

2026 Community Health Needs Assessment

Carroll County Memorial Hospital



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This Community Health Needs Assessment (CHNA) report was prepared for Carroll County Memorial Hospital by Blueprint Kentucky at the University of Kentucky. Blueprint Kentucky staff Melody Nall, Mercedes Fraser, Simona Balazs, Joe Kerksmar, Sarah Bowker and Alison Davis contributed to the information in this final report.

Blueprint Kentucky works with stakeholders to build engaged communities and vibrant economies. If you have questions about the assessment process, contact Melody Nall, Blueprint Kentucky Engagement Director: melody.nall@uky.edu or (859) 218-5949.



Martin-Gatton
College of Agriculture,
Food and Environment

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Kentucky**

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Dear Community Members,

On behalf of Carroll County Memorial Hospital, I am proud to share our Community Health Needs Assessment and reflect on the meaningful progress we have made together over the past three years. This report represents more than data and strategy. It reflects our commitment to listening carefully to our community and responding with thoughtful, measurable action.

Through this process, we identified key priorities focused on improving access to care, expanding mental health and specialty services, strengthening health education, and increasing awareness of available resources. Since our last assessment, we have worked intentionally to address these needs by enhancing services, improving communication across generations, reducing barriers such as transportation, and expanding specialty care close to home. Each initiative reflects our dedication to meeting the evolving healthcare needs of our region.

The progress outlined in this report would not have been possible without the collaboration and support of our community partners, local leaders, staff, and the individuals and families we serve every day. We are deeply grateful to those who shared their time, insight, and feedback to help guide this assessment. Your voices shape our priorities and strengthen our mission.

As we look ahead, Carroll County Memorial Hospital remains committed to building on this momentum. We will continue to listen, adapt, and invest in services that improve health outcomes and ensure high-quality, compassionate care remains accessible close to home.

Thank you for your continued trust and partnership.

Sincerely,

Dr. Jennifer Liter
Chief Executive Officer/Director of Nursing
Carroll County Memorial Hospital

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Introduction

Carroll County Memorial Hospital's role is to improve the health and well-being of the residents and visitors to Carroll County and surrounding counties, by providing quality, compassionate, cost effective and convenient health care through community leadership and in collaboration with other healthcare organizations which serve our communities.

MISSION

To provide health and medical care to individuals, families and work forces of the Ohio River Valley by contributing to their well-being in a manner that promotes outstanding health for all.

VISION

To provide first class health and medical services and to be a leader in access, service, technology and value for our patients. Providing first class health care to the people of the Ohio River Valley.

VALUES

Our Commitment to Our Core Values

Respect

We welcome the uniqueness and honor the dignity of every person

We communicate openly and we act with integrity

We develop the talents and abilities of one another

Compassion

We reach out to people in need and give comfort

We nurture the physical, emotional and spiritual well-being of one another and those we serve We embrace those who are suffering

Justice

We believe everyone has a right to the basic goods of the earth

We act and make decisions fairly with the consideration of others in our mind

We strive to remove the obstacles to care

We join with others to work for common good

Excellence

We set the highest standards for ourselves and for our work

We strive to transform conditions for a better

tomorrow while serving needs of today

We celebrate and encourage the contributions of one another

Stewardship

We believe that everything entrusted to us is for the common good

We strive to care wisely for our people, our resources and our earth

We share what we have with those that are less fortunate

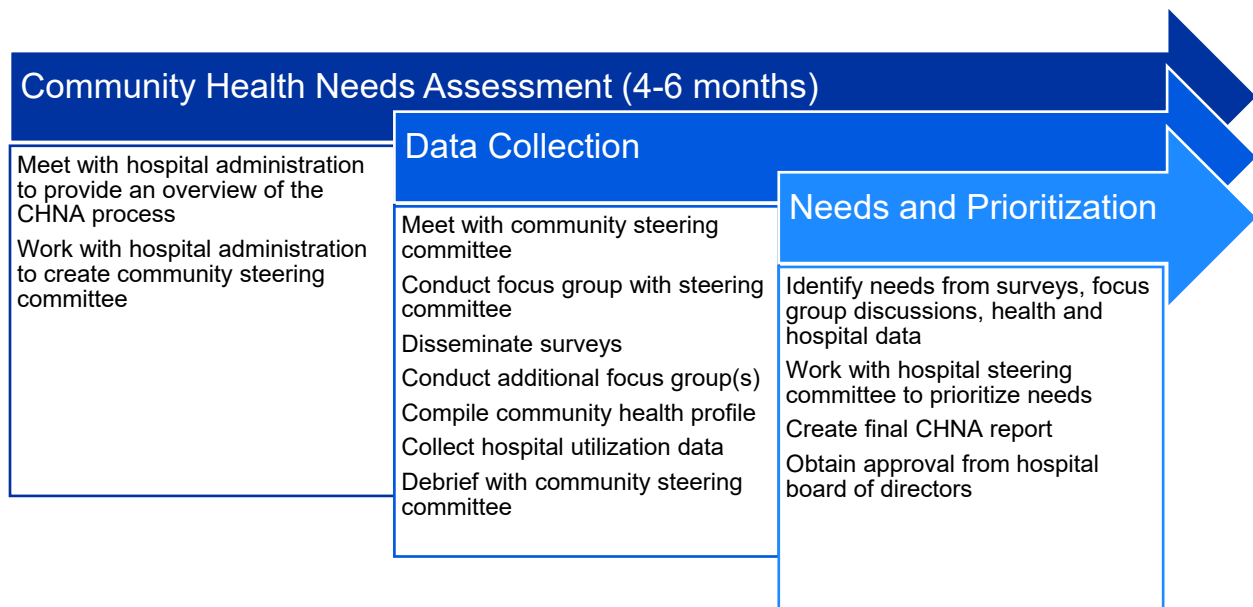
We seek simplicity in our lives and in our work

CHNA Process

Carroll County Memorial Hospital contracted with the Blueprint Kentucky in the summer of 2025 to conduct a Community Health Needs Assessment (CHNA) for the facility in accordance with the Affordable Care Act. The Affordable Care Act, enacted March 23, 2010, added requirements that hospital organizations must satisfy in order to be described in section 501(c)(3), as well as reporting and excise taxes.

The IRS requires hospital organizations to complete a CHNA and adopt an implementation strategy at least once every three years. This CHNA was the third prepared by Blueprint Kentucky for this organization; prior reports were completed in 2019 and 2022.

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





Carroll County Memorial Hospital

A Partner of **U of** Health

2022 community health needs... addressed!

✓ Objective 1: Promote current hospital resources.

Carroll County Memorial Hospital (CCMH) has strengthened efforts to increase awareness of available hospital resources, with focused outreach on substance use support services. CCMH utilized social media, print materials, and local newspaper publications to educate the community about available treatment options and how to access care, helping improve awareness and reduce barriers to seeking care.

To better communicate across generations, the hospital diversified its outreach strategy. Expanded social media engagement improved reach among younger and middle-aged populations, while continued use of print and newspaper communications ensured seasoned adults remained informed. Efforts to promote the quality of care provided at CCMH also increased through expanded advertising, community outreach, and strengthened local partnerships.

These efforts were further reflected in external recognition of CCMH's quality and community impact. **In 2024, CCMH was named a Community Star Award recipient by the National Organization of State Offices of Rural Health (NOSORH). In 2025, CCMH also earned two American Heart Association "Get With The Guidelines" Rural Awards**, receiving Silver recognition for Rural Coronary Artery Disease (STEMI) care and Bronze recognition for Rural Stroke care.

These recognitions highlight CCMH's commitment to delivering high-quality, evidence-based care close to home.

Transportation barriers were also addressed through collaboration with Carroll County Wellness Transit, which provides transportation for patients to medical appointments and to Empowered Living for mental health services, improving access to care for individuals across the community.

From our CEO...

Over the past three years, we have remained committed to listening to our community and responding to its most important health needs. This work reflects our mission to provide compassionate, high-quality care and to be a trusted partner in the health and well-being of our community"

✓ Objective 2: Mental Health

CCMH has continued to strengthen access to mental health and substance use services by expanding available treatment options, including the addition of Medication-Assisted Treatment (MAT) and Intensive Outpatient Program (IOP) services. These efforts have improved access to care and strengthened continuity by providing local treatment options closer to home.

The hospital participates in the Kentucky Statewide Opioid Stewardship (KY SOS) Emergency Department Bridge Program, a statewide initiative developed in partnership with the Kentucky Hospital Association and the Cabinet for Health and Family Services to improve care for individuals with opioid use disorder. The ED Bridge Program supports timely screening, early intervention, and connection to ongoing treatment services, helping ensure patients receive access to care and recovery support following an emergency department visit. In addition, CCMH utilizes a Peer Support Specialist to assist individuals navigating substance use treatment and recovery. This role provides patients with guidance, encouragement, and connection to community-based resources, helping reduce barriers to care and support long-term recovery.

CCMH has also increased education and awareness surrounding mental health through outreach across social media, print, and community-based communication efforts. By maintaining a visible presence and promoting available resources, CCMH continues to build trust, reduce stigma, and encourage individuals to seek needed mental health support.

✓ Objective 3: Health Education

CCMH has strengthened its focus on community health education through expanded outreach across multiple media platforms and community events. Educational efforts have included topics such as nutrition, hygiene, and general wellness to help individuals make informed health decisions. As part of this commitment, the hospital hosted a Community Thanksgiving meal to provide access to nutritious food while also reinforcing the importance of balanced meals and community connection in overall health and wellness.

To improve access to care and information, CCMH enhanced its website with a new “Find a Provider” page and a comprehensive services directory, making it easier for patients to connect with providers and access available treatments. In addition, CCMH ensured all clinics and services are accurately listed on major search platforms, including Google and Apple, improving visibility and accessibility for patients seeking care.

The hospital has also highlighted its physicians through targeted campaigns, social media videos, website features, and local newspaper outreach, helping increase community awareness of available providers and strengthening patient connection to local care.

Objective 4: Expand specialty care availability.

The hospital has expanded specialty care services with the addition of two new providers in podiatry and gynecology. These specialties were identified as significant needs within the community, and their addition has improved timely access to care for local residents.

The expansion of these services has allowed more patients to receive specialized treatment close to home, reducing the need to travel outside the community for care. This growth has also strengthened care coordination and continuity, supporting improved health outcomes and enhancing CCMH's ability to meet the evolving healthcare needs of the community.

Our facility conducts a Community Health Needs Assessment every three years.

We are excited to share our progress from the last assessment, as we prioritize our next goals based on recent community input.

Thank you for your continued support of Carroll County Memorial Hospital.

Dr. Jennifer Liter
Carroll County Memorial Hospital CEO/DON

Community Served by Carroll County Memorial Hospital

Carroll County Memorial Hospital determined its defined service area for this Community Health Needs Assessment as Carroll, Gallatin, Trimble and Owen Counties, KY by reviewing inpatient discharge data by county of residence in 2023. In that year, 73% of Carroll County Memorial Hospital inpatients originated from Carroll County, with a total of 95% of inpatients coming from Carroll, Gallatin County Trimble, and Owen Counties. This figure comes from the Kentucky Hospital Association's market assessment data. In addition, the hospital has family medicine clinics located in Bedford (Trimble) and Warsaw (serving Gallatin and Owen) for outpatient services.

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

These data sites provide social, economic, and health data that are intended for use by communities to understand the multiple factors that influence a population's health. For more information on data sources, please see the Appendix. These data were accessed in December 2025.

Population	Carroll	Gallatin	Trimble	Owen	Kentucky	US Overall
2023 Population Estimate	10,987	8,792	8,607	11,313	4,526,154	334,914,895
Percent of Population under 18 years	27.0%	23.5%	22.1%	20.7%	22.5%	21.7%
Percent of Population 65 year and older	16.7%	16.1%	18.9%	20.9%	17.8%	17.7%
Percent of Population Non-Hispanic White	87.7%	90.0%	93.4%	94.5%	82.4%	58.4%
Percent of Population Non-Hispanic Black	1.8%	1.7%	0.7%	1.3%	8.4%	12.6%
Percent of Population Hispanic	7.4%	5.2%	3.1%	2.6%	5.0%	19.5%
Percent of Population Asian	0.6%	0.6%	0.5%	0.2%	1.8%	6.2%
Percent of Population American Indian & Alaska Native	0.6%	0.5%	0.8%	0.4%	0.3%	0.7%
Percent Native Hawaiian/Other Pacific Islander	0.1%	0.2%	0.2%	0.0%	0.1%	0.2%
Percent of the Population not Proficient in English	2.0%	0.6%	0.0%	0.8%	1.3%	8.4%
Percent of the Population Female	49.7%	49.6%	49.9%	50.2%	50.4%	50.5%
Percent of the Population Rural	49.4%	100.0%	100.0%	100.0%	41.3%	20%

Health Outcomes	Carroll	Gallatin	Trimble	Owen	Kentucky	Top US Performers
Premature death rate (under age 75) per 100,000 pop.	14,553	12,177	12,330	12,546	11,687	8,400
Percent of live births with low birth weight	9.6%	11.2%	10.6%	6.0%	8.8%	8%
Percent of population in fair/poor health	24.2%	22.4%	20.9%	22.9%	20.3%	17%
Physically unhealthy days	5.3	5.2	4.8	5.0	4.5	3.9
Percent of population in frequent physical distress	16.3%	15.1%	14.3%	15.3%	14.3%	12%
Mentally unhealthy days	5.7	5.7	5.5	5.5	5.0	5.1
Percent of population who are diabetic	12.9%	12.2%	11.2%	11.6%	12.9%	10%
HIV prevalence rate	5			5	8,464	387
Health Behaviors						
Percent adult smokers	22.2%	20.4%	19.7%	21.3%	17.6%	13%
Percent obese adults with BMI >=30	40.4%	40.3%	38.6%	38.8%	38.1%	34%
Percent physically inactive adults	29.6%	28.1%	26.3%	28.6%	25.1%	23%
Percent of population with access to exercise opp.	49.2%	46.5%	44.4%	23.4%	69.8%	84%
Percent of adults excessively/binge drinking	15.2%	15.4%	16.1%	15.8%	15.3%	19%
Percent of driving deaths due to alcohol impairment	8.3%	30.8%	25.0%	50.0%	25.6%	26%
Chlamydia rate (newly diagnosed) per 100,000 pop.	301.7	262.5	175.7	150.6	406.8	495
Teen birth rate (ages 15-19) per 100,000 pop.	43	30	28	29	24	16
Drug overdose mortality rate per 100,000 pop.	71	91		51	50	31
Motor vehicle crash deaths per 100,000 pop.	21	24	30	33	17	12
Clinical Care						
Percent uninsured adults	7.8%	7.2%	7.4%	8.2%	7.6%	11%
Percent uninsured children	4.9%	5.1%	5.0%	6.1%	4.2%	5%
Primary care provider ratio	3,621:1	2,194:1	4,265:1	2,824:1	1,601:1	1,310:1
Dentist ratio	3,646:1	8,763:1	8,539:1	2,258:1	1,502:1	1,340:1
Mental health provider ratio	1,099:1	1,256:1	2,869:1	1,886:1	320:1	290:1
Preventable hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	3,738	3,593	3,941	2,346	3,336	2,666
Percent of population FFS Medicare enrollees receiving flu vaccinations	40.0%	44.0%	40.0%	40%	46.0%	48%
Percent of female Medicare enrollees ages 65-74 receiving mammography screening	36.0%	38.0%	35.0%	35%	43.0%	44%
Social & Economic Environment	Carroll	Gallatin	Trimble	Owen	Kentucky	US Overall
Percentage of adults ages 25 and over with a high school diploma or equivalent	83.9%	84.4%	85.6%	84.1%	88.5%	89%
Percentage of ages 25-44 with some post-secondary college	48.8%	51.1%	51.7%	47.3%	63.2%	68%

Percent of unemployed job-seeking population 16 years and older	3.5%	4.0%	3.9%	3.7%	4.2%	3.60%
Percent of children in poverty	22.5%	18.2%	16.8%	18.9%	20.2%	16%
Percent of children in single-parent households	35.6%	18.5%	29.1%	11.1%	25.5%	32.6%
Median household income	\$62,710	\$66,789	\$65,885	\$64,868	\$61,099	\$77,700
Social association rate per 10,000 population	8.2	0.0	5.9	10.6	10.2	9.1
Injury death rate per 100,000 population	134	143	134	146	110	84
Physical Environment						
Average daily density of air pollution - PM 2.5	8.5	8.5	8.6	8.3	8.0	7.3
Presence of drinking water violations	No	No	No	No	N/A	N/A
Percentage of severe housing problems with at least one of the following: Overcrowding, high housing costs, or lack of kitchen or plumbing facilities	15.8%	12.5%	13.9%	11.0%	12.9%	17%
Percentage of workforce driving alone to work	79.7%	80.5%	75.0%	72.3%	77.8%	70%
Percentage of workforce commuting alone for more than 30 minutes	30.1%	48.7%	55.1%	63.2%	30.8%	37%
Food Access						
Percentage of population who lack adequate access to food	16.8%	15.8%	15.3%	14.4%	15.7%	N/A
Percentage of population who are low-income and do not live close to a grocery store	0.0%	0.0%	0.0%	4.4%	6.4%	N/A
Percentage of children enrolled in public schools that are eligible for free or reduced-price lunch	59.7%	68.2%	56.9%	58.9%	57.5%	55%

Data continued on the next page

Substance Use Rates, Carroll	2020	2024
Any Drug-Involved Fatal Overdose, rate per 100K population	<i>Suppressed</i>	<i>Suppressed</i>
Any Drug-Involved Non-Fatal Overdose, rate per 100K population	498.8	427.8
ED Visit with a SUD Diagnosis, rate per 100K population	1,875.3	2,503.0

Substance Use Rates, Gallatin	2020	2024
Any Drug-Involved Fatal Overdose, rate per 100K population	<i>Suppressed</i>	<i>Suppressed</i>
Any Drug-Involved Non-Fatal Overdose, rate per 100K population	449.7	238.9
ED Visit with a SUD Diagnosis, rate per 100K population	1,314.4	1,728.8

Substance Use Rates, Trimble	2020	2024
Any Drug-Involved Fatal Overdose, rate per 100K population	<i>Suppressed</i>	<i>Suppressed</i>
Any Drug-Involved Non-Fatal Overdose, rate per 100K population	165.5	209.1
ED Visit with a SUD Diagnosis, rate per 100K population	945.6	883.0

Substance Use Rates, Owen	2020	2024
Any Drug-Involved Fatal Overdose, rate per 100K population	<i>Suppressed</i>	<i>Suppressed</i>
Any Drug-Involved Non-Fatal Overdose, rate per 100K population	327.4	167.9
ED Visit with a SUD Diagnosis, rate per 100K population	699.1	839.7

Data continued on the next page

Top 10 Invasive Cancer Incidence Rates - Carroll

<i>All Genders, All Races, 2019-2023</i>	Carroll	Crude Rate	Age-adjusted Rate
Total all sites over five years ('19-'23)	346	636.4	524.7
Prostate (males only)	39	142.5	117.9
Lung and Bronchus	71	130.6	98.2
Breast	51	93.8	85
Melanoma of the Skin	21	38.6	35.7
Colon & Rectum	24	44.1	33.8
Corpus Uteri (females only)	11	40.7	33.5
Urinary Bladder, invasive and in situ	15	27.6	23.4
Kidney and Renal Pelvis	15	27.6	22.3
Lymphocytic Leukemia	10	18.4	14.5
In Situ Breast	7	12.9	11.8

