Severe housing problems	12%		9-15%	9%	14%
Driving alone to work	85%		82-88%	72%	82%
Long commute - driving alone	31%		26-36%	16%	31%

Green County Analysis:



Health Outcomes

Green (GE) is ranked in the higher middle range of counties in Kentucky (Higher 50%-75%)



Health Factors

Green (GE) is ranked in the lower middle range of counties in Kentucky (Lower 25%-50%)

Green County Demographics	County	State
Population	10,941	4,467,673
% Below 18 years of age	20.50%	22.40%
% 65 and older	21.10%	16.80%
% Non-Hispanic Black	2.00%	8.20%
% American Indian & Alaska Native	0.50%	0.30%
% Asian	0.20%	1.60%
% Native Hawaiian/Other Pacific Islander	0.00%	0.10%
% Hispanic	1.90%	3.90%
% Non-Hispanic White	94.10%	84.10%
% Not proficient in English	1%	1%
% Females	50.90%	50.70%
% Rural	100.00%	41.60%

	Green County	Trend	Error Margin	Top U.S. Performers	Kentucky
Health Outcomes					
Length of Life					
Premature death	9,800		7,500-12,000	5,400	9,500
Quality of Life					
Poor or fair health	27%		24-31%	14%	22%
Poor physical health days	5.7		5.2-6.3	3.4	4.6
Poor mental health days	5.8		5.2-6.3	3.8	5
Low birthweight	8%		6-10%	6%	9%

Green County Analysis: Continued

	Green County	Trend	Error Margin	Top U.S. Performers	Kentucky
Health Factors					
Health Behaviors					
Adult smoking	28%		23-31%	16%	24%
Adult obesity	36%		27-44%	26%	35%
Food environment index	7.1			8.7	6.9
Physical inactivity	27%		20-36%	19%	29%
Access to exercise opportunities	8%			91%	71%
Excessive drinking	15%		14-16%	15%	17%
Alcohol-impaired driving deaths	15%		3-32%	11%	25%
Sexually transmitted infections	180.8			161.2	436.4
Teen births	43		34-53	12	31
Clinical Care					
Uninsured	8%		7-10%	6%	7%
Primary care physicians	5,520:1			1,030:1	1,540:1
Dentists	2,740:1			1,210:1	1,490:1
Mental health providers	730:01:00			270:01:00	420:01:00
Preventable hospital stays	6,639			2,565	5,615
Mammography screening	32%			51%	40%
Flu vaccinations	38%			55%	46%

Green County Analysis: Continued

	Green County	Trend	Error Margin	Top U.S. Performers	Kentucky
Social & Economic Factors					
High school completion	75%		72-79%	94%	86%
Some college	53%		44-62%	73%	62%
Unemployment	4.40%			2.60%	4.30%
Children in poverty	23%		14-32%	10%	21%
Income inequality	4.6		4.0-5.1	3.7	5
Children in single parent households	19%		11-26%	14%	26%
Social associations	14.5			18.2	10.6
Violent crime	32			63	222
Injury deaths	98		74-128	59	96
Physical Environment					
Air pollution - particulate matter	8.7			5.2	8.7
Drinking water violations	No				
Severe housing problems	12%		9-15%	9%	14%
Driving alone to work	80%		74-86%	72%	82%
Long commute - driving alone	43%		35-50%	16%	31%

Attachment C: Physician Needs Assessment Analysis

Physician Needs Assessment Analysis: Primary Service Area Taylor, Adair, & Green County

