



# 2022 Community Health Needs Assessment

## **Hazard ARH Regional Medical Center**

100 Medical Center Dr, Hazard, KY 41701 | Phone: (606) 439-6600

more health



more care

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



This Community Health Needs Assessment (CHNA) report was prepared for Hazard 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 Hazard ARH Regional Medical Center 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



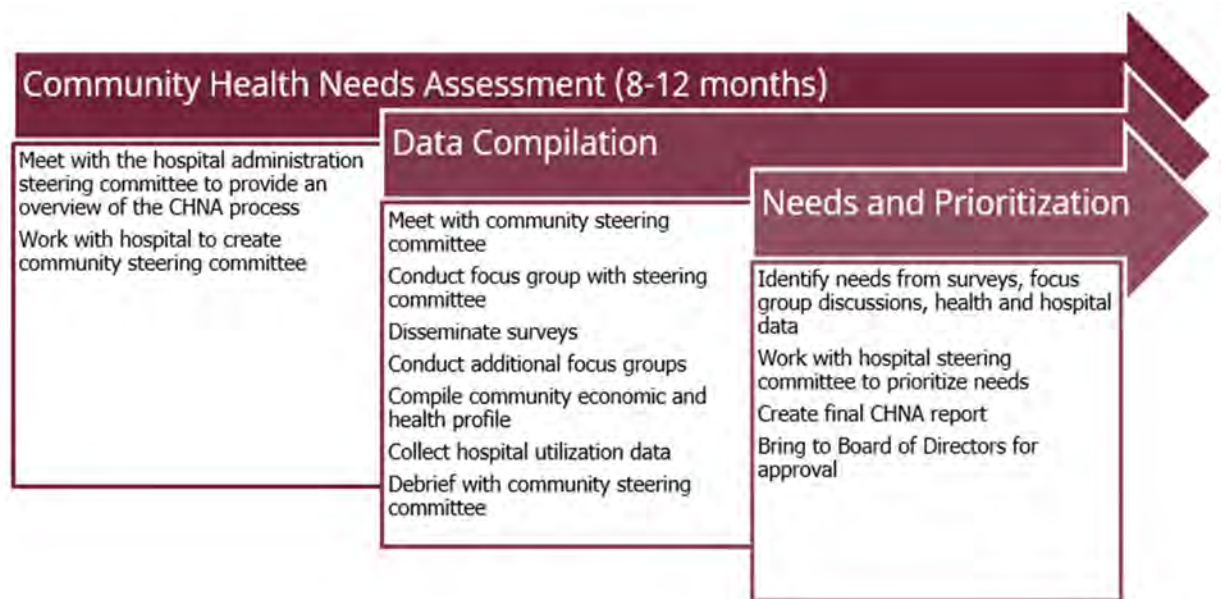


# CHNA Process

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 Hazard 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: Improve public awareness of Hazard ARH through social media and local media.**

Hazard ARH collaborated with local TV station, WYMT, to provide education to the community regarding the COVID-19 pandemic through their weekly program *Issues and Answers*. **Hazard ARH providers were also regularly featured on WYMT Mountain News**, providing education about COVID-19, vaccinations, cardiac disease, and stroke.

**Hazard ARH social media pages were used to spread health education and disease prevention information, especially during the COVID-19 pandemic.** From 2019-2020, Hazard ARH's social media posts reached over 447K accounts. We have posted YouTube videos to educate about a variety of health topics, including diabetes, cardiac disease, stroke, postpartum depression, COVID-19, and lung cancer.

**Our facility opened a Community Education Center at the local ARH Medical Mall.** The center has three iPad stations with different health apps, a television, and a reading area supplied with health information pamphlets that are updated on a regular basis.

**We worked with local schools to create school-based activities and community-based physical activity strategies.** Through the school-based programs, Hazard ARH assisted with playground renovations, held fitness fairs, and also assisted in setting up local gardens. ARH assisted one local school with a grant to expand their gardening program, which included a greenhouse. Our efforts contributed to the middle and high schools receiving a national award from the Alliance for a Healthier Generation for being a healthy school.

Hazard ARH has also provided education to both kids and their parents in the community by participating in Kids on the Move. **The hospital worked with the local Farmers Market to provide children with "carrot cash" to purchase healthy fruits and vegetable during the Farmers market days.** The carrot cash provided the children and their families with education on healthy eating.

**We collaborated with Perry County Wellness coalition, Perry County Health Department and UK to educate the community on Trauma Informed Care.**

**Hazard ARH worked with the Perry County Health Department to provide COVID-19 vaccinations to its community members.** We assisted in providing vaccinations to the local EMS, as well as setting up convenient vaccination areas at the Hazard ARH Medical Mall, Hazard Clinic and Hazard ARH System Center.

Since 2019 Hazard ARH has contributed \$2,622,560  
in community benefits to our service area.