Top 10 Invasive Cancer Incidence Rates - Gallatin

<i>All Genders, All Races, 2019-2023</i>	Gallatin	Crude Rate	Age-adjusted Rate
Total all sites over five years ('19-'23)	304	694.9	558.5
Lung and Bronchus	69	157.7	123.9
Prostate (males only)	28	126.2	100.6
Breast	31	70.9	54.5
Colon & Rectum	27	61.7	48.9
Corpus Uteri (females only)	8	37.1	29.8
Melanoma of the Skin	13	29.7	23.8
Kidney and Renal Pelvis	13	29.7	23.7
Non-Hodgkin Lymphoma	14	32	23
Pancreas	11	25.1	22.5
Miscellaneous	8	18.3	19.5

Data continued on the next page

Top 10 Invasive Cancer Incidence Rates - Trimble

<i>All Genders, All Races, 2019-2023</i>	Trimble	Crude Rate	Age-adjusted Rate
Total all sites over five years ('19-'23)	324	759.5	572.8
Prostate (males only)	33	154	107.5
Lung and Bronchus	52	121.9	91.3
Breast	43	100.8	78.8
Colon & Rectum	26	61	45.8
Corpus Uteri (females only)	13	61.2	45.6
Melanoma of the Skin	21	49.2	44.4
Urinary Bladder, invasive and in situ	24	56.3	42.3
Kidney and Renal Pelvis	17	39.9	26.2
Miscellaneous	12	28.1	23.1
In Situ Breast	12	28.1	21.9

Top 10 Invasive Cancer Incidence Rates - Owen

<i>All Genders, All Races, 2019-2023</i>	Owen	Crude Rate	Age-adjusted Rate
Total all sites over five years ('19-'23)	419	743.5	521
Prostate (males only)	52	185.1	111.2
Lung and Bronchus	73	129.5	84.7
Breast	46	81.6	58.4
Colon & Rectum	37	65.7	47
Kidney and Renal Pelvis	26	46.1	33.3
Non-Hodgkin Lymphoma	21	37.3	29.5
Corpus Uteri (females only)	10	35.4	26.2
Melanoma of the Skin	20	35.5	25.6
Urinary Bladder, invasive and in situ	18	31.9	22.9
Miscellaneous	13	23.1	15.9

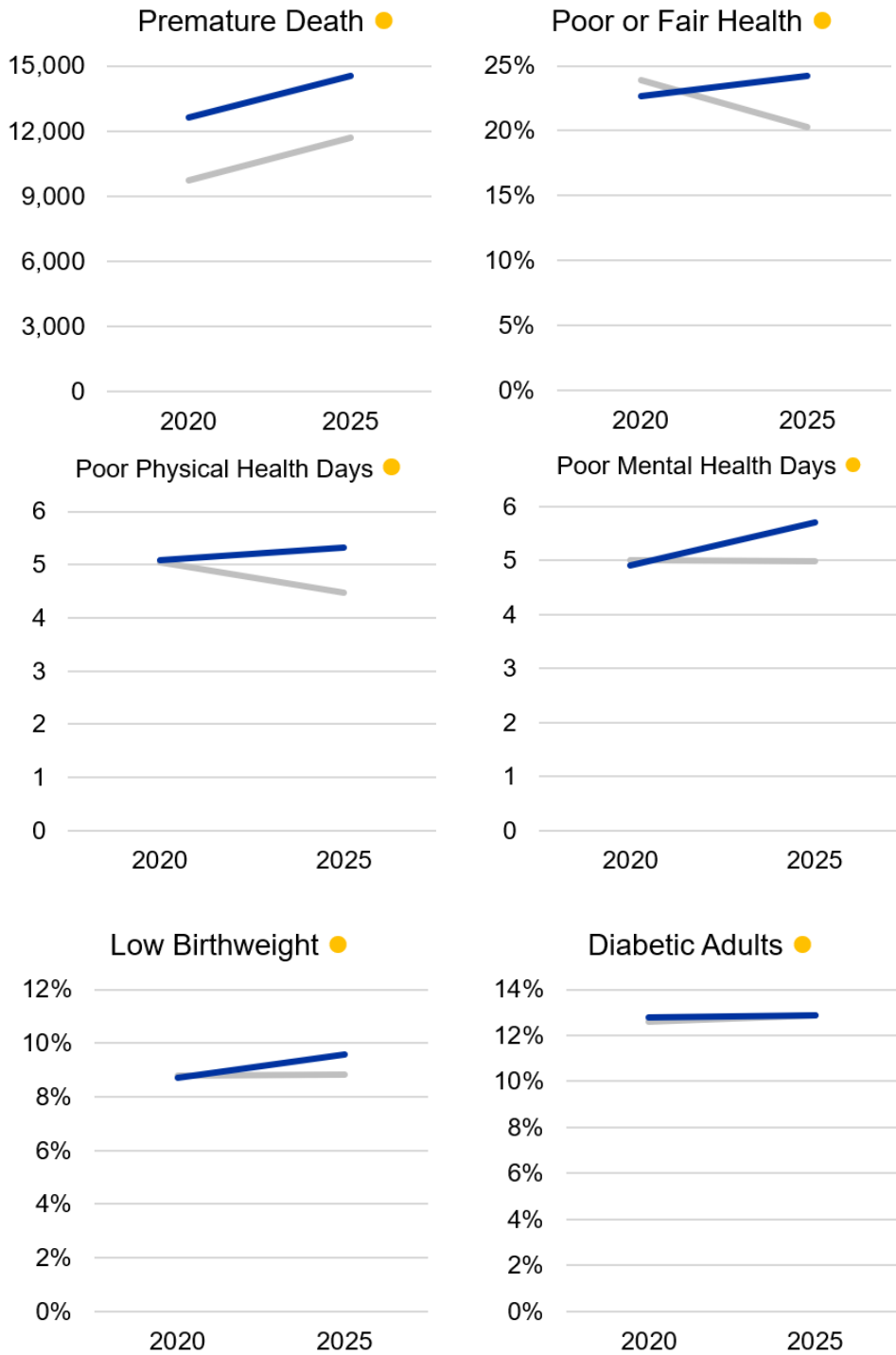
Next, to provide more context for the ongoing health of the community, we present five-year data trends for Carroll, Trimble, and Gallatin counties alongside the state average. These data come from the *County Health Rankings & Roadmaps* website and include selected health outcomes, health behaviors,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

The blue lines represent the identified county data, and the gray lines are the Kentucky average for comparison. Further, each graph includes a title of the data, and either a yellow circle, green diamond, or blue circle with diagonal slash that helps the reader quickly determine if the data indicate an improving trend (green), a worsening trend (yellow), or no change in trend (blue). For more information on data sources, please see the Appendix.

County Health Rankings Data Trends

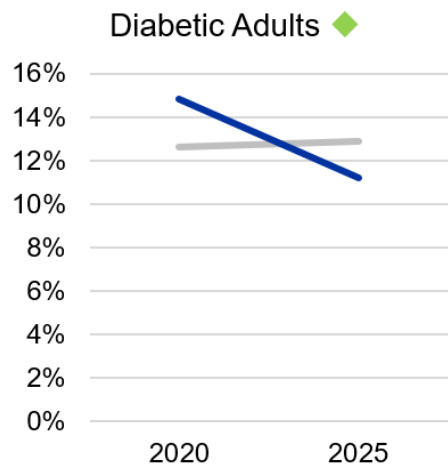
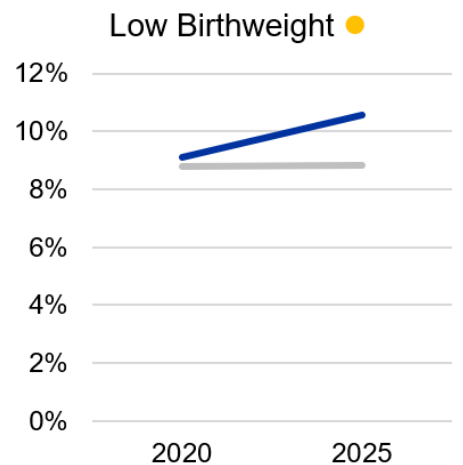
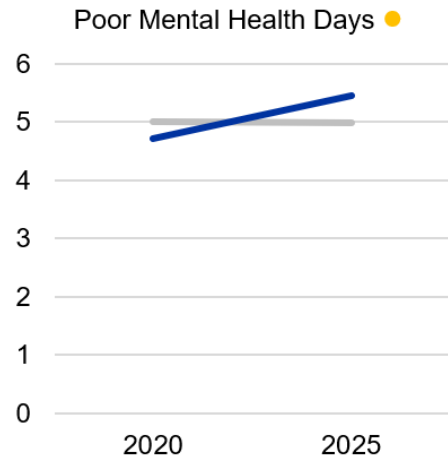
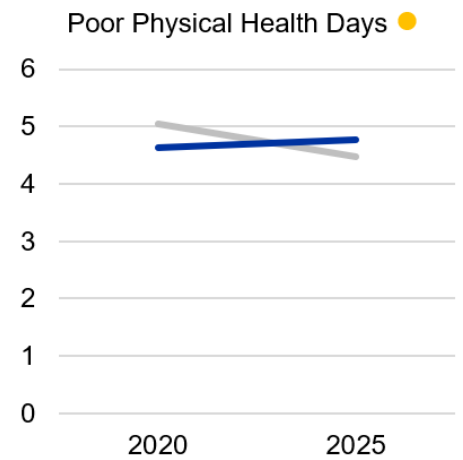
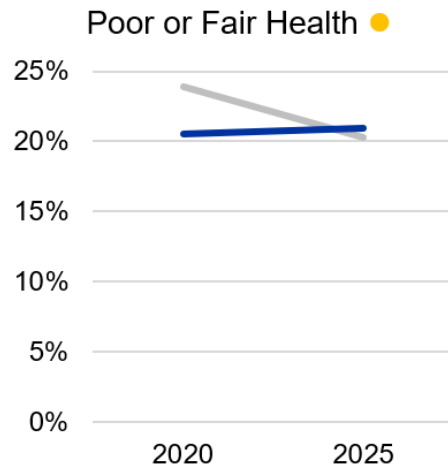
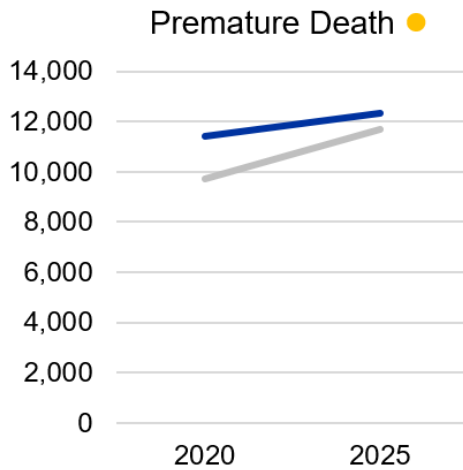
Health Outcomes

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



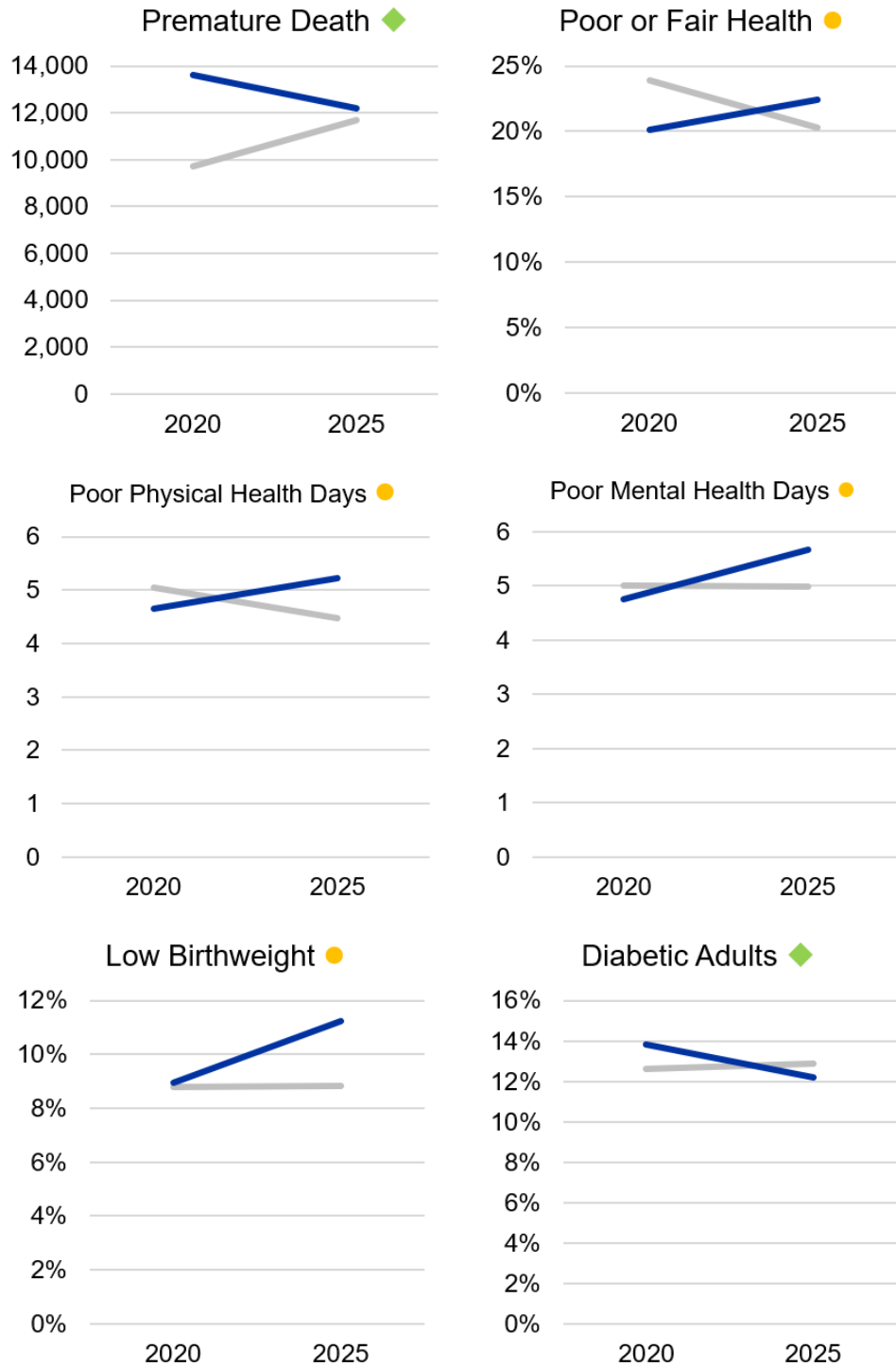
Health Outcomes, continued

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



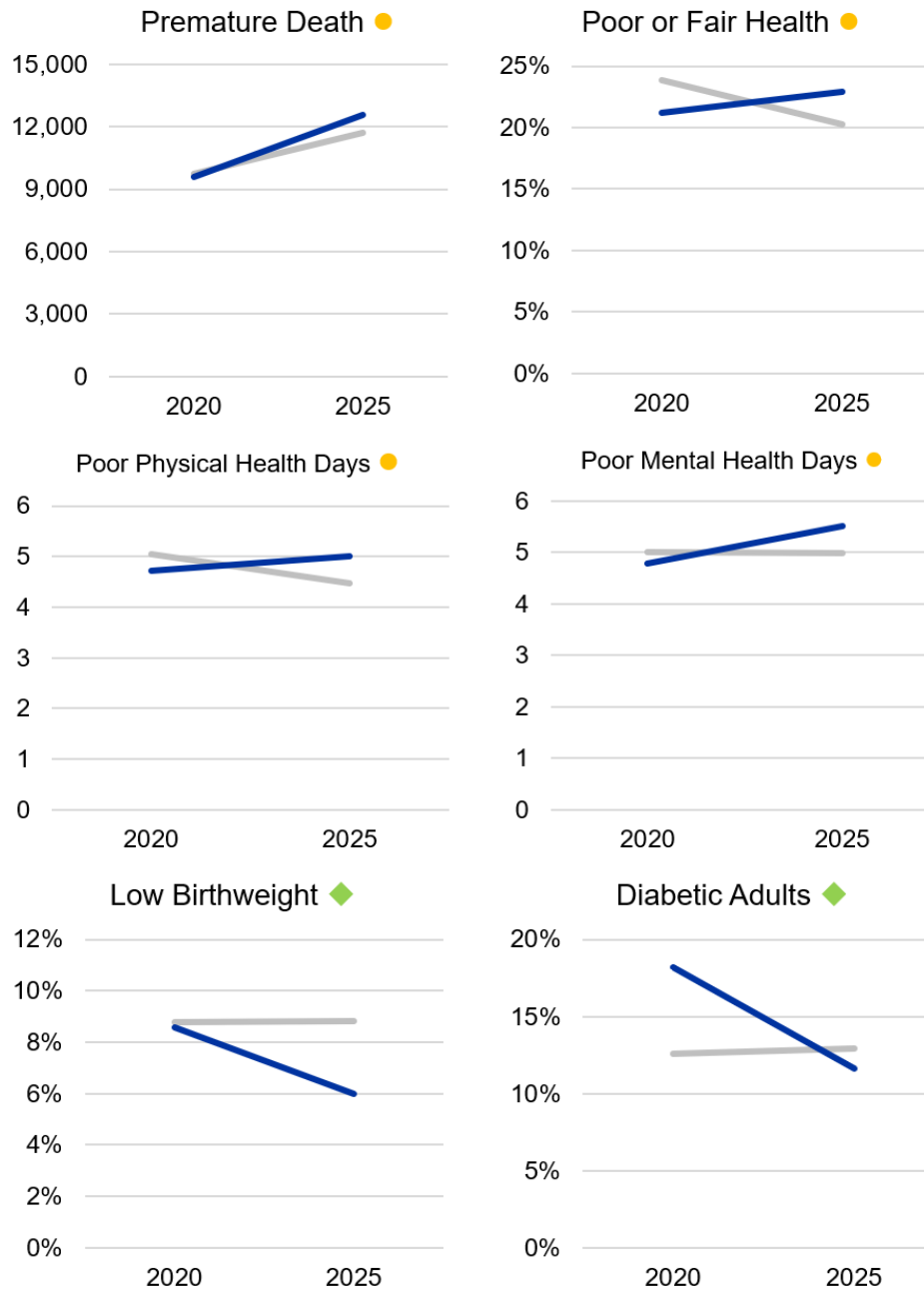
Health Outcomes

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



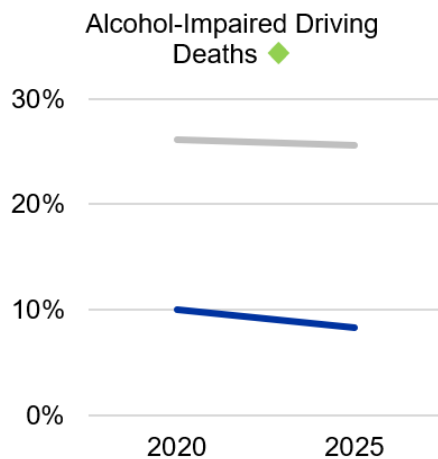
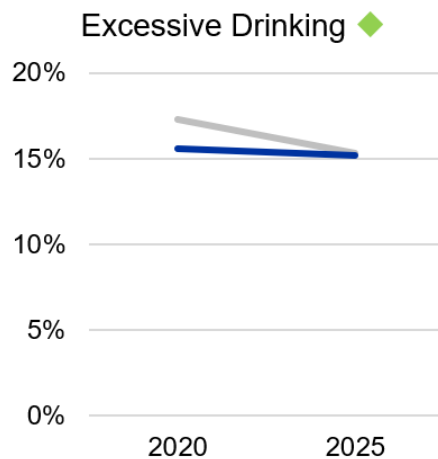
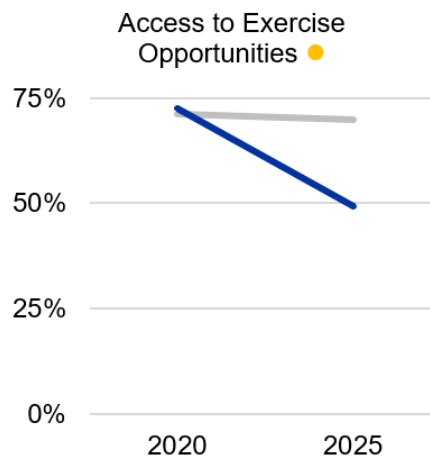
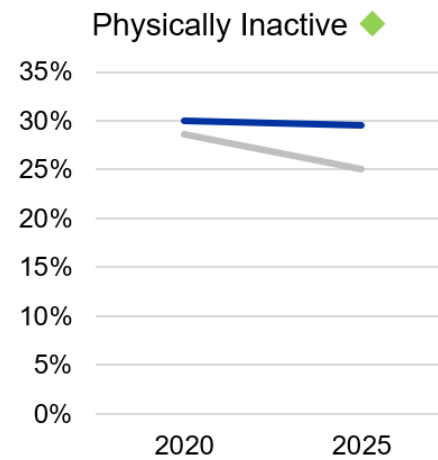
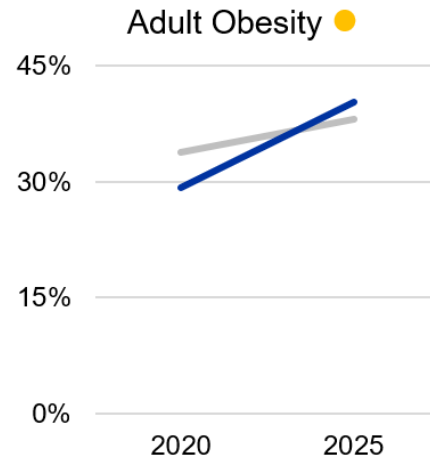
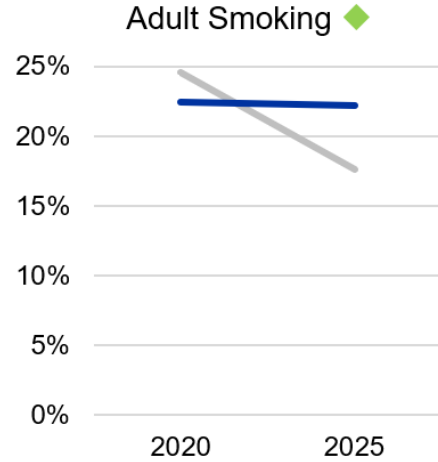
Health Outcomes