SPECIALTIES	CURRENT NUMBER OF PHYSICIANS WITHIN PRIMARY SERVICE AREA	SURPLUS (SHORTAGE) IN PRIMARY SERVICE AREA	Population of 10 ,000				AVERAGE	POPULATION-BASED UPON HOSPITAL PRIMARY SERVICE AREA: POPULATION OF 55,912
			GMENAC	GOODMAN	HICKS & GLENN	SOLUCIENT		
Primary Care								
Family Practice	19.00	7.09	25.20	N/A	16.20	22.53	21.31	11.91
Internal Medicine	10.00	(1.02)	28.80	N/A	11.30	19.01	19.70	11.02
Pediatrics	2.00	(4.39)	12.80	N/A	7.60	13.90	11.43	6.39
Total Primary Care	31.00	1.68	66.80	N/A	35.10	55.44	52.45	29.32
Medical Specialties								
Allergy/Immunology	0.00	(0.71)	0.80	1.30	N/A	1.72	1.27	0.71
Cardiology	3.00	1.21	3.20	3.60	2.60	3.41	3.20	1.79
Dermatology	0.00	(1.23)	2.90	1.40	2.10	2.38	2.20	1.23
Endocrinology	0.00	(0.45)	0.80	N/A	N/A	0.80	0.80	0.45
Gastroenterology	0.00	(1.21)	2.70	1.30	N/A	2.50	2.17	1.21
Hematology/Oncology	1.00	(0.28)	3.70	1.20	N/A	1.99	2.30	1.28
Infectious Disease	0.00	(0.50)	0.90	N/A	N/A	0.90	0.90	0.50
Nephrology	0.25	(0.31)	1.10	N/A	N/A	0.92	1.01	0.56
Neurology	1.00	(0.08)	2.30	2.10	1.40	1.90	1.93	1.08
Psychiatry	2.00	(2.92)	15.90	7.20	3.90	8.18	8.80	4.92
Pulmonology	0.25	(0.55)	1.50	1.40	N/A	1.40	1.43	0.80
Rheumatology	0.00	(0.36)	0.70	0.40	N/A	0.81	0.64	0.36
Physical Medicine & Rehab	0.00	(0.75)	1.30	N/A	N/A	1.40	1.35	0.75
Other Medical Specialties	1.00	(0.12)	N/A	N/A	N/A	2.01	2.01	1.12
Surgical Specialties								
General Surgery	4.00	(0.12)	9.70	9.70	4.10	6.01	7.38	4.12
Cardio/Thoracic Surgery	0.00	(0.39)	N/A	0.70	N/A	N/A	0.70	0.39
Neurosurgery	0.00	(0.50)	1.10	0.70	N/A	N/A	0.90	0.50
OB/GYN	5.00	(0.10)	9.90	8.40	8.00	10.17	9.12	5.10
Ophthalmology	2.00	(0.27)	4.80	3.50	3.20	4.71	4.05	2.27
Orthopedic Surgery	2.50	(0.63)	6.20	5.90	4.20	6.12	5.61	3.13
Otolaryngology	2.00	0.42	3.30	2.40	N/A	2.8	2.83	1.58
Plastic Surgery	0.00	(0.94)	1.10	1.10	2.30	2.22	1.68	0.94
Urology	2.00	0.52	3.20	2.60	1.90	2.86	2.64	1.48
Other Surgical Specialties	2.00	0.77	N/A	N/A	N/A	2.20	2.20	1.23
Hospital-based								
Emergency	4.00	(0.40)	8.50	2.70	N/A	12.40	7.87	4.40
Anesthesiology	3.00	(1.28)	8.30	7.00	N/A	N/A	7.65	4.28
Radiology	3.00	(1.72)	8.90	8.00	N/A	N/A	8.45	4.72
Pathology	1.00	(1.71)	5.60	4.10	N/A	N/A	4.85	2.71
Pediatric Cardiology	0.00	(0.11)	N/A	N/A	N/A	0.20	0.20	0.11
Pediatric Neurology	0.00	(0.07)	N/A	N/A	N/A	0.12	0.12	0.07
Pediatric Psychiatry	0.00	(0.25)	N/A	N/A	N/A	0.45	0.45	0.25
Other Pediatric Subspecialties	1.00	0.50	0.89	N/A	N/A	N/A	0.89	0.50
TOTALS	71.00	-12.88						83.88

Physician Needs Assessment Analysis:

A quantitative physician needs assessment analysis was completed for Taylor Regional Hospital's primary service area that consisted of Taylor, Adair, & Green County, with a total population of 55,912. The physician needs assessment analysis uses a nationally recognized quantitative methodology to determine the need for physicians by physician specialty for a given geographic population area being assessed.

Based on the quantitative physician needs assessment analysis completed, the top six physician needs in the service area by specialty are as follows:

- Pediatrics – 4.39
- Radiology – 1.72
- Pathology – 1.71
- Dermatology– 1.23
- Gastroenterology – 1.21
- Internal Medicine – 1.02

Attachment D: Community Input Survey Tool

Taylor Regional Hospital, Campbellsville, KY

Interviewer's Initials:

Date:

Start Time:

End Time:

Name of Person Interviewed:

Title:

Agency/Organization:

Of years living in Taylor County:

of years in current position:

E-mail address:

Introduction: Good morning/afternoon. My name is _____, I am with Blue & Co., LLC. We are assisting **Taylor Regional Hospital** in completing their Community Health Needs Assessment for 2021. Thank you for taking time out of your busy day to speak with me. I'll try to keep our time to approximately 10 minutes, but we may find that we run over – up to 15 minutes total - once we get into the interview.

Taylor Regional Hospital is gathering local data to develop a plan to improve health and quality of life in Taylor County. Community input is essential to this process. A combination of surveys and key informant interviews is being used to engage community members. You have been selected for a key informant interview because of your knowledge, insight, and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept strictly confidential.

To get us started, can you tell me briefly about the work that you and your organization do in the community?

Thank you. Next, I'll be asking you a series of questions about health and quality of life in Taylor County. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,' while sharing the local perspectives you have from your current position and experiences in this community.

Questions:

1. In general, how would you rate health and quality of life in Taylor County?

- [1 = Poor
- 2 = Fair
- 3 = Good
- 4 = Very Good
- 5 = Excellent.]

2. In your opinion, has health and quality of life in Taylor County improved, stayed the same, or declined over the past few years?

[]

a. Why do you think it has (based on answer from previous question: improved, declined, or stayed the same)?

[]

b. What other factors have contributed to the (based on answer to question 2: improvement, decline or to health and quality of life staying the same)?

[]

3. Are there people or groups of people in Taylor County whose health or quality of life may not be as good as others?

[]

a. Who are these persons or groups (whose health or quality of life is not as good as others)?

