COMMUNITY HEALTH NEEDS ASSESSMENT

2025-2027

ARH
Barbourville

TEAM/UP
A Public Health Academic Practice Collaborative

Acknowledgements

This CHNA report was commissioned and directed by Appalachian Regional Healthcare's Community Development Department. The Community Development Department exists to further the mission of ARH by creating new educational programs, funding opportunities, partnerships and coalitions that better the health and well-being of Appalachians. This department organizes awareness events, educational classes, free health screenings, health-related sponsorships, support groups, presentations, and more each year and tracks all these programs in community benefit.

Letter to the Community Member

Dear Community Members, Partners, and Stakeholders,

I am honored to present the 2025-2027 Community Health Needs Assessment (CHNA) report for Appalachian Regional Healthcare (ARH).

As the leading healthcare provider in Eastern Kentucky and southern West Virginia, ARH remains deeply committed to improving the health and well-being of our communities. Understanding the most pressing health challenges in our region is critical to our mission, and this report reflects our dedication to addressing these challenges through collaboration, innovation, and action.

This CHNA is the result of extensive research, data collection, and direct community engagement. Through surveys, focus groups, and partnerships with local organizations, we have identified key health priorities affecting individuals and families. These insights drive our strategic initiatives, ensuring that we provide accessible, high-quality care tailored to the evolving needs of our population.

Rural communities face unique healthcare challenges, particularly in access to services. ARH is committed to expanding medical services, removing barriers to care, and ensuring every community has equal access to quality healthcare.

This report highlights critical health concerns and outlines our strategies for 2025-2027. Real change happens when we work together. We are grateful to everyone who contributed to this assessment—your voices and perspectives are essential in shaping a healthier, better future.

I encourage you to explore this report and join us in our mission to make a lasting impact on the health of our region. Together, we can build a stronger, healthier future — one where every rural community has the access and care it deserves.

Sincerely,

Hollie Harris, MHA
President and CEO Appalachian Regional Healthcare, Inc.

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Introduction

Appalachian Regional Healthcare (ARH) is a not-for-profit health system operating 14 hospitals in Barbourville, Hazard, Harlan, Hyden, Martin, McDowell, Middlesboro, Paintsville, Prestonsburg, West Liberty, Whitesburg, and South Williamson in Kentucky and Beckley and Hinton in West Virginia, as well as multi-specialty physician practices, home health agencies, home medical equipment stores, retail pharmacies, and medical spas. ARH employs around 6,700 people with an annual payroll and benefits of $474 million generated into our local economies. ARH also has a network of more than 1,300 providers on staff across its multi-state system. ARH is the largest provider of care, the single largest employer in southeastern Kentucky, and the third-largest private employer in southern West Virginia.

ARH has always responded to the changing demands of rural healthcare. From building and acquiring new facilities, investing in medical technology, providing health education and support, and creating innovative community partnerships, we continue to meet the health needs of our Appalachian communities. As an ARH hospital, Barbourville ARH is committed to these same goals for our service area. This CHNA report will outline the facility's efforts in meeting health improvement objectives from the last CHNA cycle, assessing current health needs, and creating new implementation plans for 2025-2027.
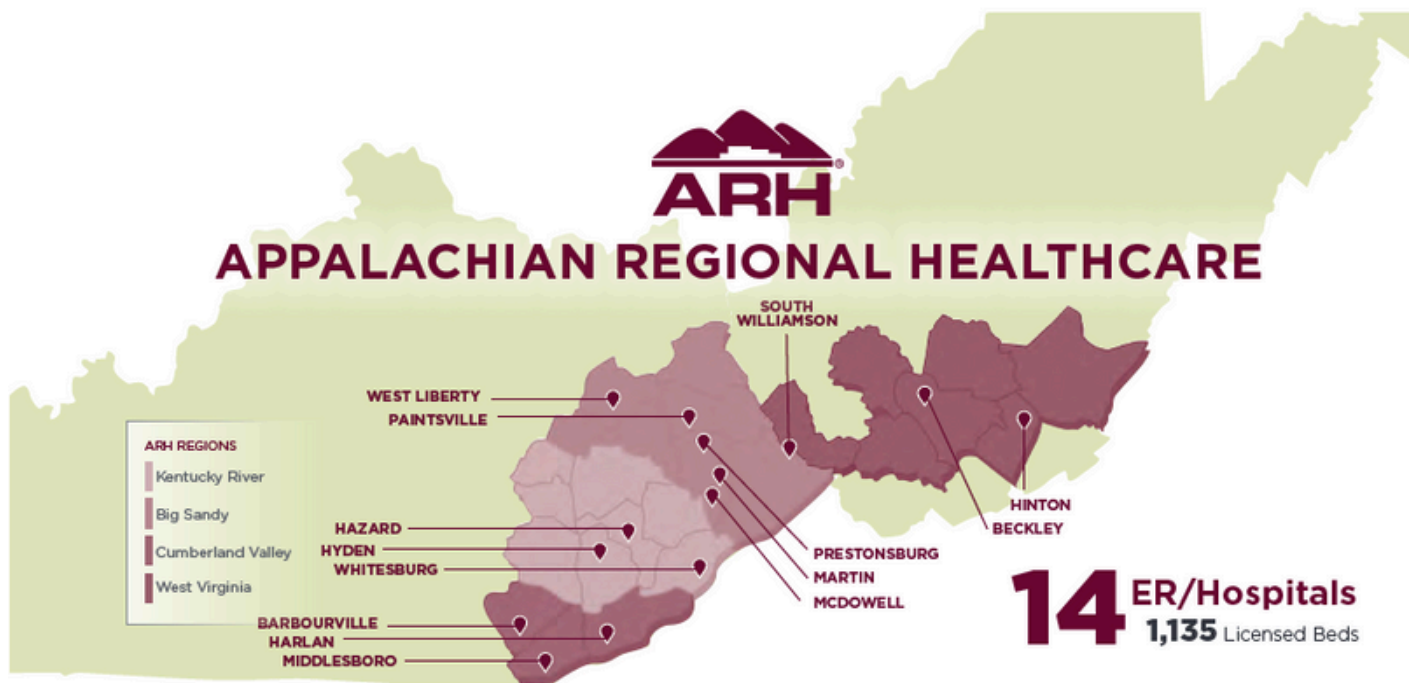
ARH Mission

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

ARH 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.