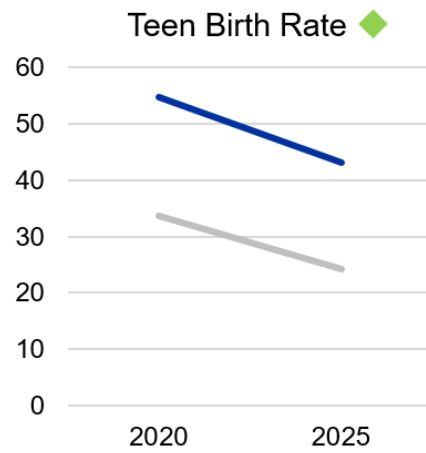
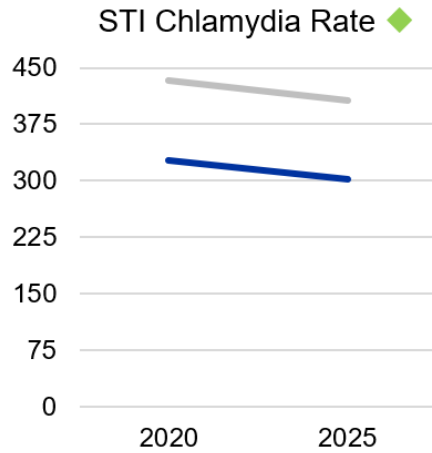
Note: **Owen** is in **blue**, the Kentucky average is in **gray**.



Health Behaviors

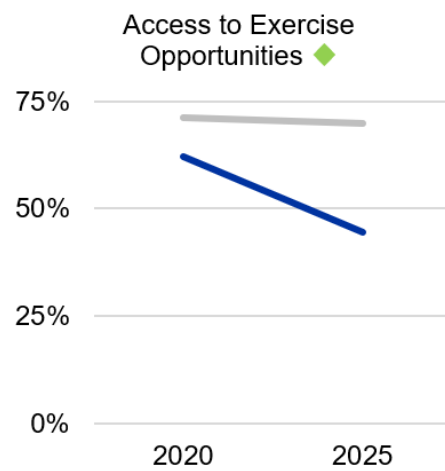
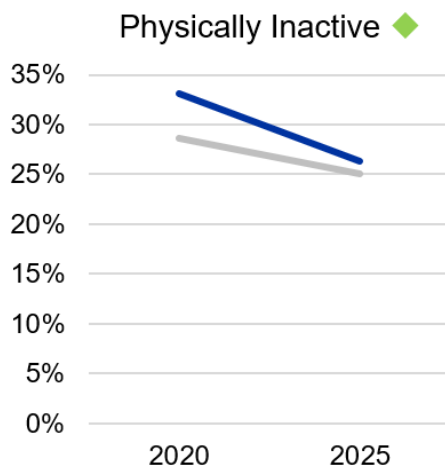
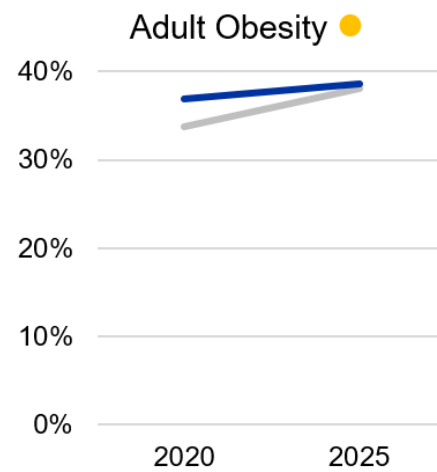
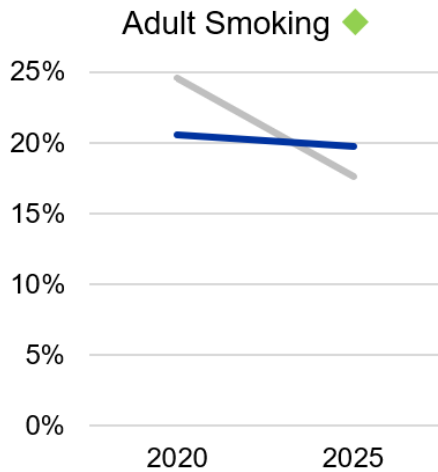
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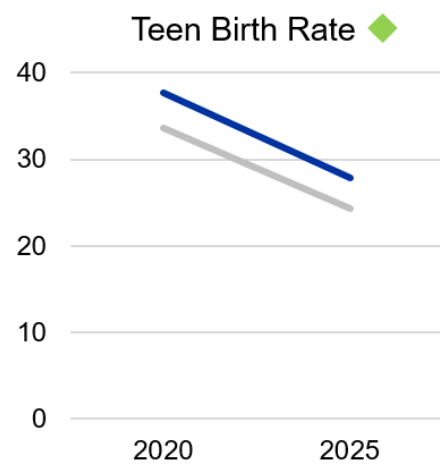
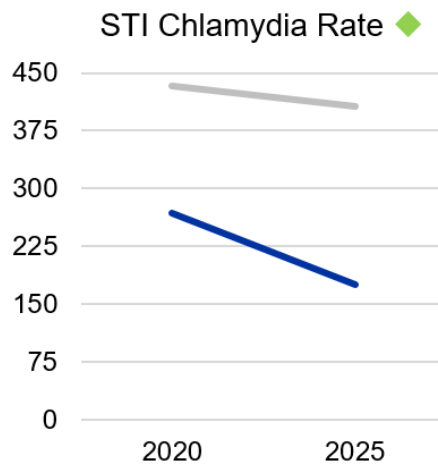
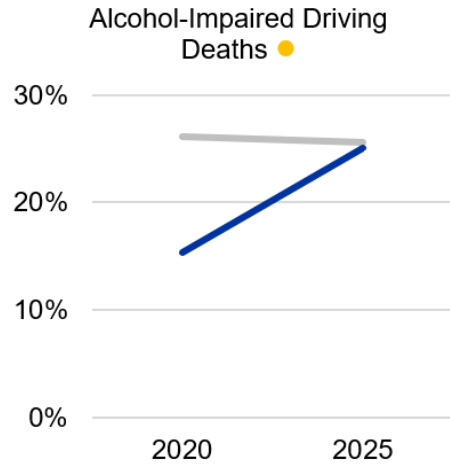
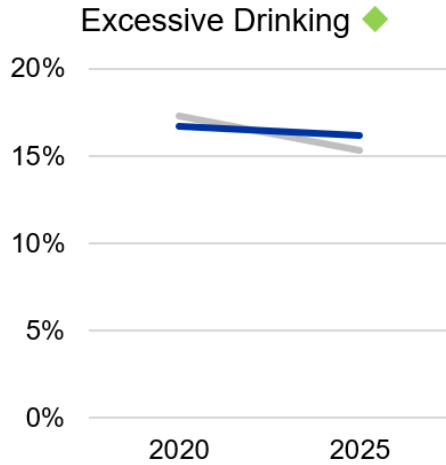




Health Behaviors

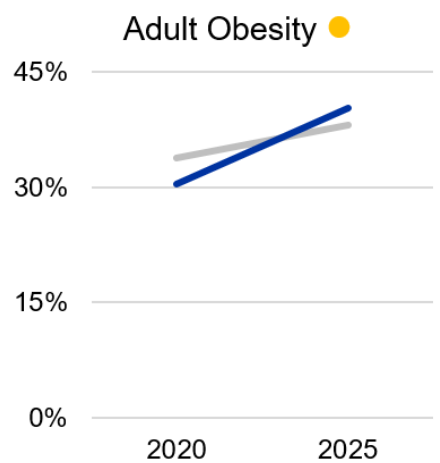
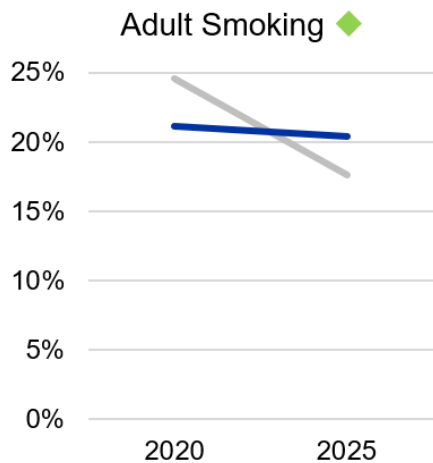
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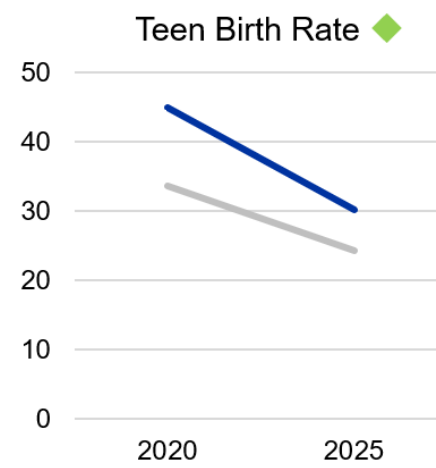
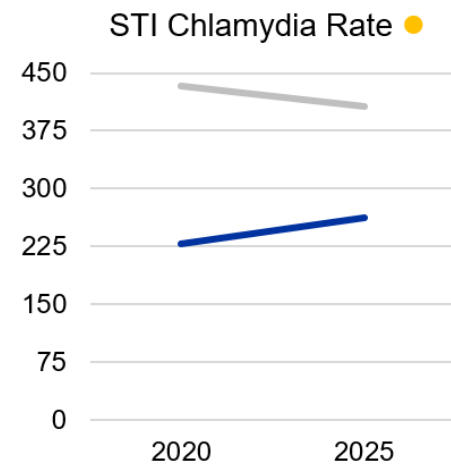
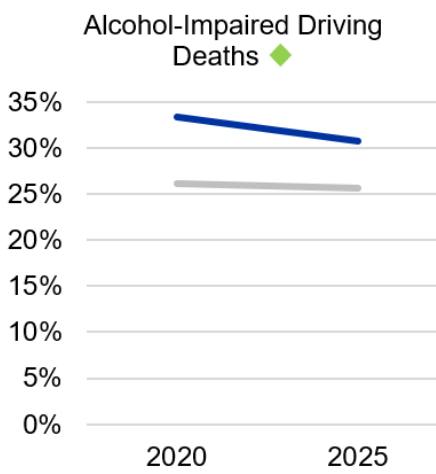
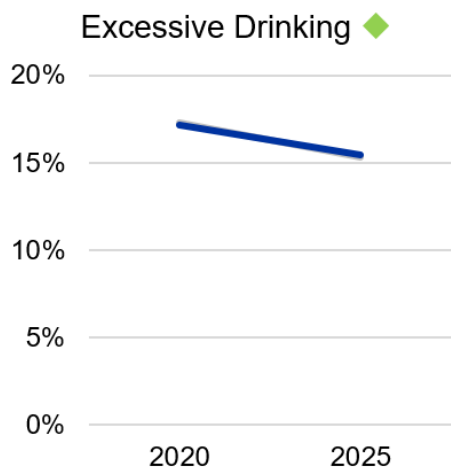
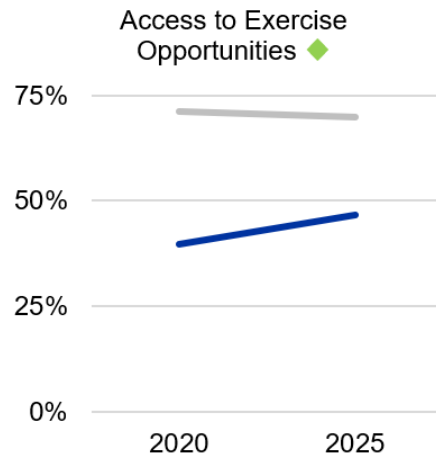
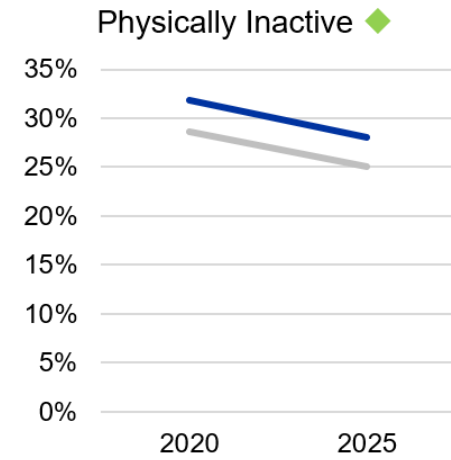




Health Behaviors

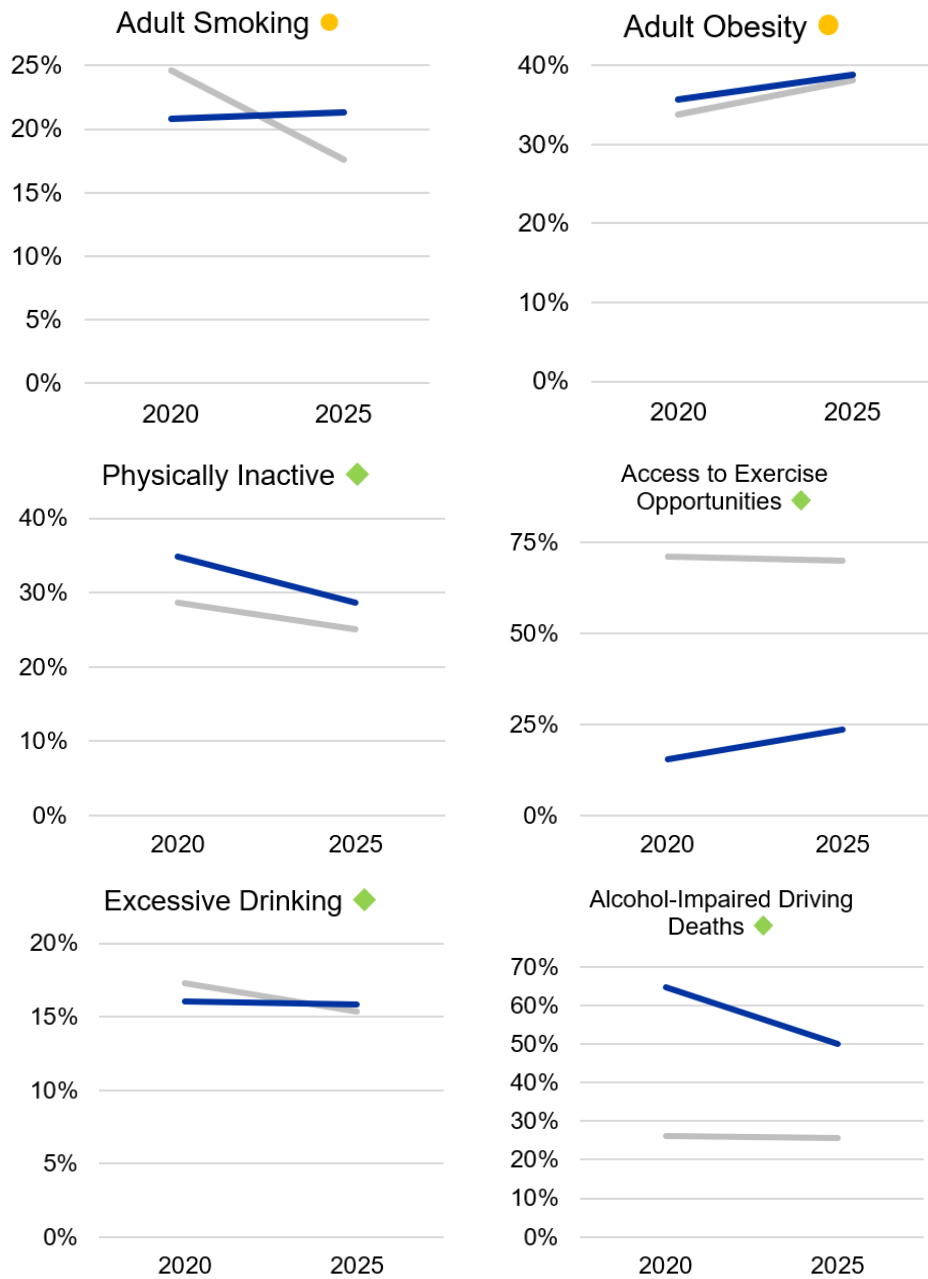
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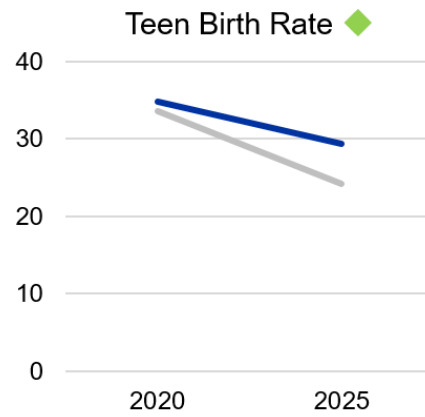
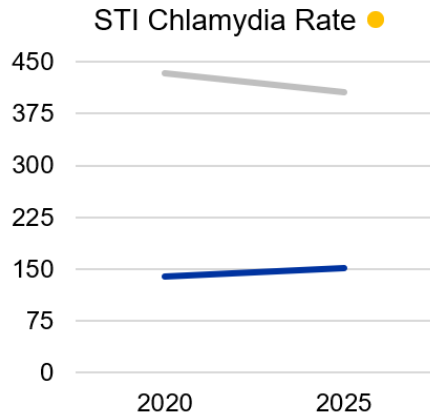




