



2022 Community Health Needs Assessment

Summers County ARH Hospital

115 Summers Hospital Rd, Hinton, WV 25951 | Phone: (304) 466-1000

more health

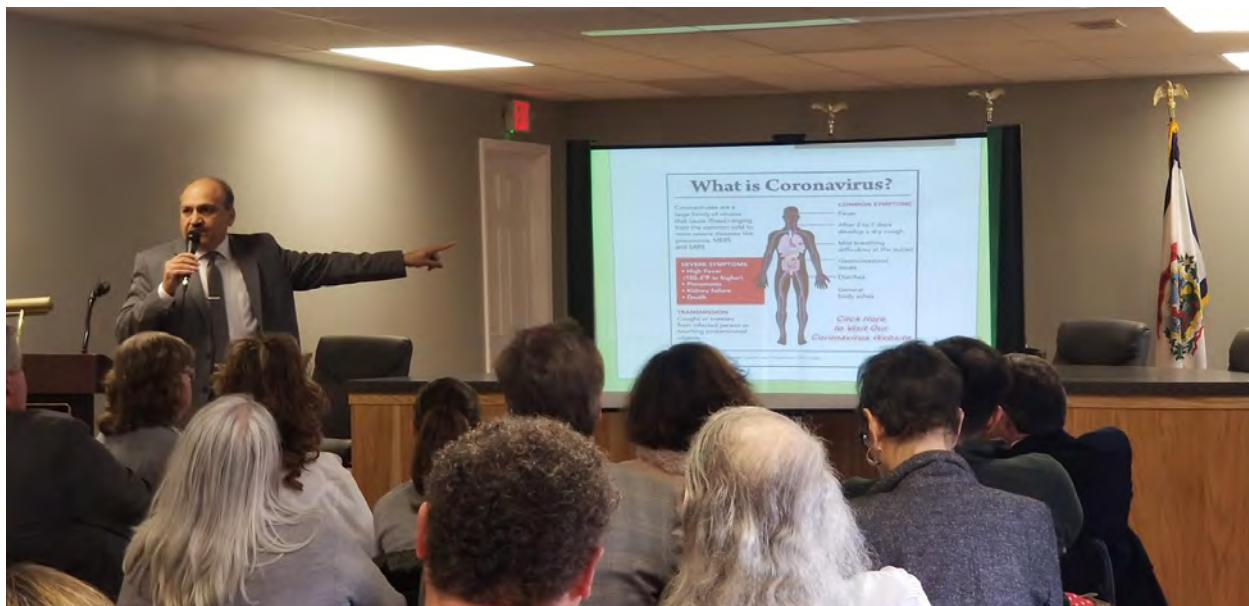


more care

www.arh.org

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

Table of Contents

Introduction	5
CHNA Process	6
Progress Since Last CHNA	7
Community Served by Summers County ARH	9
Secondary Health Data	9
2016-2020 County Health Rankings Data Trends	12
Hospital Utilization Data	15
Community Steering Committee	17
Community Feedback	18
Focus Groups and Key Informant Interviews	19
Community Survey	25
Prioritization of Identified Health Needs	30
Next Steps	31
Appendix	32
<i>Secondary Data Sources, Summers County ARH CHNA Survey, Board Approval</i>	