ARH Values

· Trust
· Innovation
· Collaboration
· Compassion
· Service

Culture Statement

At Appalachian Regional Healthcare our culture is defined by who we are – our history, our family, our traditions, and our story. A culture that embodies the resilient spirit of Appalachia.

SERVICE is our foundation; we honor our communities everyday by delivering healthcare that changes lives and an environment that promotes well-being for all.

TRUST is our core; every action is rooted in honesty, empathy, and integrity; fostering connections with one another, with our patients, and with our communities.

COMPASSION drives our purpose; It's not just treating people but how we treat each other that sets us apart. Enriching the collective strength of our team by bringing together a global workforce to provide local care.

COLLABORATION is our strength; we are one family taking care of all families. Committed to fostering an inclusive team full of unique perspectives, experiences, and talents at every level that enhances our service.

INNOVATION is our compass; we adapt the way we work and advance the way we care. Providing unique solutions to exceed the healthcare needs of the patients of our region.

Community Health Needs Assessment Process

Introduction to CHNA
Provisions in the Affordable Care Act (ACA) of 2010 require tax-exempt (non-profit) hospitals to conduct a Community Health Needs Assessment (CHNA) and develop a CHNA Implementation Plan at least every three years. The regulations for the CHNA include defining the hospital's service area, compiling demographics and analysis of health indicators; taking into account input from the broader community as served by the hospital facility.

The ACA requires that the CHNA must be made available to the public and must include input from individuals with special knowledge or expertise in public health. Accordingly, ARH contracted with experts from the UK College of Public Health to ensure equitable stakeholder representation and public health expertise throughout the CHNA process and final report.

Process
The Community Health Needs Assessment is a cyclical process that involves creating community steering committees, collecting primary and secondary health data, creating community profiles, prioritizing the greatest health needs for a geographical area, and creating a plan to meet those needs.

Over a three-year span, hospital facilities work to create healthier communities through programs and initiatives as guided by the CHNA. Prior to the start of a new CHNA cycle, facilities track and report on implementation successes (new health and wellness programs created, health care access improved, community members engaged, etc.).

Primary Data
Collecting primary data, or new data collected directly from the community, is a key part of the CHNA process. This type of data provides two valuable contributions:

1. Self-reported data about the health needs and strengths of community members
2. More engagement of the community in the process

Perhaps as important as a thorough data set, gathering local data provides opportunities for the community to be engaged through the community health needs assessment process and to ensure that the community members' voices are heard. Engagement at this stage can lead to stronger community support and involvement throughout the community health improvement efforts.

Primary data was collected in this CHNA through community surveys, focus groups, and key informant interviews.

Method	Description
Community Surveys	A traditional approach to gathering community input. Can include: written, telephone, web-based, or in-person.
Focus Groups	A traditional approach to gathering community input. Can include: written, telephone, web-based, or in-person.
Key Informant Interviews	In-depth one-on-one discussions to gather input from representative community members. Can be done with key community leaders or residents representing specific sub-populations.

Secondary Data
Secondary data is data that is collected by other entities and provides information on health status and demographics. Examples include vital statistics, censuses, reports from government agencies (such as the CDC), or information collected through studies and other organizations (such as County Health Rankings).

Steering Committees
Community Health Needs Assessment (CHNA) steering committees are groups of key stakeholders assembled to guide the planning, development, and implementation of the CHNA process for non-profit hospitals. These committees typically include representatives from public health agencies, local government, community organizations, healthcare providers, academic institutions, and members of the community, especially those who serve or represent medically underserved, low-income, or minority populations.

CHNA Timeline
Appalachian Regional Healthcare collaborated with Team Up at the University of Kentucky (UK) College of Public Health in the Summer of 2024 to begin conducting the 2025-2027 Community Health Needs Assessment (CHNA) for Knox County
See the CHNA process timeline below.

CHNA Timeline

2024

February
Proposed services review by ARH

April
Membership & Roles of Steering Committee Assigned

July
Steering Committee Scheduling

September
Launch Survey & Steering Committee I Meetings

January
Close Community Survey

March
Finish Community Forums

May
Health Prioritization & Board Approval

March
Contract Proposal from Team Up & Secondary Data Collection

June
SDOH Infographic Development

August
Community Survey Development

October
Begin Community Focus Groups

February
Develop County-Specific Local Public Health Schematics

April
Steering Committee II Meetings

June
Final Report

2025

2022-2024 Implementation Successes

During the 2022 CHNA process, the Knox County Steering Committee identified the following health needs:

1. Prevention & Wellness Education- Obesity, heart disease, diabetes, and physical activity
2. SUD/ Addiction
3. Mental Health
4. Food Insecurity/ Access
5. Resource Guide

Barbourville ARH set forth goals and strategies to address each of the identified health needs, see these as well as successes below.

Since 2022, Barbourville ARH has **provided community education focused on healthy behaviors & disease prevention.**

- Over the past 3 years, ARH has promoted low dose CT and our new Lung Cancer Screening program heavily in an effort to decrease cancer mortality and detect lung cancer in earlier stages. This includes:
  - **12** lung cancer screening **educational sessions** via office visits for referring staff
  - In 2023 and 2024, Barbourville ARH hosted **Lung Cancer Screening Saturday** events, in which those that qualify for a low-dose CT scan can receive one on a Saturday outside of typical business hours.
  - The above resulted in a **28% increase in low-dose CT lung cancer screenings** at the facility from 2023 to 2024

- Barbourville ARH has educated the community about the dangers of hypertension and stroke risk in partnership with farmer's markets, schools, and community events.
  - 5 events promoting stroke education and providing screenings at the Knox County Farmer's Market and Market on the Square
  - 2 educational sessions at the Knox County Senior Center
  - Provided Brain Protectors stroke educational sessions 3 times in local elementary, middle, and high schools
  - Hosted 10 community education and screening events at retail stores, county festivals, Union College, Corbin Expo, and the Barbourville Junior Women's Club
  - Implemented Strike Out Stroke in partnership with Knox County Little League

- Barbourville ARH has worked to educate the community about breast cancer screenings and provide low-cost mammograms for those that need them.
  - In October of 2022, 2023, and 2024, Barbourville ARH offered a $50 mammogram special that covers the screening mammogram and radiologist's reading. This program allows women to self-schedule mammograms without a physician's order, and is an affordable option for women without insurance.
  - In 2024, Barbourville ARH implemented a new program, Think Pink, that combined breast cancer education and physical activity. This partnership between ARH and Knox Crossfit allows for speaker time, survivor stories, and education.