[]

b. Why do you think their health/quality of life is not as good as others?

[]

4. What barriers, if any, exist to improving health and quality of life in Taylor County?

[]

5. In your opinion, what are the most critical health and quality of life issues in Taylor County?

[]

a. What needs to be done to address these issues?

[]

6. Do you think access to Health Services has improved over the last 3 years? Why or why not?

[]

7. What is your familiarity with various outreach efforts of Taylor Regional Hospital regarding Heart Disease, Cancer and Stroke? Do you think the outreach is helpful and effective? Do you have any suggestions for additional outreach opportunities?

[]

8. Please provide insight and observations regarding certain health behaviors in the community surrounding obesity, physical inactivity, drug abuse and tobacco use. Have any noticeable improvements been made in these areas during the last three years? What organizations are addressing these issues and what are they doing? What do you think is the best way to change behaviors in these areas?

[]

9. What is the most important issue the hospital should address in the next 3-5 years?

[]

Close: Thanks so much for sharing your concerns and perspectives on these issues. The information you have provided will contribute to develop a better understanding about factors impacting health and quality of life in Taylor County. Before we conclude the interview,

Is there anything you would like to add?

[]

As a reminder, summary results will be made available and used to develop a community-wide health improvement plan

Thanks once more for your time. It's been a pleasure talking with you.

Attachment E: Citations

American's Health Rankings 2021. Retrieved 2021, from America's Health Rankings website:

www.americashealthrankings.org

American Hospital Association. 2021 Environmental Scan. Retrieved from American Hospital Association

Website: www.aha.org

AmfAR Opioid & Health Indicators Database. Retrieved 2021 from

<https://opioid.amfar.org/KY#data-explorer>

County Health Rankings. 2021 Kentucky and Illinois Compare Counties. Retrieved 2018, from County Health Rankings:

www.countyhealthrankings.org

Centers for Disease Control & Prevention. Retrieved 2021 from

<https://www.cdc.gov/drugoverdose/deaths/2019.html>

Centers for Medicare & Medicaid Services. Retrieved 2021, from Historical:

[www.cms.gov/Research- Statistics-Data-and- Systems/Statistics-Trends-and- Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html](http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html)

Data USA. Taylor County & Kentucky State Health Information Data.

Retrieved 2021, from Data USA Website

<https://datausa.io/profile/geo/taylor-county-ky#health>

Deloitte. 2020 Survey of Health Care Consumers in the United States: *The performance of the health care system and health care reform.*

U.S. Department of Health and Human Services: Office of Disease Prevention and Health Promotion.

Healthy People 2020. Retrieved from HealthyPeople.gov website:

<http://www.healthypeople.gov/>

U.S. Census Bureau. *State & County Quickfacts.* Retrieved 2018, from Quickfacts Census Web Site:

<http://quickfacts.census.gov>

Attachment F: National Health Trends

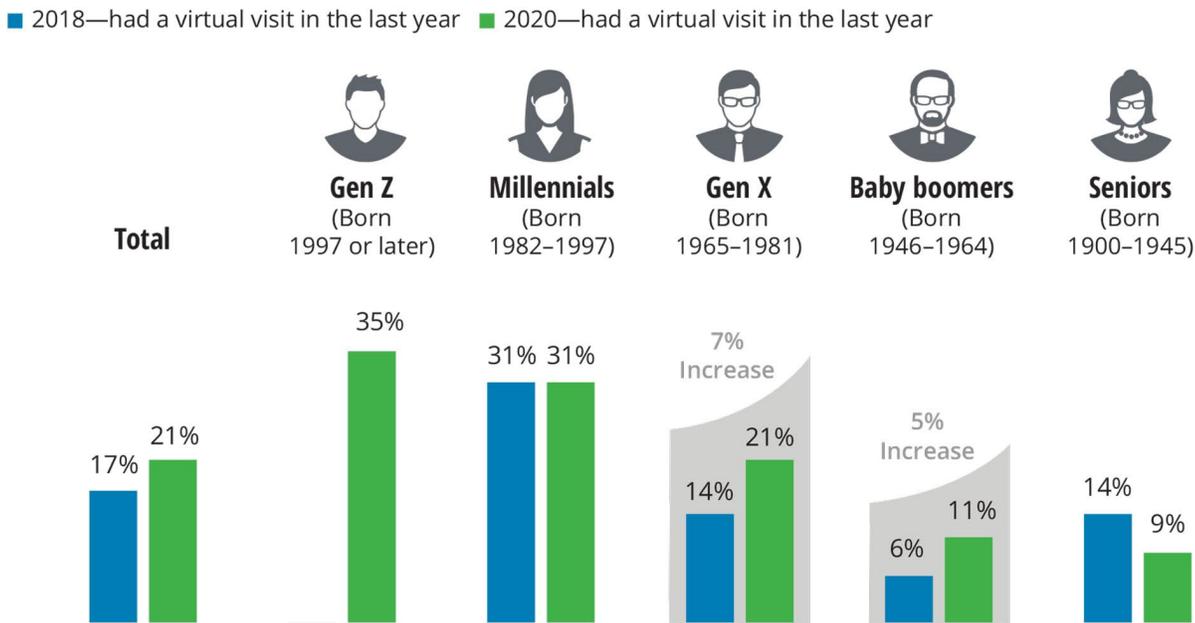
The following data describes the recent trends in national healthcare and was obtained from the United States Census Bureau, and the Deloitte Survey of Health Care Consumers in the United States and the American Hospital Association Environmental Scan.

