



2022 Community Health Needs Assessment

Whitesburg ARH Hospital

240 Hospital Rd, Whitesburg, KY 41858 | Phone: (606) 633-3500

more health



more care

www.arh.org

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

A handwritten signature in dark ink that reads "Hollie Phillips". The signature is written in a cursive, flowing style.

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

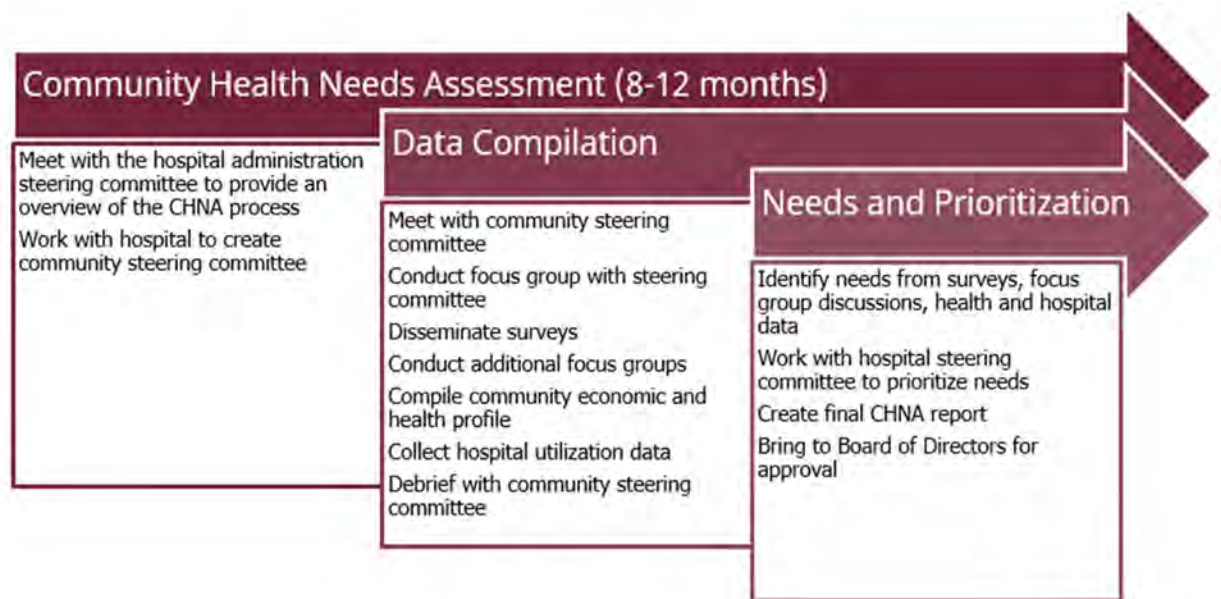


CHNA Process

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 Whitesburg 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: Increase awareness of current available specialists, and work to improve availability of specialists through a regional, collaborative approach in recruitment.**

Whitesburg ARH has utilized social media, radio, billboards and printed media to make the community aware of specialists that are available. Posts on Facebook have been very successful, encouraging feedback from the community. Efforts to promote the specialists have also been successful internally among ARH staff on Workvivo.

Rack cards are now available for specialists that have a “tear away” business card at the bottom that contains the physician’s name, location and office number.

Updates on Whitesburg ARH recruitment efforts are shared when speaking with community groups and at every medical staff meeting.

Radio programs that pertain to specific health care need include a Whitesburg ARH physician speaking on a specialty area and offer the opportunity for live call-in questions from the community.

Whitesburg ARH has served as the primary sponsor for the Levitt Amp Music Series over the past three years. The outdoor music series was able to continue during the COVID-19 pandemic with limited concerts, masking and social distancing. Staff from Whitesburg ARH specialty areas were present to speak with the community, provide relevant hospital information and contact information.

- ✓ **Goal: Make efforts to address the problem of food insecurity in Letcher County.**

Whitesburg ARH worked with a number of organizations to address food insecurity. We are a strong supporter of the Cowan Community Center which assists local farmers in planting, harvesting and preserving their crops.

The Farmer’s Market also supports local farmers in selling their crops. The community can earn coupons to purchase items by participating in walking programs.

The CANE Kitchen provides a free meal to the community prior to each Levitt Amp concert. Whitesburg ARH provides an informational table at each of the meals.

From our CEO...

New and innovative ideas have emerged, and proven effective, in spite of all of the challenges faced by health care during the pandemic. Our community has identified ways not only to overcome challenges, but succeed in the midst of adversity.

