



# 2022 Community Health Needs Assessment

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## **Harlan ARH Hospital**

81 Ball Park Rd, Harlan, KY 40831 | Phone: (606) 573-8100

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more health



more care

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

This Community Health Needs Assessment (CHNA) report was prepared for Harlan 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 Harlan 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

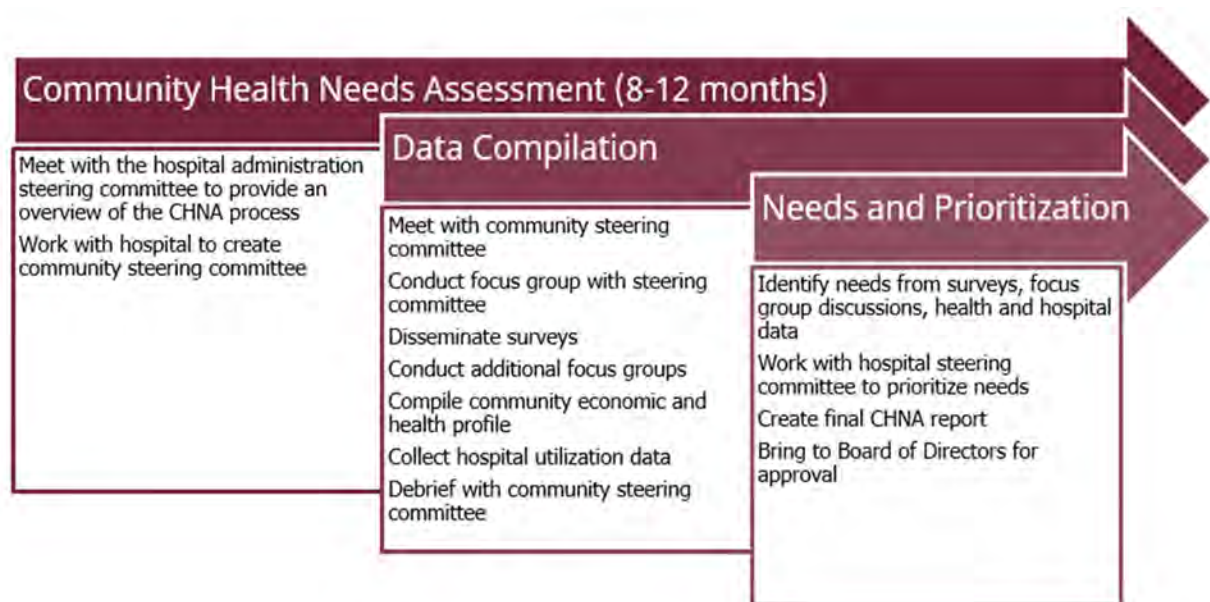


# CHNA Process

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 Harlan 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: Education on ARH resources and services; of other community partner services; on chronic disease prevention and other wellness topics; strengthen local coalitions and encourage wellness; increase coverage of uninsured and underinsured.

**Harlan ARH conducted a number of educational trainings in the school system,** including "Stop the Bleed" trauma training and "Be a Certified Brain Saver" stroke awareness training, concussion education provided to county school district coaches and athletic directors.

We hosted health presentations, vaccinations and general screenings to federal district mine inspection staff in coordination with MSHA District office.

**Harlan ARH has worked to expand access to the community** through establishing a primary care clinic staffed by medical residents that operates three days per week to help with provider access for non-established patients, as well as updating our Medicare program with clients of Harlan County Senior Services at the Harlan and Green Hills centers to provide greater access to healthcare.

- ✓ Goal: Increase the number of events and activities addressing physical fitness and wellness.

Local regulations during the pandemic kept us from being able to offer many programs to the community as a whole, so we shifted our focus to staff members.

We mapped five walking tracks on the hospital campus, including 2 inside routes to encourage staff to get more steps in.

We also established a free membership program for staff (and discounted for immediate family) to local gym Core Fitness.

### From our CEO...

Despite the considerable and unprecedented restrictions imposed throughout the community by the pandemic, we reached several milestones toward accomplishing our priorities since 2019, including improving the resources available for staff wellness, fitness and physical activity.

Our Harlan ARH team needs to lead by example and our initiatives have been embraced by the employees and their families. We are exploring more ways to meet the need to encourage physical activity and promote wellness.



✓ **Goal: Improve response times and delivery of patients to larger communities and/or tertiary facilities.**

Due to parameters set by the COVID-19 pandemic, including a current workforce shortage, the hospital has not been able to put as much effort towards this goal as hoped. Response times for ground ambulance services have not improved and the ability of the service to consistently transport patients to tertiary facilities has decreased.