The Deloitte Center for Health Solutions’ report titled 2020 Survey of Health Care Consumers in the United States: The performance of the health care system and health care reform provided the following national health related data:

Deloitte Consumers & Health Care System 2020 Survey – Virtual Care

FIGURE 4

From 2018 to March 2020, the largest increases in the use of virtual health care were among Gen X and baby boomers



Note: Data relating to Gen Z was not analyzed in the 2018 survey because the sample size was too small.

Source: Deloitte Center for Health Solutions 2020 and 2018 Surveys of Health Care Consumers.

Deloitte Insights | deloitte.com/insights

American Hospital Association (AHA) Environmental Scan (2020)

The 2020 American Hospital Association Environmental Scan provides insight and information about market forces that have a high probability of affecting the healthcare field. It was designed to help hospitals and health system leaders better understand the healthcare landscape and the critical issues and emerging trends their organizations will likely face in the future. The Scan provided the following information:

COVID-19's Economic Impact on Hospitals & Health Systems

COVID-19's impact on health care services

DEFERRING MEDICAL CARE



41% of U.S. adults avoided medical care due to the pandemic as of June 30, 2020.

Czeisler, Mark E. et al. "Delay or Avoidance of Medical Care Because of COVID-19-Related Concerns — United States, June 2020," *Morbidity and Mortality Weekly Report*, Sept. 11, 2020, 69(36):1250-1257.

COVID-19's ECONOMIC IMPACT ON HOSPITALS AND HEALTH SYSTEMS

\$323.1 BILLION total projected losses to hospitals and health systems in 2020*



of hospital leaders believe patient volume will not return to baseline in 2020.*



decrease in outpatient visits at the start of the pandemic†

**Hospitals and Health Systems Continue to Face Unprecedented Financial Challenges due to COVID-19," American Hospital Association, June 2020.
††Six month update: National patient and procedure volume tracker," Strata Decision Technology, Sept. 23, 2020.

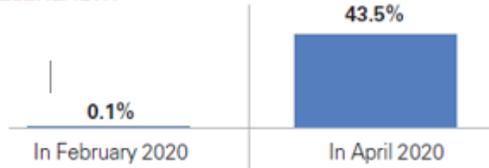
Consumer Telehealth Shift

EFFECTS OF TRANSITIONING CARE TO TELEHEALTH

- 20% of all emergency department visits could be avoided.
- 24% of health care office visits and outpatient volume could be delivered virtually.
- 35% of regular home health services could be virtualized.
- 2% of all outpatient volume could be shifted to the home setting with tech-enabled medical administration.

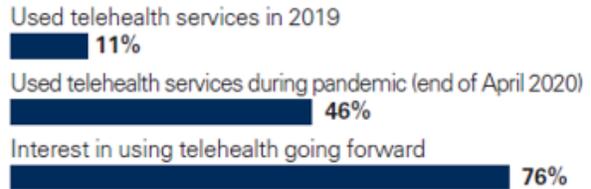
Bestsennyy O., Gilbert G., Harris A., Rost, J. "Telehealth: A quarter-trillion-dollar post-COVID-19 reality?" McKinsey & Company, May 29, 2020.

% OF MEDICARE PRIMARY CARE VISITS USING TELEHEALTH



Bosworth A. et al. "ASPE Issue Brief: Medicare Beneficiary Use of Telehealth Visits: Early Data from the Start of the COVID-19 Pandemic," Office of the Assistant Secretary for Planning and Evaluation, Department of Health & Human Services, July 28, 2020.

CONSUMERS TURN TO TELEHEALTH IN 2020



Bestsennyy O., Gilbert G., Harris A., Rost, J. "Telehealth: A quarter-trillion-dollar post-COVID-19 reality?" McKinsey & Company, May 29, 2020.

Provider telehealth shift

- Providers are seeing **50-175 times** the number of patients via telehealth than they did before the pandemic.

PROVIDERS' COMFORT WITH TELEHEALTH

Providers view telehealth more favorably than they did before COVID-19

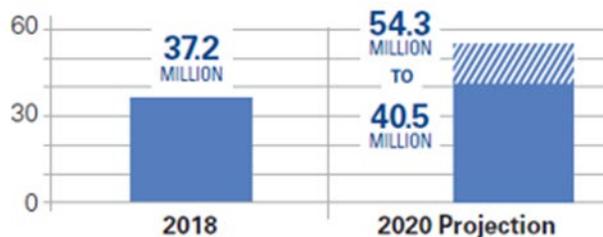


*Bestsennyy O., Gilbert G., Harris A., Rost, J. "Telehealth: A quarter-trillion-dollar post-COVID-19 reality?" McKinsey & Company, May 29, 2020.