✓ **Goal: Improve the community navigation of the health care system to facilitate better outcomes through utilization of known resources.**

Our facility invested time in partnerships and efforts to improve the community's understanding of the health care system. Patients are instructed how to access the patient portal *My ARH Chart*. Access to their medical records provides the patient more insight to their medical needs and the ability to share records with another medical provider.

Whitesburg ARH Pharmacy has reached out to community schools, businesses and special groups to provide flu shots, COVID-19 vaccinations and boosters. Whitesburg ARH provided weekly drive-thru COVID testing to Letcher County Central athletes in 2020-21. Pharmacy and Infection Control staff have provided flu shots at the local community college.

The Meds to Beds program is available to all patients while in the hospital and will assist the patient in getting the most affordable options for their medications and deliver them to bedside prior to discharge.



*Whitesburg ARH Hospital is a proud supporter of the Levitt AMP
Whitesburg Music Series.*

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 Whitesburg ARH Hospital.

Ellen Wright
Whitesburg ARH Hospital Community CEO

Community Served by Whitesburg ARH

Whitesburg 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, sixty-three percent (63%) of Whitesburg ARH inpatients originated from Letcher County and in 2021, sixty-five percent (65%) of inpatients served were residents of Letcher County. These figures come from the Kentucky Hospital Association's market assessment data.

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

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

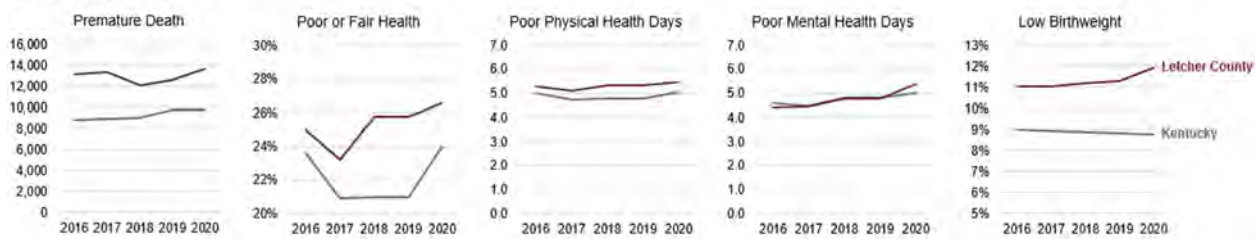
Population	Letcher County	Kentucky	US Overall
2019 Population	21553	4,467,673	328,239,523
Percent of Population under 18 years	21.7%	22.4%	22.3%
Percent of Population 65 year and older	19.9%	16.8%	16.5%
Percent of Population Non-Hispanic Black	0.6%	8.2%	13.4%
Percent of Population American Indian & Alaska Native	0.2%	0.3%	1.3%
Percent of Population Asian	0.2%	1.6%	5.9%
Percent of Population Native Hawaiian/Other Pacific Islander	0.0%	0.1%	0.2%
Percent of Population Hispanic	0.8%	3.9%	18.5%
Percent of Population Non-Hispanic White	97.4%	84.1%	60.1%
Percent of Population not Proficient in English	0%	1.0%	8.3%
Percent of Population Female	51.1%	50.7%	50.8%
Percent of Population Rural	100%	41.6%	14%

Health Outcomes	Letcher County	Kentucky	US Overall
Years of Potential Life Lost Rate	13849	9505	6900
Percent Fair or Poor Health	30%	22%	17%
Average Number of Physically Unhealthy Days	6.3	4.6	3.7
Average Number of Mentally Unhealthy Days	6.3	5.0	4.1
Percent Low Birthweight	11%	9%	8%
Health Behaviors			
Percent Adults that are Diabetic	21.8%	13.3%	13%
Percent Adults with Hypertension	49.6%	40.1%	47%
Percent Adults with Tooth Loss	44.3%	22.6%	-
Percent Adults Consuming Recommended Fruit & Vegetable Intake	6.5%	12.1%	12.3%
Percent Smokers	30%	24%	17%
Percent Adults with Obesity	39%	35%	30%
Food Environment Index	n/a	6.9	7.8
Percent Physically Inactive	37%	29%	23%
Percent with Access to Exercise Opportunities	60%	71%	84%
Percent Excessive Drinking	13%	17%	19%
Percent Driving Deaths with Alcohol Involvement	23%	25%	27%
Chlamydia Rate	111.9	436.4	539.9
Teen Birth Rate	48	31	21
Access to Care			
Percent Uninsured	7%	7%	10%
Number of Primary Care Physicians	16	2,895	-
Primary Care Physicians Rate	73	65	-
Primary Care Physicians Ratio	1369:1	1543:1	1320:1
Number of Dentists	8	2,996	-
Dentist Rate	37	67	-
Dentist Ratio	2694:1	1491:1	1400:1
Number of Mental Health Providers	17	10,733	-
Mental Health Provider Rate	79	240	-
Mental Health Provider Ratio	1268:1	416:1	380:1

