



# 2022 Community Health Needs Assessment

## **Barbourville ARH Hospital**

80 Hospital Dr, Barbourville, KY 40906 | Phone: (606) 546-4175

more health



more care

[www.arh.org](http://www.arh.org)

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

CEDIK works with stakeholders to build engaged communities and vibrant economies. If you have questions about the assessment process, contact Melody Nall, CEDIK Extension Specialist Administrator: [melody.nall@uky.edu](mailto:melody.nall@uky.edu) or (859) 218-5949.







Dear Community Member:

Appalachian Regional Healthcare has had a longstanding mission to *“promote the well-being of all people in Central Appalachia in partnership with our communities.”*

Improving personal health and building healthier communities is about more than the care that is provided at the doctor’s office or the hospital. To bring about true change and improvement requires listening to the needs of our community members and providing them with easily accessible opportunities to become healthier.

As ARH moves through its sixth decade of providing care, we are focusing on really putting our organizational mission into action by prioritizing overall wellness through an emphasis on preventative health screenings and good nutrition to improve the lives of the people we serve. To better meet the needs of these residents we asked the community to share their health concerns through surveys and focus groups during the 2022 Community Health Needs Assessment (CHNA).

The CHNA is an excellent opportunity for our community members to educate us on the health needs in their own homes, schools, and neighborhoods.

We use these results, along with secondary data collected by the Community and Economic Development Initiative of Kentucky (CEDIK) at the University of Kentucky, to help us to identify areas where we can better provide access to care, educate the community about healthy behaviors to reduce risk and symptoms of diseases, and provide resources that alleviate barriers to receiving care.

Within this report, you will find the community health goals identified based on this assessment for Barbourville ARH Hospital for the next three years and our implementation successes from the last assessment completed in 2019.

We hope that this assessment will be used as a tool for our community, area leaders, and other organizations. Together, we can guide the appropriate use of resources and partner for new, innovative health initiatives to help build a healthier future for eastern Kentucky and southern West Virginia.

Sincerely,

Hollie Phillips, MHA  
President and Chief Executive Officer  
Appalachian Regional Healthcare, Inc

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# Introduction

Appalachian Regional Healthcare (ARH), the Healthcare System of Appalachia, and ranked as one of the Top 10 Employers in Kentucky by Forbes Magazine, is a not-for-profit health system operating 14 hospitals in Barbourville, Hazard, Harlan, Hyden, Martin, McDowell, Middlesboro, Paintsville, Prestonsburg, South Williamson, West Liberty and Whitesburg in Kentucky; as well as Beckley and Hinton in West Virginia, as well as multi-specialty physician practices, home health agencies, home medical equipment stores and retail pharmacies.

## MISSION

To improve health and promote well-being of all people in Central Appalachia in partnership with our communities.

## VISION

ARH will be the premier destination for quality care, a driver of advancement and development, and a leader in health for the communities we serve.

## VALUES

- Trust
- Innovation
- Collaboration
- Compassion
- Service

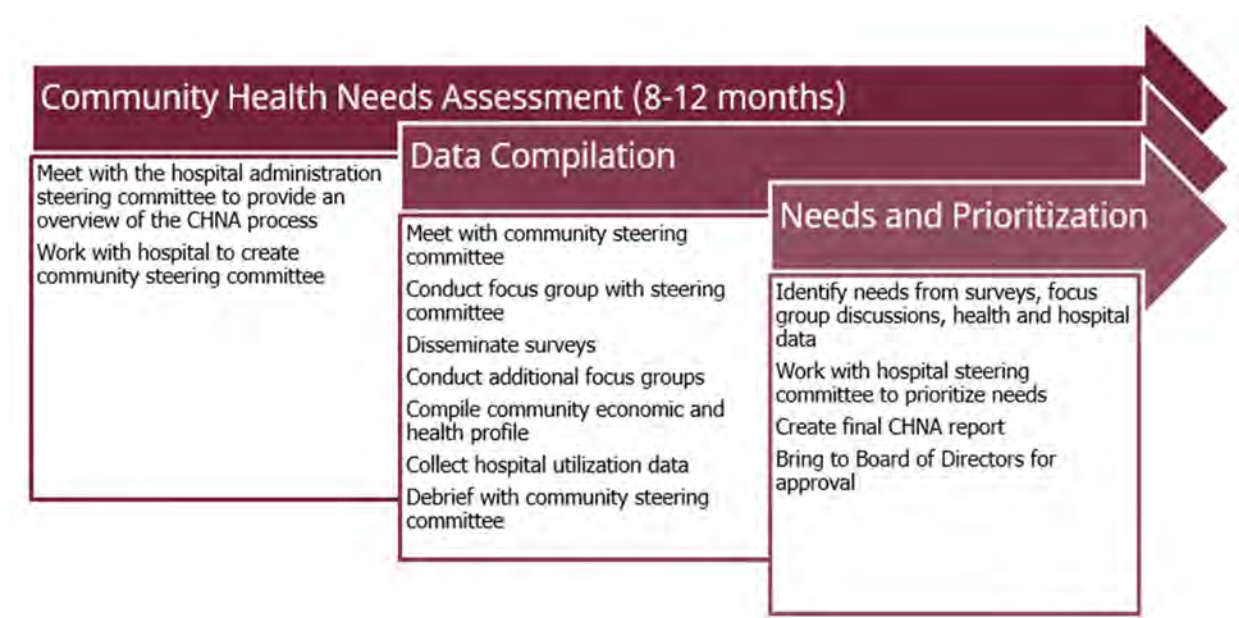


# CHNA Process

Appalachian Regional Healthcare contracted with the Community and Economic Development Initiative of Kentucky (CEDIK) in the fall of 2021 to conduct a Community Health Needs Assessment (CHNA) for Barbourville ARH in accordance with the Affordable Care Act. The Affordable Care Act, enacted March 23, 2010, added new requirements that hospital organizations must satisfy in order to be described in section 501(c)(3), as well as new reporting and excise taxes.

The IRS requires hospital organizations to complete a CHNA and adopt an implementation strategy at least once every three years. This CHNA was the fourth prepared by CEDIK for this organization; prior reports were completed in 2013, 2016 and 2019.

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





## 2019 community health needs... addressed!

### ✓ Goal: Address obesity and food insecurity in community.

**We partnered with the Farmers Market, the Health Department and the Kentucky Communities Economic Opportunity Council (KCEOC).** The Farmers Market reaches over 2,500 residents each summer. At the Farmers Market, we provided information on healthy foods, nutrition facts, etc. Seniors were given vouchers to enable them to purchase produce at a reduced cost.

During the pandemic, KCEOC expanded their summer meal program to continue throughout the year to make sure the children of our community had healthy meals when school was not in session due to COVID.