✓ **Goal: To make our community aware of the importance of lowering their blood pressure and having a better understanding of their individual health.**

**Hazard ARH has hosted a variety of events to educate the community on strokes.**

In October of 2020, we presented a stroke educational event in our front lobby for World Stroke Day. Topics covered were signs and symptoms of stroke, and importance of activating EMS BE FAST education.

Since 2021, we have completed 3 different stroke screenings (175 total individuals screened). Stroke screenings included blood pressure checks and distribution of educational materials outlining risk factors for stroke. Locations included the Hazard ARH Medical Mall, Hazard ARH Clinic, KY Farm Bureau Open House, Hazard-Perry Senior Citizens Center and an AppHarvest event. Hazard ARH hosted 6 webinars educating the community on strokes. We have completed one educational event where signs and symptoms of stroke, risk factors, and BE FAST educational materials were provided.

We used Facebook to do trivia in May 2021 for our Employees. We had approximately 500 total responses for the stroke program and for the trauma program. Videos were posted to explain correct responses to trivia questions.

✓ **Goal: To assist the community in decreasing the number of overdoses and overdose deaths in the Appalachian region.**

**Hazard ARH received/collaborated with other organizations on a variety of grants to address substance use.** One grant's purpose is to integrate Screening Brief Intervention and Referral to Treatment (SBIRT), and Overdose Survivors Outreach program (OSOP) and MAT Initiation to the Emergency Department.

The hospital received a Kentucky Opioid Response Effort (KORE) to operate the ARH Recovery Clinic. This grant also offers free transportation to and from the clinic via the leased ARH van. The grant allowed for the hire of a Maternal Child Nursing Navigator, who is also a lactation consultant. The grant also supports the Pregnancy and Beyond program, which is provided by Mountain Comprehensive Care at Primary Care of Eastern Kentucky.

**The ARH Recovery Clinic has successfully connected 256 individuals to recovery support or treatment for substance use (inpatient, outpatient, detox, IOP, NA, AA) since the start of 2021.**

There were also grants awarded to utilize Patient Navigators and Hep C/HIV Coordinators to track the outcome of HIV and Hepatitis C screenings conducted in the ED of every ARH hospital and to direct the client to care if tests come back positive.



✓ **Goal:** To encourage our patients and families to be more aware of their glucose and their A1C and what they need to do to enjoy a healthier lifestyle.

Community health fairs were held to offer screenings that included glucose testing. Approximately 170 people were screened during these early 2020 events. Unfortunately these events ended in March 2020 due to COVID restrictions.

**In December 2021, ARH hired a System Diabetes Educator that provides Diabetes Self Management classes, offers one-on-one support to patients, and educates the community on diabetes prevention and management.**



*Hazard ARH staff and community members at Pop-Up Farmers Market events held in the parking lot of Hazard ARH.*

**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 Hazard ARH Regional Medical Center.

Tony Sudduth  
Hazard ARH Regional Medical Center Community CEO



## Community Served by Hazard ARH

Hazard 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, forty percent (40%), the largest percentage of inpatient discharges, originated from Hazard County, with other counties of origin at much lower percentages. In 2021, forty-three percent (43%) of inpatients served were residents of Hazard County. These figures come from the Kentucky Hospital Association's market assessment data.

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

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

Population	Perry County	Kentucky	US Overall
2019 Population	25,758	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	17.4%	16.8%	16.5%
Percent of Population Non-Hispanic Black	1.6%	8.2%	13.4%
Percent of Population American Indian & Alaska Native	0.3%	0.3%	1.3%
Percent of Population Asian	0.9%	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	94.9%	84.1%	60.1%
Percent of Population not Proficient in English	0%	1.0%	8.3%
Percent of Population Female	50.5%	50.7%	50.8%
Percent of Population Rural	74.1%	41.6%	14%



<b>Health Outcomes</b>	<b>Perry County</b>	<b>Kentucky</b>	<b>US Overall</b>
Years of Potential Life Lost Rate	17419	9505	6900
Percent Fair or Poor Health	30%	22%	17%
Average Number of Physically Unhealthy Days	6.1	4.6	3.7
Average Number of Mentally Unhealthy Days	6.2	5.0	4.1
Percent Low Birthweight	10%	9%	8%
<b>Health Behaviors</b>			
Percent Adults that are Diabetic	12.4%	13.3%	13%
Percent Adults with Hypertension	50.3%	40.1%	47%
Percent Adults with Tooth Loss	34.0%	22.6%	-
Percent Adults Consuming Recommended Fruit & Vegetable Intake	8.8%	12.1%	12.3%
Percent Smokers	29%	24%	17%
Percent Adults with Obesity	43%	35%	30%
Food Environment Index	6.6	6.9	7.8
Percent Physically Inactive	37%	29%	23%
Percent with Access to Exercise Opportunities	79%	71%	84%
Percent Excessive Drinking	12%	17%	19%
Percent Driving Deaths with Alcohol Involvement	38%	25%	27%
Chlamydia Rate	143.1	436.4	539.9
Teen Birth Rate	55	31	21
<b>Access to Care</b>			
Percent Uninsured	7%	7%	10%
Number of Primary Care Physicians	32	2,895	-
Primary Care Physicians Rate	123	65	-
Primary Care Physicians Ratio	815:1	1543:1	1320:1
Number of Dentists	21	2,996	-
Dentist Rate	82	67	-
Dentist Ratio	1227:1	1491:1	1400:1
Number of Mental Health Providers	207	10,733	-
Mental Health Provider Rate	804	240	-
Mental Health Provider Ratio	124:1	416:1	380:1