*Harlan ARH staff present at the Medical Explorers Club at James A. Cawood Elementary. Programming has included the importance of proper handwashing, as well as "Stop the Bleed" training on how to respond to an injury with major blood loss, which students learned, demonstrated techniques, and then took information home to inform their families.*

**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 Harlan ARH.

Donnie Fields  
Harlan ARH Community CEO



## Community Served by Harlan ARH

Harlan 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, eighty-six percent (86%) of Harlan ARH inpatients originated from Harlan County and in 2021, eighty-four percent (84%) of inpatients served were residents of Harlan County. These figures come from the Kentucky Hospital Association's market assessment data.

In this section publicly available data are presented for Harlan 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 Harlan 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 Harlan County residents.

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

Population	Harlan County	Kentucky	US Overall
2019 Population	26,010	4,467,673	328,239,523
Percent of Population under 18 years	23.0%	22.4%	22.3%
Percent of Population 65 year and older	19.2%	16.8%	16.5%
Percent of Population Non-Hispanic Black	2.1%	8.2%	13.4%
Percent of Population American Indian & Alaska Native	0.2%	0.3%	1.3%
Percent of Population Asian	0.4%	1.6%	5.9%
Percent of Population Native Hawaiian/Other Pacific Islander	0.1%	0.1%	0.2%
Percent of Population Hispanic	1.1%	3.9%	18.5%
Percent of Population Non-Hispanic White	95.0%	84.1%	60.1%
Percent of Population not Proficient in English	0%	1.0%	8.3%
Percent of Population Female	52.2%	50.7%	50.8%
Percent of Population Rural	54.2%	41.6%	14%

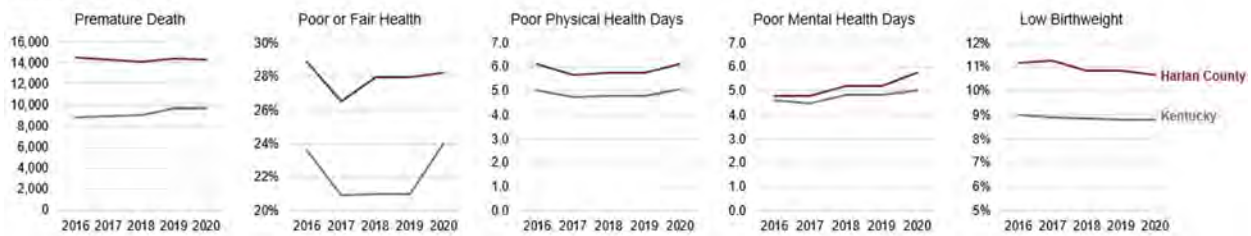
<b>Health Outcomes</b>	<b>Harlan County</b>	<b>Kentucky</b>	<b>US Overall</b>
Years of Potential Life Lost Rate	14154	9505	6900
Percent Fair or Poor Health	35%	22%	17%
Average Number of Physically Unhealthy Days	6.9	4.6	3.7
Average Number of Mentally Unhealthy Days	6.4	5.0	4.1
Percent Low Birthweight	11%	9%	8%
<b>Health Behaviors</b>			
Percent Adults that are Diabetic	24.9%	13.3%	13%
Percent Adults with Hypertension	56.8%	40.1%	47%
Percent Adults with Tooth Loss	34.1%	22.6%	-
Percent Adults Consuming Recommended Fruit & Vegetable Intake	21.0%	12.1%	12.3%
Percent Smokers	32%	24%	17%
Percent Adults with Obesity	40%	35%	30%
Food Environment Index	4.9	6.9	7.8
Percent Physically Inactive	35%	29%	23%
Percent with Access to Exercise Opportunities	59%	71%	84%
Percent Excessive Drinking	13%	17%	19%
Percent Driving Deaths with Alcohol Involvement	17%	25%	27%
Chlamydia Rate	153.5	436.4	539.9
Teen Birth Rate	54	31	21
<b>Access to Care</b>			
Percent Uninsured	7%	7%	10%
Number of Primary Care Physicians	7	2,895	-
Primary Care Physicians Rate	27	65	-
Primary Care Physicians Ratio	3773:1	1543:1	1320:1
Number of Dentists	8	2,996	-
Dentist Rate	31	67	-
Dentist Ratio	3251:1	1491:1	1400:1
Number of Mental Health Providers	10	10,733	-
Mental Health Provider Rate	38	240	-
Mental Health Provider Ratio	2601:1	416:1	380:1