Health Behaviors

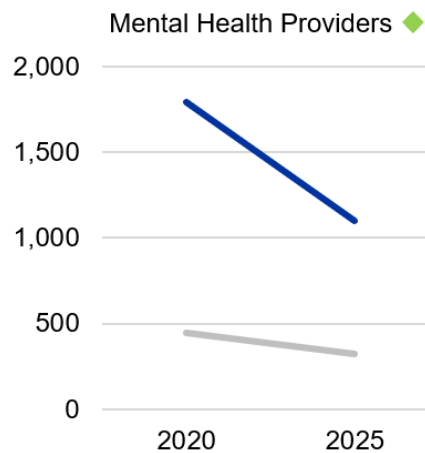
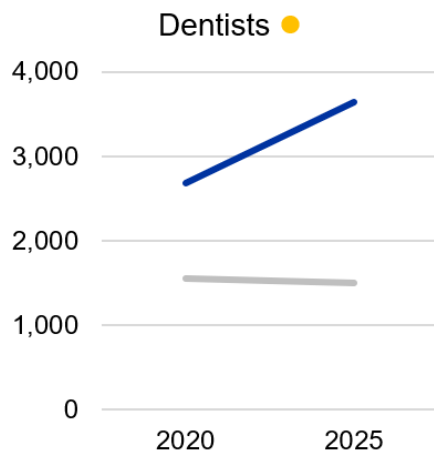
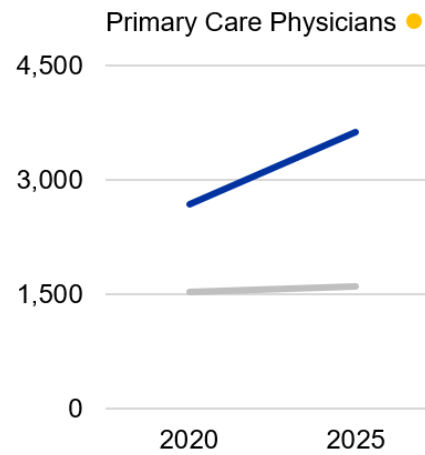
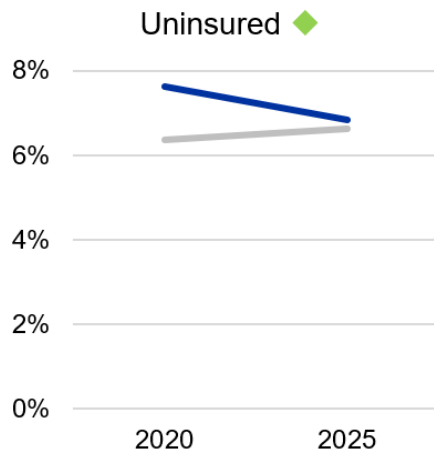
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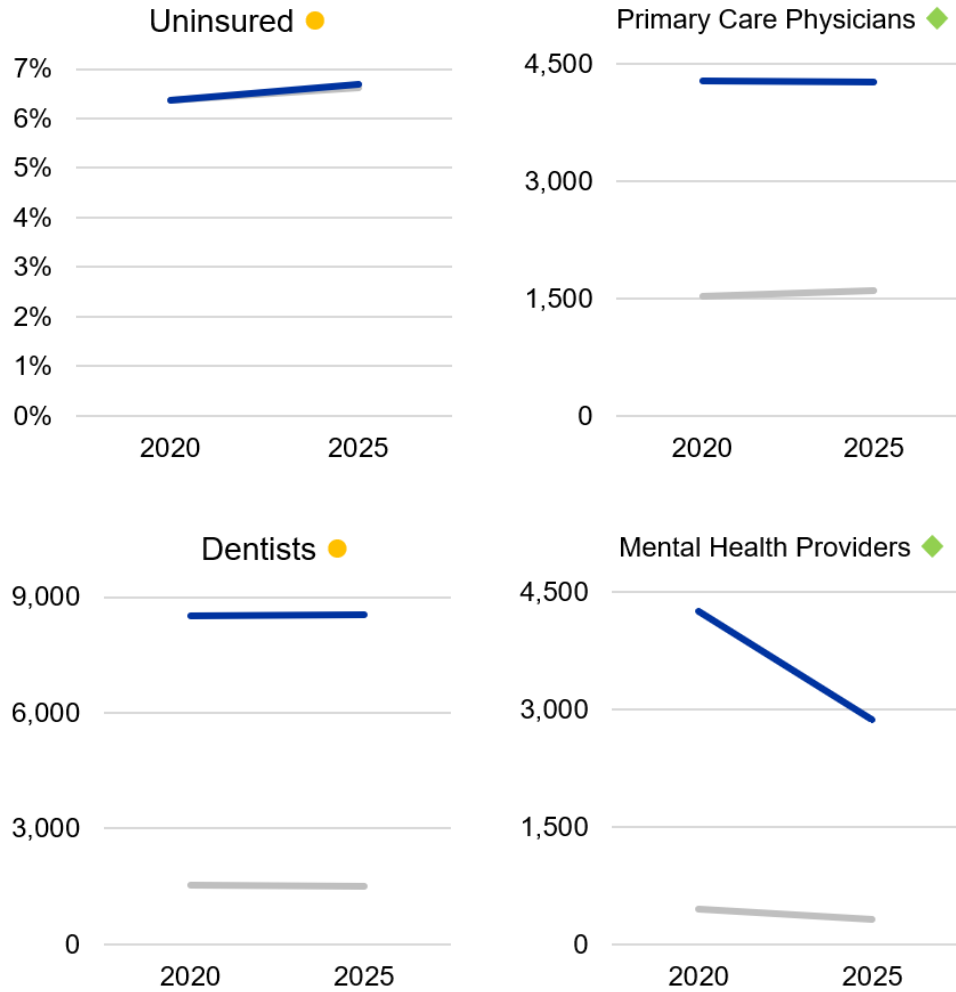
Access to Care

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



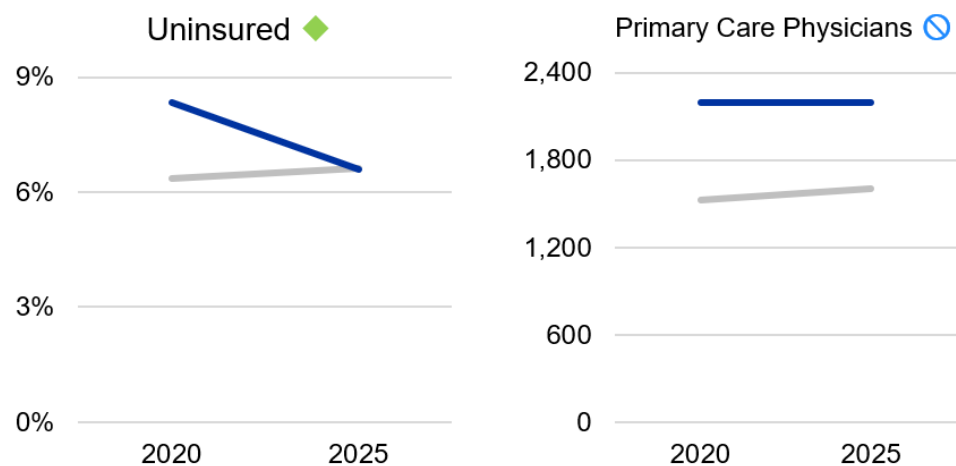
Access to Care, continued

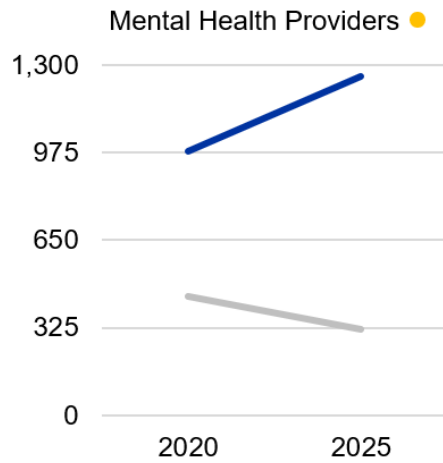
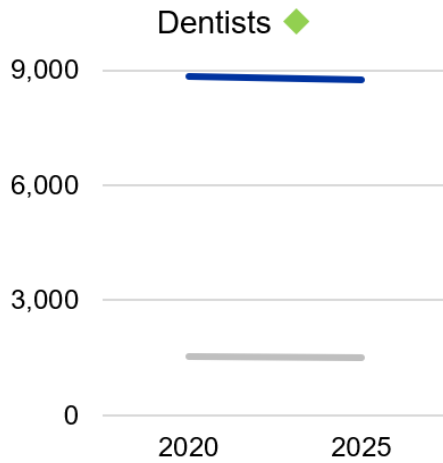
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Access to Care

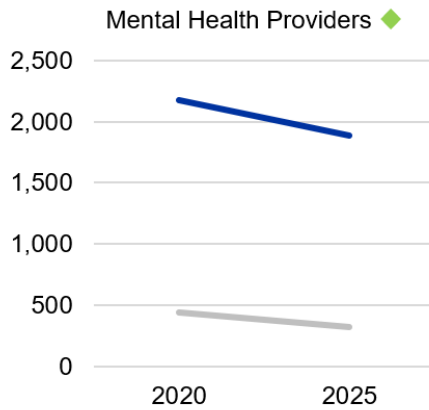
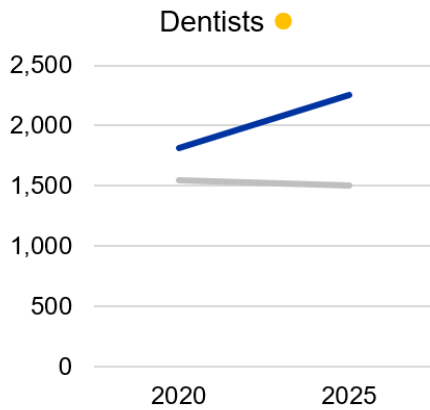
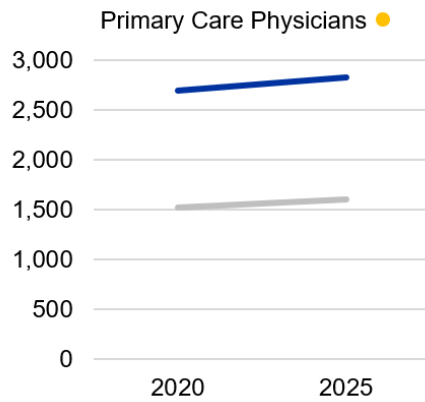
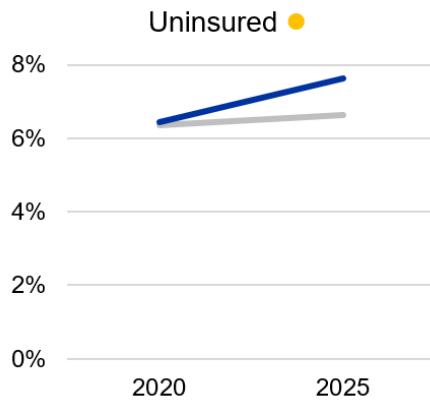
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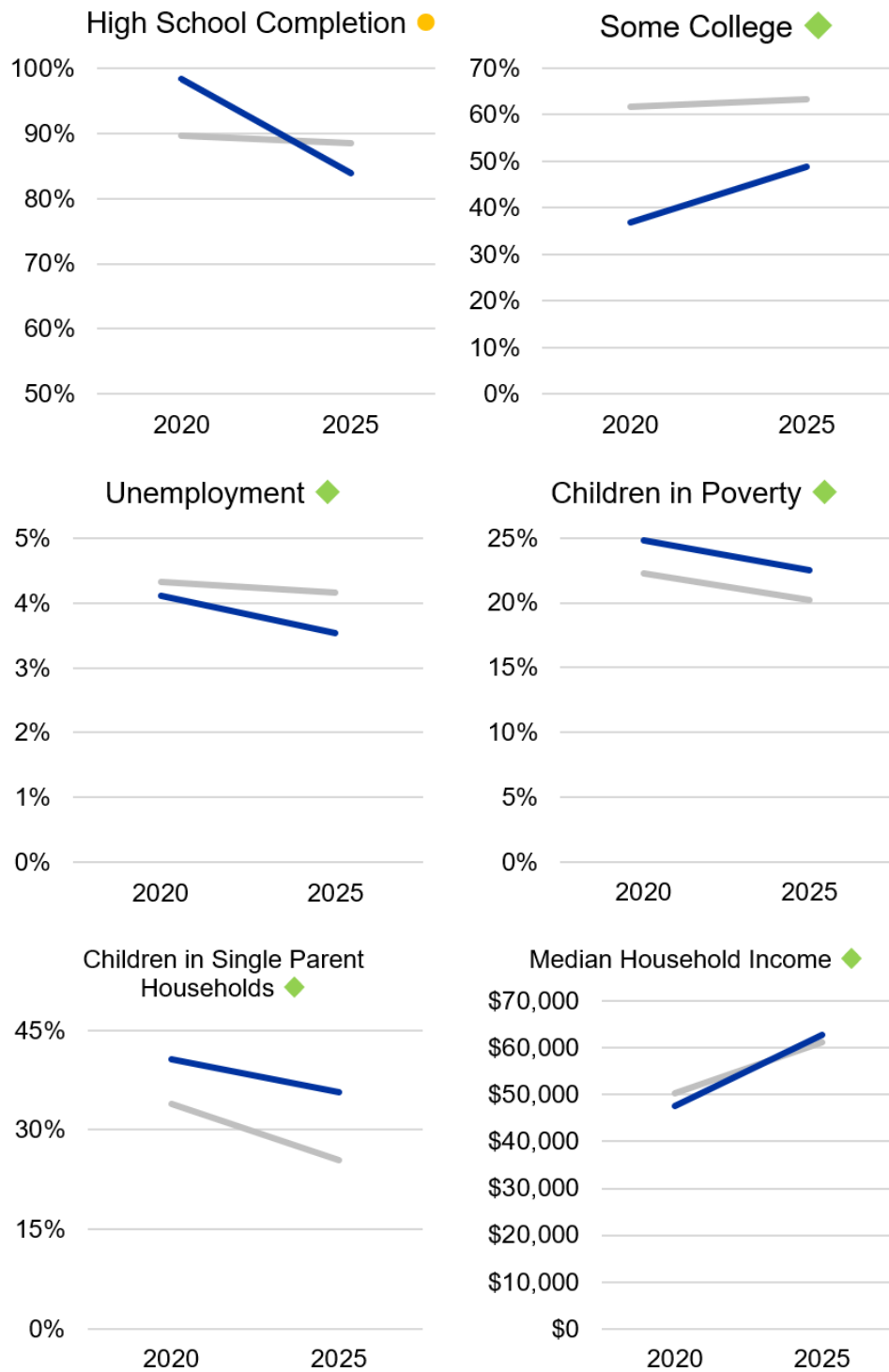
Access to Care

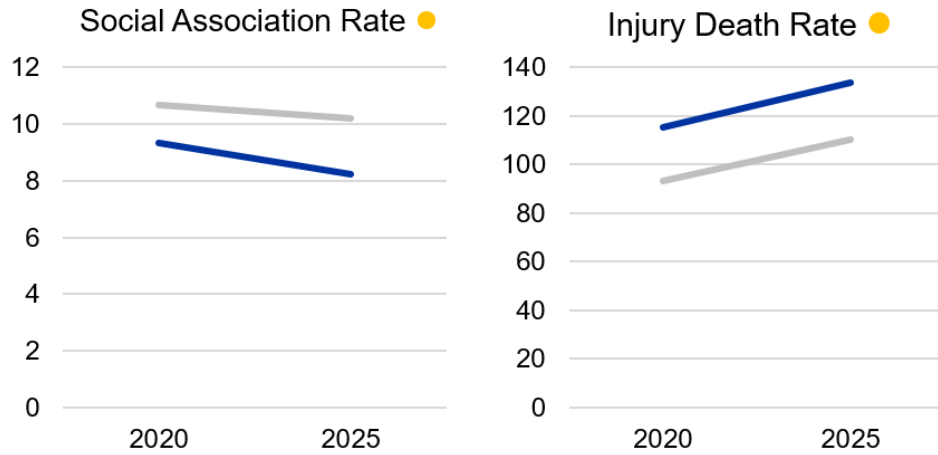
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Social and Economic Environment

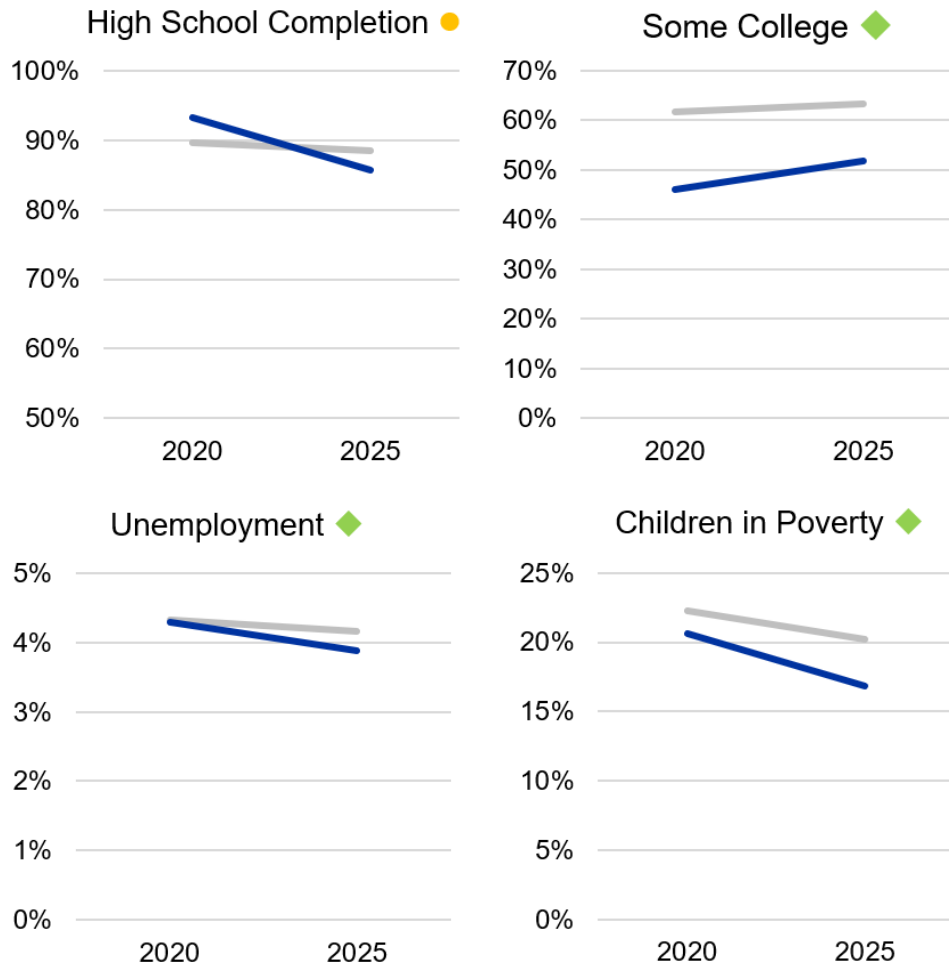
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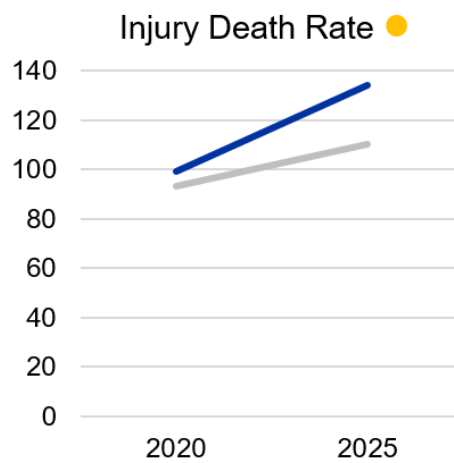
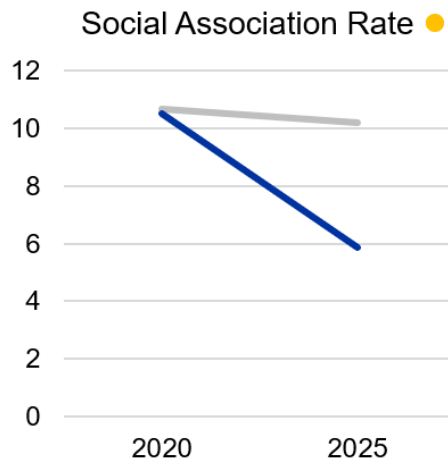
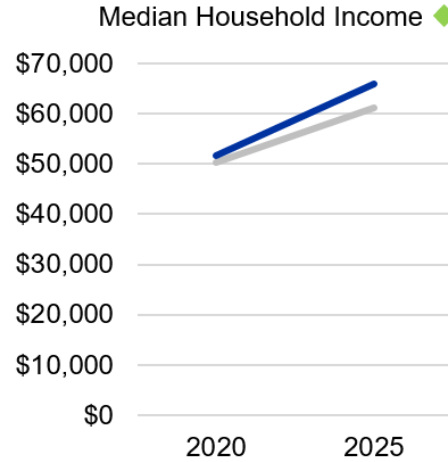
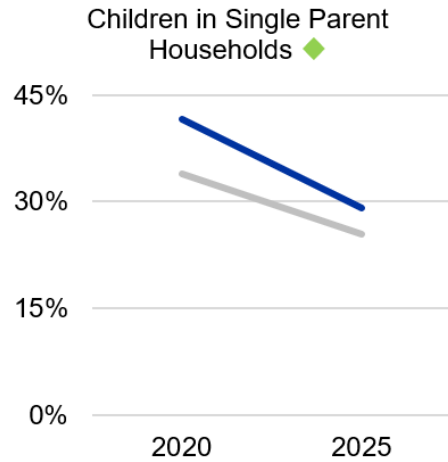