### ✓ Goal: Reduce number of substance overdoses and deaths.

**We continue to be an active participant/ member of Knox County UNITE meetings.** This group is comprised of broad representation in the community including our local school resource centers, law enforcement, elected officials, entities providing substance treatment, etc. **Our goal is to reduce the use and abuse of substances leading to overdoses and deaths.**

**We also participate in the Opioid Reduction Program with the Kentucky Hospital Association (KHA).** Through this program we track and monitor the use and prescribing of opioids within the hospital by provider, educate providers on alternative prescribing options, and educate patients on the harmful effects and potential addictive nature of these drugs.

### Our most successful partnership...

was with the Farmers Market. Because it was held outside, the Market was able to continue providing healthy produce to the community during the pandemic. We were able to provide vouchers to Seniors and on site KCEOC staff were able to provide healthy brown bag lunches to children.

✓ **Goal: Reduce the transmission of Hepatitis A, B, and C.**

**Throughout the pandemic, the Health Department continued and expanded the needle exchange program to help reduce the spread of Hepatitis.**

At the hospital we continue to promote, educate and track good hand hygiene. We utilize tools such as “secret shoppers” to view our staff as they interact with our patients. We have placed more hand sanitizers throughout the facility, and distributed hand sanitizers at the Farmers Market.

We also participate with Gilead Corporation to review patients that could be tested for Hepatitis compared to those that are tested. We continue to see a slight increase in the number of patients tested.



*Barbourville ARH staff at the local Farmers Market to promote healthy eating.*

**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 Barbourville ARH.

Charles Lovell, Jr., FACHE  
Barbourville ARH Community CEO



# Community Served by Barbourville ARH

Barbourville ARH determined its defined service area for this Community Health Needs Assessment by reviewing inpatient discharge data by county of residence in years 2020 and 2021. In 2020, seventy-eight percent (78%) of Barbourville ARH inpatients originated from Knox County and in 2021, seventy-five percent (75%) of inpatients served were residents of Knox County. These figures come from the Kentucky Hospital Association's market assessment data.

In this section publicly available data are presented for Knox County. These data come from the *County Health Rankings & Roadmaps* website (<https://www.countyhealthrankings.org/>), *Kentucky Health Facts* website (<https://www.kentuckyhealthfacts.org/>). These data sites provide social, economic, and health data that is intended for use by communities to understand the multiple factors that influence a population's health. These data were accessed in March and April 2022.

Next, to provide more context to the ongoing health of the community, we present five year data trends (2016-2020) for Knox County alongside the state average. These data come from the *County Health Rankings & Roadmaps* website and include selected health outcomes, health behaviors, and access to care as well as social, economic, and environmental factors that impact the health of Knox County residents.

Last, we present recent data on invasive cancer incidence from the Kentucky Cancer Registry.

<b>Population</b>	<b>Knox County</b>	<b>Kentucky</b>	<b>US Overall</b>
2019 Population	31,145	4,467,673	328,239,523
Percent of Population under 18 years	23.1%	22.4%	22.3%
Percent of Population 65 year and older	17.7%	16.8%	16.5%
Percent of Population Non-Hispanic Black	1.3%	8.2%	13.4%
Percent of Population American Indian & Alaska Native	0.3%	0.3%	1.3%
Percent of Population Asian	0.4%	1.6%	5.9%
Percent of Population Native Hawaiian/Other Pacific Islander	0.0%	0.1%	0.2%
Percent of Population Hispanic	1.3%	3.9%	18.5%
Percent of Population Non-Hispanic White	95.5%	84.1%	60.1%
Percent of Population not Proficient in English	0%	1.0%	8.3%
Percent of Population Female	51.2%	50.7%	50.8%
Percent of Population Rural	62.9%	41.6%	14%

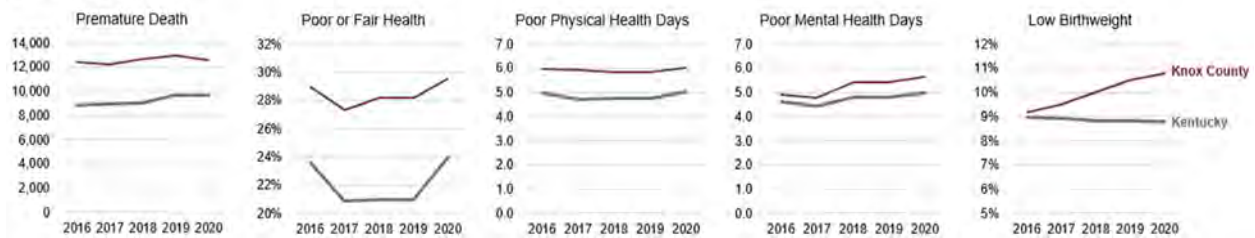
<b>Health Outcomes</b>	<b>Knox County</b>	<b>Kentucky</b>	<b>US Overall</b>
Years of Potential Life Lost Rate	12885	9505	6900
Percent Fair or Poor Health	33%	22%	17%
Average Number of Physically Unhealthy Days	6.7	4.6	3.7
Average Number of Mentally Unhealthy Days	6.4	5.0	4.1
Percent Low Birthweight	11%	9%	8%
<b>Health Behaviors</b>			
Percent Adults that are Diabetic	15.4%	13.3%	13%
Percent Adults with Hypertension	47.7%	40.1%	47%
Percent Adults with Tooth Loss	47.7%	22.6%	-
Percent Adults Consuming Recommended Fruit & Vegetable Intake	8.2%	12.1%	12.3%
Percent Smokers	31%	24%	17%
Percent Adults with Obesity	37%	35%	30%
Food Environment Index	6.4	6.9	7.8
Percent Physically Inactive	35%	29%	23%
Percent with Access to Exercise Opportunities	45%	71%	84%
Percent Excessive Drinking	14%	17%	19%
Percent Driving Deaths with Alcohol Involvement	19%	25%	27%
Chlamydia Rate	461.1	436.4	539.9
Teen Birth Rate	53	31	21
<b>Access to Care</b>			
Percent Uninsured	8%	7%	10%
Number of Primary Care Physicians	7	2,895	-
Primary Care Physicians Rate	22	65	-
Primary Care Physicians Ratio	4472:1	1543:1	1320:1
Number of Dentists	9	2,996	-
Dentist Rate	29	67	-
Dentist Ratio	3461:1	1491:1	1400:1
Number of Mental Health Providers	23	10,733	-
Mental Health Provider Rate	74	240	-
Mental Health Provider Ratio	1354:1	416:1	380:1