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

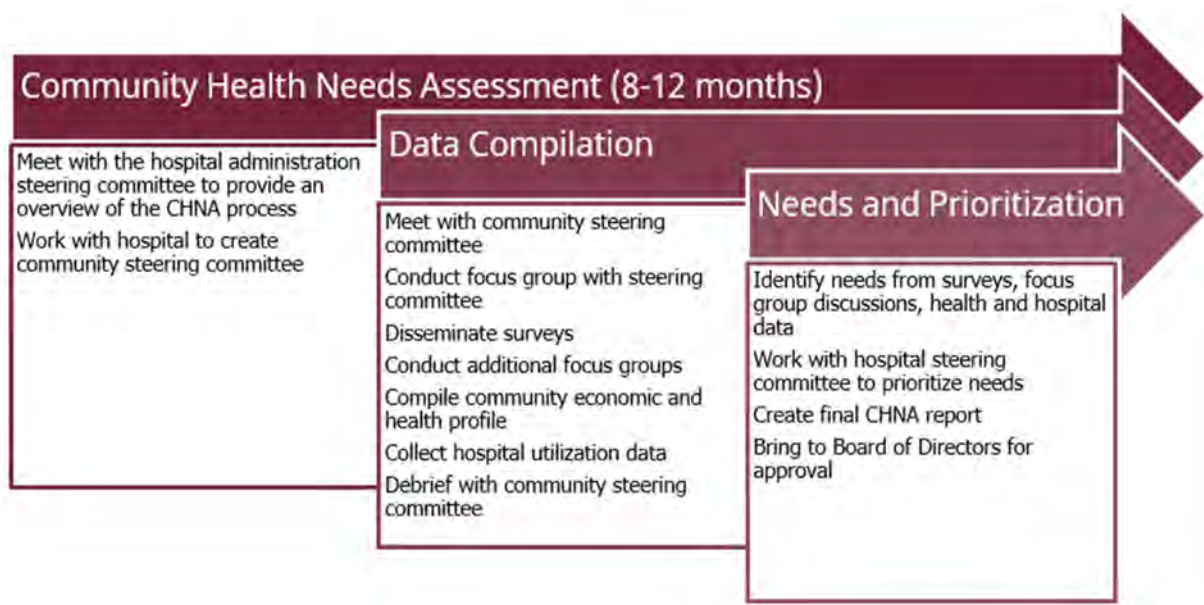


CHNA Process

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 Summers County 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: To recruit additional primary care providers to ensure enough coverage is provided to the community for family medicine/internal medicine services; market shared specialty services in partnership with Beckley ARH physicians who conduct clinic days at SCARH (i.e. oncology, surgery, etc.).

Megan Cobb was recruited and hired as DO. Summers County ARH has hired new physicians, including Megan Cobb as a Doctor of Osteopathic Medicine.

Our Community CEO attended meetings focused on higher education and workforce.

- ✓ Goal: Education on prevention, exercise, and nutrition; offer screenings through hospital and community events.

Summers County ARH is involved in the community. Staff volunteered to provide health screenings, gave informational presentations on health topics such as hand washing, presented educational materials at health fairs and other community health events, and promoted a weight loss program.

- ✓ Goal: To expand the range of those who know about the services the hospital provides; increase the number of health screenings/fairs that are held at the hospital/clinic or that are participated in the community.

Summers County ARH prioritized preventative care and community screenings. From 2019 to 2021, our facility conducted 594 Community Health screenings at the hospital. Our staff also assisted with regular blood sugar checks at the senior center, as well as conducting Low Dose CT Lung Cancer screenings at 30 community events.

We also provided Summers County High School teachers with "Stop the Bleed" trauma training, CPR courses, and Automated External Defibrillator (AED) check offs.

From our CEO...

At Summers County ARH we take pride in community involvement. We receive input from our community members and when we see there is a need, we work diligently in filling that need with education, health screenings, and programming.

We are pleased share our milestones and will continue to provide the best service to the fine residents in Summers County.

✓ **Goal:** To expand the number of patients that utilize Summers County ARH services.

In an effort to continue to educate community members on services available at Summers County ARH, our staff attended Family Resource Network Meetings in Summers County. Our Community CEO also attended Family Resource Network board meetings.

Summers County ARH prioritized social media as a way to educate on services available at the hospital.



Summers County ARH staff at a community Heart Health event.

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 Summers County ARH.

Wes Dangerfield
Summers County ARH Community CEO

Community Served by Summers County ARH

Summers County ARH determined its defined service area for this Community Health Needs Assessment by reviewing inpatient discharge data by county of residence in years 2020 and 2021. In 2020, seventy-nine percent (79%) of Summers County ARH inpatients originated from Summers County and in 2021, seventy-five percent (75%) of inpatients served were residents of Summers County. These figures come from the West Virginia Hospital Association's market assessment data.

In this section publicly available data are presented for Summers County. These data come from the *County Health Rankings & Roadmaps* website (<https://www.countyhealthrankings.org/>) and the CDC. 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 Summers County alongside the WV 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 Summers County residents.

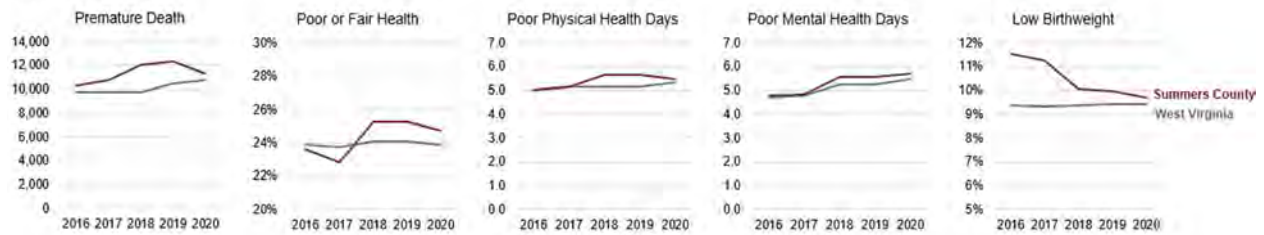
Population	Summers County	West Virginia	US Overall
2019 Population	12,573	1,792,147	328,239,523
Percent of Population under 18 years	16.1%	20.1%	22.3%
Percent of Population 65 year and older	26.1%	20.5%	16.5%
Percent of Population Non-Hispanic Black	4.2%	3.5%	13.4%
Percent of Population American Indian & Alaska Native	0.4%	0.3%	1.3%
Percent of Population Asian	0.3%	0.8%	5.9%
Percent of Population Native Hawaiian/Other Pacific Islander	0.04%	0.03%	0.2%
Percent of Population Hispanic	1.8%	1.7%	18.5%
Percent of Population Non-Hispanic White	91.7%	92.0%	60.1%
Percent of Population not Proficient in English	0.1%	0.3%	8.3%
Percent of Population Female	54.5%	50.5%	50.8%
Percent of Population Rural	72.1%	51.3%	14%