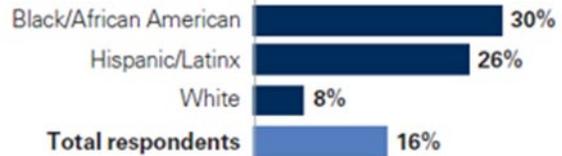
Societal Factors that Influence Health

Spotlight on food insecurity

AMERICANS EXPERIENCING FOOD INSECURITY*



AMERICANS REPORT SKIPPING MEALS OR RELYING ON CHARITY OR GOVERNMENT FOOD PROGRAMS DUE TO COVID-19†



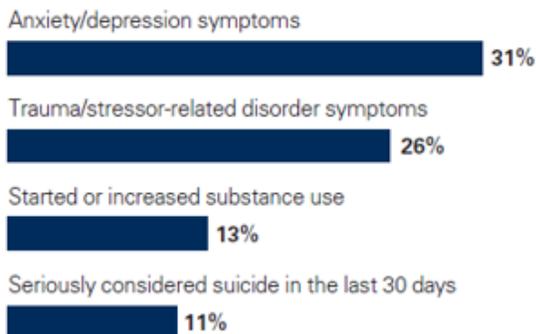
- Between 9 and 17 million children live in a household where adults say that their children do not have enough to eat. Pandemic-instigated school closures and a severe recession served as contributors.‡

**"The Impact of Coronavirus on Food Insecurity," Feeding America, May 19, 2020.
 †Hamel, Liz et al. "Impact of Coronavirus on Personal Health, Economic and Food Security, and Medicaid," KFF Health Tracking Poll — May 2020, Kaiser Family Foundation, May 27, 2020.
 ‡Bauer, Lauren and Parsons, Jana. "Why extend Pandemic EBT? When schools are closed, many fewer eligible children receive meals," Brookings, Sept. 21, 2020.

Mental Health

ADULT BEHAVIORAL HEALTH CONDITIONS

41% of adults report at least one adverse mental or behavioral health condition in June 2020.



ANXIETY SYMPTOMS INCREASE

1 in 3 adults report symptoms of an anxiety disorder, compared with 1 in 12 a year ago.

- 55% reported life to be more stressful.

"Mental Health: Household Pulse Survey," National Center for Health Statistics, CDC, cdc.gov, July 2020, accessed Sept. 7, 2020.

Mental health in the U.S.

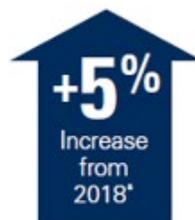
- Anxiety is the most common mental health disorder, affecting 40 million adults every year.
- 17 million adults experience a depressive disorder each year.
- More than 42% cite cost and poor insurance coverage as the top barriers to accessing mental health care.
- More than \$200 billion: estimated annual U.S. spending due to mental health conditions.
- Roughly 111 million Americans live in areas that have a shortage of mental health professionals.

"America's State of Mind: U.S. trends in medication use for depression, anxiety and insomnia," Express Scripts, April 2020.

Substance Use Disorders (SUDs)

DRUG OVERDOSES

- Drug overdose deaths in the U.S. in 2019: Increased to 72,000.*
- Opioids are responsible for 71% of these deaths.*
- As of July 2020, drug overdose deaths increased an average of 13% over last year.†



**Vital Statistics Rapid Release: Provisional Drug Overdose Death Counts," National Center for Health Statistics, CDC, cdc.gov, accessed Oct. 25, 2020.
†Katz, Josh et al. "In Shadow of Pandemic, U.S. Drug Overdose Deaths Resurge to Record," The New York Times, July 15, 2020.

Opioids

ECONOMIC IMPACT

\$819 BILLION

Estimated cost of the opioid epidemic from 2015 to 2019.

\$1 TRILLION

The cost to society over the next five years if trends continue.

Top 3 costs

- Mortality: **\$327 billion**
- Health care: **\$270 billion**
- Lost productivity: **\$124 billion**

"A Movement to End Addiction Stigma — Addressing opioid use disorder stigma: The missing element of our nation's strategy to confront the opioid epidemic," Shatterproof white paper, July 16, 2020.

Access & Affordability

Health care expenses

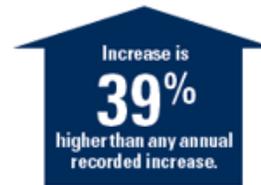
EMPLOYER-SPONSORED INSURANCE: AVERAGE ANNUAL PREMIUM (FAMILY COVERAGE)



*2020 Employer Health Benefits Survey, Kaiser Family Foundation, Oct. 8, 2020.