Social & Economic Factors	Letcher County	Kentucky	US Overall
Percent Completed High School	76%	86%	88%
Percent with Some College Education	53%	62%	66%
Number Unemployed	471	89,014	-
Number in Labor Force	6,333	2,072,597	-
Percent Unemployed	7.4%	4.3%	3.7%
80th Percentile Income	\$66,343	\$101,776	-
20th Percentile Income	\$11,389	\$20,248	-
Percent of Children in Poverty	35%	21%	17%
Number of Children in Single-Parent Households	1,545	265,296	-
Number of Children in Households	4,805	1,005,667	-
Percent of Children in Single-Parent Households	32%	26%	26%
Number of Associations	12	4,732	-
Social Association Rate	5.5	10.6	9.3
Annual Average Violent Crimes	13	9,824	-
Violent Crime Rate	54	222	386
Number of Injury Deaths	140	21,274	-
Injury Death Rate	125	96	72
Physical Environment			
Average Daily PM2.5	8.9	8.7	7.2
Presence of Water Violation	No	n/a	n/a
Percent with Severe Housing Problems	16%	14%	18%
Percent with Severe Housing Cost Burden	13%	11%	14%
Percent with Overcrowding	3%	2%	-
Percent with Inadequate Facilities	1%	1%	-
Percent that Drive Alone to Work	84%	82%	76%
Number of Workers who Drive Alone	6,941	1,949,184	-
Percent with Long Commute - Drives Alone	39%	31%	37%

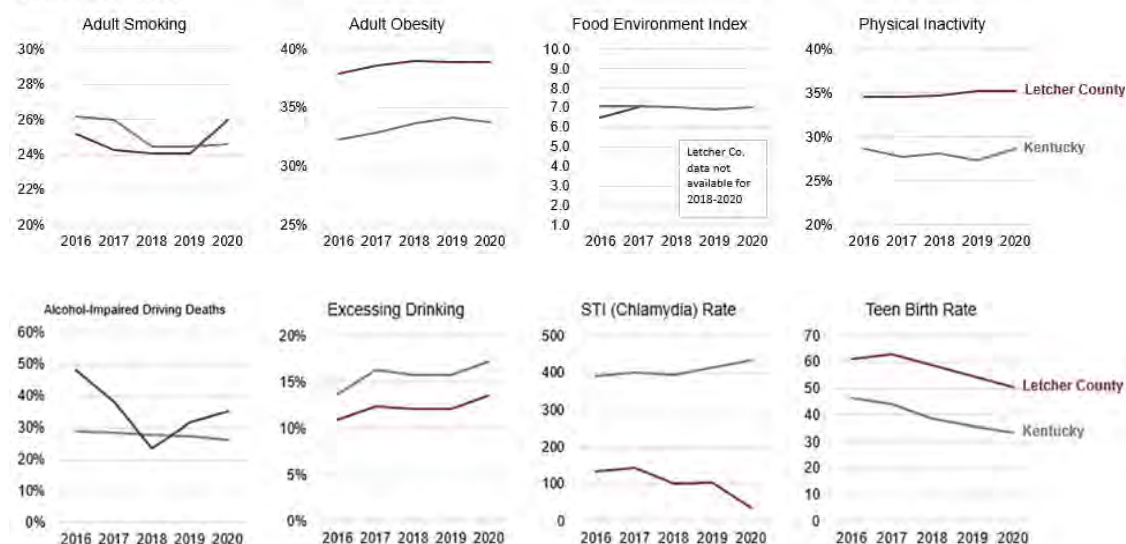
2016-2020 County Health Rankings Data Trends