Health Outcomes	Summers County	West Virginia	US Overall
Years of Potential Life Lost Rate	11560	10786	6900
Percent Fair or Poor Health	28%	24%	17%
Average Number of Physically Unhealthy Days	6.2	5.3	3.7
Average Number of Mentally Unhealthy Days	6.4	5.8	4.1
Percent Low Birthweight	10%	9%	8%
Health Behaviors			
Percent Adults that are Diabetic	15.2%	15.0%	13%
Percent Adults with Hypertension	44.8%	40.4%	47%
Percent Adults Consuming Recommended Fruit & Vegetable Intake	9.9%	10.4%	12.3%
Percent Smokers	28%	27%	17%
Percent Adults with Obesity	41%	38%	30%
Food Environment Index	6.9	6.9	7.8
Percent Physically Inactive	38%	28%	23%
Percent with Access to Exercise Opportunities	52%	59%	84%
Percent Excessive Drinking	14%	14%	19%
Percent Driving Deaths with Alcohol Involvement	30%	25%	27%
Chlamydia Rate	46.2	198.2	539.9
Teen Birth Rate	36	31	21
Access to Care			
Percent Uninsured	8%	8%	10%
Number of Primary Care Physicians	4	1,413	-
Primary Care Physicians Rate	31	78	-
Primary Care Physicians Ratio	3190:1	1278:1	1320:1
Number of Dentists	2	1,018	-
Dentist Rate	16	57	-
Dentist Ratio	6287:1	1760:1	1400:1
Number of Mental Health Providers	15	2,469	-
Mental Health Provider Rate	119	138	-
Mental Health Provider Ratio	838:1	726:1	380:1

Social & Economic Factors	Summers County	West Virginia	US Overall
Percent Completed High School	85%	87%	88%
Percent with Some College Education	47%	56%	66%
Number Unemployed	238	39,118	-
Number in Labor Force	4,340	796,971	-
Percent Unemployed	5.5%	4.9%	3.7%
80th Percentile Income	\$75,043	\$94,674	-
20th Percentile Income	\$17,151	\$19,005	-
Percent of Children in Poverty	32%	21%	17%
Number of Children in Single-Parent Households	512	90,160	-
Number of Children in Households	2,156	367,871	-
Percent of Children in Single-Parent Households	24%	25%	26%
Number of Associations	11	2,354	-
Social Association Rate	8.6	13.0	9.3
Annual Average Violent Crimes	19	6,073	-
Violent Crime Rate	181	330	386
Number of Injury Deaths	84	11,301	-
Injury Death Rate	130	124	72
Physical Environment			
Average Daily PM2.5	7.5	7.8	7.2
Presence of Water Violation	No	n/a	n/a
Percent with Severe Housing Problems	12%	11%	18%
Percent with Severe Housing Cost Burden	9%	9%	14%
Percent with Overcrowding	2	1	-
Percent with Inadequate Facilities	2	1	-
Percent that Drive Alone to Work	83%	82%	76%
Number of Workers who Drive Alone	4,125	726,514	-
Percent with Long Commute - Drives Alone	41%	33%	37%

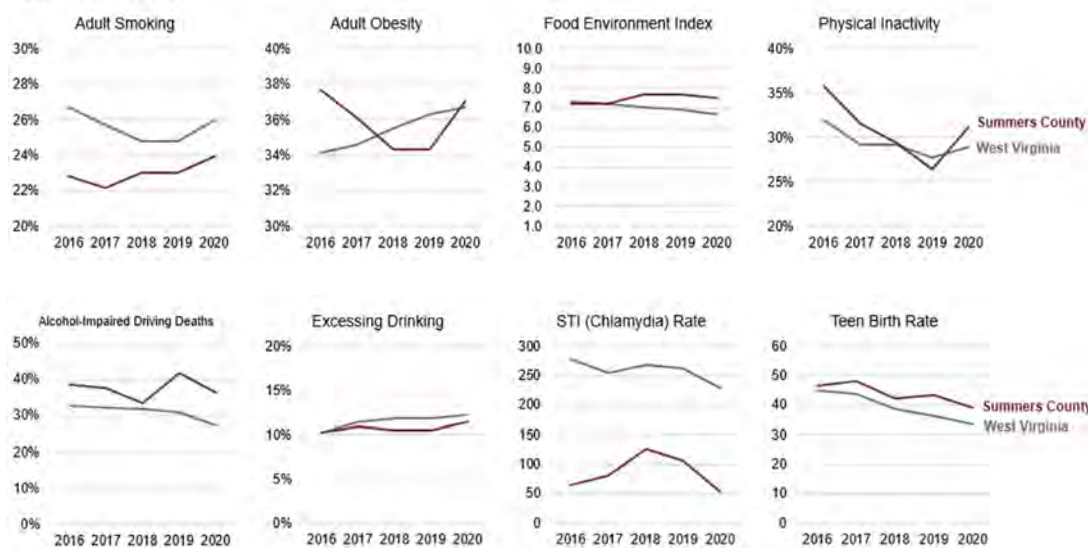
2016-2020 County Health Rankings Data Trends

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.
- The County's low birthweight is on a downward trend.