- The facility has provided education on healthy lifestyles and free screenings to hundreds of participants at these annual events
  - Community Health Day
  - Community Wellness Fair EKU Corbin
  - National Serve Day
  - Union Commonwealth Community Fair
  - EMS Education Day

- In addition, the facility has hosted Art for The Heart, a cardiac education event and painting class, and nutritional education sessions.

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Goal 2 ✓

Address substance use disorder and the need for mental health support through community partnerships

Since 2022, Barbourville ARH has **addressed substance use and mental health**.

- Participating in many **coalitions and councils** that work to combat substance abuse in our community.
  - Unite Coalition
  - Cumberland Valley Quick Response Team
  - Knox County Health Coalition

- Barbourville ARH CEO participated in **A Community Forum: Partnering for Prevention** hosted at Union College.

- The facility promoted Promote Kentucky's new **mental health hotline**, 988, throughout the community and in our ambulatory clinic

- From 2022-2024, our ambulatory clinics logged **2,641 patient behavioral health visits**, with a **54% growth** from 2022 to 2024

Goal 3 ✓

Combat food insecurity and poor nutrition throughout our community

Since 2022, Barbourville ARH has **addressed food insecurity** in our community.

- Barbourville ARH has annually sponsored the Knox County Farmers Market Voucher Program, which allows SNAP participants to double their purchase of fresh produce

- The facility monetarily supported local child feeding programs led by Beacon Baptist and River Baptist churches, and provided over $2,000 in food donations to the local homeless shelter

- Staff also annually participated in National Serve Day, which provides food and hygiene products to those in need

- Barbourville ARH also worked to educate and provide healthy nutrition to employees through a revamped cafeteria menu, which offers plant-based options. The facility also built a community garden and outdoor space for employees

Goal 4 ✓ Foster better collaboration across organizations

Since 2022, Barbourville ARH has **improved collaboration** by:

- Increasing activity on community councils, boards, and coalitions in an effort to break down silos, meet community health needs, and foster partnerships between health care organizations. From 2022-2024, our participation included membership on:
  - Knox county Chamber of Commerce
  - Knox County Autism Foundation Board
  - KCEOC Community Action Partner Board
  - Knox County Health Coalition
  - Community Health Forums
  - Union College Nursing Advisory Board
  - Leadership Tri County
  - Knox County HEALing Coalition

Goal 5 ✓ Continue to improve access to care with new providers and services

Since 2022, Barbourville ARH has **improved access to care.**

- With more than 80% of hospital staff undergoing training and certification, Barbourville ARH received the Certified Autism Center™ (CAC) designation granted by the International Board of Credentialing and Continuing Education Standards (IBCCES) in August 2024

- Barbourville ARH has increased access to care so community members do not have to travel for health services by:
  - Reopening the Senior Care program
  - Receiving Acute Stroke Ready status
  - Recruiting two new specialty providers/services – podiatry and general surgery
  - Providing two new rehabilitation services – cardiac rehab and pulmonary rehab
  - Development of pre-admission testing program to decrease surgery no-show rate and patient travel.
  - Improved patient outcomes through implementing the AHA Get with the Guidelines program, received CAD Rural Acute Non ST-Elevation Acute Conronary Syndrome (NSTE-ACS) Bronze Award

Community Served by Barbourville ARH

Barbourville ARH defined its service area for this Community Health Needs Assessment by reviewing inpatient hospital discharge data for county of residence. From January 2022-September 2024, the majority of hospital discharges were residents of Knox County (79.6%).

Secondary data for Knox County are presented in this section. Data are presented at the County, State, and National level (where possible). These data come from a variety of sources listed below each table, and serve as indicators for social, economic, and health conditions in Knox County. An infographic containing data on the Social Determinants of Health can be located in Appendix A.

Population

Population	Knox Co	Kentucky	US Overall
Population, 2024	29,657	4,588,372	340,110,988
Percent of Population Under 18 Years	23.4%	22.5%	21.7%
Percent of Population 65 Years+	17.7%	17.8%	17.7%
Percent of Population White	96.3%	86.7%	75.3%
Percent of Population Non-Hispanic Black	1.4%	8.8%	13.7%
Percent of Population American Indian & Alaska Native	0.3%	0.3%	1.3%
Percent of Population Asian	0.5%	1.8%	6.4%
Percent of Population Native Hawaiian/Other Pacific Islander	*	0.1%	0.3%
Percent of Population Hispanic or Latino	1.3%	5.0%	19.5%
Two or More Races	1.5%	2.3%	3.1%
Percent of Population Female	50.7%	50.4%	50.5%

Source: US Census, 2024 QuickFacts

Social and Economic Factors

Social and Economic Factors	Knox Co	Kentucky	US Overall
Percent Completed High School	76%	89%	89%
Bachelor's Degree or Higher	14%	27%	35%
Percent Unemployed	5.8%	4.2%	3.6%
Percent of People in Poverty	35.0%	16.4%	11.1%
Children in Poverty	43%	20%	16%
Number of Children in Single Parent Households	34%	25%	25%
Median Household Income	$37,600	$61,100	$77,700
Violent Crime Rate (per 100,000)	67.7	225.6	255.2
Child Care Cost Burden	28%	25%	28%
Food Insecurity Rate	24%	16%	14%