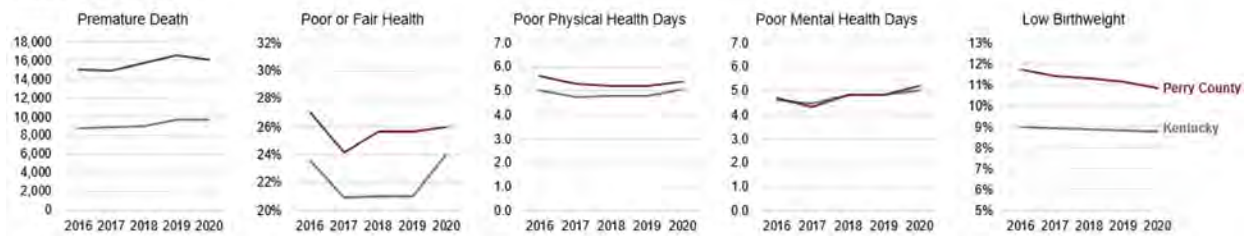


<b>Social &amp; Economic Factors</b>	<b>Perry County</b>	<b>Kentucky</b>	<b>US Overall</b>
Percent Completed High School	77%	86%	88%
Percent with Some College Education	56%	62%	66%
Number Unemployed	502	89,014	-
Number in Labor Force	8,294	2,072,597	-
Percent Unemployed	6.1%	4.3%	3.7%
80th Percentile Income	\$77,596	\$101,776	-
20th Percentile Income	\$13,504	\$20,248	-
Percent of Children in Poverty	32%	21%	17%
Number of Children in Single-Parent Households	1,870	265,296	-
Number of Children in Households	5,895	1,005,667	-
Percent of Children in Single-Parent Households	32%	26%	26%
Number of Associations	15	4,732	-
Social Association Rate	5.7	10.6	9.3
Annual Average Violent Crimes	17	9,824	-
Violent Crime Rate	62	222	386
Number of Injury Deaths	157	21,274	-
Injury Death Rate	118	96	72
<b>Physical Environment</b>			
Average Daily PM2.5	8.8	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	11%	11%	14%
Percent with Overcrowding	3%	2%	-
Percent with Inadequate Facilities	2%	1%	-
Percent that Drive Alone to Work	80%	82%	76%
Number of Workers who Drive Alone	8,626	1,949,184	-
Percent with Long Commute - Drives Alone	27%	31%	37%



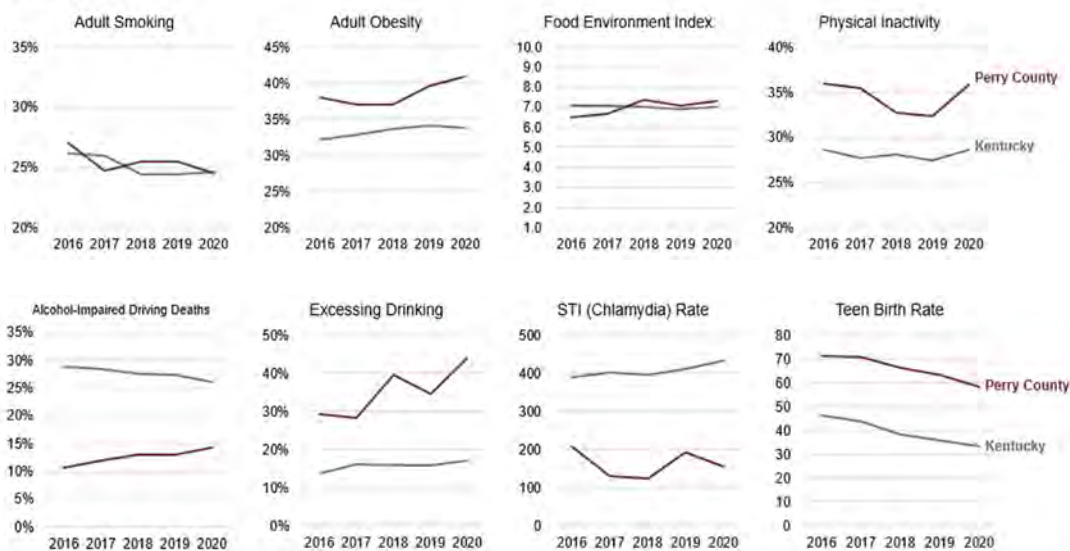
## 2016-2020 County Health Rankings Data Trends