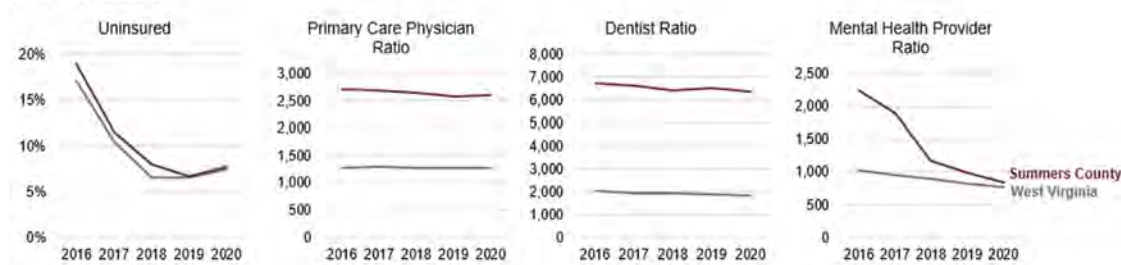
Health Behaviors



- Adult smoking in the County lower than the state, however is on an upward trend.
- Adult obesity in the County has an unclear five year trend.
- The higher the number on the USDA Food Environment Index (1-10) the better the Food Environment. The County has a higher score on the index over the five year trend than the state.
- The County's rate of physical inactivity is higher than the state and the overall trend is unclear.
- There is overall downward trend in alcohol-impaired driving deaths in the County.
- The data for excessive drinking in the County show a slight upward trend.
- Overall, STI infections in the County are on a downward trend and lower than the state.
- The County's teen birth rates are trending downward.

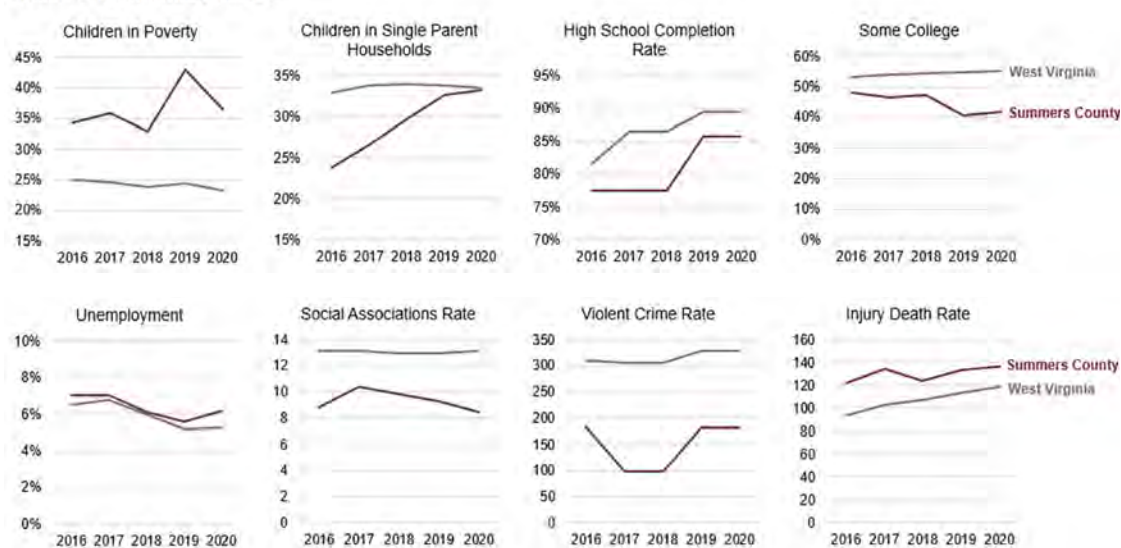
2016-2020 County Health Rankings Data Trends, continued

Access to Care



- The County's ratio of all three types of health care providers is higher (fewer providers for population) compared to the state average. The County's declining ratio of mental health providers (more providers) over the five years is important to note.
- County uninsurance rates are on par with the state.

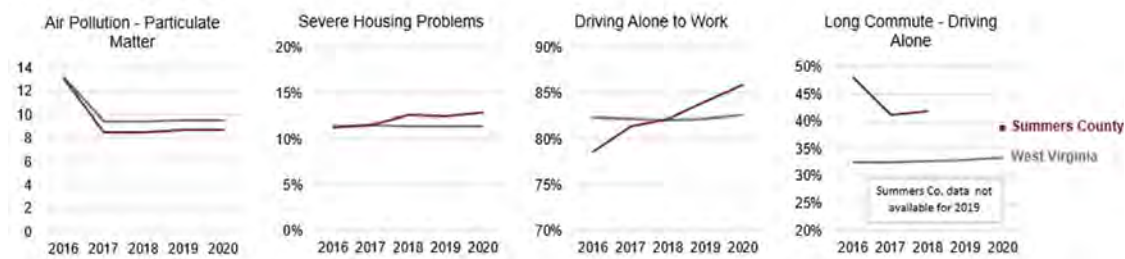
Social & Economic Factors



- The County has a higher percentage of children in poverty compared to the state average. The year-to-year shifts make it difficult to pinpoint an overall trend.
- The County has an increasing percentage of children in single parent households over the five year trend.
- County high school completion rates are below the state average, and percent of the County population with some college education has an unclear trend.
- The unemployment rate is slightly higher in the County compared to the state and largely mirrors the state's five year trend (keep in mind this is pre-pandemic).
- The County's rate of social associations is lower than the state and has a consistent trend.
- The County's violent crime rate is much lower than the state average and as an unclear trend.
- The County's injury death rate is higher than the state and trending upward.