<b>Social &amp; Economic Factors</b>	<b>Knox County</b>	<b>Kentucky</b>	<b>US Overall</b>
Percent Completed High School	73%	86%	88%
Percent with Some College Education	43%	62%	66%
Number Unemployed	595	89,014	-
Number in Labor Force	9,946	2,072,597	-
Percent Unemployed	6.0%	4.3%	3.7%
80th Percentile Income	\$67,620	\$101,776	-
20th Percentile Income	\$9,655	\$20,248	-
Percent of Children in Poverty	39%	21%	17%
Number of Children in Single-Parent Households	1,924	265,296	-
Number of Children in Households	7,285	1,005,667	-
Percent of Children in Single-Parent Households	26%	26%	26%
Number of Associations	25	4,732	-
Social Association Rate	8.0	10.6	9.3
Annual Average Violent Crimes	21	9,824	-
Violent Crime Rate	66	222	386
Number of Injury Deaths	161	21,274	-
Injury Death Rate	102	96	72
Physical Environment			
Average Daily PM2.5	9.6	8.7	7.2
Presence of Water Violation	No	n/a	n/a
Percent with Severe Housing Problems	14%	14%	18%
Percent with Severe Housing Cost Burden	12%	11%	14%
Percent with Overcrowding	2%	2%	-
Percent with Inadequate Facilities	2%	1%	-
Percent that Drive Alone to Work	86%	82%	76%
Number of Workers who Drive Alone	9,607	1,949,184	-
Percent with Long Commute - Drives Alone	34%	31%	37%



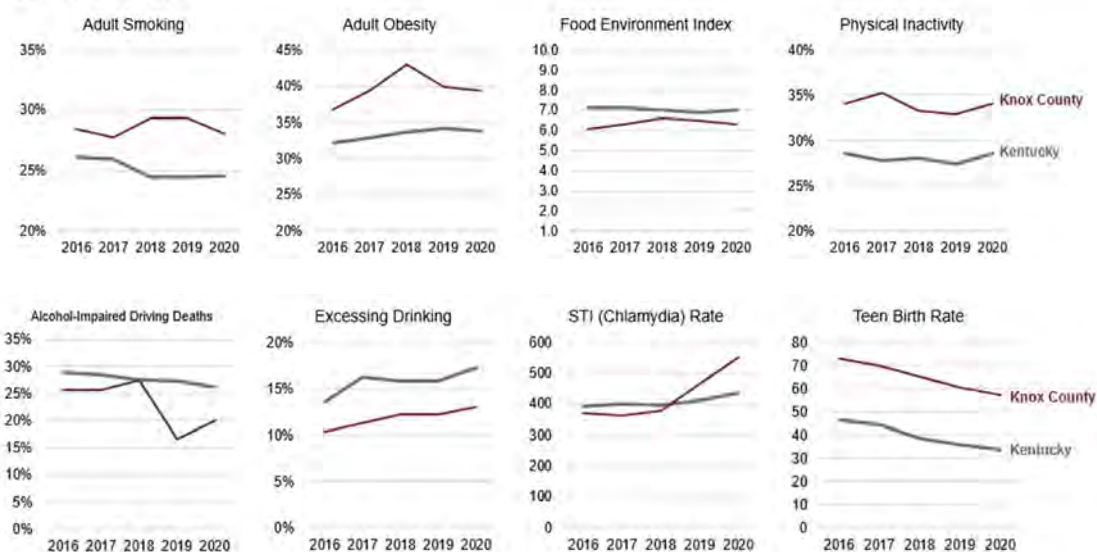
## 2016-2020 County Health Rankings Data Trends

### Health Outcomes



- The middle three variables are based on self-reported data from BRFSS (Behavioral Risk Factor Surveillance System). All three are on an upward trend for the County and state.
- The County's low birthweight is also on an upward trend.

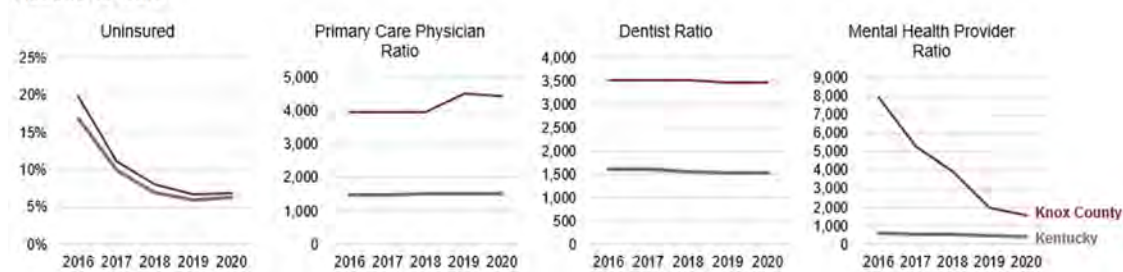
### Health Behaviors



- Adult smoking in the County is higher than the state and the overall trend is steady.
- Adult obesity and physical inactivity in the County is trending upward.
- The higher the number on the USDA Food Environment Index (0-10) the better the Food Environment. The County has a lower score than the state average.
- There is a downward trend in alcohol-impaired driving deaths.
- There is an upward trend of excessive drinking and STI infections in the County.
- The County's teen birth rates are trending downward.

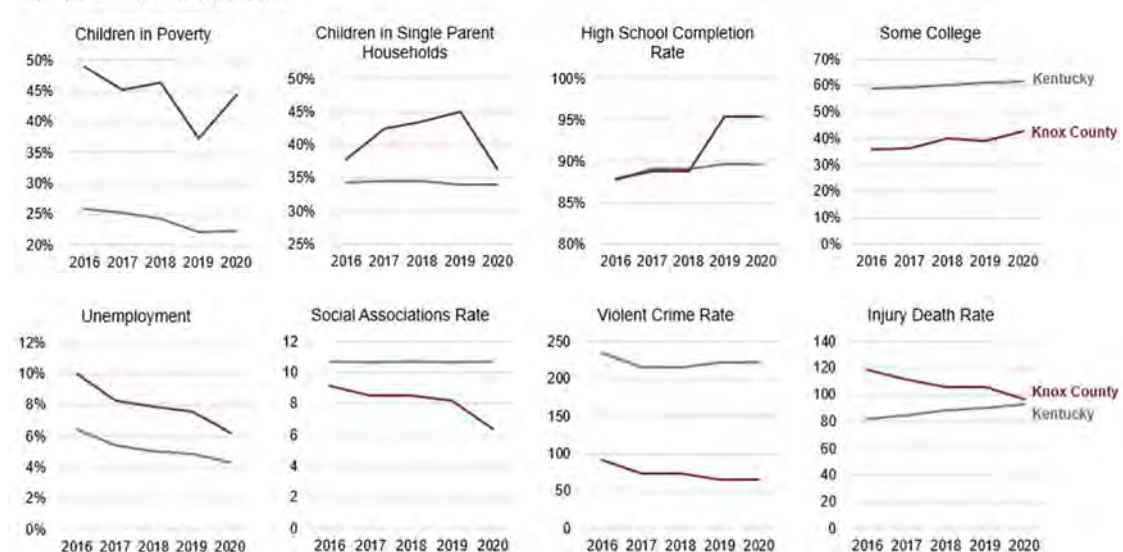
## 2016-2020 County Health Rankings Data Trends, continued

### Access to Care



- The County's ratio of all three types of health care providers is higher (less providers for population) compared to the state average.
- The County has had a significant increase in mental health providers over the last five years.
- County uninsurance rates are on par with the state.