Social and Economic Environment,

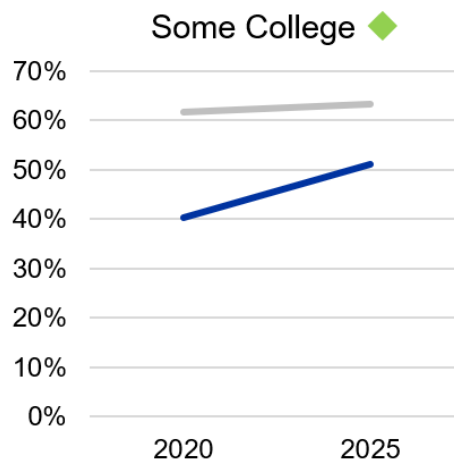
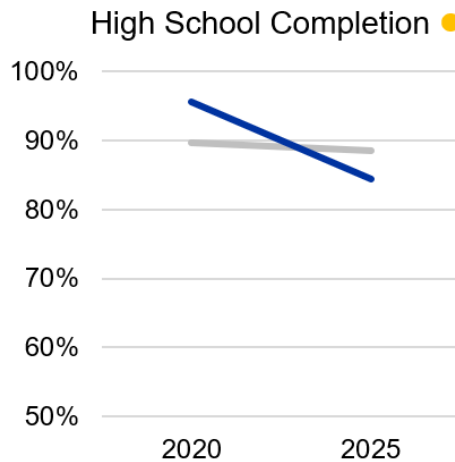
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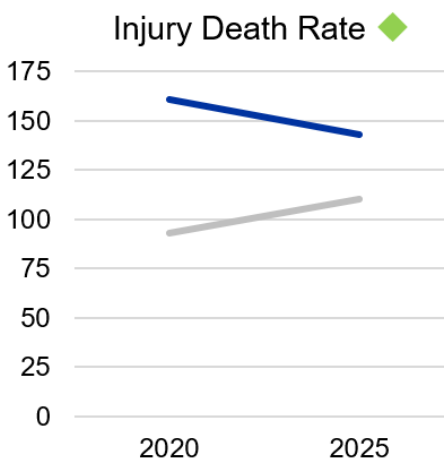
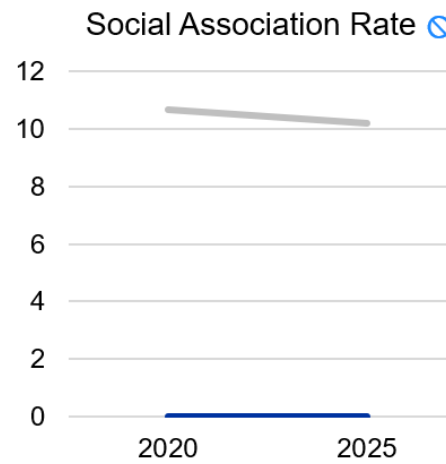
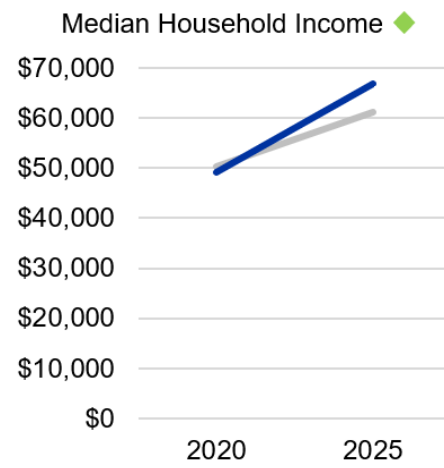
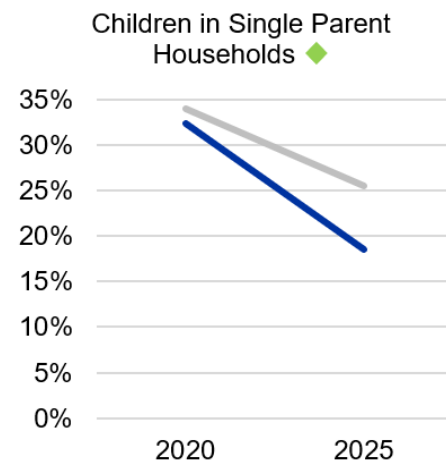
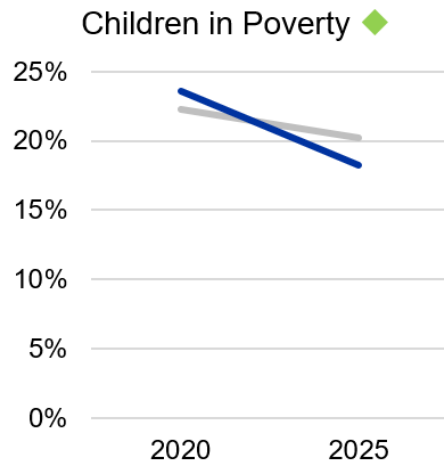
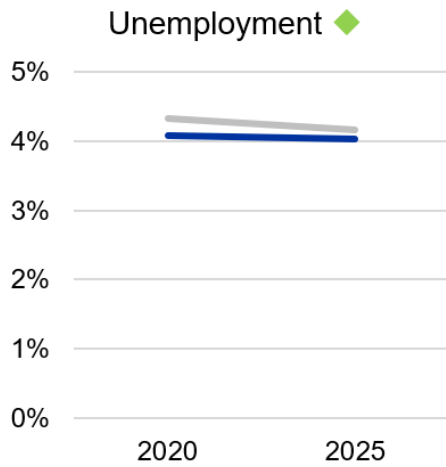




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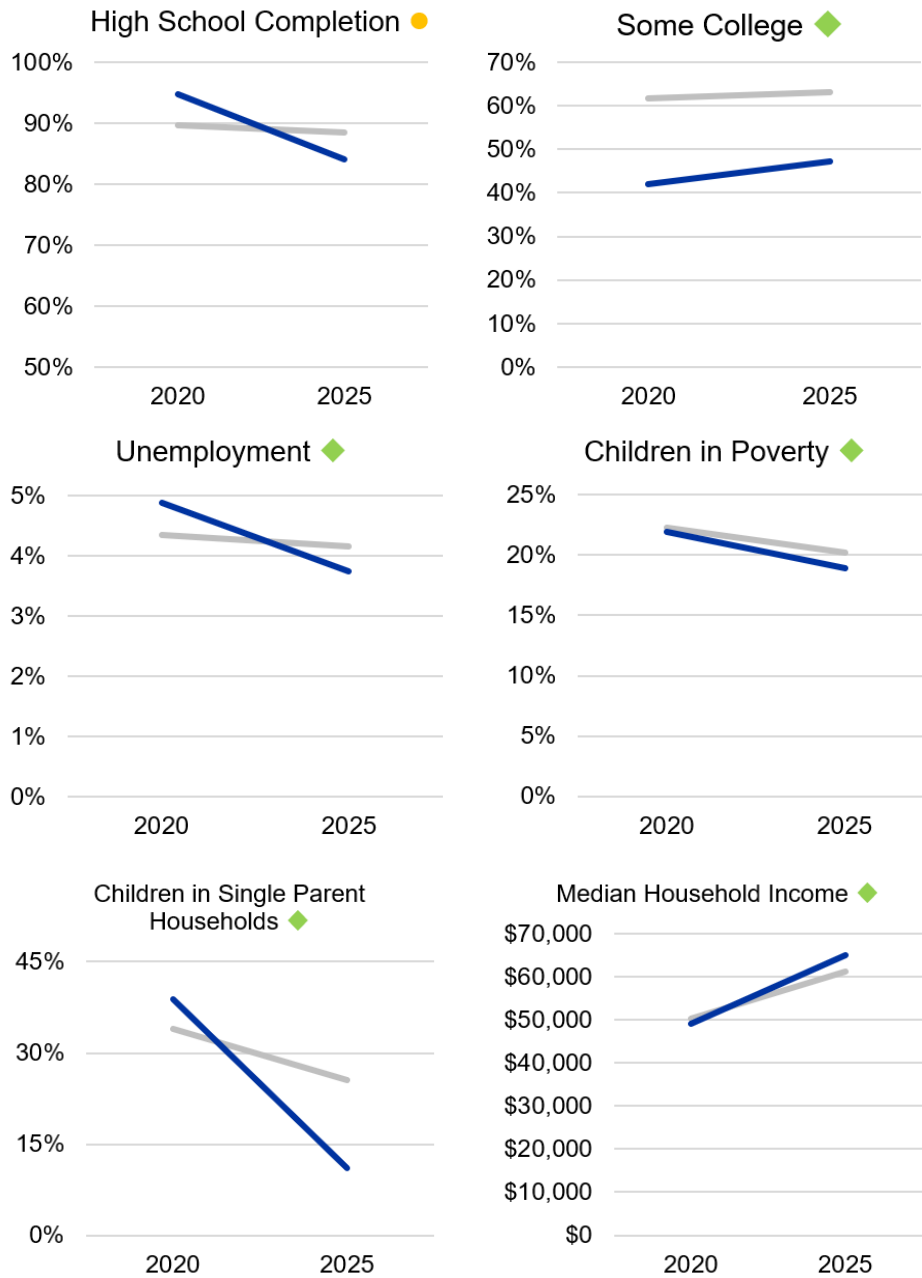
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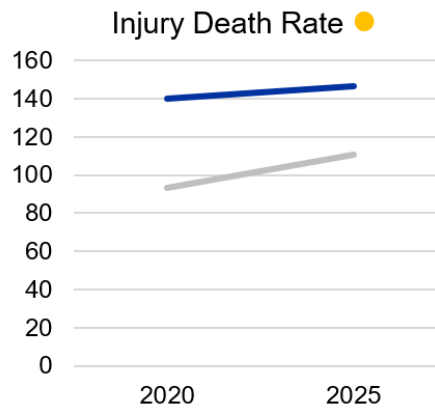
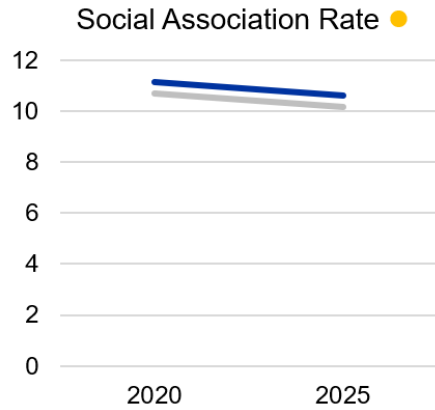




Social and Economic Environment

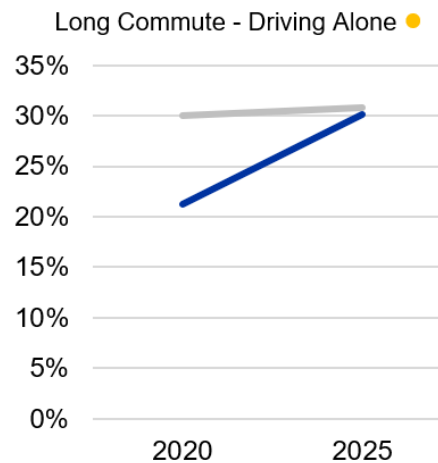
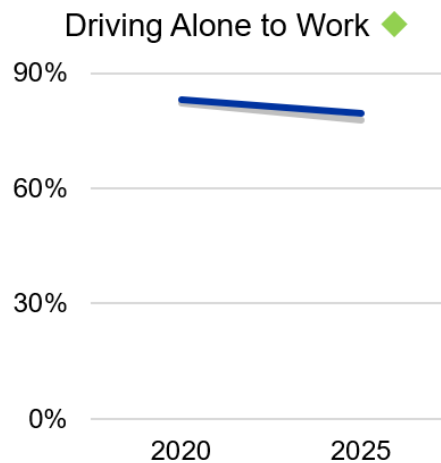
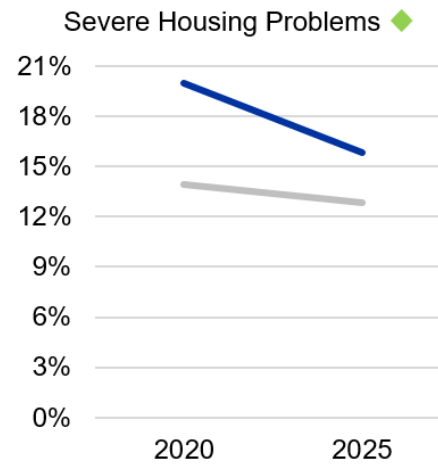
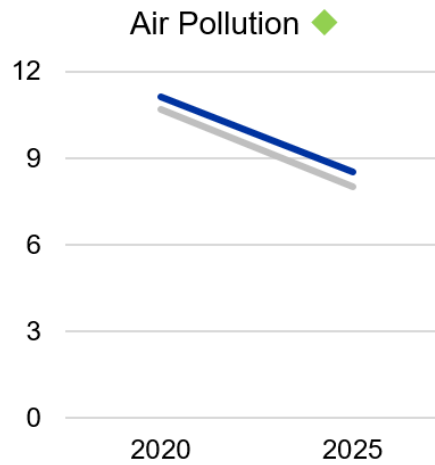
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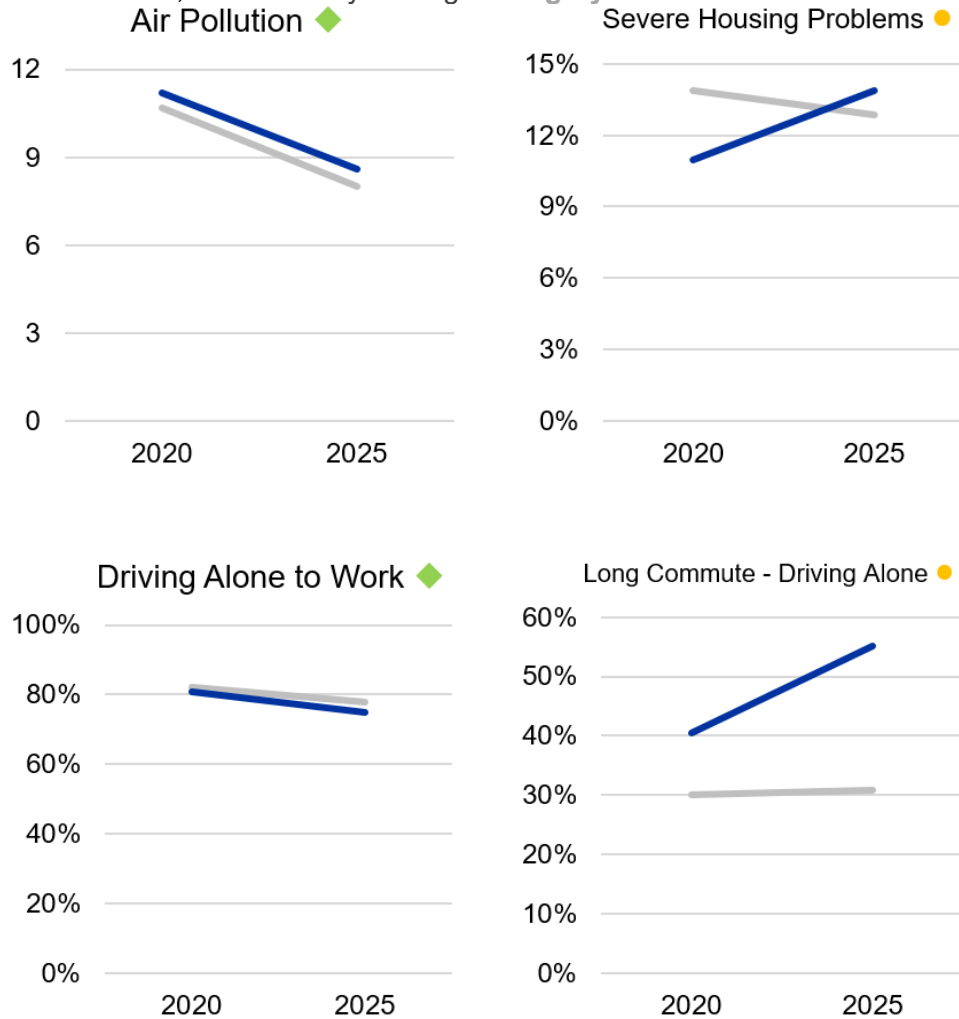
Physical Environment