Health Outcomes



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

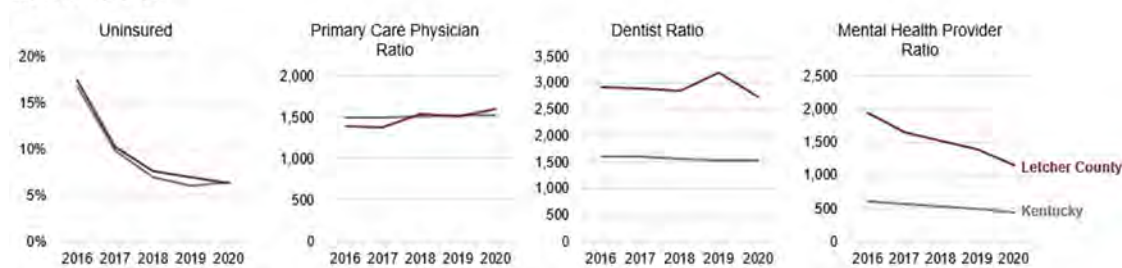
Health Behaviors



- Adult smoking in the County is showing an unclear trend.
- Adult obesity and physical inactivity in the County is slowly trending upward.
- The higher the number on the USDA Food Environment Index (0-10) the better the Food Environment. The County appears to have a similar score to the state average, but is missing data.
- There is an overall downward trend in alcohol-impaired driving deaths in the County.
- There is an upward trend of excessive drinking in the County.
- The County's STI infection rate and teen birth rate are trending downward.

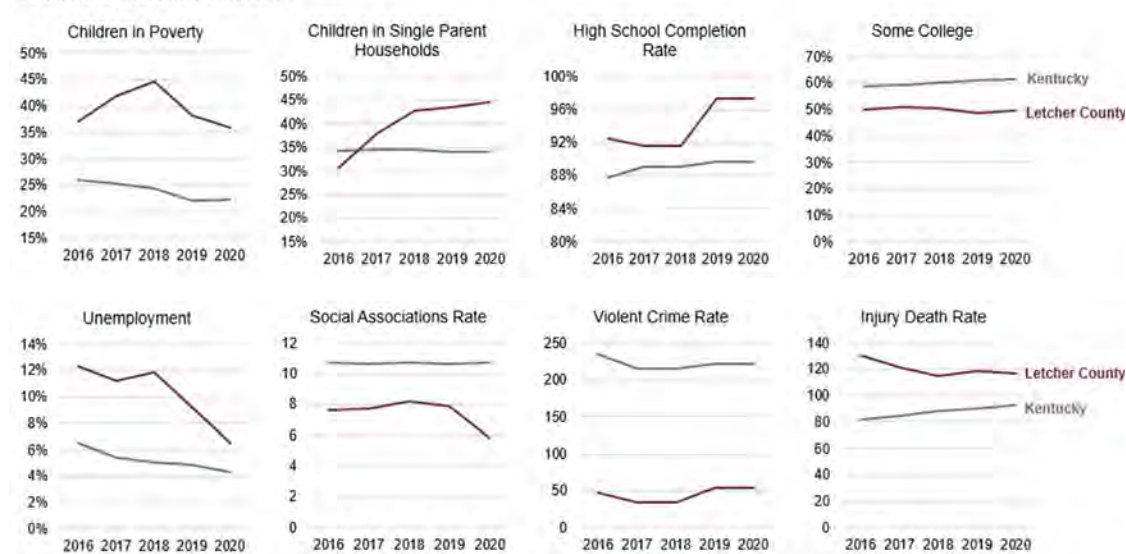
2016-2020 County Health Rankings Data Trends, continued

Access to Care



- The County's ratio of primary care physician is on par with the state average.
- The County's ratio of dentists and mental health providers is higher (less providers for population) compared to the state average. The County has also had a notable increase in mental health providers over the last five years.
- County uninsurance rates are on par with the state.

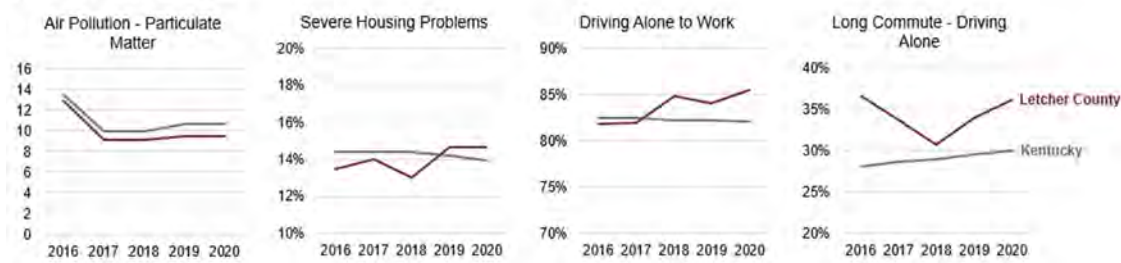
Social & Economic Factors



- The County has a higher percentage of children in poverty compared to the state and appears to be on a downward trend.
- The County's percent of children in single parent households is on an upward trend.
- County high school completion rates are above the state average, and percent of the County population with some college education has a steady trend.
- While the unemployment rate is higher in the County, compared to the state, the rate of decline has accelerated (keep in mind this is pre-pandemic).
- The County's rate of social associations is on a downward trend.
- The County's violent crime rate has an unclear five year trend and is much lower than the state.
- The County's injury death rate is trending downward.