<b>Social &amp; Economic Factors</b>	<b>Harlan County</b>	<b>Kentucky</b>	<b>US Overall</b>
Percent Completed High School	73%	86%	88%
Percent with Some College Education	49%	62%	66%
Number Unemployed	645	89,014	-
Number in Labor Force	6,717	2,072,597	-
Percent Unemployed	9.6%	4.3%	3.7%
80th Percentile Income	\$61,222	\$101,776	-
20th Percentile Income	\$10,554	\$20,248	-
Percent of Children in Poverty	39%	21%	17%
Number of Children in Single-Parent Households	1,778	265,296	-
Number of Children in Households	6,104	1,005,667	-
Percent of Children in Single-Parent Households	29%	26%	26%
Number of Associations	24	4,732	-
Social Association Rate	9.1	10.6	9.3
Annual Average Violent Crimes	17	9,824	-
Violent Crime Rate	61	222	386
Number of Injury Deaths	145	21,274	-
Injury Death Rate	108	96	72
<b>Physical Environment</b>			
Average Daily PM2.5	9.1	8.7	7.2
Presence of Water Violation	Yes	n/a	n/a
Percent with Severe Housing Problems	15%	14%	18%
Percent with Severe Housing Cost Burden	13%	11%	14%
Percent with Overcrowding	2%	2%	-
Percent with Inadequate Facilities	1%	1%	-
Percent that Drive Alone to Work	79%	82%	76%
Number of Workers who Drive Alone	6,840	1,949,184	-
Percent with Long Commute - Drives Alone	29%	31%	37%



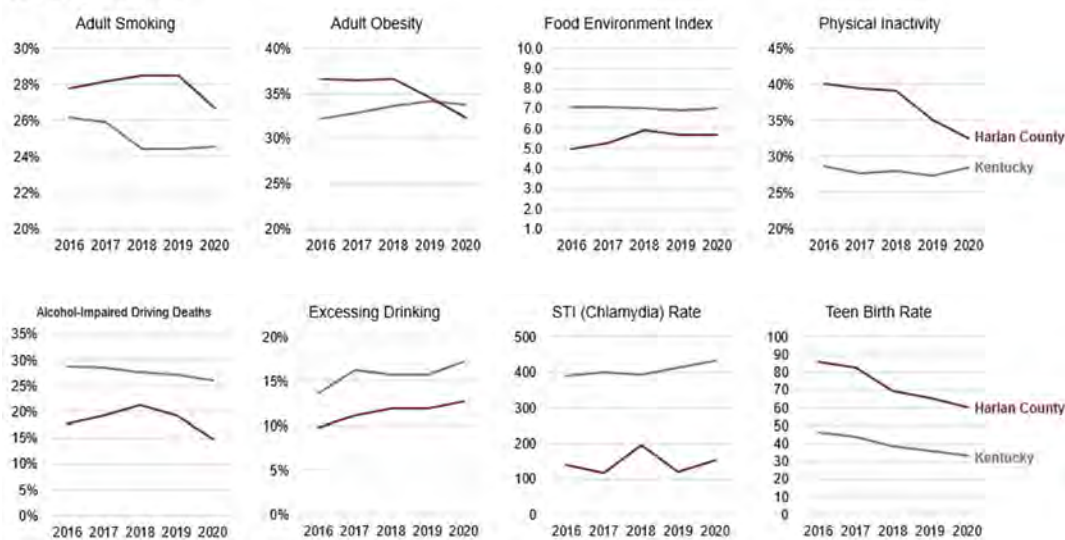
## 2016-2020 County Health Rankings Data Trends

### 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 trending downward.

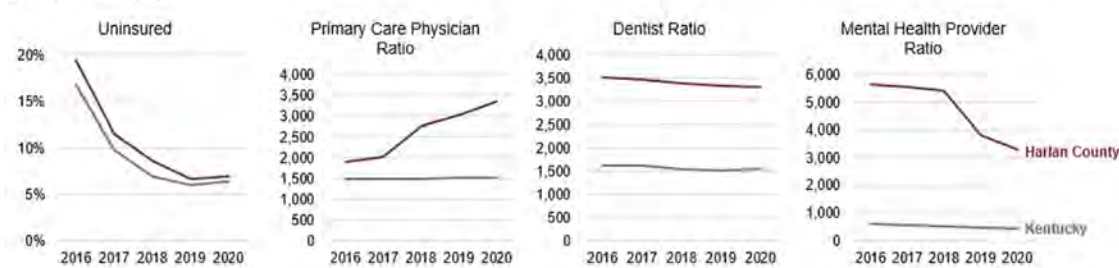
### Health Behaviors



- Adult smoking, adult obesity and physical inactivity in the County are trending downward.
- 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.
- In the County and state, there is an overall upward trend of excessive drinking and a downward trend of alcohol-impaired driving deaths.
- The County has a much lower rate of STIs than the state average, despite the upward trend.
- County teen birth rates are trending downward.