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



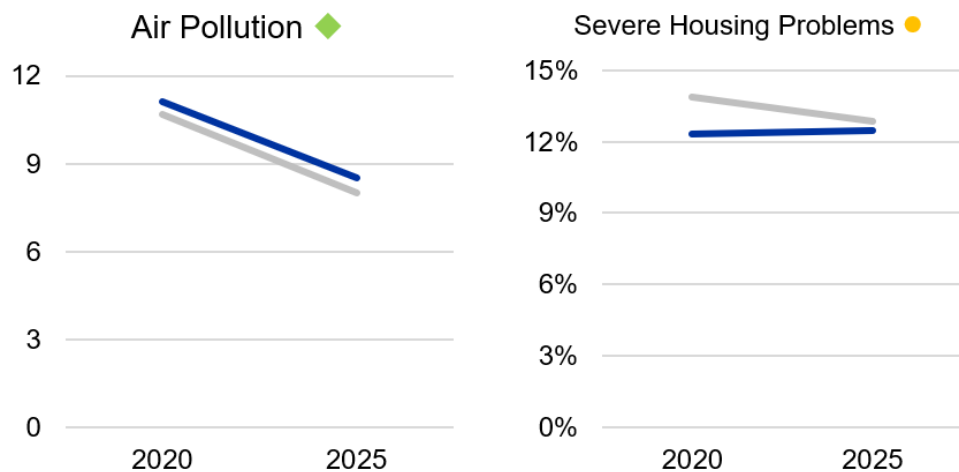
Physical Environment

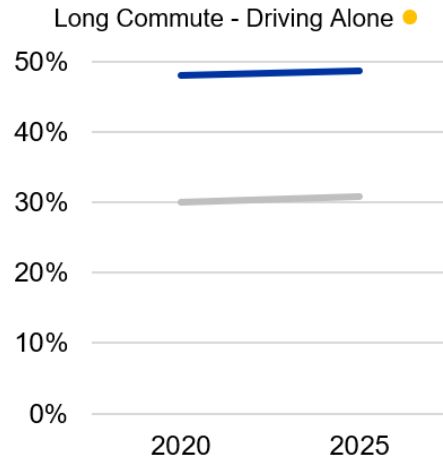
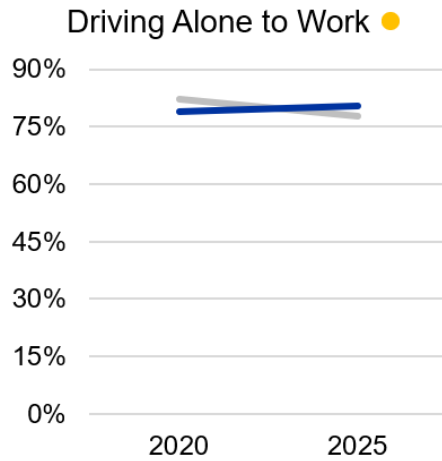
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Physical Environment

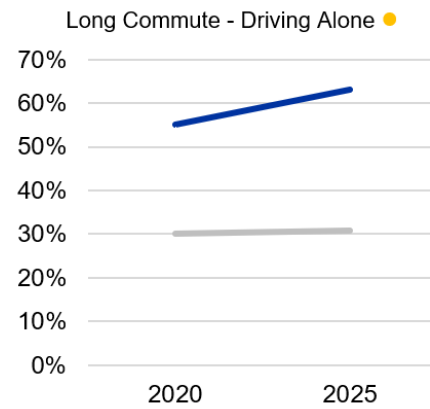
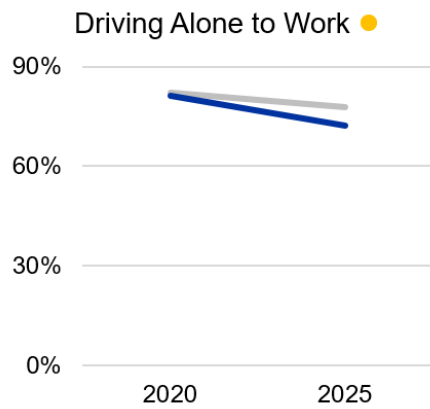
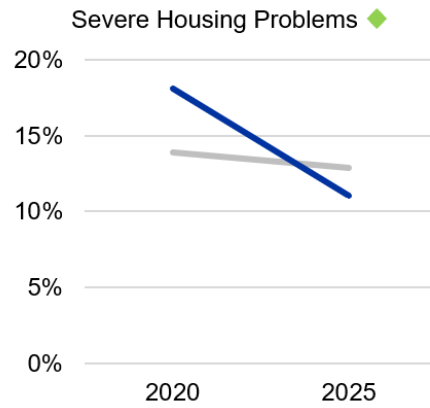
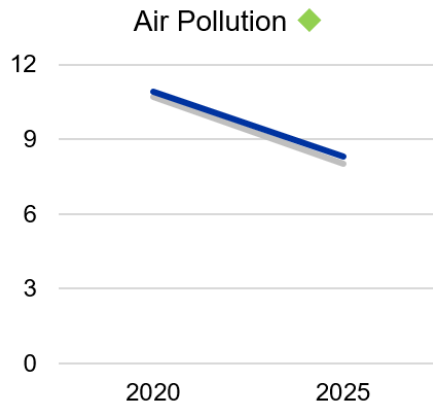
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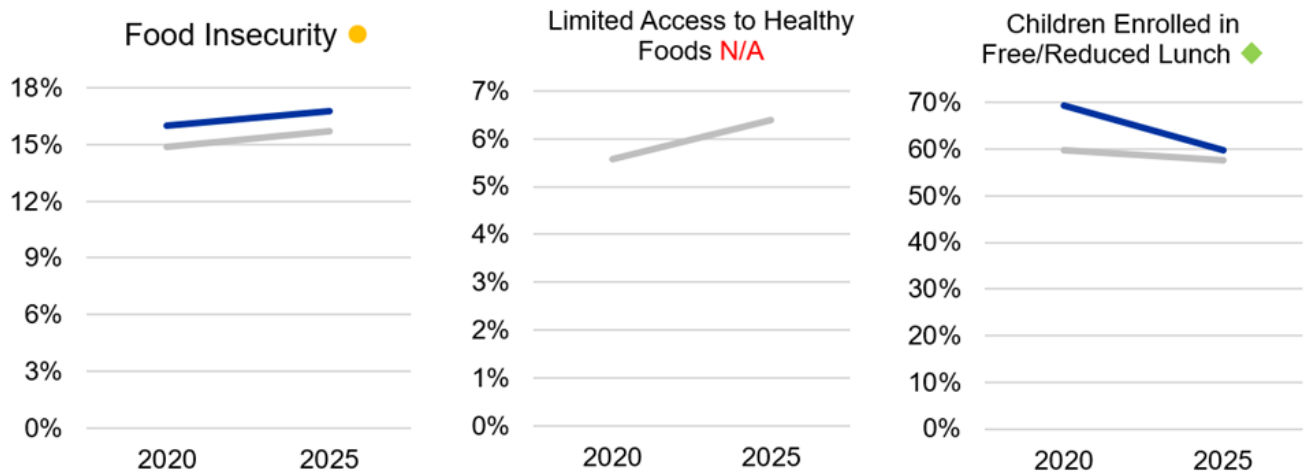
Physical Environment

Note: Owen is in blue, the Kentucky average is in gray.



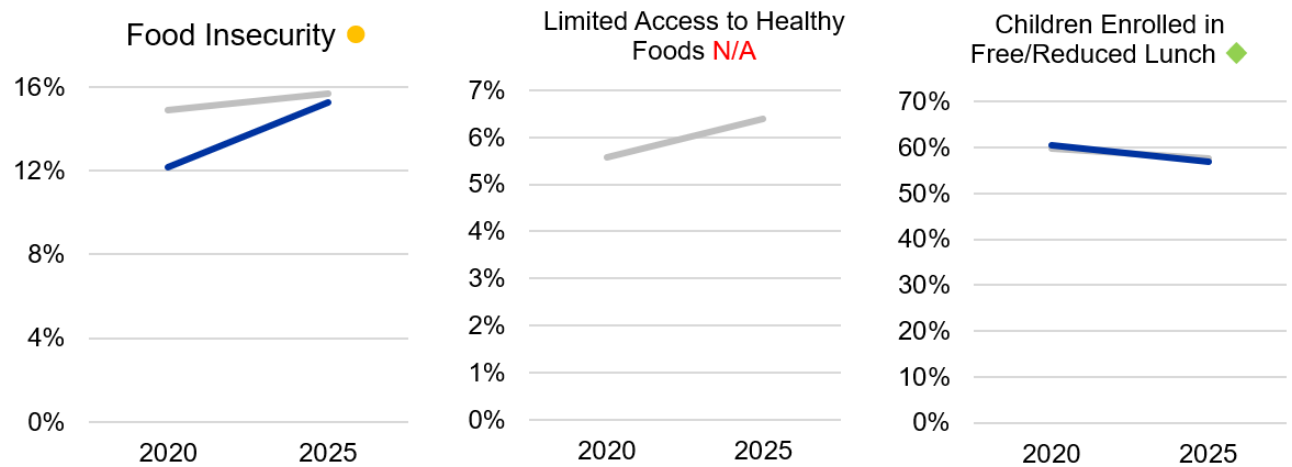
Food Access

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



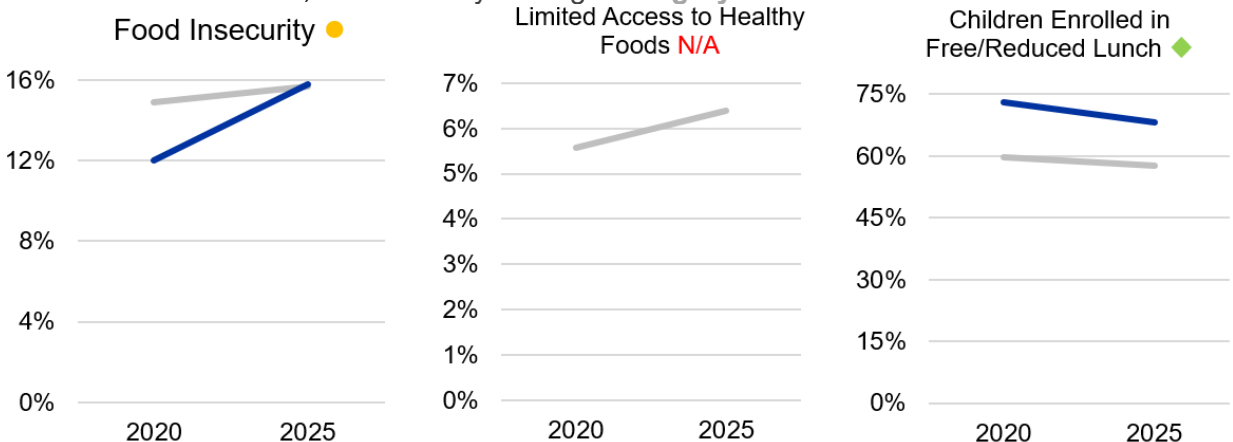
Food Access

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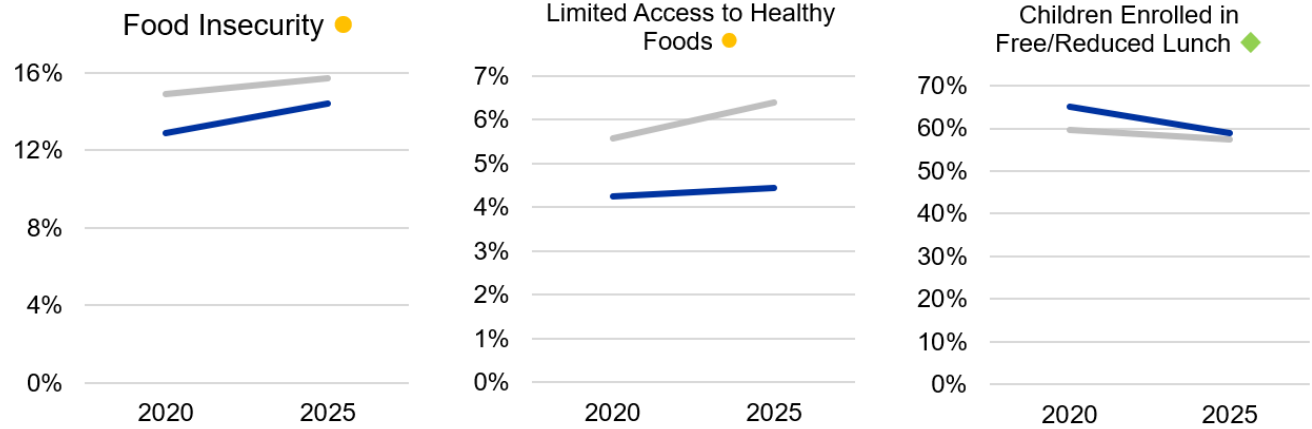
Food Access

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



Food Access

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



Hospital Utilization Data

The Tables below provide an overview of patients at Carroll County Memorial Hospital in particular how they pay, and why they visited.

Hospital Usage, 1/1/2022 – 12/31/2022

Patient Status	Total
Inpatient Discharges	160
Outpatient Visits	20,926

Hospital Inpatient Payer Mix, 1/1/2022 – 12/31/2022

Payer	Discharges
Medicare	108
Medicaid	23
Commercial	19
Other	9
Self-Pay & Charity	1

Hospital Outpatient Payer Mix, 1/1/2023 – 12/31/2023

Payer	Visits
Medicare	6,766
Medicaid	6,612
Commercial	6,334
Self-Pay & Charity	699
Other	515

Hospital Inpatient Diagnosis Related Group, 1/1/2023 – 12/31/2023

DRG Description	Discharges
Simple Pneumonia & Pleurisy	30
Chronic Obstructive Pulmonary Disease	16
Kidney & Urinary Tract Infections	14
Respiratory Infections & Inflammations	12
Pulmonary Edema & Respiratory Failure	11
Heart Failure & Shock	9
Alcohol/Drug Abuse Or Dependence	8
Cellulitis	6
Nutritional & Misc Metabolic Disorders	6
Disorders Of Pancreas Except Malignancy	5
Signs & Symptoms	5

Community Steering Committee

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

These committee members represent organizations and agencies that serve Carroll, Trimble, and Gallatin counties in a variety of areas that relate to the health of the population. By volunteering their time, the committee members enable the hospital to acquire input from residents that are often not engaged in conversations about their health needs. The steering committee provides both an expert view of the needs they see while working with the people and clients they serve and in extensive distribution of the community survey. The community steering committee committed to the process both promoting the survey through social media and encouraging organizations to share through email channels.

Carroll County Memorial Hospital leadership recruited members of the community to serve on the steering committee. Blueprint Kentucky representatives scheduled and completed the first meeting in September 2025 to introduce the assessment process, share the role of a committee member, and participate in a focus group.

A final steering committee meeting was held in March 2026 for the report of survey, focus group and key informant interview results along with selected secondary health data to inform and guide the prioritization process of the identified health needs. This resulted in the community steering committee making recommendations on the priority health needs for Carroll County Memorial Hospital to address over the next three years.

Carroll County Memorial Hospital Community Steering Committee

Name	Representing Organization
Malcom Carrico	First National Bank
Ashley Froman	Three Rivers District Health Department
Linda Davis	Carrollton City Council
Rick Garriott	Saint-Gobain
David Roberts	Carrollton Police Department
Katrina Lipe	Carroll County Schools
Shalay Nem	ION Center
Harold Tomlinson	Former County Judge Executive

Community Feedback

In September 2025, members of the Carroll County Memorial Hospital Community Health Needs Assessment steering committee participated in a focus group. Three additional focus groups were conducted with community members from Carroll County. Thirty-two individuals participated in the focus groups. What follows is a summary of the responses that highlight the results of the conversations that identify strengths of the community and the healthcare system, challenges/barriers in the broader healthcare system and opportunities for improving the health of the community.

Focus Group and Key Informant Findings

Qualitative analysis of focus group and key informant responses revealed overarching themes. Findings consistently underscored challenging experiences that not only hindered community ability to access services, but also the need for expanded services. The key findings from each of the 4 questions posed to the focus group participants and the key informant are listed below:

- There are numerous community strengths that impact health in the service area.
- The greatest health needs in the service area involve mental health, chronic diseases, healthy choices and opportunities, and access to care. Social determinants of health particular to the service area heavily impact the community's view of the greatest health needs.
- Concerning the community's perception of the current healthcare system, the service area has a broad array of services across the broader healthcare system, but there is a need for expanding access and increasing quality of services.
- To better meet health needs in in the service area over the next 3 years, the community recommends focusing on collaboration and expanding available services.

Finding 1: There are numerous community strengths that impact health in the service area.

The responses that contributed to this finding are listed below.

Healthcare & Access

- Hospital
 - Personal service and caring staff
- Health departments in service area
- Physician clinics
 - Family Clinic in Warsaw makes home visits
- Urgent Care
- Pharmacy

- Mental health
 - Approachable counselors and teachers
 - Youth leading mental health campaigns
 - Sources of Strength curriculum
- Social work coordination
- Transportation
 - Empowered Living
 - Senior Citizens Bus
 - Homeless shelter

Education & Youth Services

- Excellent schools with resources for students
 - Backpack program
 - Food pantry
 - Clothing
- Jefferson Community and Technical College – Carrollton Campus
- I Lead Academy
- Head Start
- Day care and after care

Economic Opportunities

- Industry internships available for students
- Access to well-paying jobs
- Small businesses

Community Supports

- Food pantries
- Homeless shelter
- Churches
- Caring community that rallies to meet needs
- Sense of belonging
- Collaboration amongst community leaders
- Cooperation and regionalization between counties
- Diverse community
- Community events
- Parks
 - Point Park
 - General Butler State Park
- Ohio River
- Walking trails and walkable sidewalks

Finding 2: The greatest health needs in the service area involve mental health, chronic diseases, healthy choices and opportunities, and access to care. Social determinants of health particular to the service area heavily impact the community's view of the greatest health needs.

The responses that contributed to this finding are listed below.

Mental Health

- Mental health issues have increased in area, affecting all ages
- Stigma
- Stress
- Social isolation
- Childhood trauma
- Adverse childhood experiences
- Domestic violence
- Substance use - drugs, alcohol, and tobacco use (including vaping)
 - Selling to underage customers
 - Parental permission and peer pressure
 - Limited treatment and recovery services available
- Care giver support
 - Grandparents raising grandchildren
 - Leave for care givers
 - Support groups

Chronic Diseases

- Obesity
- Diabetes
- High blood pressure
- Cancer
 - Prostate
 - Lung
 - Colon
 - Breast
- Stroke
- Heart disease
- Epilepsy/seizures

Healthy Choices & Opportunities

- Lack of preventative health culture & health knowledge
 - Diabetes education
- Generational health habits
- Hygiene
- Industry work schedules make healthy lifestyles difficult

Access to Care

- Need access to more specialty care
- Low tolerance to conflict in healthcare interactions, people disengage when care becomes difficult
- Transportation to care

Social determinants of health particular to the service area that impact the greatest health needs in the community are:

Physical Environment/Transportation

Transportation to and from essential services, including healthcare is a barrier for many. The time associated with long commutes to access specialty care, and the high cost of lodging, travel, etc. makes receiving the needed care difficult. Food access is also a transportation issue, with many living in food deserts and unable to travel to access healthy foods.

Quality & Access to Health Education

Community members need health education to live healthier lives, which includes understanding a healthy diet and coping skills to combat mental health issues. There are some resources available, but many people do not know about them or how to access them.

Housing

The high cost of housing impacts many community members. There is a growing homeless population.

Finding 3: Concerning the community's perception of the current healthcare system the service area has a broad array of services across the broader healthcare system, but there is a need for expanding access and increasing quality of services.

The responses that contributed to this finding are listed below.

Opportunities for healthcare system

- More mental health care needed in service area
 - Therapists
 - Mental health shelters
 - Mental health support in workplaces
 - Education and recovery resources
- Increased access to providers/clinics
 - Family medicine
 - Dentists
 - Optometrists
 - Swing beds
 - Specialty care

- Cardiology
 - Orthopedics
 - Obstetrics and gynecology
 - Urology
 - Podiatry
 - Pediatrics
- Long travel distances to hospital
- Expanded hours for services
 - Urgent care
 - Pharmacy
- Increase telehealth services
- EMS programs
- Emergency Room
 - Understanding when to access ER instead of primary care or urgent care
 - Long wait times
- Housing shortages
 - Homelessness
 - Homeless shelters
- Restorative justice resources
- Perception that care depends on ability to pay
- Communication about available resources
 - More communication about available resources
 - Education on prescriptions

Barriers to the healthcare system

- Funding/cost of healthcare
- Healthcare workforce
 - Recruitment
 - High turnover
- Understanding of healthcare systems
- Language barriers
- Transportation
 - To appointments
 - To recovery meetings
- Unsafe walking conditions in some areas
- Quality and affordable housing
- Childcare
- Detention center needs to be upgraded to include more program space
- Culture of Health
 - Breaking generational cycles

- Understanding healthy lifestyles, including nutrition and physical activity
- Health education

Strengths of healthcare system

- Carroll County Memorial Hospital
 - Expanded programs
 - Specialty clinics
 - Quality care
 - Walk in clinic
 - Open ER
 - Physical therapy
 - Rehabilitation services
 - Home health services
 - Labs and diagnostics
 - Hospital leadership improving organizational culture
- Three Rivers Health Department
- Gallatin County services including Health Department, Triad, and New Core
- Emergency services are responsive and respected in community
- Chiropractic services in community
- Dental care available
- Pharmacies
- Primary care
 - Warsaw clinic
 - Trimble County clinic
 - VA clinic

Finding 4: To better meet health needs in in the service area over the next 3 years, the community recommends focusing on collaboration and expanding available services.