2016-2020 County Health Rankings Data Trends, continued

Physical Environment



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

Top 10 Invasive Cancer Incidence Rates

<i>All Genders, All Races</i>	Letcher County	Crude Rate	Age-adjusted Rate
Total all sites over 5 years (2014-2018)	845	745.3	550.2
Lung & Bronchus	164	144.7	103.4
Prostate (males only)	63	113.4	76.2
Colon & Rectum	89	78.5	56.2
Breast	81	71.4	52
Corpus Uteri (females only)	33	57.1	42.1
Thyroid	36	31.8	31.1
Kidney & renal pelvis	46	40.6	29.9
Melanoma of the Skin	32	28.2	22.7
Urinary Bladder, invasive and in situ	32	28.2	19.8
Miscellaneous	32	21.2	19.7

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

Hospital Utilization Data

The Tables below provide an overview of Whitesburg 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	3,561
Outpatient Visits	47,558

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

Payer	Discharges
Medicare (Excluding Medicare Managed Care)	1023
WellCare of Kentucky Medicaid Managed Care	891
Commercial - Anthem Health Plans of KY PPO Plan	410
Medicare Managed Care	406
Commercial - Anthem Health Plans of KY HMO Plan	149
Humana Medicaid Managed Care	96
In State Medicaid	92
Passport Medicaid Managed Care	84
Aetna Better Health of KY Medicaid Managed Care	70
Anthem Medicaid Managed Care	58
Other Facility	47
Commercial - Other	42
Tricare (Champus)	36
Commercial - Humana PPO Plan	28
Workers Compensation	26
Black Lung	21
Commercial - Aetna Health HMO Plan	19

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

Payer	Visits
Medicare (Excluding Medicare Managed Care)	12058
WellCare of Kentucky Medicaid Managed Care	10362
Commercial - Anthem Health Plans of KY PPO Plan	8438
Medicare Managed Care	6018
In State Medicaid	2231
Commercial - Anthem Health Plans of KY HMO Plan	1779
Humana Medicaid Managed Care	970
Passport Medicaid Managed Care	944
Anthem Medicaid Managed Care	923
Commercial - Other	514
Aetna Better Health of KY Medicaid Managed Care	478
Self Pay	450
Commercial - Humana PPO Plan	346
Workers Compensation	341
Commercial - United Healthcare POS Plan	320
Auto Insurance	245
Other Facility	235
Tricare (Champus)	182
Commercial - Cigna Health & Life FFS Plan	135
Commercial - Aetna Health HMO Plan	133
Commercial - Aetna Health PPO Plan	118
Out of State Medicaid	101
Black Lung	82
Care Source KY Commercial Plan	60
ChampVA	44
VA	40
Wellcare Health Commercial Plan	10
Commercial - Anthem Health Plans of KY POS Plan	1

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

DRG Description	Discharges
Vaginal delivery	330
Normal newborn	279
Septicemia	274
Chronic obstructive pulmonary disease	177
Heart failure & shock	175
Simple pneumonia & pleurisy	170
Cesarean section	145
Esophagitis, gastroenteritis & miscellaneous digestive disorders	134
Neonate with other significant problems	113
Diabetes	78

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 Letcher 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.

Whitesburg ARH leadership recruited members of the community to serve on the steering committee. CEDIK representatives scheduled and completed the first meeting on November 2, 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 14, 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 Whitesburg ARH to address over the next three years.

Whitesburg ARH Community Steering Committee

Name	Representing Organization
Denise Yonts	Letcher County Board of Education, Superintendent
Teresa Branham	Letcher County Board of Education, FYRSC
Lisa Giles	Retired Teacher
Valerie Ison	Cowan Community Group and Farmers Market, Director
Tiffany Craft	City of Whitesburg, Mayor
Reed Caudill	Community Trust Bank, Local President
Roy Crawford	Retired Engineer
Madonna Sturgill	Whitesburg ARH LAC member and past ARH BOT member

Community Feedback

In November 2021, members of the Whitesburg ARH Community Health Needs Assessment steering committee participated in a focus group. The committee membership includes representation from the health department, Chamber of Commerce, local government, Farmer's Market and Letcher County schools. The members bring knowledge and expertise to the populations they serve. In addition, three focus groups were conducted with Galen nursing students, Letcher County Rotary Club, and the Letcher County D.A.R. Thirty-six individuals participated in the four focus groups. One key informant interview was completed with an individual with EMS experience. 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 Letcher County involves community vitality, healthy lifestyles, and access to healthcare.
- The greatest health needs in Letcher County involve chronic diseases, unhealthy behaviors, access to care. Social determinants of health particular to Letcher 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 Letcher County, the community needs expanded services and education.
- There were positive and negative lasting impacts of COVID-19 on the community.