### 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

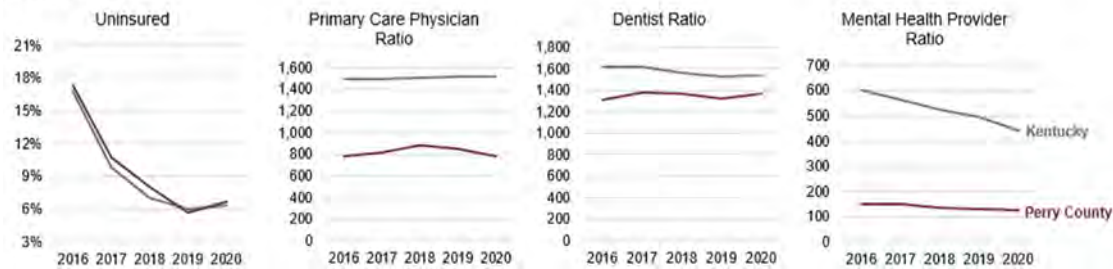


- Adult smoking in the County is trending downward.
- Adult obesity and physical inactivity in the County is trending upward.
- The higher the number on the USDA Food Environment Index (0-10) the better the Food Environment. The County has a higher score than the state average.
- There is an overall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



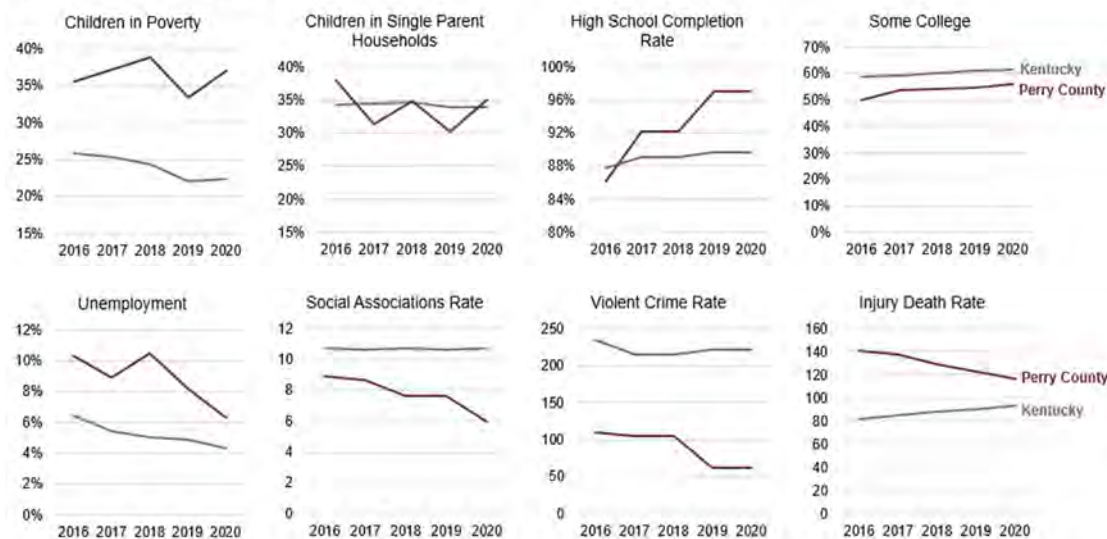
## 2016-2020 County Health Rankings Data Trends, continued

### Access to Care



- The County's ratio of all three types of health care providers is lower (more providers for population) compared to the state average.
- County uninsurance rates are on par with the state.

### Social & Economic Factors

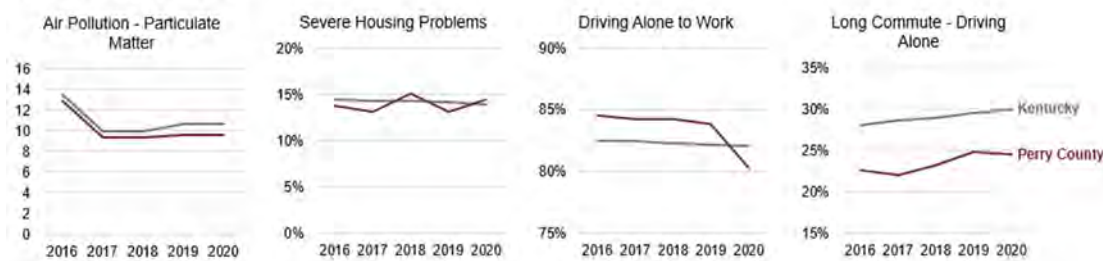


- The County has a higher percentage of children in poverty compared to the state. The year-to-year shifts in percent of children in single parent households is trending downward overall.
- County high school completion rates are above the state average, and percent of the County population with some college education is trending close to the state average.
- While the unemployment rate is higher in the County, compared to the state, the rate of decline has accelerated (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.
- While there is year-to-year change in severe housing problems for the County, it is trending upward overall.
- The County population driving alone to work is decreasing, while the County population making long commutes driving alone is following a slow upward trend, similar to the state average.