Source: US Census, 2024 QuickFacts, County Health Rankings (2025), U.S. News and World Report

Health Behaviors

Heath Behaviors	Knox Co	Kentucky	US Overall
Percent Adult Smoking	23%	18%	13%
Percent Adults with Obesity	41%	38%	34%
Percent of Physically Inactive Adults	31%	25%	23%
Adults (>65) with all Teeth Lost	36.1%		12.6%
Percent of Adults Receiving Flu Vaccination in the Last Year	25%	46%	48%
Teen Birth Rate (per 1,000)	45	24	16
Sexually Transmitted Infections per 100,000	376.0	406.8	495.0
Percent Excessive Drinking	13%	15%	19%
Number of Child Victims of Substantiated Abuse	147	17,917	-
Births to Mother who Smoked During Pregnancy	23.9%	12.6%	5%
Percent Driving Deaths with Alcohol Involvement	25%	26%	26%
Suicides Per 100,000 Population	13	18	14

Source: County Health Rankings (2025), CDC Places: Local Data for Better Health, KIDS Count Data Center (2020-2022) (2013)

Health Outcomes

Heath Outcomes	Knox Co	Kentucky	US Overall
Life Expectancy (years)	69.5	73	77
Percent Adults with Diabetes	13%	13%	10%
Percent Adults with Hypertension	41.2%	-	29.6%
Adults with current Asthma	12.2%	-	9.9%
Percent Fair to Poor Health	27%	20%	17%
Avg Number of Physically Unhealthy Days	6.1	4.5	3.9
Avg Number of Mentally Unhealthy Days	6.0	5.0	5.1
Percent Low Birth Weight	11%	9%	8%
Percent with a Disability, under Age 65	19%	13%	9%

Source: US Census, 2024 QuickFacts, County Health Rankings (2025), CDC Places Local Data for Better Health

Access to Care

Access to Care	Knox Co	Kentucky	US Overall
Primary Care Physicians	3,740:1	1,600:1	1,330:1
Mental Health Providers	1,060:1	320:1	300:1
Dentists	3,310:1	1,500:1	1,360:1
Preventable Hospital Stays per 100,000	3,386	3,336	2,666
Mammography Screening Rates	31%	43%	44%
Percent Uninsured	7%	7%	10%

Source: County Health Rankings (2025)

Physical Environment

Physical Environment	Knox Co	Kentucky	US Overall
Severe Housing Problems	15%	13%	17%
Severe Housing Cost Burden	15%	12%	15%
Driving Alone to Work	78%	78%	70%
Long Commute to Work – Driving Alone	31%	31%	37%
Broadband Access	84%	87%	90%
Access to Parks	7%	29%	51%
Homeownership	66%	68%	65%
Air Pollution – Particulate Matter	7.4	8.0	7.3

Source: County Health Rankings (2025)

Invasive Cancer Incidence Rates

Age-Adjusted Rate	Knox Co	Kentucky	US Overall
Total all sites (2017-2021)	595.8	513.7	444.4
Lung and Bronchus	125.8	84.5	53.1
Breast (Female)	121.0	129.2	129.8
Colon and Rectum	59.8	45.9	36.4
Urinary Bladder	25.2	21.7	18.8
Kidney and Renal Pelvis	21.8	21.4	17.3
Melanoma of the Skin	27.6	28.2	22.7

Source: National Cancer Institute: State Cancer Profiles

Hospital Utilization Data

The following data demonstrates the county of residence and payer mix of Barbourville ARH inpatient hospital discharges from January 2022– September 2024.

Inpatient Hospital Discharges- Patient Origin

Patient County	Inpatient Discharges	% of Total
Knox-KY	1,045	79.6%
Bell-KY	143	10.9%
Whitley-KY	57	4.3%
Harlan-KY	35	2.7%
Laurel-KY	14	1.1%
Claiborne-TN	7	0.5%
Clay-KY	4	0.3%
Lee-VA	3	0.2%
Jackson-KY	1	0.1%
Rockcastle-KY	1	0.1%
Letcher-KY	1	0.1%
Leslie-KY	1	0.0%
Total	**1,312**	**100%**

Inpatient Hospital Discharges- Payer Mix

Payer Type	Inpatient Discharges	% of Total
Medicare (Excluding Medicare Managed Care)	435	33.2%
Medicare Managed Care	266	20.3%
WellCare of Kentucky Medicaid Managed Care	158	12.0%
Commercial- Anthem Health Plans of KY HMO Plan	149	11.4%
Commercial- Anthem Health Plans of KY PPO Plan	40	3.0%
Passport Medicaid Managed Care	38	2.9%
Aetna Better Health of KY Medicaid Managed Care	37	2.8%
Tricare (Champus)	32	2.4%
Anthem Medicaid Managed Care	26	2.0%
In State Medicaid	25	1.9%
Humana Medicaid Managed Care	24	1.8%
Other Facility	23	1.8%
United Healthcare Medicaid Managed Care	14	1.1%
Self Pay	13	1.0%
Commercial- United Healthcare POS Plan	8	0.6%
Commercial-Other	6	0.5%
Commercial- Aetna Health HMO Plan	5	0.4%
Workers Compensation	4	0.3%
Out of State Medicaid	3	0.2%
Commercial- Cigna Health & Life FFS Plan	2	0.2%
Black Lung	2	0.2%
Commercial- Humana PPO Plan	1	0.1%
Commercial- Aetna Health PPO Plan	1	0.1%
Total	**1,312**	**100%**

Organizing Community Partners

Collaboration among organizations is an essential component of the CHNA process and community health improvement plan. One tool that can be utilized to map organizations that may influence health in the community is the Local Public Health Schematic. The Team Up team collaborated with local residents and members of the Steering Committee to produce a local public health schematic, custom to Knox County. An overview of this schematic can be seen below, see Appendix B for a larger font version.