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

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

Community vitality

- Improve litter issue
- Offer water systems to all Letcher County households
- Improve efficiency of recycling program
- Increase awareness for exercise programs and opportunities
- Expand and promote Farmer's Market

Healthy lifestyles

- Reduced substance abuse through education and awareness
- Improved dietary choices
- Access to healthy, affordable foods
- Diabetes management education
- Fitness fairs for kids

- "What is Good Health?" education to change culture
- Health literacy for community – how to ask questions to be compliant with health care instructions

Access to healthcare

- Expanded mental health care
- More specialty care
- Dental services – UK mobile and Smile Faith services
- Support groups – grief, families of special needs children, mental health
- Medication assistance programs including diabetic supplies

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

- Substance use
- Sedentary lifestyles for children and adults
- Choosing healthy foods

Chronic disease

- Obesity – adult and child
- Diabetes
- Heart disease
- Cancer
- COPD/Black lung
- Mental health
- Substance use disorder

Access to care

- Education on diagnosis and how to remain compliant with treatment plan
- Preventative health opportunities
- Promote wellness and changing to healthy behaviors
- Limited community outreach
- Insurance (especially Medicare) education
- COVID – vaccines booster promotion

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

Food Insecurity

There is a need for access to healthy foods. Children are particularly vulnerable to food insecurity when away from school.

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

- Transportation
- Build respect with tertiary care facilities
- Emergency services – need to focus on improving
- Improve timeliness in specialized services
- Overwhelmed health care workers – pandemic and shortages
- Expand dental care
- Expand mental health services

Strengths of System

- Everyone working hard to deal with the pandemic and its challenges
- Appreciation for hospital and other health care facilities
- Good health care here

Finding 4: To better meet health needs in Letcher County, the community needs expanded services, health education and improved communication on resources available.

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

Expanded services

- Increase specialty care providers
- Transportation
- Food banks – provide specialty bags, e.g. Person with diabetes

Health education

- Community health education opportunities – speaker's bureau
- School health education – early childhood for good health
- Incentives for local recreation participation

Improved communication

- Expand promotion beyond social media and TV, some rely on mail and radio
- More marketing of currently available specialty care
- Improved communication between all health care providers

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
- Appreciation for health care providers and staff
- Improved use of technology – health care and community residents
- People getting outdoors more
- Eating healthier – eating at home and not dining out
- Hand-washing and awareness of “germ control”
- Medications delivered to patient homes by pharmacies
- Decrease in flu cases due to mask wearing

Negatives

- Overall mental health issues
- Isolation, depression, lack of socialization
- Financial impact
- Weight gain
- Postponed regular health screenings
- Large fear factor
- Denial to deal with pandemic dangers

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 an EMS provider. A summary of their responses is below.

Challenges Faced by Residents

- Accessibility is one of the biggest issues citizens face. COVID-19 helped normalize telehealth which has expanded available care.
- Transportation is a barrier
- There are many cases of chronic diseases like cardiac issues, COPD, and diabetes in the area.
- Cancers, such as lung and breast cancer are prevalent in region. Proper cancer screenings are not always well utilized by population.
- The culture of the area teaches people to not seek care until “you are dying”, though there has been a mindset shift in younger generations.

Opportunities to Better the Healthcare System

- Broaden community understanding of EMS. Paramedics and EMTs are more than ambulance drivers.
 - Create resources or a task force to consider community paramedicine to help fill the gap to keep patients from going to hospital.
 - Some patients must travel far to reach a medical facility. Community Paramedics could be the connection.
 - Hospital and EMS could meet regularly to understand current capacity and address needs.
- Improved connections and collaboration between ARH and other providers like Mountain comprehensive Health Corporation.
- Engage legislators and local decision makers in securing funding for expanding efforts for healthy lifestyles and more.

Strengths of the Community Healthcare System

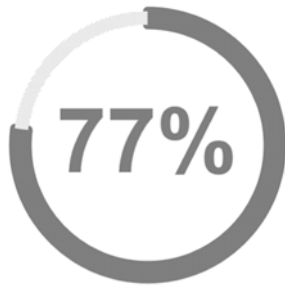
- There is a lot of community collaboration and involvement.
- Community is grateful of Whitesburg ARH's level 4 trauma and stroke center.
- Cooperative Extension does well providing health education concerning healthy diets and nutrition.
- Community is invested in health of citizens. Community applies for grant opportunities to better the health of residents. There is a County Recreation Center for community use.