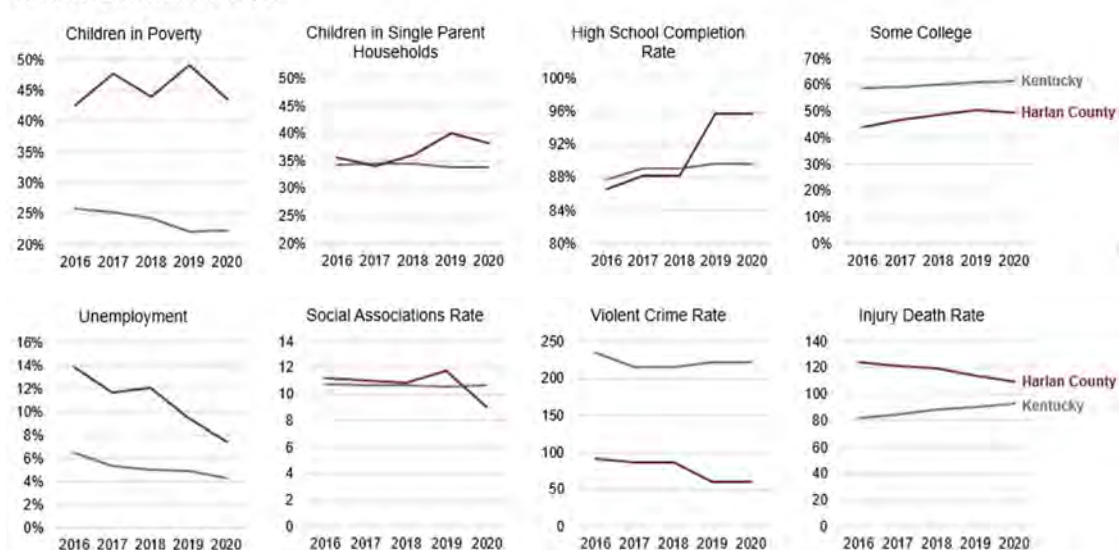
## 2016-2020 County Health Rankings Data Trends, continued

### 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's uninsurance rate trend is on par with the state.

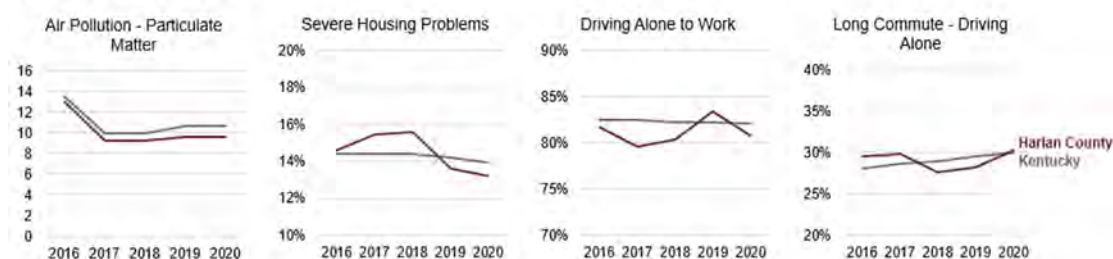
### Social & Economic Factors



- The County has a higher percentage of children in poverty compared to the state. The year-to-year shifts in percent of children in single parent households does not indicate a clear trend.
- County high school completion rates are now trending higher than the state average, and the percent of the County population with some college education is on an overall upward trend.
- While the unemployment rate is higher in the County, compared to the state, the rate of decline has accelerated (keep in mind, 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 also 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.
- Severe housing problems in the County are on a decreasing trend.
- The County population driving alone to work has an unclear trend, while the County population making long commutes driving alone is following a similar slow growth trend as the state average.

## Top 10 Invasive Cancer Incidence Rates

<i>All Genders, All Races</i>	Harlan County	Crude Rate	Age- adjusted Rate
Total all sites over 5 years (2014-2018)	983	724.6	549.6
Lung and Bronchus	226	166.6	118.8
Prostate (males only)	84	128.3	93.3
Breast	106	78.1	60.3
Colon & Rectum	102	75.2	57.6
Corpus Uteri (females only)	43	61.3	43.6
Miscellaneous	39	28.8	22.3
Melanoma of the Skin	34	25.8	21.4
Kidney and Renal Pelvis	35	25.8	19.8
Ovary (females only)	9	25.1	19.3
Urinary Bladder, invasive and in situ	35	24.3	19.1

*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 Harlan 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	4,015
Outpatient Visits	49,163