The Local Public Health System: Knox County, Kentucky

Law Enforcement
- Knox County Sheriff's Department

EMS
- Knox County Ambulance Service

Healthcare, not Hospitals
- Perry County Community Health Center
- UK North Fork Valley Community Health Center
- Homeplace Clinic
- Little Flower Clinic
- KY Cancer Program

Fire
- West Knox Volunteer Fire Rescue
- Artemus Volunteer Fire Department
- Bailey Switch Volunteer Fire Department
- Barbourville Fire Department
- Little Poplar Creek Volunteer Fire Department
- Richland Volunteer Fire Department
- Stinking Creek Volunteer Fire Department

Drug Treatment
- Spero Health
- Cumberland River Behavioral Health
- Bingham Behavioral Health

Mental Health
- Cumberland River Comprehensive Care
- New Frontiers: Clinical Counseling and Behavioral Health Services

Community Centers
- Grace Community Health Center (Gray Clinic)

Schools
- Central Elementary
- DeWitt Elementary
- Flat Lick Elementary
- Girdler Elementary
- G.R. Hampton Elementary
- Jesse D. Lay Elementary
- Lynn Camp Elementary
- Knox County Middle
- Knox Central High
- Lynn Camp Middle/High
- Knox County Alternative Programs
- Career and Technology Center

Civic Groups
- KCEOC Community Action Partnership
- Knox County Chamber of Commerce

Education/Libraries
- Southeast Kentucky Community & Technical College
- Knox County Public Library
- Union Commonwealth University

Hospitals
- Baptist Health Corbin
- Barbourville ARH Hospital

Parks
- Dr. Thomas Walker State Historic Site
- Cumberland Falls State Resort Park

Public Health Agency
- Knox County Health Department

Corrections
- Knox County Detention Center

Faith Institutions
- First Baptist Church of Barbourville
- Emmanual Bible Camp
- Highland Park Baptist Church
- Richland Christian Church
- First Pentecostal Church of Barbourville, KY
- Pentecostal Children's Home

Elected Officials
- Judge Executive: Mike Mitchell
- County Attorney: Gilbert Holland
- County Circuit Court Clerk: Greg Helton
- Commonwealth Attorney: Jackie Steele
- Barbourville Mayor: David Thompson
- State Representative: Tom Smith
- State Representative: Adam Bowling
- State Representative: Robert Stivers
- State Representative: Scott Madon

Non-Profit Organizations
- Lend A Hand Center Inc
- Union College
- Appalachian Foothills Fire Historical Society Inc
- Society for Liberty and Prosperity
- Brenda Ajamian Ministries Inc
- Warriers Path Muzzleloaders Club Inc
- Knox Historical Museum Inc
- Women's Club and Junior Women's Club

Dental Care
- Mills and Hays Family Dentistry
- Barbourville Family Dental
- Knox Family Dentistry
- Smith Edwin DDS
- A. J. Smith DDS

Laboratories
- Barbourville ARH Lab
- Solstas Lab Partners Group LLC

Home Health
- Knox County Health Department Home Health Agency
- Professional Home Health Care
- Bluegrass Healing Hands
- Advanced Home Care
- Appalachian Regional Healthcare (ARH) Home Health Agency

Nursing Homes
- Barbourville Health and Rehabilitation Center

Transit
- Rural Transit Enterprises Coordinated, Inc.

Largest Employers by Industry
- Health Care & Social Assistance
- Retail Trade
- Educational Services

Childcare
- Kids First Child Care Center
- Little Light of Mine Daycare LLC
- Kids Being Kids Daycare
- Jack & Jill Daycare
- St. Gregory's Daycare
- Children's Play Palace Daycare

Knox County CHNA Steering Committee

Community Health Needs Assessment (CHNA) steering committees typically include representatives from public health agencies, local government, community organizations, healthcare providers, academic institutions, and members of the community, especially those who serve or represent medically underserved, low-income, or minority populations. The steering committee plays an essential role in the CHNA process by providing expert input, aiding in community survey and focus group data collection, interpreting community results, and formulating an effective implementation plan.

Steering committee members were recruited by Barbourville ARH leadership in late summer of 2024. On November 7, 2024, the group gathered to discuss the CHNA process, provide their view of health needs for clients they serve, and plan survey dissemination and focus groups. On March 28, 2025 and after months of data collection, the Steering Committee met again for their final meeting (image below).The group reviewed data and collaboratively recommended priority health needs for Barbourville ARH to address.

Knox County CHNA Steering Committee

Steering Committee Members

Name	Organization Represented
Ashley Grospitch	University of Kentucky Student
Beau Masterson	ARH
Mary Wynn	ARH
Marquita Broughton	ARH
Gina Cole	Knox County Public Library
Collin Grubb	SKCTC
Whitley Gatliff	ARH
Rich Prewitt	Cumberland Valley Electric
Derek Collins	KCTC
Meghann Chestnut	Union Commonwealth University
Claudia Greenwood	Knox County Chamber of Commerce
Rebecca Rains	Knox County Health Department
Danielle Harmon	ARH

Community Focus Groups

After the initial steering committee meeting, 3 focus groups were held to gain valuable feedback from community members and residents. Community members were asked questions regarding health challenges, barriers to accessing healthcare, health behaviors, and community highlights. Discussion in focus groups is fairly free flowing and open-ended, with Team Up staff noting recurring themes and the most pressing issues brought forth by participants.

Barbourville ARH hosted forums with:

- Senior Center Attendees - Senior Focused Group
- Knox Central High School - Youth Focused Group
- Southeast Kentucky Community and Technical College - Staff and Students

Sample Focus Group Discussion Questions

"What are your community's biggest health challenges?"

"Why do you think people in your community don't go to the doctor?"

"Are there barriers to accessing healthcare in your community?"

"What health behaviors do you see in your community that concern you?"
"What other concerns do you have?"