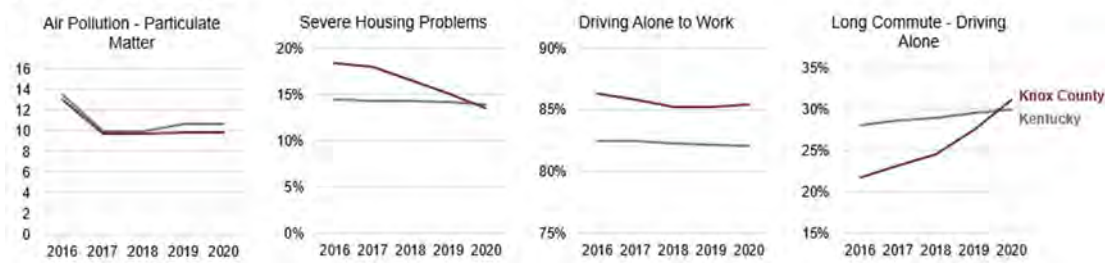
### Social & Economic Factors



- The County has a higher percentage of children in poverty compared to the state and appears to be on a downward trend. The year-to-year shifts in percent of children in single parent households is not clear.
- County high school completion rates are above the state average, and percent of the County population with some college education is trending upwards.
- While the unemployment rate is higher in the County, compared to the state, the rate of decline has accelerated (keep in mind this is pre-pandemic).
- The County's rate of social associations is on a downward trend (again, pre-pandemic).
- The County's injury death rate and violent crime rate are trending downward.

## 2016-2020 County Health Rankings Data Trends, continued

### Physical Environment



- Air pollution in the County is lower than the state, and mirrors the state's five year trend.
- The County's severe housing problems is on a downward trend.
- The County population driving alone to work is on an overall downward trend, while the County population making long commutes driving alone is on an upward trend.

## Top 10 Invasive Cancer Incidence Rates

<i>All Genders, All Races</i>	<b>Knox County</b>	<b>Crude Rate</b>	<b>Age- adjusted Rate</b>
Total all sites over 5 years (2014-2018)	1113	707.4	567.7
Lung and bronchus	270	171.6	130.5
Breast	131	83.3	66.2
Colon & Rectum	125	79.5	65.7
Prostate (males only)	84	109.2	85.1
Kidney and renal pelvis	46	29.2	24.1
Urinary bladder (invasive & in situ)	44	28	21.8
Non-Hodgkin lymphoma	43	27.3	22.4
Corpus Uteri (females only)	39	48.5	38.4
Melanoma of the Skin	38	24.1	21.4
Miscellaneous	36	22.9	18.7

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



# Hospital Utilization Data

The Tables below provide an overview of Barbourville ARH's patients and in particular how they pay, and why they visited.

## Hospital Usage, 1/1/2020 - 12/31/2020

Patient Status	Total
Inpatient Discharges	473
Outpatient Visits	28,579

## Hospital Inpatient Payer Mix, 1/1/2020 - 12/31/2020

Payer	Discharges
Medicare (Excluding Medicare Managed Care)	232
Medicare Managed Care	48
WellCare of Kentucky Medicaid Managed Care	48
Commercial - Anthem Health Plans of KY HMO Plan	33
Commercial - Anthem Health Plans of KY PPO Plan	19
Humana Medicaid Managed Care	15
Anthem Medicaid Managed Care	14
Other Facility	11
Aetna Better Health of KY Medicaid Managed Care	10
In State Medicaid	10
Passport Medicaid Managed Care	8
Self Pay	5
Commercial - Other	4
Tricare (Champus)	4
Commercial - Humana PPO Plan	3
Workers Compensation	3
Commercial - United Healthcare POS Plan	2

**Hospital Outpatient Payer Mix, 1/1/2020 - 12/31/2020**

<b>Payer</b>	<b>Visits</b>
Medicare (Excluding Medicare Managed Care)	8304
WellCare of Kentucky Medicaid Managed Care	5356
Commercial - Anthem Health Plans of KY PPO Plan	3101
Medicare Managed Care	2244
Aetna Better Health of KY Medicaid Managed Care	1661
Commercial - Anthem Health Plans of KY HMO Plan	1595
In State Medicaid	1286
Humana Medicaid Managed Care	1009
Passport Medicaid Managed Care	1007
Anthem Medicaid Managed Care	896
Self Pay	512
Commercial - Other	248
Commercial - Humana PPO Plan	227
Commercial - United Healthcare POS Plan	216
Tricare (Champus)	194
Other Facility	180
Commercial - Cigna Health & Life FFS Plan	114
Auto Insurance	108
Commercial - Aetna Health HMO Plan	103
Workers Compensation	86
Care Source KY Commercial Plan	53
Commercial - Aetna Health PPO Plan	41
VA	19
Black Lung	6
ChampVA	5
Wellcare Health Commercial Plan	4
Out of State Medicaid	3
Commercial - PPO	1

**Hospital Inpatient Diagnosis Related Group, 1/1/2020 - 12/31/2020**

<b>DRG Description</b>	<b>Discharges</b>
Septicemia	39
Simple pneumonia & pleurisy	39
Signs & symptoms	23
Respiratory infections & inflammations	19
Diabetes	19
Pulmonary edema & respiratory failure	17
Disorders of pancreas except malignancy	16
Chronic obstructive pulmonary disease	15
Esophagitis, gastroenteritis & miscellaneous digestive disorders	13
Heart failure & shock	13
Kidney & urinary tract infections	13
Poisoning & toxic effects of drugs	13



# Community Steering Committee

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

These committee members represent organizations and agencies that serve the Knox County population in a variety of areas that relate to the health of the population. By volunteering their time, the committee members enable the hospital to acquire input from residents that are often not engaged in conversations about their health needs. The steering committee provides both an expert view of the needs they see while working with the people and clients they serve and in extensive distribution of the community survey. Conducting this assessment during the COVID-19 pandemic added new challenges in accessing community input, however the community steering committee committed to the process both with promoting the survey through social media and encouraging organizations to share through email channels.