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

Payer	Discharges
Medicare (Excluding Medicare Managed Care)	1587
WellCare of Kentucky Medicaid Managed Care	934
Medicare Managed Care	329
In State Medicaid	203
Humana Medicaid Managed Care	189
Commercial - Anthem Health Plans of KY HMO Plan	184
Commercial - Anthem Health Plans of KY PPO Plan	155
Anthem Medicaid Managed Care	90
Passport Medicaid Managed Care	50
Other Facility	39
Aetna Better Health of KY Medicaid Managed Care	38
Out of State Medicaid	38
Workers Compensation	35
Self Pay	26
Tricare (Champus)	23
Commercial - Other	19
Commercial - Aetna Health HMO Plan	18

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

<b>Payer</b>	<b>Visits</b>
Medicare (Excluding Medicare Managed Care)	13112
WellCare of Kentucky Medicaid Managed Care	12692
Commercial - Anthem Health Plans of KY PPO Plan	6839
Medicare Managed Care	4542
Commercial - Anthem Health Plans of KY HMO Plan	2259
In State Medicaid	1825
Humana Medicaid Managed Care	1821
Anthem Medicaid Managed Care	1294
Passport Medicaid Managed Care	983
Commercial - Other	517
Self Pay	441
Tricare (Champus)	403
Commercial - United Healthcare POS Plan	379
Out of State Medicaid	315
Commercial - Humana PPO Plan	314
Workers Compensation	308
Aetna Better Health of KY Medicaid Managed Care	266
Auto Insurance	252
Commercial - Aetna Health HMO Plan	150
Other Facility	86
Commercial - Cigna Health & Life FFS Plan	79
Commercial - Aetna Health PPO Plan	72
ChampVA	70
Black Lung	55
VA	52
Care Source KY Commercial Plan	26
Commercial - PPO	6
Wellcare Health Commercial Plan	5

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

<b>DRG Description</b>	<b>Discharges</b>
Psychoses	677
Septicemia	287
Chronic obstructive pulmonary disease	187
Simple pneumonia & pleurisy	174
Pulmonary edema & respiratory failure	139
Respiratory infections & inflammations	124
Renal failure	120
Heart failure & shock	107
Cesarean section	86
Vaginal delivery	86



# 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 Harlan 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.

Harlan ARH leadership recruited members of the community to serve on the steering committee. CEDIK representatives scheduled and completed the first meeting November 9, 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 20, 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 Harlan ARH to address over the next three years.

## Harlan ARH Community Steering Committee

Name	Representing Organization
Jack Miniard	Cloverfork Clinic, Administrator
Jonathan Price	Air-Evac, Harlan Base manager
Ron Frazier	Hearthside Bank, VP/Office Manager
Donna Pace	Community Action Agency, Executive Director
Raymond Cox	UK Extension Service, 4-H
Janelle Spurlock	Committee on Aging, Executive Director
Bobbie Crider, RN	Health Department, Medical Services manager
Janet Nantz	Comprehensive Care Center, Counselor
Matt Nunez, DMD	Dentist
Stephanie Broersma	SWAP
Christy Whitaker, RN	Harlan County School District nurse
Cecilia Adams	Harlan City Schools FRYSC coordinator
Laura Adkisson	Harlan Tourism, Downtown Development Coordinator

# Community Feedback

In November 2021, members of the Harlan ARH Community Health Needs Assessment steering committee participated in a focus group. The committee membership includes representation from the health department, Farmer's Market, Behavioral Health, local physician, Clover Fork Clinic (FQHC), local government, and schools. The members bring knowledge and expertise to the populations they serve. In addition, three focus groups were conducted with the Gifted and Talented program at Harlan County High School, SECTC faculty and staff, and Harlan Independent schools. Thirty-five individuals participated in the four 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 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 Harlan County involves community vitality, healthy lifestyles, and access to healthcare.
- The greatest health needs in Harlan County involve chronic diseases, unhealthy behaviors, and access to care. Social determinants of health particular to Harlan 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 Harlan County, there should be a healthcare approach and a community approach.
- There were positive and negative lasting impacts of COVID-19 on the community.

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

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

### Community vitality

- Good schools
- Safe and clean community
- Youth and children's activities
- Jobs/employment
- Restaurants
- Quality childcare

### Healthy lifestyles

- Drug free
- Walkable community
- Recreation center
- Pool
- Affordable healthy food options

### Access to healthcare

- Medical care
- Substance use disorder treatment
- Mental health treatment
- Dental care
- Vision care



Finding 2: The greatest health needs in Harlan County involve chronic diseases, unhealthy behaviors, and access to care. Social determinants of health particular to Harlan 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**

- Mental health
- Substance use disorders
- Diabetes
- COPD/Black lung
- Heart disease
- Cancer
- Arthritis
- Kidney disease
- Autism

#### **Access to care**

- Food insecurity and lack of healthy foods
- Lack of physical activity and locations for recreation/walking
- Families in crisis – lack of providers
- Aging population
- Childcare availability
- Navigating insurance and health care system
- VA patient assistance
- Mental health providers

- Cardiology
- Pediatric dentistry
- Rheumatology
- Oral surgeons
- Insurance gaps
- Transportation

#### **Unhealthy behaviors and circumstances**

- Vaping
- Tobacco use
- Substance use (alcohol & drugs)

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

#### **Housing**

Homelessness is an issue. There is a need for quality, safe housing for people in Harlan County.