2016-2020 County Health Rankings Data Trends, continued

Physical Environment



- Air pollution in the County trend is on par with the state average.
- The County's severe housing problems is trending upward.
- The County population driving alone to work is increasing, while the County population making long commutes driving alone appears to be following a downward trend.

Hospital Utilization Data

The Tables below provide an overview of Summers County 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	267
Outpatient Visits	22,034

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

Payer	Discharges
Medicare	195
Commercial	32
Medicaid	29
Government	11

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

Payer	Visits
Medicare	9192
Commercial	7262
Medicaid	5042
Government	294
Self-Pay	244

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

DRG Description	Discharges
Heart failure and shock	30
Signs and symptoms	27
Simple pneumonia and pleurisy	26
Chronic obstructive pulmonary disease	20
Miscellaneous disorders of nutrition, metabolism, fluids and electrolytes	17
Kidney and urinary tract infections	14
Septicemia or severe sepsis	11
Respiratory infections and inflammations	9
Cellulitis	8
Chest pain	7

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 Summers 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.

Summers County ARH leadership recruited members of the community to serve on the steering committee. CEDIK representatives scheduled and completed the first virtual meeting on October 26, 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 6, 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 Summers County ARH to address over the next three years.

Summers County ARH Community Steering Committee

Name	Representing Organization
Ray Crew	Summers County Steering Committee
Doris Selco	Summers County REACHH
Jordan Pruett	AETNA
Larry Meador	Hinton City Council
Charles Saunders	President Summers County Commission
Duane Michael	National Park Service
Sarah Barnett	Mental Health- ARH
Ricky Shrewsberry	Nursing Home/Main Street Care
Maria Madariaga	Women's Resource Center
Jack Scott	Mayor of Hinton
Mark Simpson	Former Steering Committee Member/ Healthcare

Community Feedback

In October 2021, members of the Summers County ARH Community Health Needs Assessment steering committee participated in a focus group. The committee membership includes representation from Behavioral Health, New River National Recreation Park, SC REACHH – Family Resource Center, local government, and Summers County Board of Education. The members bring knowledge and expertise to the populations they serve. In addition, two focus groups were conducted with the health insurance providers and community advocates. Seventeen individuals participated in the three focus groups. One key informant interview was completed in Spring 2022. What follows is a summary of the responses that highlight the results of the conversations that identify strengths of the community and the healthcare system, challenges/barriers in the broader healthcare system and opportunities for improving the health of the community.

Focus Group Findings

Qualitative analysis of focus group responses revealed overarching themes across the focus groups. Findings across all groups consistently underscored challenging experiences that not only hindered community ability to access services, but also the need for expanded services. The key findings from each of the 5 questions posed to the focus groups are listed below:

- The community's vision for a healthy Summers County involves community engagement and access to healthcare.
- The greatest health needs in Summers County involve chronic diseases, unhealthy behaviors, and access to care. Social determinants of health particular to Summers 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 Summers 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 Summers County involves community engagement and access to healthcare.

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

Community engagement

- Safe and affordable housing
- Access to outdoor health activities for youth and seniors, safe opportunities
- Access to healthy foods and people choosing to make healthy choices
- Park in downtown Hinton, playground, community garden, socialization
- Generational education, mentoring
- Active community, leaning towards a healthier lifestyle
- Clean community, clean streets
- Utilize natural resources to better health of community
 - Use National Park as a "prescription" for health and wellbeing
 - Connect Hinton to Park
 - Trail system for wellness

Access to health care

- Less children with diabetes
- OB/GYN back for women's health
 - Care and education back to county, improve access
- Pediatrician, improve access
- Residents of WV aware of resources and services that are available to them, "bridge to what's available"
- Health education that is accessible to all learning levels
- No drug use and more options for rehab, inpatient treatment

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

- Tobacco use & vaping
- Drug misuse
- Racism – minority students do not have same advantages
- Stress
- Food access and no transport to pick up
- Poor nutrition – lack of knowledge
- Children raised by other adults and not parents

Access to care

- Mental health for youth
- Reduced stigma for accessing mental health or SUD treatment
- Pediatric coverage
- Knowledge of resources
- Improved quality of care

Chronic diseases

- Obesity – adult and child
- Substance use disorder
- Mental health
- Cardiovascular disease

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

Housing

Homelessness is an issue. There is a need for quality, affordable, and safe housing for lower to mid income families/individuals in Summers County.