Barbourville ARH leadership recruited members of the community to serve on the steering committee. CEDIK representatives scheduled and completed the first meeting in November 2021 to introduce the assessment process, share the role of a committee member and to lead a focus group. A final steering committee meeting was held April 21, 2022, 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 Barbourville ARH to address over the next three years.

## Barbourville ARH Community Steering Committee

Name	Representing Organization
Sue Brooks	Knox EMS
Judy Parker	Knox EMS
Maxine Reid	DBHDID, SOC Five Grant
Donna Smith	Bluegrass Care Navigators
John David King	Hometown Bank
Brendia Moses	KCEOC Community Action Partnership
Claudia Greenwood	Knox Chamber
Jay Nolan	Mountain Advocate
Tammy Sutton	Knox County Health Department
Rich Prewitt	Cumberland Valley Electric
Barbara Worley	ARH Auxiliary

## Community Feedback

In November 2021, members of the Barbourville ARH Community Health Needs Assessment steering committee participated in a focus group. The committee membership includes representation from the health department, Chamber of Commerce, Behavioral Health, local media, local government, and schools. The members bring knowledge and expertise to the populations they serve. In addition, two focus groups were conducted with the Union College nursing students and the Knox County Chamber of Commerce. Forty-three individuals participated in the three focus groups. One key informant interview was completed in spring 2022. 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 Findings

Qualitative analysis of focus group responses revealed overarching themes across the focus groups. Findings across all groups 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 5 questions posed to the focus groups are listed below:

- The community’s vision for a healthy Knox County involves community vitality, healthy lifestyles, and access to healthcare.
- The greatest health needs in Knox County involve chronic diseases, unhealthy behaviors, education and support, and access to care. Social determinants of health particular to Knox County heavily impact the community’s view of the greatest health needs.
- Regarding the greater healthcare system, defined as hospital, health department, EMS, clinics, housing and food access; there is a comprehensive system in place that collaborates often, but there is still need for expanded access.
- To better meet health needs in Knox County, the community needs expanded services and health education.
- There were positive and negative lasting impacts of COVID-19 on the community.

Finding 1: The community’s vision for a healthy Knox County involves community vitality, healthy lifestyles, and access to healthcare.

*Focus group responses that contributed to this finding are listed below.*

Community vitality	Healthy lifestyles	Access to healthcare
<ul style="list-style-type: none"><li>• Improved housing</li><li>• More restaurants with healthy choices</li><li>• Walkable community<ul style="list-style-type: none"><li>• Sidewalks</li></ul></li><li>• Expanded public transportation<ul style="list-style-type: none"><li>• Medical care</li><li>• Essential services</li><li>• Work</li><li>• Recreation</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Reduced or no substance use in community</li><li>• Expanded recreation for all ages</li><li>• Physically active residents of all ages</li><li>• Healthy food choices</li><li>• Active and expanded Farmer’s Market</li><li>• Healthy food available for all income levels</li></ul>	<ul style="list-style-type: none"><li>• Comprehensive and preventative healthcare for all</li><li>• Drug treatment and rehab facilities</li><li>• Improved recovery capital</li></ul>

Finding 2: The greatest health needs in Knox County involve chronic diseases, unhealthy behaviors, education and support, and access to care. Social determinants of health particular to Knox County heavily impact the community’s view of the greatest health needs.

*Focus group responses that contributed to this finding are listed below.*

Chronic Diseases	Unhealthy Behaviors	Access to Care
<ul style="list-style-type: none"><li>• Obesity – adult and child</li><li>• Diabetes</li><li>• Cardiovascular disease</li><li>• Cancer – breast, childhood</li><li>• Mental health</li><li>• Substance use disorder</li></ul>	<ul style="list-style-type: none"><li>• Smoking and vaping</li><li>• Need activities, recreation &amp; community support promoting better health for adults</li><li>• Teen pregnancy</li><li>• Neglected children</li><li>• Homeless shelter</li></ul>	<ul style="list-style-type: none"><li>• Lack of access to affordable, healthy foods</li><li>• Substance use treatment</li><li>• Mental health services</li><li>• Women’s health services</li><li>• Add more specialists</li><li>• Need dental, vision and hearing health care</li><li>• Broadband access for telehealth</li></ul>
<b>Education &amp; Support</b> <ul style="list-style-type: none"><li>• Nutrition education and decision-making skills for healthy choices</li><li>• Relatives raising relatives – need support</li></ul>		

*Social determinants of health particular to Knox County that impact the greatest health needs in the community are:*

**Housing**  
Homelessness is an issue. There is a need for quality, safe, and affordable housing for people in Knox County.

**Transportation**  
Transportation to and from essential services, including healthcare, recreation opportunities and healthy foods is a barrier for people.

**Food Insecurity**  
Children struggle with hunger when out of school. Access to healthy affordable foods is limited for residents.

**Lack of Specialty Care**  
Individuals in Knox County that struggle with mental health, dental/vision/hearing care, Substance Use Disorder/or are living in recovery, or are in need of home care have difficulty finding providers in their area.

**Economic Needs**  
The community is in need of economic development regarding workforce training, and childcare for working parents, especially after-hours childcare.



**Finding 3:** Regarding the greater healthcare system, defined as hospital, health department, EMS, clinics, housing and food access; there is a comprehensive system in place that collaborates often, but there is still need for expanded access.

*Focus group responses that contributed to this finding are listed below.*

#### **Opportunities for System**

- Barbourville ARH needs facility upgrades
- More staffing on nursing units: particularly nurse aides, CNA's
- More advertisement of available jobs in the community
- More specialty services needed, especially mental health and women's health
- After-hours medical and mental health services
- More EMT's in the county
- Need more mental health providers
- Suicide rate climbing
- Quality of housing
- Food access

#### **Strengths of System**

- Barbourville ARH is a very clean facility
- Low wait times in Barbourville ER
- ARH system support
- Ambulance service
- Health Department partnerships
- Farmer's Market
- EMS
- Nursing homes
- Public schools/FRYSC
- Civic groups, UNITE, and similar organizations – work well together
- ARH offers more services/specialists
- Good hospital/doctors

**Finding 4:** To better meet health needs in Knox County, the community needs expanded services and health education.

*Focus group responses that contributed to this finding are listed below.*

#### **Expanded Services**

- More assistance and services for individuals qualifying for WIC program
- Upgrades to student health services
- Food pantry: a place where the community can go inside to shop for food items in lieu of just receiving a box of various items
- More places to shop for healthy food options
- Collaboration across organizations
- Home health assessments
- Building recovery capital
- More access to specialists
- More affordable low-income housing
- Increase healthcare workers in the community (Scholarships/education opportunities)
- Community health/wellness activities

**Education**

- Health education
- Nutrition
- Recreation
- Information on resources
- Culture shift towards healthier lifestyles
- Misinformation
- “How do we educate the community on the resources that are actually available locally?”
- Focus on prevention/wellness

Finding 5: There were positive and negative lasting impacts of COVID-19 on the community.