Responses that contributed to this finding are listed below.

Collaboration

- Leverage current partnerships
- Have outreach at community events with health screenings
- Tell the story about local issues, successes and progress
- Engage youth
 - Create safe spaces for youth
 - Address perception of safety and drug use in parks
 - Upgrades to Point Park
 - Recreation opportunities
 - Gather and include youth feedback in planning

Expanding Services

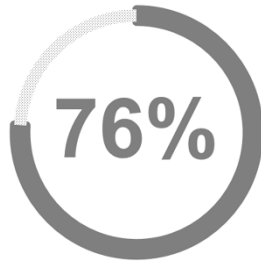
- Mental health
 - Increase funding for mental health programs
 - Include telehealth options
 - Recognize mental health as a root cause of other health issues
- Recruit more providers
 - Specialty care
 - Family medicine
 - Improve retention
- Focus on Emergency Department Culture
- Swing bed unit

Carroll County Memorial Hospital Survey Results

WINTER 2025

Respondent Demographics

278
Respondents

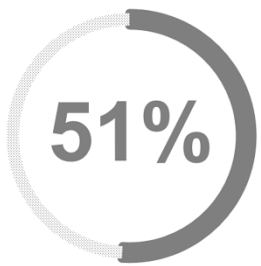


Respondents describe themselves as female.

Additional responses: Male (24%), Prefer to not answer (0.4%).

Respondents by age group:

18 - 24	6%
25 - 39	18%
40 - 54	29%
55 - 64	15%
65 - 69	14%
70 or older	18%

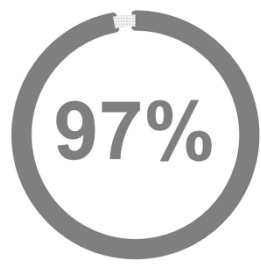


Respondents are employed full-time.

Additional responses: Retired (29%), Employed part-time (7%), Unemployed (5%), Disabled (4%), Student (3%).

Respondents by educational attainment:

High school	31%
Technical school	10%
College or above	55%
Other	4%



Respondents are white.

Additional responses: African American/Black (2%), Asian/Pacific Islander (1%), Hispanic/Latino (0.4%).

Respondents by annual household income:

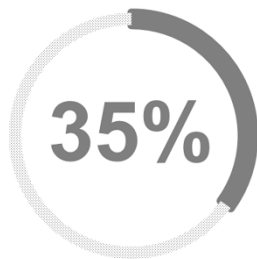
\$0-\$24,999	15%
\$25,000-\$49,999	17%
\$50,000-\$74,999	16%
\$75,000-\$99,999	12%
\$100,000 or more	28%
Prefer not to answer	12%



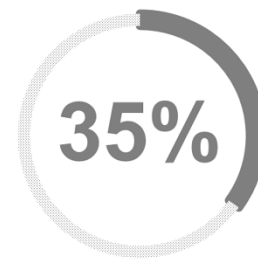
Respondents satisfied with the ability to access healthcare services in

Respondent households used these options for routine health care:

Physician's Office/ My Family Doctor	65%
Emergency Room	12%
Health Department	3%
Urgent Care	11%
I do not receive routine healthcare	4%
Other	5%
<i>Walk in clinic (5), VA clinic (3)</i>	

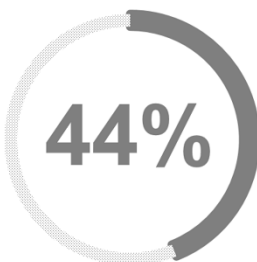


Households have delayed healthcare due to lack of money and/or insurance. 2% of respondent households are currently without insurance.



Respondent households eligible for Medicare.

Additional responses: Commercial/private insurance (35%), Medicaid (15%), SNAP (5%), VA (5%), Public housing assistance (3%).



Respondents report "No barriers" to receiving routine healthcare.

Barriers identified by respondents:

I only visit the doctor when something is seriously wrong	18%
Cannot afford it	8%
Poor physician attitudes or communication	7%
Physician hours of operation (inconvenient times)	6%
Fear/anxiety	5%
Cannot take off work	5%
No insurance	2%
No transportation	2%
Lack of childcare	0.3%
Other	4%
<i>Lack of doctors (4), Expensive with insurance (3)</i>	

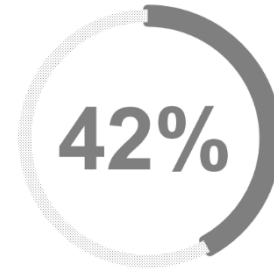
The top three most important factors for a healthy community:

Easy to access healthcare	15%
Low crime/safe neighborhood	15%
Good jobs/healthy economy	13%
Good school systems	13%
Affordable housing	10%
Good place to raise children	10%
Personal responsibility	5%
Community activities and events	4%
Religious/spiritual values	4%
Parks and recreation	4%
Transportation	4%
Low disease rate	1%
Diverse community	1%
Excellent race relationships	1%
Other	0.1%

Top three health challenges respondent households face:

High blood pressure	21%
Arthritis/joint pain	16%
Overweight/obesity	13%
Mental health issues	11%
Diabetes	11%
Heart disease and stroke	7%
Tobacco use/vaping	6%
Cancer	5%
Respiratory/lung disease	4%
Asthma	4%
Substance use disorder (alcohol/drugs)	2%
HIV/AIDS/STDs	1%
Other	6%

Neurological Disorders (6), Autoimmune Disorders (5), Kidneys (3), Gastrointestinal (3)

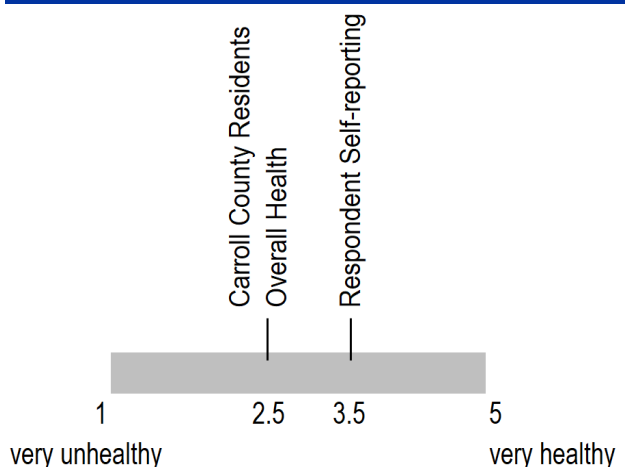


Respondents think Carroll County meets these factors.

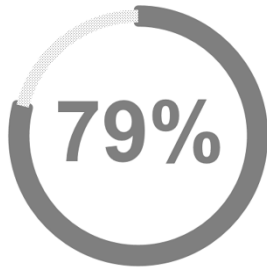
Top three risky behaviors seen most in your community:

Drug abuse	27%
Being overweight/having poor eating habits and lack of exercise	20%
Alcohol use	20%
Tobacco Use	15%
Prescription drug use	10%
Unsafe sex	5%
Dropping out of school	3%
Other	1%

Respondent rating of community overall health and their personal health:



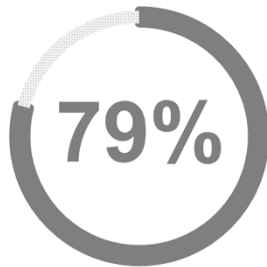
How respondents and their household members use hospital services:



Used the services of Carroll County Memorial Hospital in the past 24 months.

Respondent households registered for online portals:

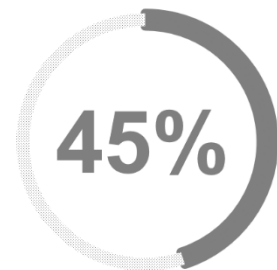
Yes, registered for My Care Corner	19%
Yes, registered for My Medical Locker	4%
Yes, registered for both online portals	4%
No, did not register for either online portal	52%
I am not sure	21%



Respondents rated Carroll County Memorial Hospital a "6" or higher on a scale from 1 to 10.



Would recommend CCMH to friends and family.



Respondents used another hospital because the service they needed was not available at Carroll County Memorial Hospital.

Additional reasons respondents used a hospital other than CCHM in the past 24 months:

My doctor referred me to another hospital	27%
My insurance requires me to go somewhere else	6%
I prefer larger hospitals	7%
Other	15%
<i>Past experience/perceived reputation (10), Distance (7), Personal preference (4)</i>	

Respondents' proclivity for using video calls (telemedicine):



Respondents have used video calls (telemedicine) to see a provider in last 12 months.

Specialty care services that respondents would be willing see using video calls (telemedicine):

Mental/Behavioral Health	31%
Cardiology	11%
Dermatology	12%
Gastroenterology	9%
Urology	8%
Pediatrics	8%
Endocrinology	6%
Nephrology	4%
Oncology	5%
Pulmonology	5%

Presence of reliable/affordable transportation:



Use their own vehicle when traveling for health care.

Other responses:

Friend/family vehicle	12%
Carroll County Wellness Transit	5%
Taxi/cab	0.3%
Other	1%

How far members of respondent households drive to see a specialist:

Less than 20 miles	17%
20-49 miles	54%
50-100 miles	26%
Other	0.4%
I do not receive routine healthcare	2%



Respondents drive more than 20 miles to see a specialist.

Factors influencing health choices:

Listening to physicians & other healthcare providers	18%
Family	18%
Spouse/Partner/Significant other	14%
Friends	12%
Weather (seasons: Spring Summer Fall and Winter)	8%
Community	7%
Public health recommendations/guidelines (Ex. CDC)	6%
Access to parks/walking trails	6%
Other people around me	5%
Social media	4%
Other	1%

Where respondents get health care information:

Doctor/healthcare provider	46%
Internet	21%
Friends/family	14%
Social media	6%
Health Department	3%
Local hospital website	3%
Radio/television	2%
Library	1%
Newspaper/magazines	1%
I do not access health information	2%

Respondents' current living situation:

Living on your own (apartment or house)	67%
Living with family (parent(s), guardian, grandparents or other relatives)	29%
Staying with someone I know	1.8%
Staying in an emergency shelter or transitional living program	0.9%
Living in a recovery treatment facility	0.4%

Health topics that respondents are interested in learning about:

Weight loss	19%
Eating healthy	16%
Mental health/Depression	13%
Emergency preparedness	12%
Cancer prevention	11%
Heart disease	9%
High blood pressure	6%
Tobacco cessation	5%
Substance use disorder (alcohol and/or drugs)	4%
Using my medications correctly	3%
Other	2%
<i>Exercise (3)</i>	

Top ten topics mentioned when asked “what could be done in Carroll County to better meet your health needs?” (Three-way tie for 9th):

Provide more/easier access to doctors/specialists	27%
Improve the hospital	9%
More local events/activities	8%
Improve physician attitudes towards patients	6%
Add more health clinics & 24/7 clinics	6%
Address mental health in the community	5%
Provide community health education	5%
Address substance abuse in the community	4%
Satisfy basic life needs (shelter, food) in the community	3%
Improve access to Insurance needs	3%
Keep the hospital	3%

Prioritization of Identified Health Needs

Carroll County Memorial Hospital CHNA steering committee meeting was held in March 2026 to review findings from the community surveys, key informant interviews, focus groups, and county specific secondary health data.

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

1. The ability of Carroll County Memorial Hospital to evaluate and measure outcomes.
2. The number of people affected by the issue or size of the issue.
3. The consequences of not addressing this problem.
4. Prevalence of common themes.
5. The existence of hospital programs which respond to the identified need.

Blueprint Kentucky staff led a facilitated discussion with members of the steering committee after the data presentation and completed the process of prioritizing the identified health needs. The following represent the recommendations of the steering committee to Carroll County Memorial Hospital for addressing health needs in Carroll, Gallatin, Trimble and Owen Counties and the hospital service area for the next three years.

Prioritized Needs

1. Mental Health - including childhood trauma
2. Substance use (Drugs)
3. Education - including diabetes, nutrition, obesity, and available programs and resources of CCMH
4. Access to health care - specialty physicians and telehealth services

Note: Transportation was listed as a need but not prioritized by the steering committee.

Next Steps

Hospital administration and staff along with community partners will develop an implementation plan that includes measurable goals, objectives, and action plan to address each identified priority health need in this community health needs assessment.

This Implementation Strategy will be rolled out over the next three years, from May 2026 through April 2029.

Carroll County Memorial Hospital will kick off the implementation strategy by initiating collaborative efforts with community leaders to address each health priority identified through the assessment process.

Periodic evaluation of goals/objectives for each identified priority will be conducted to ensure that the hospital is on track to complete the plan as described.

Carroll County Memorial Hospital staff will review the implementation strategy and report on the success experienced through the collaborative efforts of improving the health of the community.



Community Health Needs Assessment Implementation Strategies Carroll County Memorial Hospital | 2026

About Us

Carroll County Memorial Hospital (CCMH) is a 25-bed Critical Access Hospital located in Carrollton, Kentucky. Since 1955, CCMH has provided healthcare services to residents throughout Carroll, Gallatin, Trimble, and Owen Counties.

CCMH offers a comprehensive range of healthcare services, including emergency care, inpatient and outpatient services, primary care, specialty care, rehabilitation services, behavioral health services, occupational medicine, retail pharmacy services, and transitional care. Through its network of family practice clinics in Carrollton, Bedford, and Warsaw, CCMH strives to provide convenient access to quality healthcare close to home.

As a community-focused healthcare organization, CCMH works collaboratively with local agencies, schools, businesses, and community partners to improve the overall health and well-being of the region. The hospital remains committed to expanding access to care, enhancing patient services, and addressing the evolving healthcare needs of the communities it serves.



Our Mission

To provide health and medical care to individuals, families and workforces of the Ohio Valley by contributing to their well-being in a manner that promotes outstanding health for all.

Our Vision

To provide first class health and medical services and to be the area leader in access, service, technology and value for our patients.

Core Values

Respect

We welcome the uniqueness and honor the dignity of every person. We communicate openly and we act with integrity. We develop the talents and abilities of one another.

Compassion

We reach out to people in need and give comfort. We nurture the physical, emotional and spiritual well-being of one another and those we serve. We embrace those who are suffering

Justice

We believe everyone has a right to the basic goods of the earth. We act and make decisions fairly with the consideration of others in our mind. We strive to remove the obstacles to care. We join with others to work for common good

Excellence

We set the highest standards for ourselves and for our work. We strive to transform conditions for a better tomorrow while serving needs of today. We celebrate and encourage the contributions of one another

Stewardship

We believe that everything entrusted to us is for the common good. We strive to care wisely for our people, our resources and our earth. We share what we have with those that are less fortunate.

Community Served

Carroll County Memorial Hospital serves residents throughout Carroll, Gallatin, Trimble, and Owen Counties. The hospital identified these counties as its primary service area through an analysis of inpatient discharge data by county of residence.

According to 2023 inpatient utilization data, approximately 78% of Carroll County Memorial Hospital's inpatient population originated from Carroll County, with additional patients residing in Gallatin, Trimble, and Owen Counties. These service area determinations were supported by market assessment data provided by the Kentucky Hospital Association.

In addition to services provided at the hospital's main campus in Carrollton, CCMH extends access to care through family medicine clinics located in Bedford and Warsaw. These clinic locations help improve access to primary care services for residents throughout the service area and support the hospital's commitment to providing quality healthcare close to home.

Carroll County Memorial Hospital remains dedicated to meeting the healthcare needs of the communities it serves through a comprehensive network of inpatient, outpatient, emergency, primary care, specialty care, behavioral health, rehabilitation, and pharmacy services.

Community Health Needs Assessment Process

Carroll County Memorial Hospital partnered with Blueprint Kentucky at the University of Kentucky to conduct its 2026 Community Health Needs Assessment (CHNA). The assessment was completed in accordance with Affordable Care Act requirements, which require nonprofit hospitals to conduct a CHNA and adopt an implementation strategy every three years.

The purpose of the assessment was to identify the most significant health needs facing residents throughout the hospital's service area and gather community input on opportunities to improve health outcomes and access to care.

Information was collected through community surveys, focus groups, key informant interviews, hospital utilization data, and secondary health and demographic data. A Community Steering Committee reviewed the findings and participated in the prioritization process to identify the most significant health needs impacting the communities served by Carroll County Memorial Hospital.

The findings of the CHNA serve as the foundation for this Implementation Strategy and guide the hospital's efforts to improve community health over the next three years.

Identified Priority Health Needs

Priority Health Need #1

Mental Health

Including childhood trauma, access to behavioral health services, treatment resources, and community awareness of available support services.

Priority Health Need #2

Substance Use

Including prevention, treatment, recovery support services, and education related to substance use disorders.

Priority Health Need #3

Health Education

Including diabetes prevention and management, nutrition, obesity, chronic disease prevention, and awareness of available healthcare programs and resources.

Priority Health Need #4

Access to Health Care

Including access to specialty physicians, telehealth services, and healthcare resources throughout the service area.

The following sections outline Carroll County Memorial Hospital's implementation strategies and planned activities to address each identified priority health need during the 2026–2029 implementation period

Priority Health Need #1

Mental Health

Mental health was identified as the highest priority health need through community surveys, focus groups, key informant interviews, and secondary data analysis. Community members identified concerns related to access to behavioral health services, childhood trauma, and awareness of available resources. Carroll County Memorial Hospital is committed to improving access to care and increasing awareness of mental health services throughout the communities it serves.

Goal

Improve access to behavioral health services, education, and support resources throughout the service area.

Strategies

- Continue behavioral health services through Empowered Living.
- Increase awareness of available mental health resources and services.
- Provide mental health education through community outreach, health fairs, and wellness events.
- Promote access to behavioral health services for children and adolescents.
- Collaborate with schools and community partners to support early identification and intervention for childhood trauma and mental health concerns.
- Expand awareness of available support services, referral resources, and treatment options.

Community Partners

- Local school systems
- Local health departments
- Community organizations
- Regional behavioral health providers
- Recovery support organizations

Measures of Success

- Number of individuals receiving behavioral health services through Empowered Living.
- Number of community outreach and educational activities conducted annually.
- Participation in community health fairs and wellness events.
- Number of behavioral health referrals completed.
- Availability of behavioral health services for children and adolescents within the service area.

Priority Health Need #2

Substance Use

Substance use was identified as a priority health need through the CHNA process. Community members identified concerns related to substance misuse, access to treatment and recovery resources, and awareness of available support services.

Goal

Increase access to substance use treatment, recovery resources, and community education throughout the service area.

Strategies

- Continue participation in the Kentucky Statewide Opioid Stewardship Emergency Department Bridge Program.
- Utilize Peer Support Services to connect individuals with treatment and recovery resources.
- Promote awareness of available substance use treatment and recovery services.
- Provide substance use prevention and education through community outreach, health fairs, and wellness events.
- Collaborate with community partners to support recovery and reduce barriers to treatment.
- Increase awareness of referral resources and available support services.
- Continue Medication-Assisted Treatment (MAT) services for individuals experiencing substance use disorders.