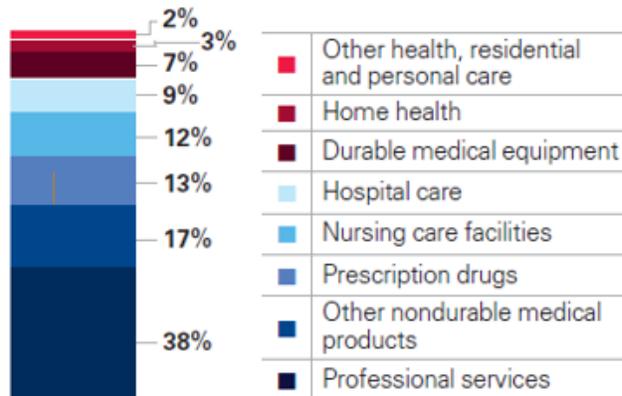
UNINSURED INCREASE

5.4 MILLION Number of U.S. workers who became uninsured February to May, 2020.*



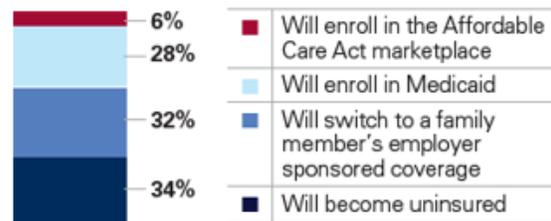
*Dorn, Stan. "The COVID-19 Pandemic and Resulting Economic Crash Have Caused the Greatest Health Insurance Losses in American History." The National Center for Coverage Innovation, Families USA, July 17, 2020.

DISTRIBUTION OF CONSUMER OUT-OF-POCKET HEALTH EXPENSES



*National Health Expenditure Data, Historical, NHE Tables, cms.gov, released Dec. 17, 2019.

PEOPLE WHO LOSE THEIR EMPLOYER-SPONSORED HEALTH INSURANCE IN 2020 (PROJECTED)



Banthin, J. et al. "Changes in Health Insurance Coverage Due to the COVID-19 Recession: Preliminary Estimates Using Microsimulation," Urban Institute, Robert Wood Johnson Foundation, July 13, 2020.

Healthy People 2020

HealthyPeople.gov provides 10-year national objectives for improving the health of all Americans by 2020. The topics are the result of a multiyear process with input from a diverse group of individuals and organizations. Eighteen federal agencies with the most relevant scientific expertise developed health objectives to promote a society in which all people live long, healthy lives. The primary goals for Healthy People 2020-2030 are:

Goals for Healthy People 2020-2030

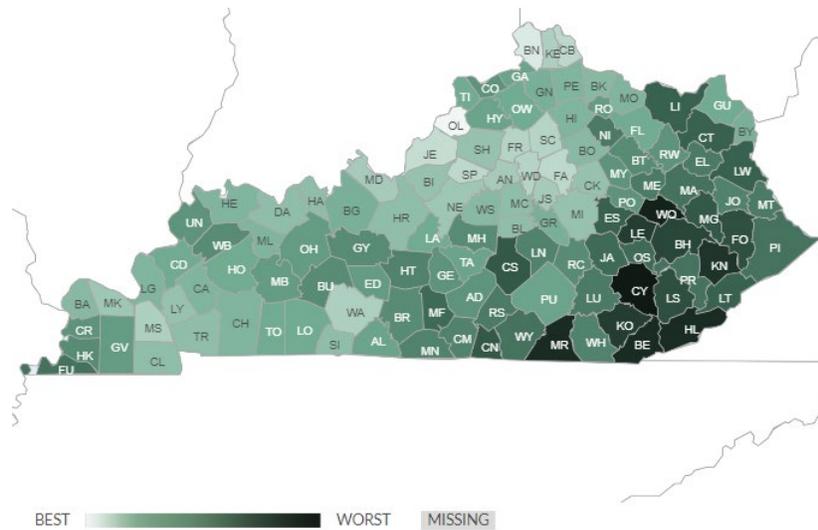
- Attain healthy, thriving lives and well-being, free of preventable disease, disability, injury, and premature death
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all

- Create social, physical, and economic environments that promote attaining full potential for health and well-being for all
- Promote healthy development, healthy behaviors, and well-being across all life stages
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all

For All Healthy People 2020-2030 Objectives Click [Here](#):

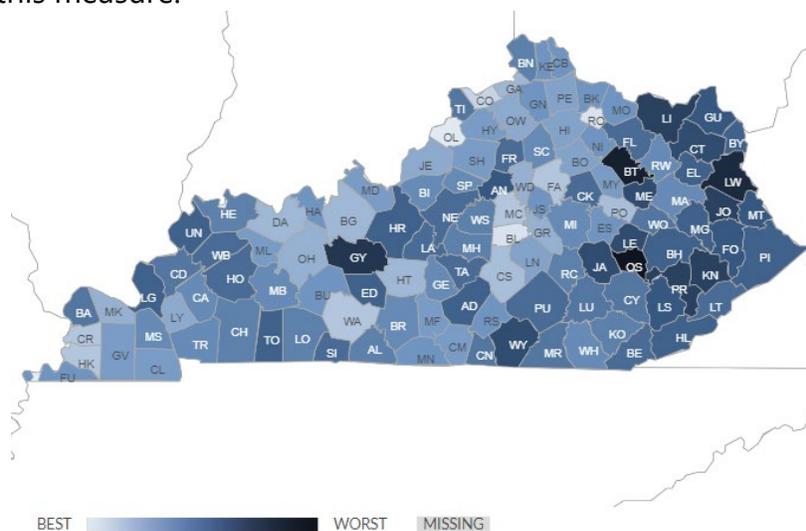
Health Outcomes – Poor Physical Health Days

Average number of physically unhealthy days reported in past 30 days (age-adjusted). The 2021 County Health Rankings used data from 2018 for this measure.