*Focus group responses that contributed to this finding are listed below.*

**Positives**

- Organizations adapting different avenues to make programming more accessible
- Improved hand hygiene
- Drive-thru medical services
- Telehealth services

**Negatives**

- More individuals experiencing depression and anxiety
- Elderly patients staying at home out of fear and not receiving the treatment and services needed to stay healthy
- Although telehealth services in lieu of office visits was a positive, the lack of internet in rural areas is not adequate to facilitate the telehealth appointment
- Lack of consistent community support throughout the pandemic Declining mental health/anxiety/depression
- Loss of income/employment opportunities
- Fear of COVID
- Preventive care has not been prioritized
- Educational gap with students due to virtual learning and schools canceled due to COVID 19

# Key Informant Interview

As a mechanism to examine needs that surfaced in focus group discussions, hospital leadership and the CHNA steering committee provided contact information for key informant interviews to be conducted. One key informant interview was conducted with a Chamber associate. A summary of their responses is below.

## Challenges Faced by Residents

- The misuse of substances impacts the whole community.
- Chronic illnesses like obesity, diabetes, and high blood pressure are issues for residents.
- Unhealthy lifestyles, including poor diet and no physical fitness affects health outcomes of county.
- Food access, lack of nutrition education, and limited food availability contribute to food insecurity in the community.
- Transportation is a barrier.
- Many adults and youth still use tobacco regularly.
- Homelessness is an issue in the community.
- There have been cases of childhood cancer and young people with cancer.

## Opportunities to Better the Healthcare System

- Expanded housing would benefit the community.
- More communication on available resources could help connect community to care and services.
- Physical fitness opportunities for the whole community would be helpful.
- Cancer and oncology care in the community would reduce traveling for care.
- Prevention curriculum and nutrition education in school systems would better educate students.
- Transportation to care and essential services.

## Strengths of the Community Healthcare System

- There are collaborative organizations.
- The hospital is receiving positive attention and getting complements on service.
- The health center at Union College is a great opportunity for community members.
- Cooperative Extension is very active in the community.

# Barbourville ARH Survey Results

WINTER 2022

Respondent Demographics

259  
Respondents



Respondents  
are female.

*Additional responses:  
Male (25%), Prefer not  
to answer (1%).*

Respondents by age group:

18-24	0%
25-39	18%
40-54	39%
55-64	25%
65-69	9%
70 or older	9%



Respondents  
are white.

*Additional responses:  
African American/Black  
(3%), Native American (1%),  
Other (1%).*

Respondents by educational  
attainment:

College or above	66%
High School	26%
Technical school	5%
Other	3%



Respondents  
are living in  
their own home/  
apartment.

*Additional responses:  
Living with family (parent(s),  
guardian, grandparents or  
other relatives) (23%).*

Respondents by employment status:

Employed full-time	67%
Retired	19%
Unemployed	4%
Employed part-time	3%
Student	2%
Other	5%



Where respondents go for routine healthcare:



Go to a  
Physician's  
office or their  
family doctor.

Respondents also use these options:

Emergency Room	7%
Urgent Care	6%
Health Department	2%
Do not receive routine healthcare	2%
Other	4%
<i>Specialist, Radiology/labs</i>	

Barriers that keep respondents from receiving routine healthcare:

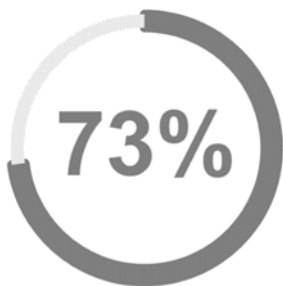


Do not have barriers that  
keep them from receiving  
routine healthcare.

Respondents identified these barriers:

Only visit doctor when something is seriously wrong	21%
Inconvenient Physician hours	7%
Cannot take off work	8%
Cannot afford it	5%
Fear/anxiety	7%
Poor Physician attitude/communication	7%
<i>Other responses: No insurance (1%), No transportation (1%).</i>	

Transportation to healthcare:



Travel 20  
miles or more to  
see a specialist.

Respondents chose from these options:

Less than 20 miles	21%
20-49 miles	23%
50-100 miles	50%
Do not receive routine healthcare	1%

91% of respondents use their own vehicle, while 8% travel in a friend/family vehicle.

### The top three health challenges respondent households face:

High blood pressure	22%
Arthritis/joint pain	16%
Diabetes	15%
Overweight/obesity	14%
Mental health issues	8%
Heart disease and stroke	6%
Cancer	5%
Respiratory/lung disease	3%
Tobacco use/vaping	3%
Asthma	3%
Substance use disorder (alcohol/drugs)	0.5%
HIV/AIDS/STDs	0.2%
Other	4%



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

### Respondent household eligibility:

Medicare	28%
Medicaid	18%
Public Housing Assistance	2%
SNAP (Food stamp program)	10%
VA	2%
Commercial/private insurance	40%

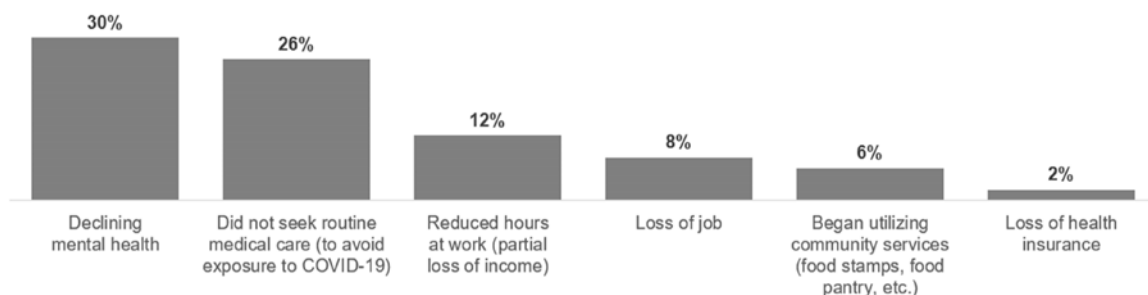


Respondents used video calls (telemedicine) to see a provider in the last 12 months.

### Specialty care services respondents are willing to use telemedicine:

Mental/Behavioral Health	21%
Gastroenterology	13%
Cardiology	12%
Dermatology	12%
Endocrinology	9%
Oncology	7%
Urology	7%
Pediatrics	7%
Nephrology	6%
Pulmonology	6%

### Respondent household impacts due to COVID-19 pandemic:



Respondents identified another 8% of impacts due to COVID-19: isolation/anxiety, stress, delayed surgery. 6% reported that they did not experience the survey identified impacts.