Transportation

Transportation to and from essential services, including healthcare is a barrier for people. This includes people traveling outside of the community for access to specialty care and other services that are unavailable to them in Summers County.

Economic Needs

The community is in need of economic development regarding encouraging more people to enter the workforce, in jobs with a living wage to combat poverty and the sense of hopelessness in the area.

Quality & Access of Education

Enhancement and expansion of the quality and access of education in Summers County would greatly benefit its residents. There is limited access to exercise while at school, and many students experience bullying. Broadband connection issues impact student access to education.

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

- Types of doctors working ER - quality of care
- Physician, EMS, nursing shortage
- Focus on diversity
- Financial incentives to recruit WV trained physicians
- Lack of access overall
- People travel outside of state for care
- Lack specialists (need gynecologists, pediatric care)
- No transportation to pick up food at distribution sites

Strengths of System

- Great access to care (for those who are insured)
- Good providers
- Food access – REACH FRC, Save the Children food trucks
- Great ambulance crew
- Hospital and clinics available in community
- Potential and opportunity for growth
- 24 hour ER
- Critical access hospital is beneficial for reimbursement
- Swing bed services available in county
- New businesses and diversity emerging

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

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

Healthcare approach

- Inpatient drug treatment
- Hospital more connected to the community
- Build trust between patients and providers
- Transportation to medical appointments and pharmacy
- Transportation to recovery services
- More educational events based on specific health topics
- Linking mental health services in community
- Free recreational opportunities Active Southern West Virginia exercise program
- Free mental health screenings for at-risk youth that then connects them to in-county resources

Community approach

- Public safety campaign surrounding injuries and safety education
- Educate youth on issues before unhealthy habits are started
- Utilize 4-H safety curriculum
- Vaping and smoking cessation and preventative education
- Healthy eating and exercise
- Cooking demonstrations (also with diabetes patients)
- Education on healthy cooking
- Park “Prescriptions” program, like a passport
- Community pride and spirit
- Transportation/bus services to unreached population
- Activity bus for students who do after school activities can get home
- Knowledge of resources available in community: providers, clinics available at schools, coalitions working together to address needs towards recovery and prevention, community connected and informed about resources
- Meeting people where they’re at: using outreach AmeriCorps to fill staffing issues; “collaborating and getting out there” e.g. community activities and festivals, being together outdoors not solely focused on commerce
- “Summers County not just Hinton” mindset
- Utilizing natural resources like state parks

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

- Increase in use of National Park
- Connection and rising popularity using telehealth medicine
- Spending time with family
- We can adapt to changing conditions
- Community – porch drop offs, checking in on neighbors

Negatives

- Inactivity, people less likely to get out, leading to further health problems
- Limit people from accessing healthcare – postponed appointments and screenings
- Withdrawn individuals
- Fear vs. Excuse
- Animosity between people due to political beliefs
- Impacts on children
 - Losing a primary caregiver
 - Limited supervision during COVID
 - Added anxiety
 - Out of school
- Severe mental health, trauma, and isolation
 - Lack of community support
 - Suicidal ideation and attempts rising regionally and nationally

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 city employee. A summary of their responses is below.

Challenges Faced by Residents

- Issues related to COVID-19, including long lasting effects and illnesses, as well as isolation, continue to impact community.
- Mental health, and the stigma associated with mental healthcare, is an issue.
- Cancer is prevalent in the community.
- The population struggles with healthy eating habits. Limited access and options, as well as a lack of education, contribute to this issue.

Opportunities to Better the Healthcare System

- Lack of specialty care causes people to travel outside the county for treatment. Services such as dental, vision, orthopedic care, and cancer services are included in specialty care.
- More community outreach from ARH would benefit the community. Clinics, services, and information set up throughout the community at places people normally frequent would increase access.

Strengths of the Community Healthcare System

- The hospital and health department are integral to the community.
- Physicians and nurses in the area are helpful and great to work with.

Summers ARH Survey Results

WINTER 2022

Respondent Demographics

290
Respondents



**Respondents
are female.**

*Additional responses:
Male (26%), Prefer not
to answer (3%).*

Respondents by age group:

18-24	1%
25-39	12%
40-54	23%
55-64	28%
65-69	11%
70 or older	24%

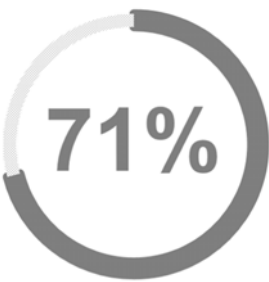


**Respondents
are white.**

*Additional responses: African
American/Black (2.5%), Native
American (1%), Hispanic
(0.5%), Asian/Pacific Islander
(0.5%), Other (2%).*

Respondents by educational attainment:

College or above	51%
High School	33%
Technical school	12%
Other	4%



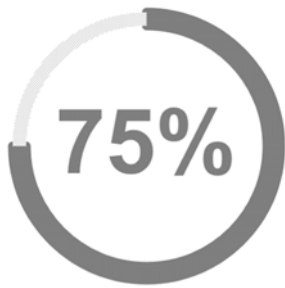
**Respondents
are living in
their own home/
apartment.**