## Top 10 Invasive Cancer Incidence Rates

<i>All Genders, All Races</i>	<b>Perry County</b>	<b>Crude Rate</b>	<b>Age- adjusted Rate</b>
Total all sites over 5 years (2014-2018)	1003	745.2	591.5
Lung and Bronchus	228	169.4	127.4
Breast	125	92.9	74
Colon & Rectum	101	75	61.1
Prostate (males only)	71	107.2	81.7
Melanoma of the Skin	49	36.4	30.8
Miscellaneous	45	33.4	24.8
Non-Hodgkin Lymphoma	40	29.7	25.6
Corpus Uteri (females only)	34	49.8	37.5
Thyroid	32	23.8	21.4
Kidney and Renal Pelvis	32	23.8	19.8

*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 Hazard 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	9,133
Outpatient Visits	124,011

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

Payer	Discharges
Medicare (Excluding Medicare Managed Care)	3160
WellCare of Kentucky Medicaid Managed Care	1747
Medicare Managed Care	943
Commercial - Anthem Health Plans of KY HMO Plan	619
Commercial - Anthem Health Plans of KY PPO Plan	569
In State Medicaid	482
Humana Medicaid Managed Care	380
Anthem Medicaid Managed Care	255
Other Facility	202
Passport Medicaid Managed Care	178
Aetna Better Health of KY Medicaid Managed Care	159
Tricare (Champus)	93
Self Pay	63
VA	52
Workers Compensation	42
Commercial - Other	40
Black Lung	38



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

<b>Payer</b>	<b>Visits</b>
Medicare (Excluding Medicare Managed Care)	31805
WellCare of Kentucky Medicaid Managed Care	26331
Commercial - Anthem Health Plans of KY PPO Plan	19066
Medicare Managed Care	15945
Commercial - Anthem Health Plans of KY HMO Plan	8070
In State Medicaid	5358
Humana Medicaid Managed Care	3238
Anthem Medicaid Managed Care	2905
Passport Medicaid Managed Care	2580
Aetna Better Health of KY Medicaid Managed Care	1302
Commercial - Other	1118
Commercial - Humana PPO Plan	819
Other Facility	790
Commercial - United Healthcare POS Plan	788
Self Pay	737
Workers Compensation	724
Tricare (Champus)	628
Auto Insurance	573
Commercial - Aetna Health HMO Plan	331
Care Source KY Commercial Plan	247
Commercial - Aetna Health PPO Plan	237
VA	137
Commercial - Cigna Health & Life FFS Plan	125
Black Lung	86
ChampVA	60
Wellcare Health Commercial Plan	6
Out of State Medicaid	5



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

<b>DRG Description</b>	<b>Discharges</b>
Septicemia	1226
Psychoses	781
Heart failure & shock	318
Acute myocardial infarction	317
Simple pneumonia & pleurisy	286
Respiratory infections & inflammations	258
Renal failure	241
Vaginal delivery	241
Infectious & parasitic diseases	216
Percutaneous cardiovascular procedures	195



# 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 Perry 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.

Hazard ARH leadership recruited members of the community to serve on the steering committee. CEDIK representatives scheduled and completed the first meeting in October 27, 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 March 15, 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 Hazard ARH to address over the next three years.

## Hazard ARH Community Steering Committee

Name	Representing Organization
Nikki Stone, DMD	UK Center for Rural Health
Rhonda Williams	Perry County Senior Citizens
Janet Smith	KY Farm Bureau
Ben Fugate	Journey Christian Church
Helen Williams	Hazard City Schools FRYSC
Jennifer Weeber	Northfork Local Food Coordinator
Scott Lockard	KY River District Health Department
Tim Deaton	Appalachian Arts Alliance
Bailey Richards	City of Hazard
Pamela Carey, LPCC	Care Cottage
Kevin Vermillion	Perry County Judge's Office
Jama Griffie	Hazard Community & Technical College System
Charles May	Perry County Extension Agent
Chris Rush	Perry County Schools
Melissa Slone	UK Center for Rural Health



# Community Feedback

In October 2021, members of the Hazard 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, Farmer's Market, SECTC, local government, and schools. The members bring knowledge and expertise to the populations they serve. In addition, three focus groups were conducted with the Hazard Chamber of Commerce, Northfork Local Foods, and Perry County High School students. Fifty-five individuals participated in the four focus groups. One key informant interview was completed in spring 2022. Below 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 Perry County involves community engagement, healthy lifestyles, and access to healthcare, and improved mental health.
- The greatest health needs in Perry County involve chronic diseases, unhealthy behaviors, and access to care. Social determinants of health particular to Perry 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 Perry County, the community needs expanded services and a community culture of wellness that includes health education.
- There were positive and negative lasting impacts of COVID-19 on the community.