### The top three most important factors for a healthy community:

Good jobs/healthy economy	17%
Easy to access healthcare	14%
Low crime/safe neighborhood	13%
Good school systems	13%
Good place to raise children	9%
Religious/spiritual values	8%
Affordable housing	7%
Personal responsibility	6%
Community activities and events	4%
Low disease rate	3%
Parks and recreation	3%
Excellent race relationships	1%
Diverse community	1%
Transportation	1%

### Which health related topics listed would you be interested in learning more about?

Eating healthy	21%
Weight loss	20%
Mental health/Depression	14%
Heart disease	9%
Cancer prevention	9%
High blood pressure	8%
Emergency preparedness	8%
Substance use disorder (alcohol and/or drugs)	4%
Tobacco cessation	3%
Using my medications correctly	2%

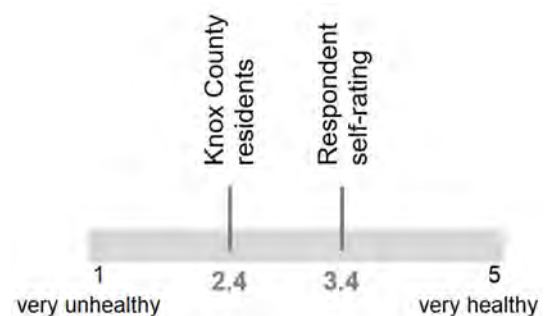


Respondents think Knox County meets the above factors for a healthy community.

### The top three risky behaviors seen most in the community:

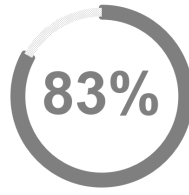
Drug abuse	29%
Being overweight/having poor eating habits and lack of exercise	21%
Prescription drug use	16%
Tobacco Use	15%
Alcohol use	12%
Unsafe sex	4%
Dropping out of school	2%

### Respondents rate their own health, and the overall health of their community:





Respondent households have used ARH hospital services in the last 24 months.

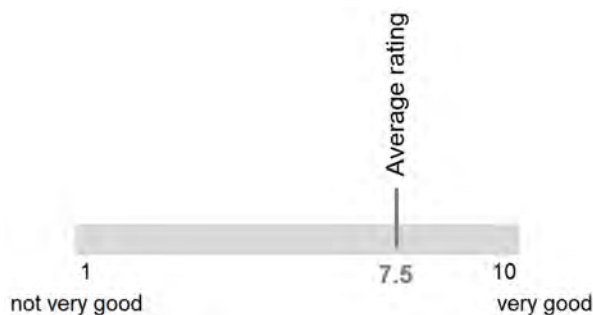


Respondents would recommend their local ARH hospital to friends and family.



Respondents are satisfied with the ability to access healthcare services in Knox County.

### Respondent rating of their ARH facility in Knox County:



### Reasons respondents used a hospital other than an ARH facility in Knox County:

Service I needed was not available	30%
My doctor referred me to another hospital	31%
I prefer larger hospitals	9%
My insurance required me to go somewhere else	7%
Other	23%
<i>Closer to/preference for another hospital, used ER at another hospital, specialist unavailable, used VA hospital</i>	

### What factors influence your health choices?

Listening to physicians and other healthcare providers	21%
Family	20%
Spouse/Partner/Significant other	16%
Friends	10%
Weather (seasonal variation)	10%
Public health recommendations/guidelines (e.g. CDC)	8%
Access to parks/walking trails	5%
Other people around me	4%
Community	4%
Social media	2%

### Where do you get most of your healthcare information?

Doctor/healthcare provider	41%
Internet	24%
Friends/family	13%
Radio/television	5%
Health Department	4%
Social media	4%
Local hospital website	3%
Newspaper/magazines	3%
Library	2%
I do not access health information	1%



# Prioritization of Identified Health Needs

Barbourville ARH CHNA steering committee meeting was held in April 2022 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 Barbourville ARH to evaluate and measure outcomes.
2. The number of people affected by the issue or size of the issue.
3. The consequences of not addressing this problem.
4. Prevalence of common themes.
5. The existence of hospital programs which respond to the identified need.

CEDIK staff led a facilitated discussion with members of the steering committee after the data presentation and completed the process of prioritizing the identified health needs. The following represent the recommendations of the steering committee to Barbourville ARH for addressing health needs in Knox County and the hospital service area for the next three years.

## Prioritized Needs

1. Prevention and wellness education - Obesity, Heart Disease, Diabetes and Physical Inactivity
2. Substance use disorder/Addiction
3. Mental Health
4. Food Insecurity/Access
5. Resource guide to services

## Next Steps

Over the next three months, hospital administration, staff, and ARH regional community development managers 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 Fiscal Year 2022 through the end of Fiscal Year 2024.

Barbourville ARH will kick off the implementation strategy by initiating collaborative efforts with community leaders to address each health priority identified through the assessment process.

Periodic evaluation of goals/objectives for each identified priority will be conducted to assure that we are on track to complete our plan as described.

At the end of Fiscal Year 2024, Barbourville ARH will review the implementation strategy and report on the success experienced through the collaborative efforts of improving the health of the community.



# Appendix

- A. Secondary Data Sources
- B. Barbourville ARH CHNA Survey
- C. Board Approval

## 2021 Secondary Data Sources

Population	Source	Years of Data
2019 Population	Census Population Estimates	2019
Under 18 years	Census Population Estimates	2019
65 years and older	Census Population Estimates	2019
Non-Hispanic Black	Census Population Estimates	2019
American Indian & Alaska Native	Census Population Estimates	2019
Asian	Census Population Estimates	2019
Native Hawaiian/Other Pacific Islander	Census Population Estimates	2019
Hispanic	Census Population Estimates	2019
Non-Hispanic White	Census Population Estimates	2019
Not Proficient in English	American Community Survey, 5-year estimates	2015-2019
Female	Census Population Estimates	2019
Rural	Census Population Estimates	2010
<b>Health Outcomes</b>		
Premature death	National Center for Health Statistics - Mortality Files	2017-2019
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