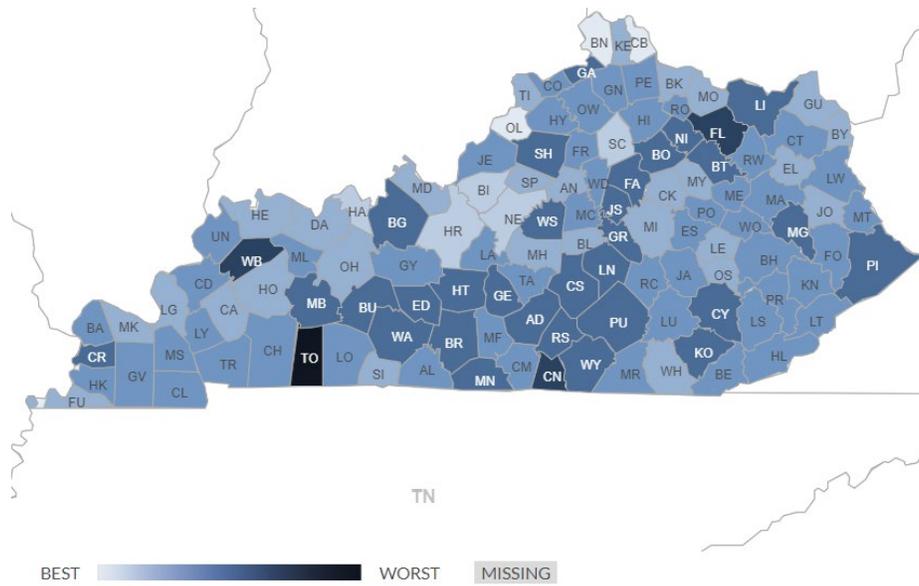
Health Factors – Adult Obesity

Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m². The 2021 County Health Rankings used data from 2017 for this measure.



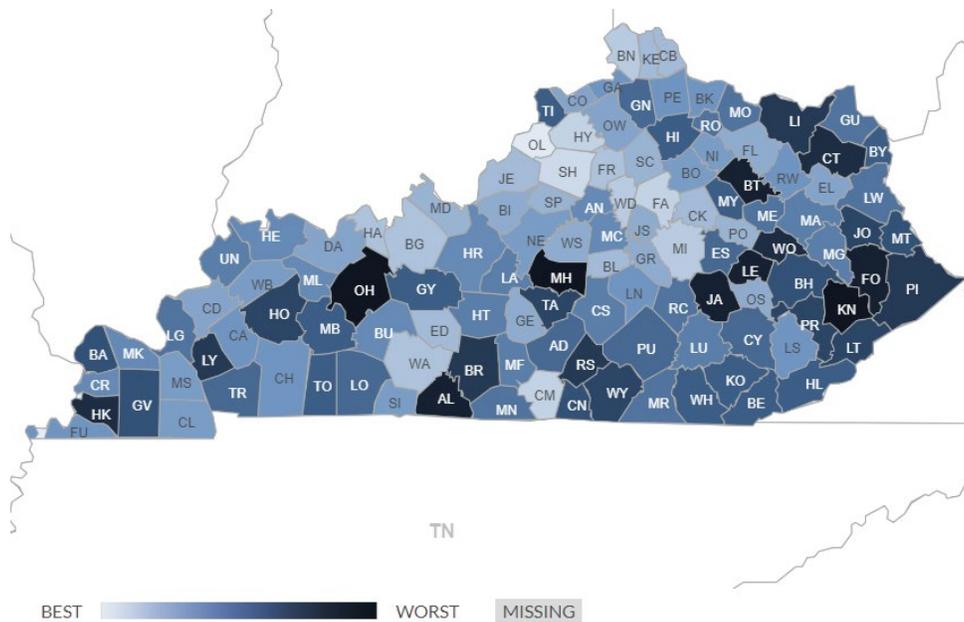
Health Factors – Uninsured

Percentage of population under age 65 without health insurance. The 2021 County Health Rankings used data from 2018 for this measure.