Finding 1: The community’s vision for a healthy Perry County involves community engagement, healthy lifestyles, and access to healthcare, and improved mental health.

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

### Community engagement

- A “vibrant community”
- Community pride and leadership
- Self-sufficient youth – post HS living skills
- Opportunities for connection and gathering to experience community
- Thriving economy – jobs with benefits
- Breaking generational poverty
- Improved infrastructure – water, utilities for job attraction

### Healthy lifestyles

- Access to affordable, locally grown foods
- Increased capacity for sustainable ag
- Nutrition education and healthy cooking classes
- Accessible recreation opportunities for all
- Walkable community

- Non-profit gym
- Improved trail system – walk/hike/bike

### Access to health care

- Increase the insured (those eligible)
- Connection/liaison for community needs
- Transportation
- Reduced substance use using evidenced based strategies

### Improved mental health

- Resilient population
- Trauma informed community
- Increased mental health services for youth
- Reduced stigma for those seeking services and treatment
- Reduce underlying issues to create a reduced substance use community



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

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

#### **Unhealthy behaviors**

- Overall Wellness – sedentary lifestyles, hygiene
- Tobacco use – smoking, vaping, smokeless tobacco (dip)
- Oral Health – high tooth decay rates, ER dental visits
- Substance Use Disorder – lacking in treatment options, grandparents raising grandchildren, limited options for long-term recovery care

#### **Access to care**

- Mental health
  - Depression (youth and seniors)
  - Stigma for seeking help
  - Lack of providers
- Access to healthy foods
- Health literacy

#### **Chronic disease**

- Diabetes
- Heart disease
- Lung disease (COPD)
- Cancer (lung)
- Obesity

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

#### **Financial Insecurity**

Socioeconomic status affects the community's health outcomes. Many cannot afford medications or high copays. Community members face food insecurity and high childcare costs as well.

#### **Housing**

Homelessness is an issue. Many in Perry County are precariously housed or are living in substandard housing. There are limited options for mid-range housing.

#### **Transportation**

Transportation to and from essential services, including healthcare is a barrier for people.



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**

- Incentives for healthy lifestyle
- Coordination of health appointments (similar to VA)
- Additional home health services
- Specialists – pediatric, dermatology, OB/gynecology, sports medicine
- Recruit local health care providers for retention
- Midwives
- Sex education for youth and all ages

#### **Strengths of System**

- Availability of care in Perry County
- Telehealth
- Primary care clinics – great staff
- Emergency department care
- Considered a “regional hub” for care
- Home health services
- Services advertised on billboards
- Drive through clinics

Finding 4: To better meet health needs in Perry County, the community needs expanded services and a community culture of wellness that includes health education.

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

#### **Expanded Services**

- Access to affordable healthy foods
  - Double dollars for SNAP recipients, add transportation to and from farmer’s market
- Increase funding and availability of quality childcare – increased wages for workers
- Add access to specialists – dermatology, OB/gynecology, pediatrics, and endocrinology
- County wide transportation with regular bus routes
  - Transportation to healthcare, grocery, work, laundry, pharmacies and clinics
- More mental health services – and normalize mental health issues and discussions
  - In schools, clinics, telehealth and more

#### **Community Culture of Wellness that includes Education**

- Promote available services in area
- Recreation options for families and youth – get moving and active
- Events that encourage community connection/belonging/inclusive
  - Take education and health services to community – go to the people



**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**

- Telehealth
- Drive through clinics
- Virtual meetings – how we work
- Curbside pickup – food and more
- Work from home
- Increased interest in living in rural areas
- Increased interest in buying and supporting local
- Family time together
- More cautious about other illnesses/ increased hygiene

**Negatives**

- Mental health needs
- Parents – raising children while working from home
- Social isolation and social anxiety (all ages)
- Rehab services for children with autism reduced – speech pathology, OT and more
- Food prices rising
- Long term health issues as result of COVID
- Effects of disruption to students' education and development
- Restaurants closed
- Grief – dealing with deaths
- Misinformation
- Vaccine debates
- Canceled activities for youth – no state basketball tournament, reduced college recruiters
- Lacked policies for benefits, like SNAP benefits
- Mixed messages when positive tests are received
- Domestic violence/CPS increased experiences



## Key Informant Interviews

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

- Some citizens struggle with access to services. This includes transportation.
- Chronic diseases like diabetes, obesity, and cancer impact many residents.
- Many don't have a good understanding or grasp on wellness and health literacy, and it impacts their health outcomes.
- There needs to be an increase in mental health services in the community. This includes more services being offered at schools.
- COVID-19 increased the feeling of isolation.
- Substance use is an issue. The symptoms of substance use on the community include grandparents raising grandchildren. There are some treatment facilities available.
- Homelessness, particularly child homelessness is a major problem in the community.
- Teenagers vaping is a huge health crisis in the area.