**2021 Secondary Data Sources, continued**

<b>Health Behaviors</b>		<b>Source</b>	<b>Years of Data</b>
Adult diabetes	Percent Adults that are Diabetic	Behavioral Risk Factor Surveillance System	2018-2020
Adult hypertension	Percent Adults with Hypertension	Behavioral Risk Factor Surveillance System	2017-2019
Adult dental health	Percent Adults with Tooth Loss	Behavioral Risk Factor Surveillance System	2016-2018
Food consumption	Percent Adults Consuming Recommended Fruit & Vegetable Intake	Behavioral Risk Factor Surveillance System	2017-2019
Adult smoking	Percentage of adults who are current smokers (age-adjusted).	Behavioral Risk Factor Surveillance System	2018
Adult obesity	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.	United States Diabetes Surveillance System	2017
Food environment index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2015 & 2018
Physical inactivity	Percentage of adults age 20 and over reporting no leisure-time physical activity.	United States Diabetes Surveillance System	2017
Percent with Access to Exercise Opportunities	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2019
Excessive drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	Behavioral Risk Factor Surveillance System	2018
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement.	Fatality Analysis Reporting System	2015-2019
Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
Teen births	Number of births per 1,000 female population ages 15-19.	National Center for Health Statistics - Natality files	2013-2019
<b>Access to Care</b>			
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	Mental health providers	CMS, National Provider Identification	2020

## 2021 Secondary Data Sources, continued

Social & Economic Factors			Years of Data
Education	High school completion	American Community Survey, 5-year estimates	2015-2019
	Some college	American Community Survey, 5-year estimates	2015-2019
Employment	Unemployment	Bureau of Labor Statistics	2019
Income	Children in poverty	Small Area Income and Poverty Estimates	2019
	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
	Violent crime	Uniform Crime Reporting - FBI	2014 & 2016
	Injury deaths	National Center for Health Statistics - Mortality Files	2015-2019
Physical Environment			
Environmental Quality	Air pollution - particulate matter	Environmental Public Health Tracking Network	2016
	Drinking water violations	Safe Drinking Water Information System	2019
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

## 2016-2020 County Health Rankings Data Sources

Health Outcomes	Source	2016 Data	2020 Data
Premature death	National Center for Health Statistics - Mortality Files	2011-2013	2016-2018
Poor or fair health	Behavioral Risk Factor Surveillance System	2014	2017
Poor physical health days	Behavioral Risk Factor Surveillance System	2014	2017
Poor mental health days	Behavioral Risk Factor Surveillance System	2014	2017
Low birthweight	National Center for Health Statistics - Natality files	2007-2013	2012-2018
<b>Health Behaviors</b>			
Adult smoking	Behavioral Risk Factor Surveillance System	2014	2017
Adult obesity	CDC Diabetes Interactive Atlas, United States Diabetes Surveillance System	2012	2016
Food environment index	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2013	2015 & 2017
Physical inactivity	CDC Diabetes Interactive Atlas, United States Diabetes Surveillance System	2012	2016
Excessive drinking	Behavioral Risk Factor Surveillance System	2014	2017
Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2010-2014	2014-2018
Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013	2017
Teen births	National Center for Health Statistics - Natality files	2007-2013	2012-2018

## 2016-2020 County Health Rankings Data Sources, continued

Access to Care		Source	2016 Data	2020 Data
Access to Care	Uninsured	Small Area Health Insurance Estimates	2013	2017
	Primary care physicians	Area Health Resource File/American Medical Association	2013	2017
	Dentists	Area Health Resource File/National Provider Identification file	2014	2018
Mental health providers	Mental health providers	CMS, National Provider Identification	2015	2019
<b>Social &amp; Economic Factors</b>				
Education	High school completion	EDFacts, KY & WV Departments of Education	2012-2013	2016-2017
	Some college	American Community Survey, 5-year estimates	2010-2014	2014-2018
Employment	Unemployment	Bureau of Labor Statistics	2014	2018
Income	Children in poverty	Small Area Income and Poverty Estimates	2014	2018
Family and Social Support	Children in single-parent households	American Community Survey, 5-year estimates	2010-2014	2014-2018
	Social associations	County Business Patterns	2013	2017
Community Safety	Violent crime	Uniform Crime Reporting - FBI	2010 & 2012	2014 & 2016
	Injury deaths	CDC WONDER Mortality data, National Center for Health Statistics - Mortality Files	2009-2013	2014-2018
<b>Physical Environment</b>				
Environmental Quality	Air pollution - particulate matter	CDC WONDER Environmental data, Environmental Public Health Tracking Network	2011	2014
Housing and Transit	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2008-2012	2012-2016
	Driving alone to work	American Community Survey, 5-year estimates	2010-2014	2014-2018
	Long commute - driving alone	American Community Survey, 5-year estimates	2010-2014	2014-2018



## Barbourville ARH 2022 CHNA Survey

The Community and Economic Development Initiative of Kentucky (CEDIK), from the University of Kentucky was contracted by Appalachian Regional Healthcare (ARH) to conduct the Community Health Needs Assessments (CHNAs) for this hospital. We want to better understand your health needs and how the hospital and its partners can better meet those needs. Please take 10-15 minutes to fill out this survey. Please do not include your name anywhere. All responses will remain anonymous.

**Q1.** Please tell us your zip code:

\_\_\_\_\_

**Q2.** Are you or anyone in your household satisfied with the ability to access healthcare services in Knox 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: \_\_\_\_\_
- ☐ 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
- ☐ 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:

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**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 Knox 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 Knox County meets the factors you selected in question 13?

- ☐ Yes
- ☐ No

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

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**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.** In what ways were you or your family affected by the COVID-19 pandemic? Select all that apply.

- ☐ Loss of job
- ☐ Loss of health insurance
- ☐ Declining mental health
- ☐ Reduced hours at work (partial loss of income)
- ☐ Began utilizing community services (food stamps, food pantry, etc.)
- ☐ Did not seek routine medical care (to avoid exposure to COVID-19)
- ☐ Other. Please specify below:

---

- ☐ None of the above

**Q18.** Have you or anyone in your household used ARH hospital services in the past 24 months?

- ☐ Yes
- ☐ No

**Q19.** If you used a hospital other than Barbourville ARH 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 Barbourville ARH on a scale of 1 to 10, where 1 is *not very good* and 10 is *very good*? Please circle a number below.

1   2   3   4   5   6   7   8   9   10

**Q21.** Would you recommend your local ARH 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 (example: 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 \_\_\_\_\_
- ☐ 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 current employment status?

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

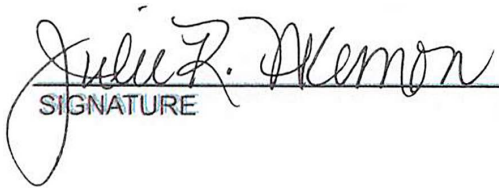
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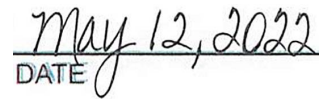
**Thank you for taking the time to participate in this survey.**



# Approval

This Community Health Needs Assessment was approved by the ARH Board of Trustees on May 12, 2022.

  
SIGNATURE

  
DATE