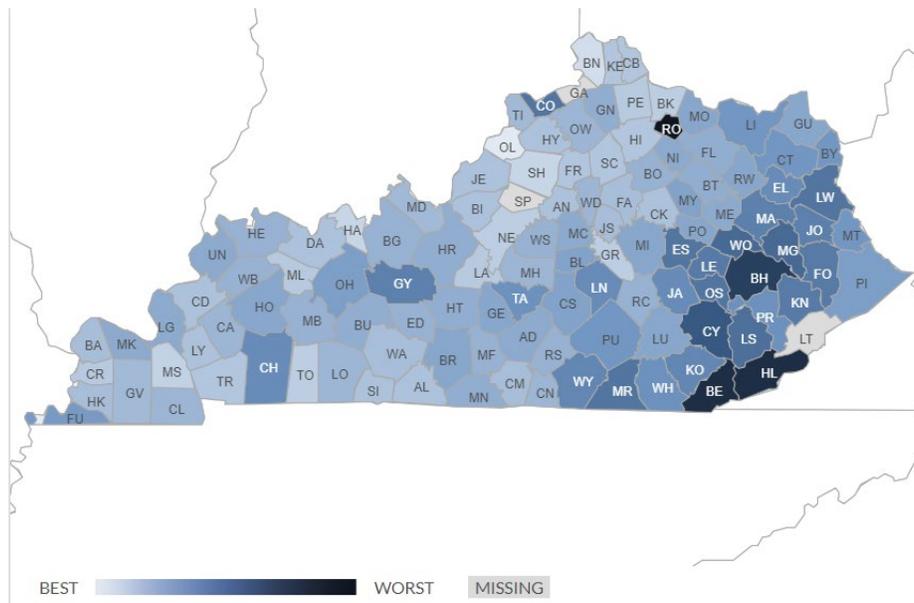
Health Factors – Physical Inactivity

Percentage of adults aged 20 and over reporting no leisure-time physical activity. The 2021 County Health Rankings used data from 2017 for this measure.



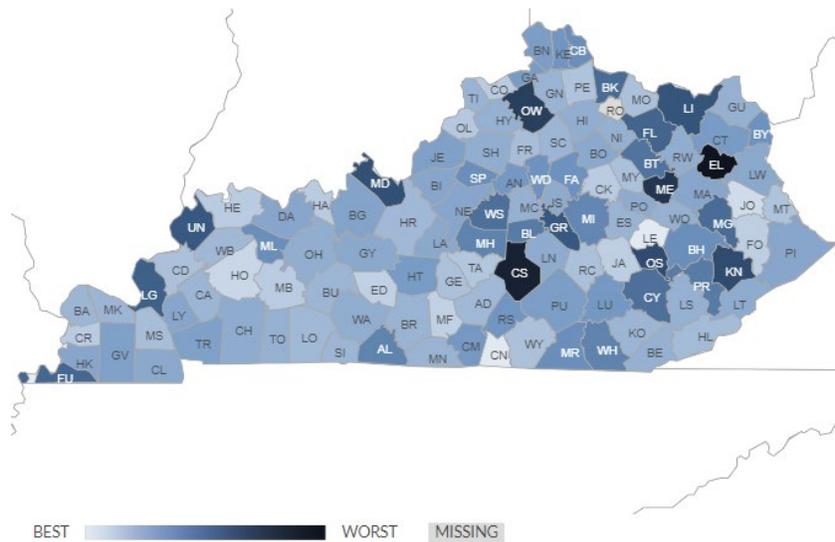
Health Factors – Food Environment Index

Index of factors contributing to a healthy food environment, from 0 (worst) to 10 (best). The 2021 County Health Rankings used 2015 & 2018 for this measure.



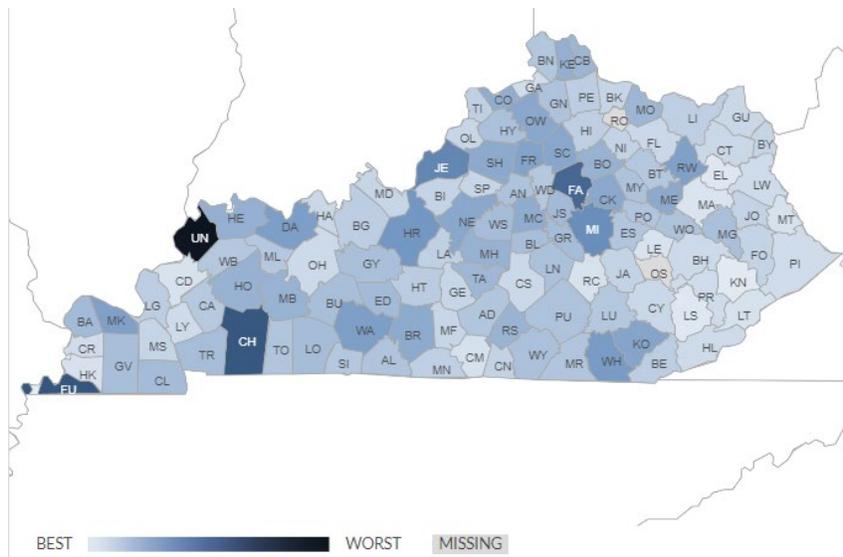
Health Factors – Alcohol-Impaired Driving Deaths

Percentage of driving deaths with alcohol involvement. The 2021 County Health Rankings used data from 2015-2019 for this measure.



Health Factors – Sexually Transmitted Infections

Number of newly diagnosed chlamydia cases per 100,000 population. The 2021 County Health Rankings used data from 2018 for this measure.



Health Factors – Primary Care Physicians

Ratio of population to primary care physicians. The 2021 County Health Rankings used data from 2018 for this measure.