*Additional responses:
Living with family (parent(s),
guardian, grandparents or
other relatives) (27%), Staying
with someone I know (2%).*

Respondents by employment status:

Employed full-time	42%
Retired	40%
Unemployed	7%
Employed part-time	6%
Student	0%
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	8%
Urgent Care	5%
Health Department	5%
Do not receive routine healthcare	2%
Other	5%
<i>Med Express, Clinic, Specialist, Family doctor</i>	

Barriers that keep respondents from receiving routine healthcare:



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

Respondents identified these barriers:

Only visit doctor when something is seriously wrong	18%
Inconvenient Physician hours	7%
Cannot take off work	4%
Cannot afford it	4%
Fear/anxiety	5%
Poor Physician attitude/communication	6%

Other responses: No insurance (1%), No transportation (3%), Lack of childcare (0.3%). Another 7% of responses identified additional barriers: lack of specialists, high co-pays/limited income, poor medical care.

Transportation to healthcare:



Travel 20 miles
or more to see a
specialist.

Respondents chose from these options:

Less than 20 miles	20%
20-49 miles	42%
50-100 miles	30%
Do not receive routine healthcare	3%

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%
Diabetes	15%
Arthritis/joint pain	15%
Overweight/obesity	11%
Heart disease and stroke	9%
Mental health issues	8%
Cancer	4%
Respiratory/lung disease	4%
Tobacco use/vaping	4%
Asthma	3%
Substance use disorder (alcohol/drugs)	1%
Other	6%

Thyroid issues, kidney disease, back pain, multiple sclerosis, sleep apnea



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

Respondent household eligibility:

Medicare	33%
Medicaid	22%
Public Housing Assistance	3%
SNAP (Food stamp program)	11%
VA	3%
Commercial/private insurance	27%

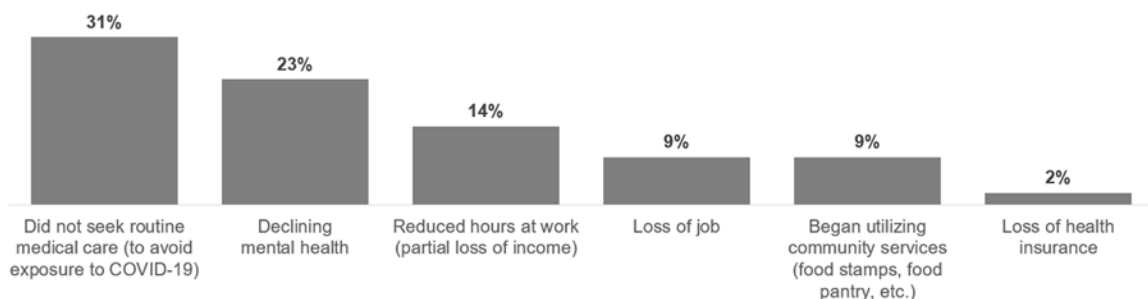


Respondents used video calls (telemedicine) to see a provider in the last 12 months.

Specialty care services respondents are willing to use telemedicine:

Mental/Behavioral Health	20%
Cardiology	14%
Dermatology	13%
Gastroenterology	10%
Endocrinology	9%
Urology	8%
Pediatrics	7%
Pulmonology	6%
Oncology	6%
Nephrology	6%

Respondent household impacts due to COVID-19 pandemic:



Respondents identified another 13% of impacts due to COVID-19: isolation/anxiety and depression, loss of loved ones to COVID, overworked, feeling overworked, symptoms of COVID and long-term effects.

The top three most important factors for a healthy community:

Easy to access healthcare	16%
Good jobs/healthy economy	15%
Low crime/safe neighborhood	14%
Good school systems	13%
Good place to raise children	9%
Affordable housing	6%
Personal responsibility	6%
Religious/spiritual values	6%
Transportation	5%
Parks and recreation	4%
Community activities and events	2%
Diverse community	2%
Low disease rate	1%
Excellent race relationships	1%

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

Eating healthy	19%
Weight loss	19%
High blood pressure	12%
Mental health/Depression	11%
Heart disease	11%
Cancer prevention	9%
Emergency preparedness	8%
Using my medications correctly	4%
Tobacco cessation	3%
Substance use disorder (alcohol and/or drugs)	2%

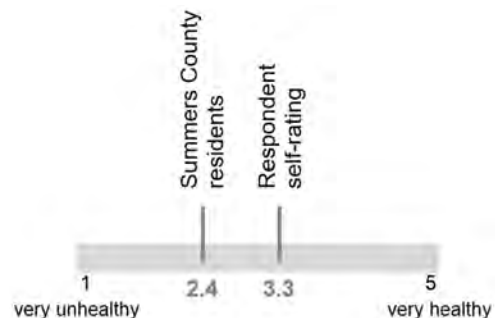


Respondents think Summers County meets the above factors for a healthy community.