Whitesburg ARH Survey Results

WINTER 2022

Respondent Demographics

623
Respondents



**Respondents
are female.**

*Additional responses:
Male (21%), Prefer not
to answer (2%).*

Respondents by age group:

18-24	3%
25-39	16%
40-54	33%
55-64	28%
65-69	8%
70 or older	12%

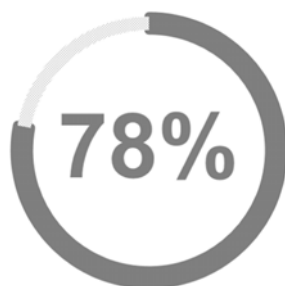


**Respondents
are white.**

*Additional responses: African
American/Black (0.4%),
Asian/Pacific Islander (0.2%),
Hispanic/Latino (0.4%), Native
American (1%), Other (1%).*

Respondents by educational attainment:

College or above	66%
High School	24%
Technical school	7%
Other	4%



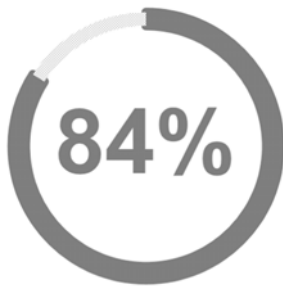
**Respondents
are living in
their own home/
apartment.**

*Additional responses:
Living with family (parent(s),
guardian, grandparents or
other relatives) (21%), Staying
with someone I know (1%).*

Respondents by employment status:

Employed full-time	56%
Retired	26%
Unemployed	8%
Employed part-time	4%
Student	1%
Other	5%

Where respondents go for routine healthcare:



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

Respondents also use these options:

Emergency Room	6%
Urgent Care	3%
Health Department	1%
Do not receive routine healthcare	2%
Other	4%
<i>Private office, Clinic</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	17%
Inconvenient Physician hours	8%
Cannot take off work	8%
Cannot afford it	6%
Fear/anxiety	7%
Poor Physician attitude/communication	6%

Other responses: No insurance (2%), No transportation (1%), Lack of childcare (2%). Another 4% of responses identified additional barriers: lack of specialists in area, high cost of insurance/medicine, COVID

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	29%
50-100 miles	40%
Do not receive routine healthcare	3%

92% of respondents use their own vehicle, while 7% travel in a friend/family vehicle.

The top three health challenges respondent households face:

High blood pressure	21%
Arthritis/joint pain	15%
Diabetes	14%
Overweight/obesity	13%
Mental health issues	9%
Heart disease and stroke	6%
Respiratory/lung disease	6%
Cancer	4%
Asthma	4%
Tobacco use/vaping	3%
Substance use disorder (alcohol/drugs)	1%
HIV/AIDS/STDs	0.1%
Other	5%
<i>Allergies, liver disease, chronic pain, back pain, gastroesophageal reflux disease(GERD)</i>	



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

Respondent household eligibility:

Medicare	37%
Medicaid	19%
Public Housing Assistance	1%
SNAP (Food stamp program)	7%
VA	4%
Commercial/private insurance	31%

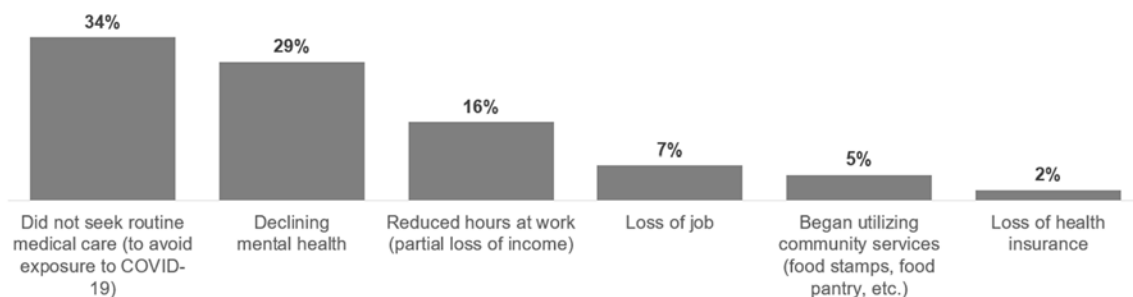


Respondents used video calls (telemedicine) to see a provider in the last 12 months.

Specialty care services respondents are willing to use telemedicine:

Mental/Behavioral Health	21%
Dermatology	15%
Cardiology	11%
Gastroenterology	10%
Endocrinology	9%
Pediatrics	8%
Pulmonology	7%
Urology	7%
Oncology	6%
Nephrology	6%

Respondent household impacts due to COVID-19 pandemic:



Respondents identified another 7% of impacts due to COVID-19: isolation, loss of loved ones to COVID, overworked, higher cost of living.