#### **Transportation**

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

#### **Lack of Specialty Care**

Individuals in Harlan County that struggle with mental health, dental care, substance use disorder rehabilitation (particularly for youth) have difficulty finding providers in their area. This includes other medical specialties.

#### **Economic Needs**

The community is in need of economic development regarding jobs with a living wage, workforce training, and childcare for working parents.

#### **Education**

Good, quality, safe public schools, colleges, and technical trainings are needed in Harlan County.

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**

- Improve quality of care
- Long EMS and ED wait times
- There is a perception that better care is provided elsewhere
  - People travel for care or transfer out for care
- Need additional primary care physicians
- Reduce prescription costs or prescription assistance
- Additional rehab/drug treatment – more beds
  - Not religious based
  - Options to provide choice
- Additional affordable housing
- Dental care for Medicaid/Medicare patients – oral surgeon, dentists, pediatric dentists
- Long travel times for specialty care

#### **Strengths of System**

- Quality pediatric doctors
- Urgent care well utilized
- Patients who can afford care utilize the system
- Mountain Comprehensive care sliding scale helps with payment for services
- Some drug treatment facilities available but need more
- Good physicians
- Great pediatrician at the hospital, carries a heavy load being one of 2 available in community
- Increase in available hours of healthcare
  - Expanded hours at ARH
- New urgent care

Finding 4: To better meet health needs in Harlan County, there should be a healthcare approach and a community approach.

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

#### **Healthcare approach**

- Mental health providers
- Youth mental health – reduced stigma, offer Mental Health First Aid
- Recruit and retain physicians – local and residents
- Substance use treatment
- Community information – services currently available
- Specialty care
  - Cardiology
  - Rheumatology
  - Gerontology

### Community approach

- Vouchers for Farmers Market
- Recreation center – for youth and adults
  - Increase physical activity
  - Youth activities
- Services and support groups for Grandparents raising grandchildren
- Access to healthy foods and education on healthy choices and food preparation
- Transportation and improved roads
- Economic development – more jobs and second chance employment
- Utilizing vacant buildings for needs – homeless, childcare, clinics in town
- Water quality testing
- Resource website – current services and programs available

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

- Increased use of technology – health care, community, schools and everyone
- More food available for those food insecure – ex. Expanded meals on wheels, schools providing food
- Families and community help and appreciate each other more
- Strength of small businesses and owners – pivots to stay open
- Increased public health awareness – hand washing, etc.
- Mental health awareness – more willing to ask for help, reduced stigma for those seeking care

#### Negatives

- Mental health
  - Isolation, depression, anxiety, fear
  - Lack of providers
- Education – loss of development in children through isolation, almost a year behind in hitting milestones
- COVID – social pressure, misinformation
- Chronic disease management – treatment and follow up delayed, avoided going to medical clinics
- Increased child and domestic abuse during shutdown
- Inflation

# 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 county tourism professional. A summary of their responses is below.

## Challenges Faced by Residents

- Undiagnosed mental illness contributes to rampant drug use in community.
- Poor health outcomes severely impact citizens. During the COVID-19 pandemic, Harlan County residents were dying at three times the national average.
- Obesity is an issue in the community.
- There is food insecurity and lack of access to healthy foods. Many residents live in food deserts.
- Community needs to embrace healthy lifestyle changes. Outdoor recreation opportunities and facilities are available but are underutilized.
- There are limited and dangerous job opportunities.

## Opportunities to Better the Healthcare System

- A healthcare approach that considers culture of Harlan County would benefit the community.
- Patients need stronger discharge plans and follow up care. There are some gaps in services like transitional plans for patients and limited opportunities for rehabilitative care. Coordinating care with family can be difficult.

## Strengths of the Community Healthcare System

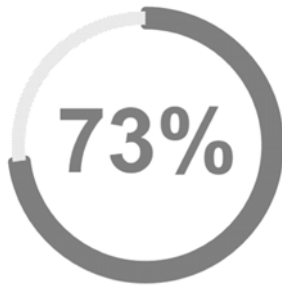
- Facilities work cooperatively.
- People are becoming aware of more resources available in community.
- There's been a lot of resources and time dedicated to ensure access to care for minor issues. These resources are available throughout the county.
- The community feels very fortunate to have a well-run and well maintained hospital.