Focus Group Results

A qualitative thematic analysis was performed utilizing community forum responses. Recurring challenges and themes were isolated by each forum question (see table 2) and the resulting key findings are presented below:

✳ QUESTION 1: COMMUNITY HEALTH CHALLENGES

Finding 1.1: Obesity & Nutrition

- Obesity and related disease
  - Diabetes
  - High cholesterol
  - Heart disease
  - Hypertension
- Access and affordability of healthy foods
- Education around nutrition and how to cook in healthier ways
- Sedentary lifestyles

Finding 1.2: Substance Use & Mental Health

- Substance use and related outcomes
  - Kinship care
  - Homelessness
  - Feelings of hopelessness
- Undiagnosed mental health issues like depression and anxiety
- Smoking
- Vaping

✳ QUESTION 2: BARRIERS TO HEALTHCARE

Finding 1.1: Social Determinants of Health Barriers to Healthy Lifestyle

- Lack of transportation
- Lack of affordable housing
- Not enough well-paying jobs
- Lack of access to physical activity opportunities
- Cost of healthcare and/or insurance
- Access and cost of healthy food
- Lack of childcare

Finding 2.2: Availability of Care

- Long wait times for appointments
- Difficult to navigate health system
- Need more mental health care
- Lack of dental services

"It's cheaper to buy a shot of dope than a bag full of groceries. That's true. That's a fact."

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Focus Group Results

✳ QUESTION 3: HEALTH BEHAVIORS

Finding 3.1: Normalized Unhealthy Behaviors

- Vaping and the misconception that it is safer that traditional cigarettes
- Lack of physical activity
- Indoor tanning
- Ultraprocessed, cheap foods
- Traditional "country" cooking
- Lack of preventative care

Finding 3.2: Contextual Barriers to Healthy Behaviors

- Easy access to fast food
- Social media leading to mental health challenges
- Differing education quality
- Lack of health literacy
- Generational poor health

✳ QUESTION 4: ADDITIONAL CONCERNS

Finding 4.1: Additional Resources Needed

- Well-paying jobs
- Better public education
- Activities for kids & teens
- Mobility for seniors - difficult for seniors to get around town
- Lack of awareness of available programs
- Need for quality mental health care
- Need driver's education
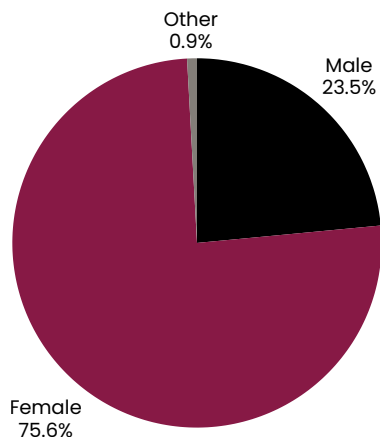- Education to combat fear/ anxiety of medical care

Community Survey Results

The community survey was developed and distributed online and via paper at various community events from October 2024–January 2025. Responses are anonymous. For the full survey instrument, see Appendix C.
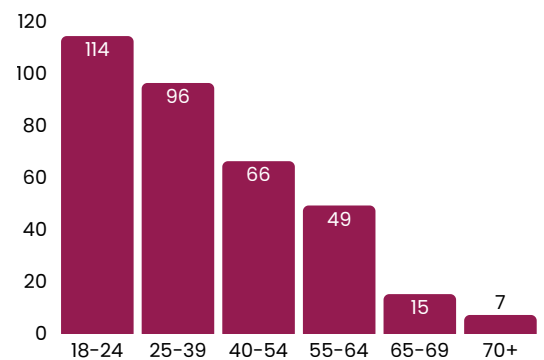
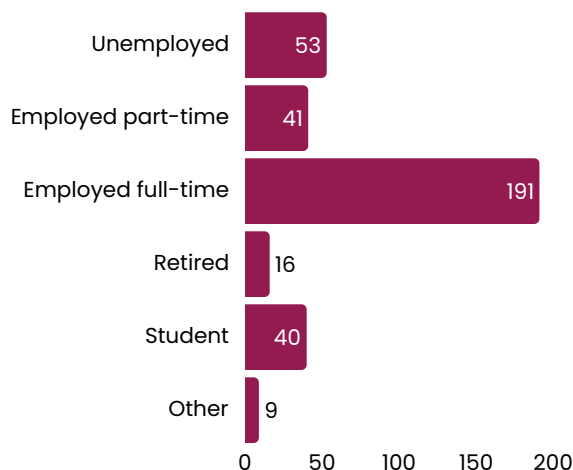## Respondent Demographics

n=350

Gender

Other 0.9%
Male 23.5%
Female 75.6%

Education

38% High School

3% Technical School

54% College or Above

5% Other

Age
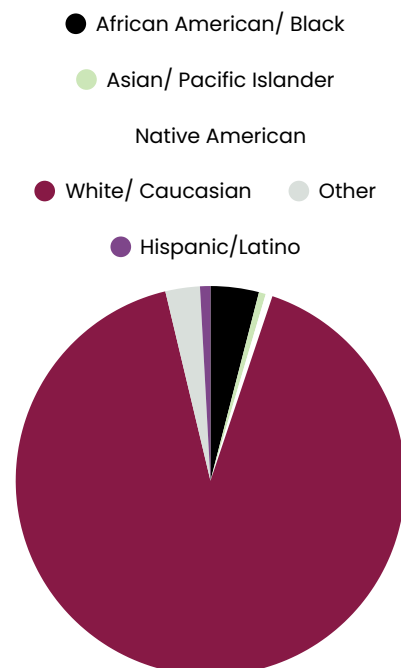
Age	Count
18-24	114
25-39	96
40-54	66
55-64	49
65-69	15
70+	7

Employment Status

Status	Count
Unemployed	53
Employed part-time	41
Employed full-time	191
Retired	16
Student	40
Other	9

Race/ Ethnicity

● African American/ Black

● Asian/ Pacific Islander

Native American

● White/ Caucasian   ● Other

● Hispanic/Latino
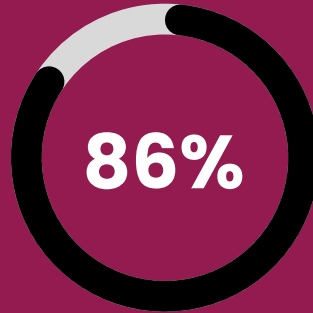
Community Survey Results