### Opportunities to Better the Healthcare System

- Hazard needs more housing for all socioeconomic classes. Housing for employees can be an issue when trying to recruit businesses to area.
- The nursing shortage is impacting the health system in Hazard.
- Specialty care, such as dermatology, ophthalmology, and orthopedics, are needed in the community.

### Strengths of the Community Healthcare System

- There are good providers available, but services still need to be expanded.
- Cooperative Extension in the county provides education on healthy food options.
- Community is grateful for services that are available, and that ARH continues to add to the economy and expand services.



# Hazard ARH Regional Medical Center Survey Results

WINTER 2022

## Respondent Demographics

**869**  
Respondents

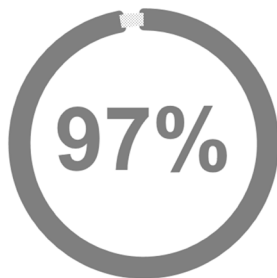


**Respondents  
are female.**

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

### Respondents by age group:

18-24	2%
25-39	17%
40-54	33%
55-64	25%
65-69	13%
70 or older	10%



**Respondents  
are white.**

*Additional responses:  
African American/Black  
(1%), Asian/Pacific Islander  
(1%), Native American (1%).*

### Respondents by educational attainment:

College or above	67%
High School	19%
Technical school	7%
Other	7%



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

*Additional responses:  
Living with family (parent(s),  
guardian, grandparents or  
other relatives) (22%), Staying  
with someone I know (2%).*

### Respondents by employment status:

Employed full-time	55%
Retired	25%
Unemployed	7%
Employed part-time	4%
Student	0%
Other	9%



### Where respondents go for routine healthcare:



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

Respondents also use these options:

Emergency Room	8%
Urgent Care	4%
Health Department	1%
Do not receive routine healthcare	3%
Other	5%

*Clinic/Hazard ARH clinic, primary care center, Quantum Health*

### 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	15%
Inconvenient Physician hours	9%
Cannot take off work	9%
Cannot afford it	7%
Fear/anxiety	6%
Poor Physician attitude/communication	8%

*Other responses: No insurance (2%), No transportation (2%), Lack of childcare (1%). Another 6% of responses identified additional barriers: quality of care, very few specialists, cost of care/high co-pays, fear of getting COVID*

### Transportation to healthcare:



Travel 20  
miles or more to  
see a specialist.

Respondents chose from these options:

Less than 20 miles	28%
20-49 miles	21%
50-100 miles	43%
Do not receive routine healthcare	2%

89% of respondents use their own vehicle, while 9% travel in a friend/family vehicle.



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

High blood pressure	20%
Arthritis/joint pain	15%
Diabetes	13%
Overweight/obesity	13%
Mental health issues	9%
Heart disease and stroke	7%
Cancer	5%
Respiratory/lung disease	5%
Tobacco use/vaping	4%
Asthma	3%
Substance use disorder (alcohol/drugs)	1%
Other	5%



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

### Respondent household eligibility:

Medicare	33%
Medicaid	18%
Public Housing Assistance	2%
SNAP (Food stamp program)	10%
VA	5%
Commercial/private insurance	32%

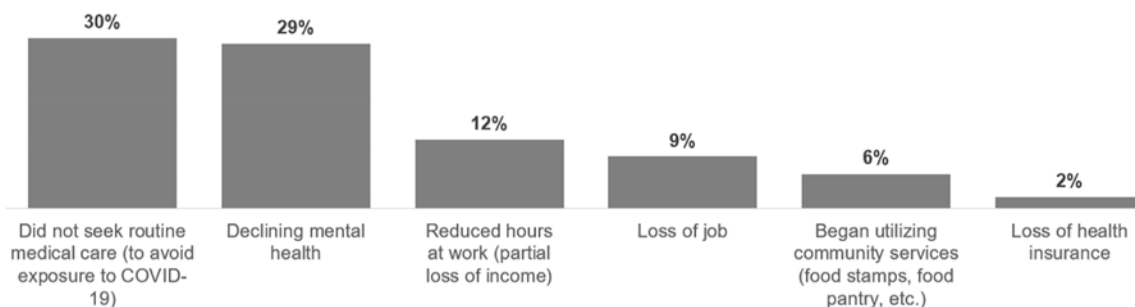


Respondents used video calls (telemedicine) to see a provider in the last 12 months.