The top three most important factors for a healthy community:

Good jobs/healthy economy	18%
Easy to access healthcare	16%
Low crime/safe neighborhood	13%
Good school systems	12%
Good place to raise children	10%
Religious/spiritual values	7%
Affordable housing	6%
Personal responsibility	5%
Low disease rate	4%
Community activities and events	3%
Parks and recreation	3%
Transportation	2%
Diverse community	1%
Excellent race relationships	1%



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

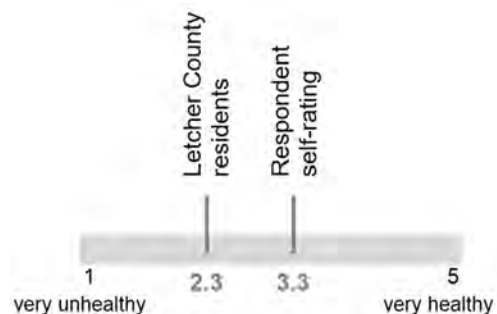
The top three risky behaviors seen most in the community:

Drug abuse	27%
Being overweight/having poor eating habits and lack of exercise	23%
Prescription drug use	16%
Tobacco Use	15%
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	23%
Eating healthy	21%
Mental health/Depression	14%
High blood pressure	11%
Heart disease	9%
Cancer prevention	9%
Emergency preparedness	5%
Tobacco cessation	2%
Substance use disorder (alcohol and/or drugs)	2%
Using my medications correctly	2%

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

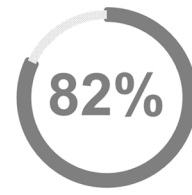




Respondent households have used ARH hospital services in the last 24 months.

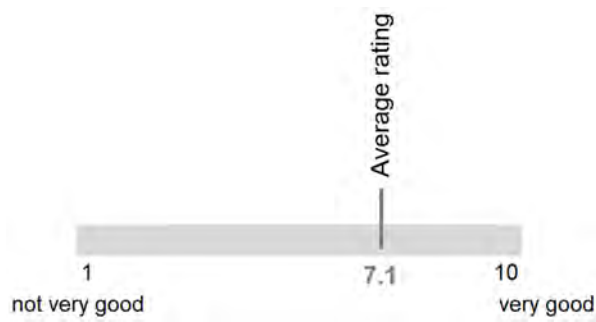


Respondents would recommend their local ARH hospital to friends and family.



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

Respondent rating of their ARH facility in Letcher County:



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

Service I needed was not available	43%
My doctor referred me to another hospital	37%
I prefer larger hospitals	3%
My insurance required me to go somewhere else	3%
Other	15%
<i>Better care, closer to home/location, specialist at another hospital, cheaper</i>	

What factors influence your health choices?

Family	22%
Listening to physicians and other healthcare providers	19%
Spouse/Partner/Significant other	15%
Friends	10%
Weather (seasonal variation)	10%
Public health recommendations/guidelines (e.g. CDC)	8%
Community	5%
Access to parks/walking trails	4%
Other people around me	4%
Social media	3%

Where do you get most of your healthcare information?

Doctor/healthcare provider	47%
Internet	24%
Friends/family	12%
Social media	5%
Local hospital website	3%
Radio/television	3%
Newspaper/magazines	3%
Health Department	2%
Library	1%
I do not access health information	1%

Prioritization of Identified Health Needs

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

Prioritized Needs

1. Mental health
2. Addiction/Recovery
3. Food Insecurity
4. Education – healthy lifestyles

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.

Whitesburg 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, Whitesburg 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. Whitesburg 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



Whitesburg 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 Letcher 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 Letcher 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 Letcher County meets the factors you selected in question 13?

- ☐ Yes
- ☐ No

Q15. What could be done in Letcher 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 Whitesburg 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 Whitesburg 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:

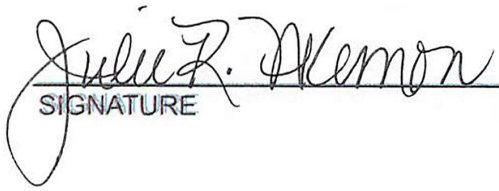
Q31. What is your current employment status?

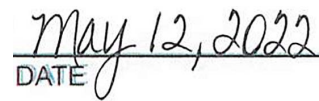
- ☐ Unemployed
- ☐ Employed part-time
- ☐ Employed full-time
- ☐ Retired
- ☐ Student
- ☐ Other. Please specify below:

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