# Harlan ARH Survey Results

## WINTER 2022

### Respondent Demographics

**626**  
Respondents



**Respondents  
are female.**

*Additional responses:  
Male (25%), Prefer not  
to answer (2%).*

#### Respondents by age group:

18-24	2%
25-39	17%
40-54	25%
55-64	25%
65-69	10%
70 or older	21%



**Respondents  
are white.**

*Additional responses:  
African American/Black  
(2%), Native American (2%),  
Other (1%).*

#### Respondents by educational attainment:

College or above	62%
High School	26%
Technical school	6%
Other	6%



**Respondents  
are living in  
their own home/  
apartment.**

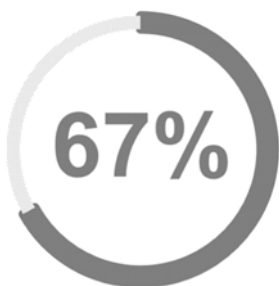
*Additional responses:  
Living with family (parent(s),  
guardian, grandparents or  
other relatives) (20%), Staying  
with someone I know (1%).*

#### Respondents by employment status:

Employed full-time	54%
Retired	30%
Unemployed	8%
Employed part-time	2%
Student	1%
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	15%
Urgent Care	6%
Health Department	3%
Do not receive routine healthcare	4%
Other	6%

*Specialists, Clinic (Daniel Boone, Cloverfork, Lexington), MCHC Harlan Medical Clinic*

### Barriers that keep respondents from receiving routine healthcare:



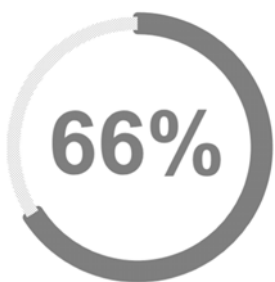
Do not have barriers that  
keep them from receiving  
routine healthcare.

Respondents identified these barriers:

Only visit doctor when something is seriously wrong	19%
Inconvenient Physician hours	8%
Cannot take off work	7%
Cannot afford it	6%
Fear/anxiety	6%
Poor Physician attitude/communication	9%

*Other responses: No insurance (2%), No transportation (2%), Lack of childcare (1%). Another 5% of responses identified additional barriers: quality of hospital/doctors, expensive co-pays/deductibles, only go when needed*

### Transportation to healthcare:



Travel 20  
miles or more to  
see a specialist.

Respondents chose from these options:

Less than 20 miles	22%
20-49 miles	16%
50-100 miles	50%
Do not receive routine healthcare	5%

88% of respondents use their own vehicle, while 10% travel in a friend/family vehicle.

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

High blood pressure	20%
Arthritis/joint pain	16%
Diabetes	12%
Overweight/obesity	11%
Heart disease and stroke	9%
Mental health issues	7%
Respiratory/lung disease	7%
Asthma	5%
Cancer	4%
Tobacco use/vaping	4%
Substance use disorder (alcohol/drugs)	1%
Other	5%

*Kidney disease, allergies, gastrointestinal issues, autoimmune disorder*



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

### Respondent household eligibility:

Medicare	35%
Medicaid	20%
Public Housing Assistance	3%
SNAP (Food stamp program)	11%
VA	5%
Commercial/private insurance	27%

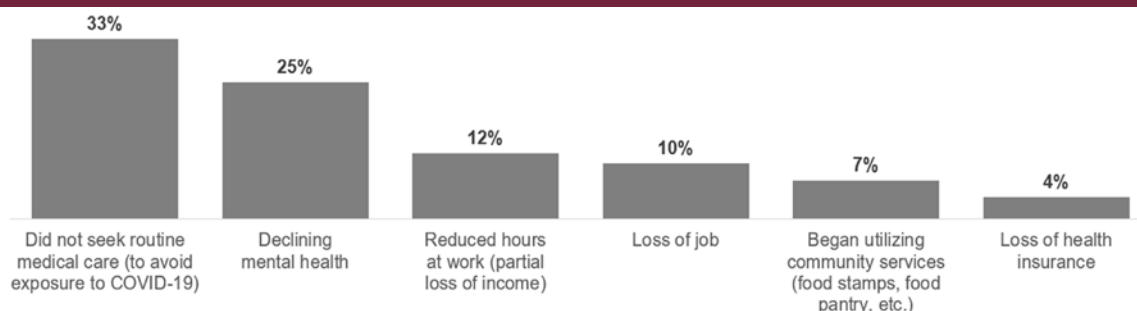


Respondents used video calls (telemedicine) to see a provider in the last 12 months.