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

Mental/Behavioral Health	22%
Cardiology	13%
Dermatology	13%
Gastroenterology	10%
Endocrinology	8%
Urology	7%
Nephrology	7%
Pediatrics	7%
Oncology	6%
Pulmonology	6%

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



Respondents identified another 11% of impacts due to COVID-19: social isolation, loss of family and friends, overworked, got COVID.



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

Good jobs/healthy economy	18%
Easy to access healthcare	16%
Low crime/safe neighborhood	11%
Good school systems	11%
Good place to raise children	9%
Affordable housing	8%
Religious/spiritual values	7%
Personal responsibility	6%
Community activities and events	3%
Transportation	3%
Parks and recreation	3%
Low disease rate	2%
Excellent race relationships	1%
Diverse community	1%



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

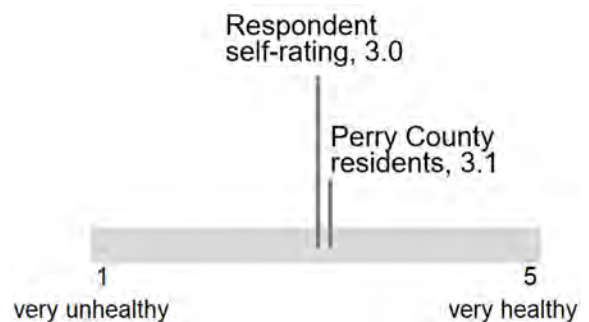
### The top three risky behaviors seen most in the community:

Drug abuse	27%
Being overweight/having poor eating habits and lack of exercise	22%
Tobacco Use	18%
Prescription drug use	14%
Alcohol use	13%
Dropping out of school	3%
Unsafe sex	2%

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

Weight loss	22%
Eating healthy	20%
Mental health/Depression	13%
High blood pressure	10%
Heart disease	9%
Cancer prevention	8%
Emergency preparedness	6%
Tobacco cessation	3%
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.

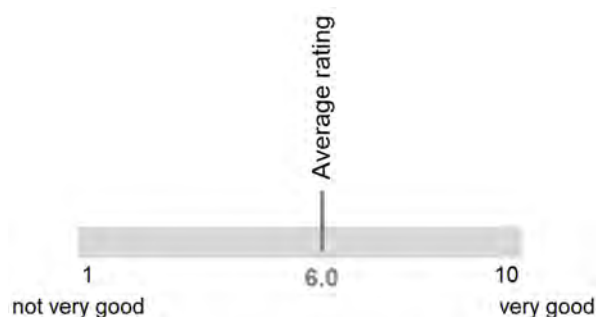


Respondents would recommend their local ARH hospital to friends and family.



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

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



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

Service I needed was not available	32%
My doctor referred me to another hospital	27%
I prefer larger hospitals	5%
My insurance required me to go somewhere else	4%
Other	32%

*Closer to another hospital, quality of physicians/preferred physician, specialists available at another hospital, prior poor experience with Hazard ARH*

### What factors influence your health choices?

Family	20%
Listening to physicians and other healthcare providers	20%
Spouse/Partner/Significant other	14%
Friends	10%
Weather (seasonal variation)	10%
Public health recommendations/guidelines (e.g. CDC)	7%
Community	5%
Other people around me	4%
Access to parks/walking trails	4%
Social media	3%

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

Doctor/healthcare provider	46%
Internet	23%
Friends/family	12%
Social media	5%
Health Department	4%
Local hospital website	3%
Radio/television	3%
Newspaper/magazines	2%
Library	1%
I do not access health information	1%



# Prioritization of Identified Health Needs

Hazard ARH CHNA steering committee meeting was held in March 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 Hazard 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 Hazard ARH for addressing health needs in Perry County and the hospital service area for the next three years.

## Prioritized Needs

1. Mental health
2. Substance Use Disorder/Addiction
3. Healthy lifestyle education
4. Build and expand capacity of health consortium



## 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.

Hazard 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, Hazard 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. Hazard 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			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





## Hazard 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 Perry 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 Perry 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 Perry County meets the factors you selected in question 13?

- ☐ Yes
- ☐ No

**Q15.** What could be done in Perry 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 Hazard 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 Hazard 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:

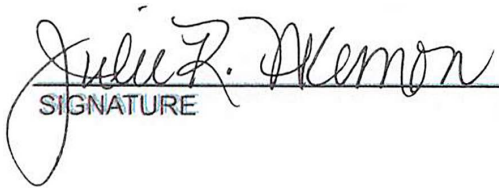
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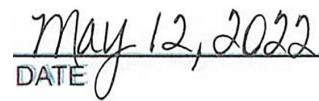
**Thank you for taking the time to participate in this survey.**



# Approval

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

  
SIGNATURE

  
DATE