Community Partners

- Local health departments
- Community organizations
- Recovery support organizations
- Regional behavioral health providers
- Local schools

Measures of Success

- Number of individuals connected to treatment and recovery services through the Emergency Department Bridge Program.
- Number of Peer Support encounters.
- Number of substance use referrals completed.
- Number of community outreach and educational activities conducted.
- Participation in community health fairs and wellness events.

Priority Health Need #3

Health Education

Health education was identified as a priority health need through the CHNA process. Community members expressed concerns related to diabetes, nutrition, obesity, chronic disease prevention, and awareness of available healthcare services and resources.

Goal

Increase community awareness of health information, preventive care services, and available healthcare resources.

Strategies

- Provide health education through community outreach, health fairs, and wellness events.
- Promote diabetes prevention and management education.
- Increase awareness of nutrition, healthy lifestyle, and chronic disease prevention resources.
- Promote access to nutrition counseling and education services provided by CCMH's registered dietitian to support healthy lifestyle choices and chronic disease management.
- Enhance awareness of available healthcare services, providers, and programs offered by CCMH.
- Collaborate with schools, employers, and community organizations to provide educational opportunities.
- Utilize digital communications, social media, and the hospital website to share health information and community resources.

Community Partners

- Local school systems
- Local health departments
- Community organizations
- Local employers
- Civic organizations

Measures of Success

- Number of health education activities conducted.
- Number of community members reached through educational outreach efforts.
- Website and digital engagement with health education resources.
- Number of community partnerships supporting health education initiatives.

Priority Health Need #4

Access to Health Care

Access to healthcare was identified as a priority health need through the CHNA process. Community members focused on access to specialty physicians, telehealth services, and healthcare resources throughout the service area was prevalent.

Goal

Improve access to healthcare services through expanded specialty care, telehealth opportunities, and community resources.

Strategies

- Expand awareness of specialty care services available through the CCMH Specialty Center.
- Support access to healthcare through available transportation resources and community partnerships.
- Promote awareness and utilization of telehealth services when appropriate.
- Recruit and retain healthcare providers to meet the evolving needs of the community.
- Increase awareness of available healthcare services, providers, and resources through community outreach and education.

Community Partners

- Local health departments
- Community organizations
- Regional healthcare providers
- Local employers
- Transportation partners

Measures of Success

- Number of primary care visits.
- Number of specialty care visits.
- Utilization of available transportation resources.
- Number of community outreach and educational activities conducted.

Evaluation and Reporting

Carroll County Memorial Hospital is committed to monitoring progress toward the goals and strategies outlined in this Implementation Strategy. Hospital leadership will review identified measures of success on an ongoing basis to evaluate progress and identify opportunities for improvement.

The implementation strategy will be carried out from 2026 through 2029 and will be reviewed periodically to ensure activities remain aligned with community needs. Progress made toward each priority health need will be used to inform future planning efforts and guide the development of subsequent Community Health Needs Assessments and implementation strategies.

Through collaboration with community partners, healthcare providers, and local organizations, Carroll County Memorial Hospital will continue working to improve the health and well-being of the communities it serves.

Board Approval

The Carroll County Memorial Hospital Board of Trustees reviewed and approved this Community Health Needs Assessment Implementation Strategy on 7/20/26

Appendix

- A. Secondary Data Sources
- B. Carroll County Memorial Hospital CHNA Survey
- C. Board Approval



2025 Select Measures and Data Sources

Measure		Weight	Data Source	Years of Data
POPULATION HEALTH AND WELL-BEING				
LENGTH OF LIFE				
Life span	Premature Death*	50%	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2020-2022
QUALITY OF LIFE				
Physical health	Poor Physical Health Days	10%	Behavioral Risk Factor Surveillance System	2022
	Low Birth Weight*	20%	National Center for Health Statistics - Natality Files	2017-2023
Mental health	Poor Mental Health Days	10%	Behavioral Risk Factor Surveillance System	2022
Life satisfaction	Poor or Fair Health	10%	Behavioral Risk Factor Surveillance System	2022
COMMUNITY CONDITIONS				
HEALTH INFRASTRUCTURE				
Health promotion and harm reduction	Flu Vaccinations*	4%	Mapping Medicare Disparities Tool	2022
	Access to Exercise Opportunities	4%	ArcGIS Business Analyst and ArcGIS Online; YMCA; US Census TIGER/Line Shapefiles	2024, 2022 & 2020
	Food Environment Index*	4%	USDA Food Environment Atlas; Map the Meal Gap from Feeding America	2019 & 2022
Clinical care	Primary Care Physicians	2%	Area Health Resource File/American Medical Association	2021
	Mental Health Providers	1%	CMS, National Provider Identification	2024
	Dentists	1%	Area Health Resource File/National Provider Identifier Downloadable File	2022
	Preventable Hospital Stays*	4%	Mapping Medicare Disparities Tool	2022
	Mammography Screening*	1%	Mapping Medicare Disparities Tool	2022
	Uninsured	4%	Small Area Health Insurance Estimates	2022
PHYSICAL ENVIRONMENT				
Housing and transportation	Severe Housing Problems	4%	Comprehensive Housing Affordability Strategy (CHAS) data	2017-2021
	Driving Alone to Work*	2%	American Community Survey, five-year estimates	2019-2023
	Long Commute - Driving Alone	1%	American Community Survey, five-year estimates	2019-2023
Air, water and land	Air Pollution: Particulate Matter	8%	Environmental Public Health Tracking Network	2020
	Drinking Water Violations*	4%	Safe Drinking Water Information System	2023
Civic and community resources	Broadband Access	4%	American Community Survey, five-year estimates	2019-2023
	Library Access	2%	Institute of Museum and Library Services	2022
SOCIAL AND ECONOMIC FACTORS				
Education	Some College	8%	American Community Survey, five-year estimates	2019-2023
	High School Completion	8%	American Community Survey, five-year estimates	2019-2023
Income, employment and wealth	Unemployment	8%	Bureau of Labor Statistics	2023
	Income Inequality	8%	American Community Survey, five-year estimates	2019-2023
	Children in Poverty*	8%	Small Area Income and Poverty Estimates; American Community Survey, five-year estimates	2023 & 2019-2023
Safety and social support	Injury Deaths*	4%	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2018-2022
	Social Associations	2%	County Business Patterns	2022
	Child Care Cost Burden	4%	The Living Wage Institute; Small Area Income and Poverty Estimates	2024 & 2023

*Subgroup data available by race and ethnicity; *Data availability or recency varies by state



2025 Additional and Demographic Measures and Data Sources

Measure		Data Source	Years of Data
POPULATION HEALTH AND WELL-BEING			
LENGTH OF LIFE			
Life span	Life Expectancy*	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2020-2022
	Premature Age-Adjusted Mortality*	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2020-2022
	Child Mortality*	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2019-2022
	Infant Mortality*	National Center for Health Statistics - Natality and Mortality Files	2016-2022
QUALITY OF LIFE			
Physical health	Frequent Physical Distress	Behavioral Risk Factor Surveillance System	2022
	Diabetes Prevalence	Behavioral Risk Factor Surveillance System	2022
	HIV Prevalence*	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2022
	Adult Obesity	Behavioral Risk Factor Surveillance System	2022
Mental health	Frequent Mental Distress	Behavioral Risk Factor Surveillance System	2022
	Suicides*	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2018-2022
Life satisfaction	Feelings of Loneliness*	Behavioral Risk Factor Surveillance System	2022
COMMUNITY CONDITIONS			
HEALTH INFRASTRUCTURE			
Health promotion and harm reduction	Limited Access to Healthy Foods	USDA Food Environment Atlas	2019
	Food Insecurity	Map the Meal Gap	2022
	Insufficient Sleep	Behavioral Risk Factor Surveillance System	2022
	Teen Births*	National Center for Health Statistics - Natality Files; Census Population Estimates Program	2017-2023
	Sexually Transmitted Infections*	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2022
	Excessive Drinking	Behavioral Risk Factor Surveillance System	2022
	Alcohol-Impaired Driving Deaths	Fatality Analysis Reporting System	2018-2022
	Drug Overdose Deaths*	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2020-2022
	Adult Smoking	Behavioral Risk Factor Surveillance System	2022
	Physical Inactivity	Behavioral Risk Factor Surveillance System	2022
Clinical care	Uninsured Adults	Small Area Health Insurance Estimates	2022
	Uninsured Children	Small Area Health Insurance Estimates	2022
	Other Primary Care Providers	CMS, National Provider Identification	2024
PHYSICAL ENVIRONMENT			
Housing and transportation	Traffic Volume	EJSCREEN: Environmental Justice Screening and Mapping Tool	2020
	Homeownership	American Community Survey, five-year estimates	2019-2023
	Severe Housing Cost Burden	American Community Survey, five-year estimates	2019-2023
Air, water and land	Access to Parks	ArcGIS Online; US Census TIGER/Line Shapefiles	2024 & 2020
Climate	Adverse Climate Events	Environmental Public Health Tracking (EPHT) Network; U.S. Drought Monitor (USDM); OPEN FEMA Disaster Declaration Summaries	2019-2023
Civic and community resources	Census Participation	Census Operational Quality Metrics	2020
	Voter Turnout*	MIT Election Data and Science Lab; American Community Survey, five-year estimates	2020 & 2016-2020

SOCIAL AND ECONOMIC FACTORS			
Education	High School Graduation ⁺	State-specific sources & EDFacts	Varies
	Reading Scores ^{**}	Stanford Education Data Archive	2019
	Math Scores ^{**}	Stanford Education Data Archive	2019
	School Segregation	National Center for Education Statistics	2023-2024
	School Funding Adequacy ⁺	School Finance Indicators Database	2022
Income, employment and wealth	Children Eligible for Free or Reduced Price Lunch ⁺	National Center for Education Statistics	2022-2023
	Gender Pay Gap	American Community Survey, five-year estimates	2019-2023
	Median Household Income [*]	Small Area Income and Poverty Estimates; American Community Survey, five-year estimates	2023 & 2019-2023
	Living Wage	The Living Wage Institute	2024
Safety and social support	Child Care Centers	Homeland Infrastructure Foundation-Level Data (HIFLD)	2010-2022
	Residential Segregation - Black/White	American Community Survey, five-year estimates	2019-2023
	Homicides [*]	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2016-2022
	Motor Vehicle Crash Deaths [*]	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2016-2022
	Firearm Fatalities [*]	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2018-2022
	Disconnected Youth	American Community Survey, five-year estimates	2019-2023
	Lack of Social and Emotional Support ⁺	Behavioral Risk Factor Surveillance System	2022
DEMOGRAPHICS			
	% Below 18 Years of Age	Census Population Estimates Program	2023
	% 65 and Older	Census Population Estimates Program	2023
	% Female	Census Population Estimates Program	2023
	% American Indian or Alaska Native	Census Population Estimates Program	2023
	% Asian	Census Population Estimates Program	2023
	% Hispanic	Census Population Estimates Program	2023
	% Native Hawaiian or Other Pacific Islander	Census Population Estimates Program	2023
	% Non-Hispanic Black	Census Population Estimates Program	2023
	% Non-Hispanic White	Census Population Estimates Program	2023
	% Disability: Functional Limitations	Behavioral Risk Factor Surveillance System	2022
	% Not Proficient in English	American Community Survey, five-year estimates	2019-2023
	Children in Single-Parent Households	American Community Survey, five-year estimates	2019-2023
	% Rural	Decennial Census Demographic and Housing Characteristics File	2020
	Population	Census Population Estimates Program	2023

*Subgroup data available by race and ethnicity; ⁺Data availability or recency varies by state

Carroll County Memorial Hospital 2025 CHNA Survey

Blueprint Kentucky, a community and economic development unit with the University of Kentucky, was contracted by Carroll County Memorial Hospital to conduct the Community Health Needs Assessment (CHNA) for their facility. We want to better understand your health needs and how the hospital and its partners can better meet them. Please take 5 - 10 minutes to fill out this survey. Please do not include your name anywhere. All responses will remain anonymous.

Q1. Please tell us your zip code:

Q2. Are you or anyone in your household satisfied with the ability to access healthcare services in Carroll County?

☐ Yes

☐ No

Q3. Where do you go to receive routine healthcare? Select all that apply.

☐ Physician's office/my family doctor

☐ Emergency room

☐ Health department

☐ Urgent care

☐ Other. Please specify below:

☐ I do not receive routine healthcare

Q4. Are there barriers that keep you from receiving routine healthcare? Select all that apply.

☐ No insurance

☐ Lack of child care

☐ Physician hours of operation
(inconvenient times)

☐ Fear/anxiety

☐ Poor physician attitudes or communication

☐ I only visit the doctor when
something is seriously wrong

☐ No transportation

☐ Cannot take off work

☐ Cannot afford it

☐ Other. Please specify below:

☐ No barriers

Q5. How far do you or anyone in your household travel to see a specialist?

☐ Less than 20 miles

☐ 20-49 miles

☐ 50-100 miles

☐ Other. Please specify below:

☐ I do not receive routine healthcare

Q6. What do you or anyone in your household use for transportation when traveling for healthcare? Select all that apply.

- ☐ My own vehicle
- ☐ Friend/family vehicle
- ☐ Taxi/cab
- ☐ Carroll County Wellness Transit
- ☐ Other. Please specify below:

Q7. Please select the TOP THREE **health challenges** you or anyone in your household face. Select only three.

- ☐ Cancer
- ☐ Diabetes
- ☐ Mental health issues
- ☐ Substance use disorder (alcohol/drugs)
- ☐ High blood pressure
- ☐ Tobacco use/vaping
- ☐ Asthma
- ☐ Arthritis/joint pain
- ☐ Heart disease and stroke
- ☐ HIV/AIDS/STDs
- ☐ Overweight/obesity
- ☐ Respiratory/lung disease
- ☐ Other. Please specify below:

Q8. Please select the TOP THREE **risky behaviors** you see most in your community. Select only three.

- ☐ Alcohol use
- ☐ Tobacco use
- ☐ Unsafe sex
- ☐ Prescription drug use
- ☐ Being overweight/having poor eating habits and lack of exercise
- ☐ Dropping out of school
- ☐ Drug abuse
- ☐ Other. Please specify below:

Q9. Have you or someone in your household delayed healthcare because of lack of money and/or insurance?

- ☐ Yes
- ☐ No

Q10. Are you or members of your household currently eligible for any of the following services? Select all that apply.

- ☐ Medicare
- ☐ Medicaid
- ☐ Public Housing Assistance
- ☐ SNAP (Food stamp program)
- ☐ VA
- ☐ Commercial/private insurance

Q11. How would you rate your **own personal health**?

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

Q12. How would you rate the overall **health of Carroll County**?

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

Q13. Please select the TOP THREE most important factors for a **healthy community**. Select only three:

- ☐ Good place to raise children
- ☐ Low crime/safe neighborhood
- ☐ Good school systems
- ☐ Easy to access healthcare
- ☐ Community activities and events
- ☐ Affordable housing
- ☐ Low disease rate
- ☐ Personal responsibility
- ☐ Excellent race relationships
- ☐ Diverse community
- ☐ Good jobs/healthy economy
- ☐ Religious/spiritual values
- ☐ Transportation
- ☐ Parks and recreation
- ☐ Other. Please specify below:

Q14. Do you think Carroll County meets the factors you selected in question 13?

- ☐ Yes
- ☐ No

Q15. What could be done in Carroll County to better meet your health needs?

Q16. Which health related topics would you be interested in learning more about? Select all that apply.

- ☐ Eating healthy
- ☐ Weight loss
- ☐ Heart disease
- ☐ Cancer prevention
- ☐ Emergency preparedness
- ☐ Tobacco cessation
- ☐ Substance use disorder (alcohol and/or drugs)
- ☐ Mental health/Depression
- ☐ Using my medications correctly
- ☐ Other. Please specify below:

Q17. Have you or anyone in your household used Carroll County Memorial Hospital's services in the past 24 months?

- ☐ Yes
- ☐ No

Q18. Have you or anyone in your household that has used Carroll County Memorial Hospital's services registered for the online portals My Care Corner or My Medical Locker? Select all that apply.

- ☐ Yes, registered for My Care Corner
- ☐ Yes, registered for My Medical Locker
- ☐ Yes, registered for both online portals
- ☐ No, did not register for either online portal
- ☐ I am not sure

Q19. If you used a hospital other than Carroll County Memorial Hospital in the past 24 months, why? Select all that apply.

- ☐ Service I needed was not available
- ☐ My doctor referred me to another hospital
- ☐ My insurance required me to go somewhere else
- ☐ I prefer larger hospitals
- ☐ Other. Please specify below:

Q20. How would you rank Carroll County Memorial Hospital on a scale of 1 to 10, where 1 is *not very good* and 10 is *very good*?

Q21. Would you recommend your local hospital to friends and family?

- ☐ Yes
- ☐ No

Q22. What factors influence your health choices? Select all that apply.

- ☐ Family
- ☐ Friends
- ☐ Spouse/Partner/Significant other
- ☐ Other people around me
- ☐ Community
- ☐ Listening to physicians and other healthcare providers
- ☐ Public health recommendations/guidelines (Ex. CDC)
- ☐ Social media
- ☐ Access to parks/walking trails
- ☐ Weather (seasons: Spring, Summer, Fall, Winter)
- ☐ Other. Please specify below:

Q23. Where do you get most of your healthcare information? Select all that apply.

- ☐ Doctor/healthcare provider
- ☐ Friends/family
- ☐ Internet
- ☐ Health department
- ☐ Library
- ☐ Local hospital website
- ☐ Newspaper/magazines
- ☐ Radio/television
- ☐ Social media
- ☐ I do not access health information

Q24. What is your current living situation?

- ☐ Living with family (parent(s), guardian, grandparents or other relatives)
- ☐ Living on your own (apartment or house)
- ☐ Living in a place not meant to be a residence (outside, tent, homeless camp, car, abandoned building)
- ☐ Living in recovery housing
- ☐ Living in a recovery treatment facility
- ☐ Staying in an emergency shelter or transitional living program
- ☐ Living in a hotel or motel
- ☐ Staying with someone I know

Q25. Have you used video calls (telemedicine) to see a provider in the last 12 months?

- ☐ Yes
- ☐ No

Q26. What specialty care services would you be willing to see using video calls (telemedicine)? Select all that apply.

- ☐ Cardiology
- ☐ Dermatology
- ☐ Oncology
- ☐ Urology
- ☐ Nephrology
- ☐ Gastroenterology
- ☐ Pulmonology
- ☐ Endocrinology
- ☐ Pediatrics
- ☐ Mental/Behavioral Health

Q27. What is your age?

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

Q28. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other. Please specify below:

- ☐ Prefer not to answer

Q29. What ethnic group do you identify with?

- ☐ African American/Black
- ☐ Asian/Pacific Islander
- ☐ Hispanic/Latino
- ☐ Native American
- ☐ White/Caucasian
- ☐ Other. Please specify below:

Q30. What is the highest level of education you have completed?

- ☐ High School
- ☐ Technical school
- ☐ College or above
- ☐ Other. Please specify below:

Q31. What is your annual household income?

- ☐ \$0 - \$24,999
- ☐ \$25,000 - \$49,999
- ☐ \$50,000 - \$74,999
- ☐ \$75,000 - \$99,999
- ☐ \$100,000 or more
- ☐ Prefer not to answer

Q32. What is your current employment status?

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

Thank you for taking the time to participate in this survey.



**Blueprint
Kentucky**

Approvals

This Community Health Needs Assessment was approved by the Carroll County Memorial Hospital Board of Trustees on May 18th, 2026.

Dennis S. Raison
SIGNATURE

5-18-26
DATE

This Implementation Plan was approved by the Carroll County Memorial Hospital Board of Trustees on July 20th, 2026.

Dennis S. Raison
SIGNATURE

7-20-26
DATE