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

Mental/Behavioral Health	16%
Cardiology	14%
Dermatology	14%
Gastroenterology	9%
Urology	8%
Pulmonology	8%
Endocrinology	8%
Pediatrics	8%
Nephrology	7%
Oncology	6%

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



Respondents identified another 9% of impacts due to COVID-19: isolation, anxiety, depression, loss of loved ones to COVID, loss of income/job after having COVID, kids missing school

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

Easy to access healthcare	15%
Good jobs/healthy economy	15%
Low crime/safe neighborhood	12%
Good place to raise children	11%
Good school systems	11%
Religious/spiritual values	10%
Personal responsibility	6%
Affordable housing	5%
Community activities and events	4%
Low disease rate	3%
Transportation	3%
Parks and recreation	2%
Excellent race relationships	1%
Diverse community	1%



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

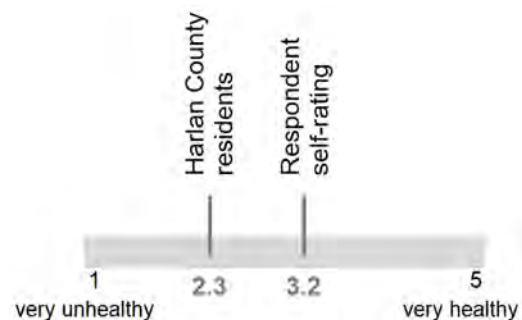
### The top three risky behaviors seen most in the community:

Drug abuse	28%
Being overweight/having poor eating habits and lack of exercise	22%
Tobacco Use	17%
Prescription drug use	13%
Alcohol use	12%
Dropping out of school	4%
Unsafe sex	3%

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

Weight loss	20%
Eating healthy	19%
Heart disease	11%
Cancer prevention	10%
Mental health/Depression	10%
High blood pressure	10%
Emergency preparedness	7%
Tobacco cessation	4%
Substance use disorder (alcohol and/or drugs)	3%
Using my medications correctly	3%

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





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

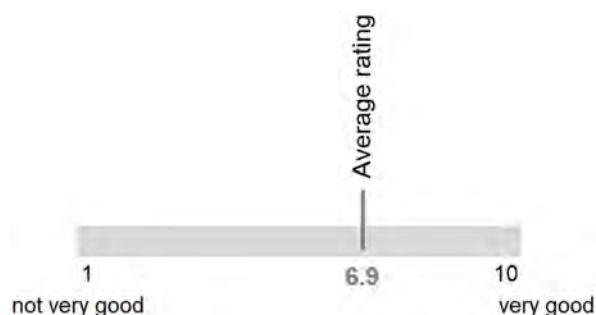


Respondents would recommend their local ARH hospital to friends and family.



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

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



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

Service I needed was not available	44%
My doctor referred me to another hospital	27%
I prefer larger hospitals	5%
My insurance required me to go somewhere else	4%
Other	19%
<i>Specialist at another hospital, better quality of care, closer to home/location, billing issues</i>	

### What factors influence your health choices?

Family	23%
Listening to physicians and other healthcare providers	18%
Spouse/Partner/Significant other	15%
Friends	10%
Weather (seasonal variation)	10%
Public health recommendations/guidelines (Ex. CDC)	6%
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	42%
Internet	24%
Friends/family	13%
Social media	5%
Health Department	4%
Radio/television	4%
Local hospital website	3%
Newspaper/magazines	3%
Library	1%
I do not access health information	1%

# Prioritization of Identified Health Needs

Harlan 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 Harlan 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 Harlan ARH for addressing health needs in Harlan County and the hospital service area for the next three years.

## Prioritized Needs

1. Drug Abuse/Substance Use Disorder
2. Educational Programs and Behavioral Health issues
3. Aging in place and other senior-oriented services
4. Obesity and healthy eating options



## 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.

Harlan 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, Harlan 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. Harlan 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

Health Behaviors		Source	Years of Data
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		Source	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
<b>Physical Environment</b>			
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



## Harlan 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 Harlan 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:
- 

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

- ☐ Yes
- ☐ No

**Q15.** What could be done in Harlan 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:

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- ☐ 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 Harlan 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 Harlan 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:

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**Q31.** What is your current employment status?

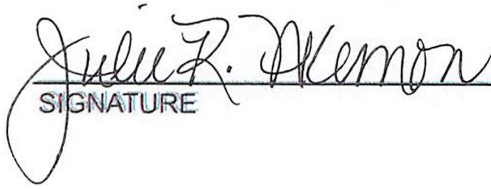
- ☐ Unemployed
- ☐ Employed part-time
- ☐ Employed full-time
- ☐ Retired
- ☐ Student
- ☐ Other. Please specify below:

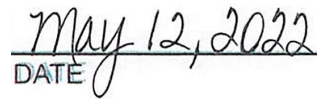
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**Thank you for taking the time to participate in this survey.**

# Approval

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

  
SIGNATURE

  
DATE