The top three risky behaviors seen most in the community:

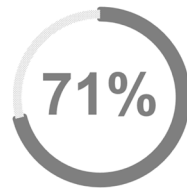
Drug abuse	27%
Being overweight/having poor eating habits and lack of exercise	23%
Alcohol use	18%
Tobacco Use	15%
Prescription drug use	11%
Dropping out of school	3%
Unsafe sex	2%

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





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

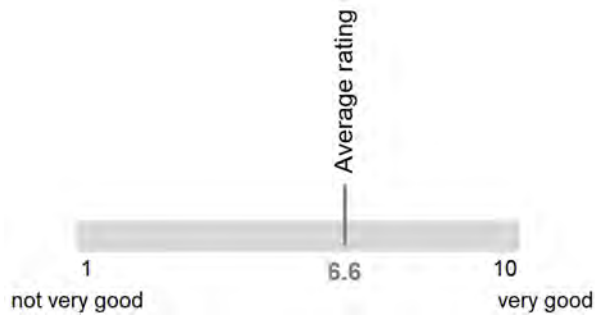


Respondents would recommend their local ARH hospital to friends and family.



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

Respondent rating of their ARH facility in Summers County:



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

Service I needed was not available	49%
My doctor referred me to another hospital	23%
I prefer larger hospitals	5%
My insurance required me to go somewhere else	3%
Other	21%
<i>Specialist at another hospital, better quality of care, closer to home/location, ARH is "too expensive"</i>	

What factors influence your health choices?

Listening to physicians and other healthcare providers	21%
Family	21%
Spouse/Partner/Significant other	14%
Weather (seasonal variation)	10%
Friends	9%
Public health recommendations/guidelines (e.g. CDC)	8%
Community	4%
Access to parks/walking trails	4%
Other people around me	4%
Social media	2%

Where do you get most of your healthcare information?

Doctor/healthcare provider	42%
Internet	25%
Friends/family	12%
Health Department	8%
Local hospital website	4%
Social media	4%
Radio/television	3%
Newspaper/magazines	2%
Library	1%
I do not access health information	0.4%

Prioritization of Identified Health Needs

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

Prioritized Needs

1. Mental Health
2. Healthy Lifestyles – education about prevention and treatment of chronic diseases, safe community, healthy foods
3. Transportation
4. Affordable housing
5. Access to specialists/telehealth
6. Recruit and retain qualified health care providers

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.

Summers County 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, Summers County 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. Summers County 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
Health Outcomes		
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
Access to Care			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2018
	Primary care physicians	Area Health Resource File/American Medical Association	2018
	Dentists	Area Health Resource File/National Provider Identification file	2019
Mental health providers	Mental health providers	CMS, National Provider Identification	2020

2021 Secondary Data Sources, continued

Social & Economic Factors			Years of Data
Education	High school completion	American Community Survey, 5-year estimates	2015-2019
	Some college	American Community Survey, 5-year estimates	2015-2019
Employment	Unemployment	Bureau of Labor Statistics	2019
Income	Children in poverty	Small Area Income and Poverty Estimates	2019
	Income inequality	American Community Survey, 5-year estimates	2015-2019
	Children in single-parent households	American Community Survey, 5-year estimates	2015-2019
Family and Social Support	Social associations	County Business Patterns	2018
	Violent crime	Uniform Crime Reporting - FBI	2014 & 2016
	Injury deaths	National Center for Health Statistics - Mortality Files	2015-2019
Physical Environment			
Environmental Quality	Air pollution - particulate matter	Environmental Public Health Tracking Network	2016
	Drinking water violations	Safe Drinking Water Information System	2019
Housing and Transit	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2013-2017
	Driving alone to work	American Community Survey, 5-year estimates	2015-2019
	Long commute - driving alone	American Community Survey, 5-year estimates	2015-2019

2016-2020 County Health Rankings Data Sources

Health Outcomes	Source	2016 Data	2020 Data
Premature death	National Center for Health Statistics - Mortality Files	2011-2013	2016-2018
Poor or fair health	Behavioral Risk Factor Surveillance System	2014	2017
Poor physical health days	Behavioral Risk Factor Surveillance System	2014	2017
Poor mental health days	Behavioral Risk Factor Surveillance System	2014	2017
Low birthweight	National Center for Health Statistics - Natality files	2007-2013	2012-2018
Health Behaviors			
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
Social & Economic Factors				
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
Physical Environment				
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



Summers County 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 Summers 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 Summers 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 Summers County meets the factors you selected in question 13?

- ☐ Yes
- ☐ No

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

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

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

Q17. 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 Summers County 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 Summers County 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:

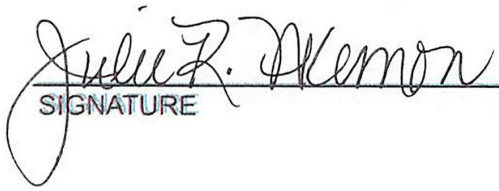
Q31. What is your current employment status?

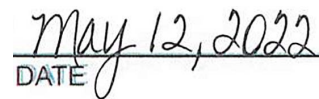
- ☐ Unemployed
- ☐ Employed part-time
- ☐ Employed full-time
- ☐ Retired
- ☐ Student
- ☐ Other. Please specify below:

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