85%
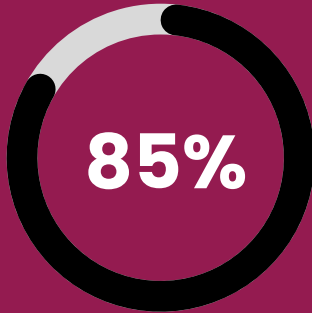
Are satisfied with the ability to access healthcare services in Knox County.
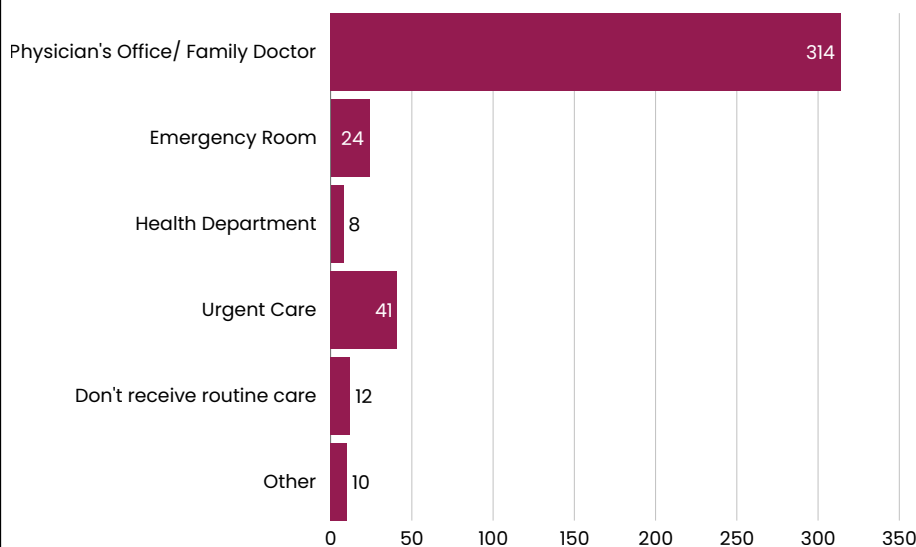
86%

Regularly receive preventive services such as vaccinations, screenings, and checkups.

29%

Have delayed healthcare due to lack of money or insurance.

Where do you go to receive routine healthcare?

Physician's Office/ Family Doctor	314
Emergency Room	24
Health Department	8
Urgent Care	41
Don't receive routine care	12
Other	10

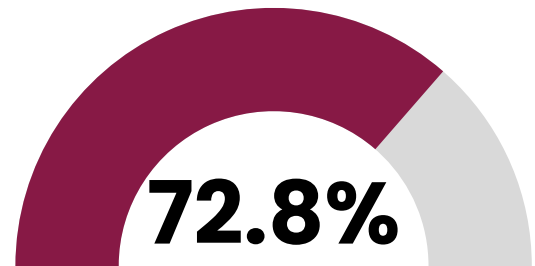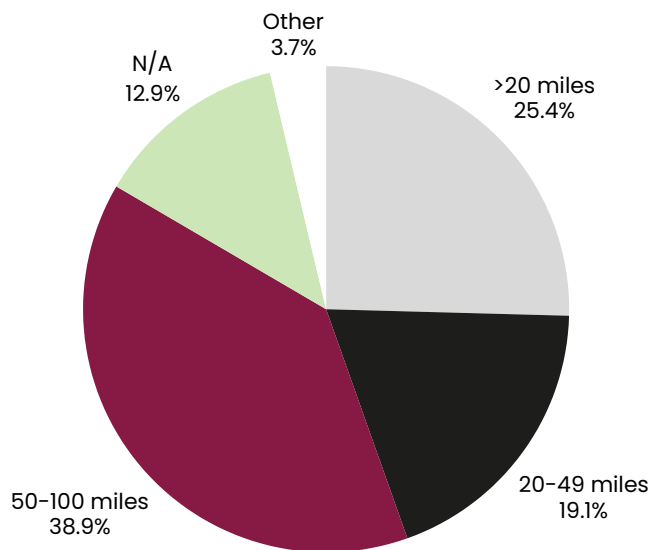0   50   100   150   200   250   300   350

Top 5 barriers to receiving routine healthcare:

1. No barriers

2. Only visit the doctor when something is seriously wrong

3. Physician hours of operations

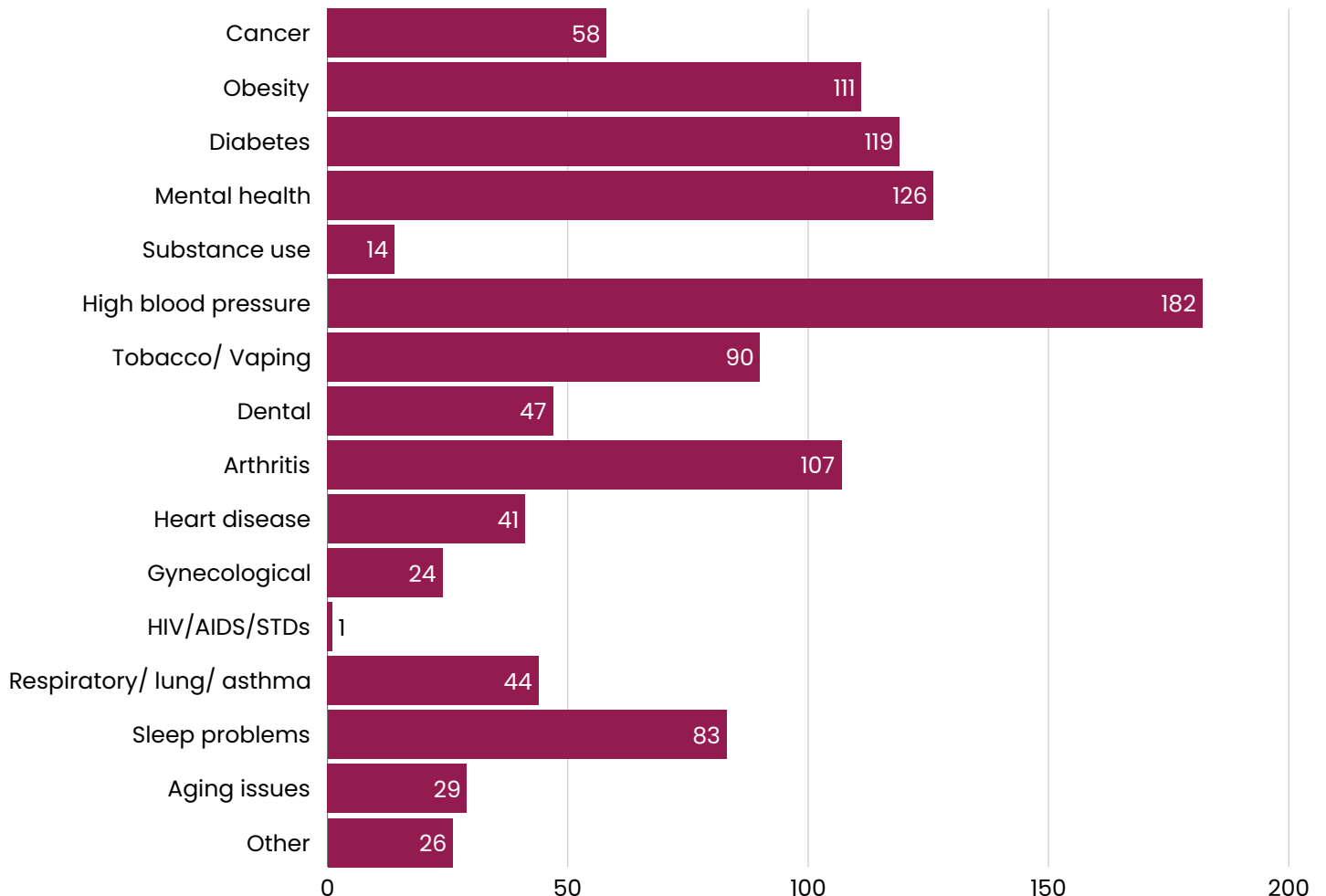4. Cannot take off work

5. Fear/ anxiety

Community Survey Results

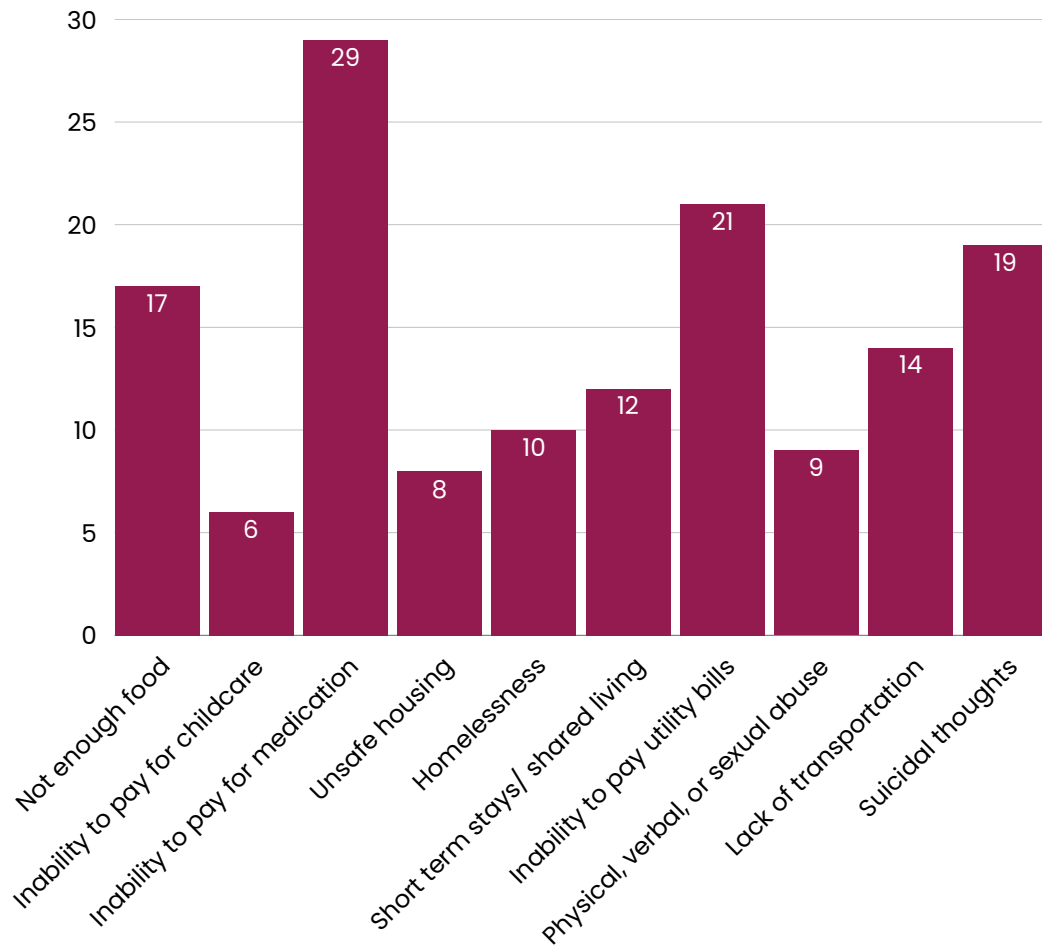## How far do you or your household travel to see a specialist?

- Other 3.7%
- N/A 12.9%
- >20 miles 25.4%
- 20-49 miles 19.1%
- 50-100 miles 38.9%

72.8%

Are satisfied with the availability of mental health services in Knox County.

Top 3 health challenges you/ your household face:

Challenge	Value
Cancer	58
Obesity	111
Diabetes	119
Mental health	126
Substance use	14
High blood pressure	182
Tobacco/ Vaping	90
Dental	47
Arthritis	107
Heart disease	41
Gynecological	24
HIV/AIDS/STDs	1
Respiratory/ lung/ asthma	44
Sleep problems	83
Aging issues	29
Other	26

Community Survey Results
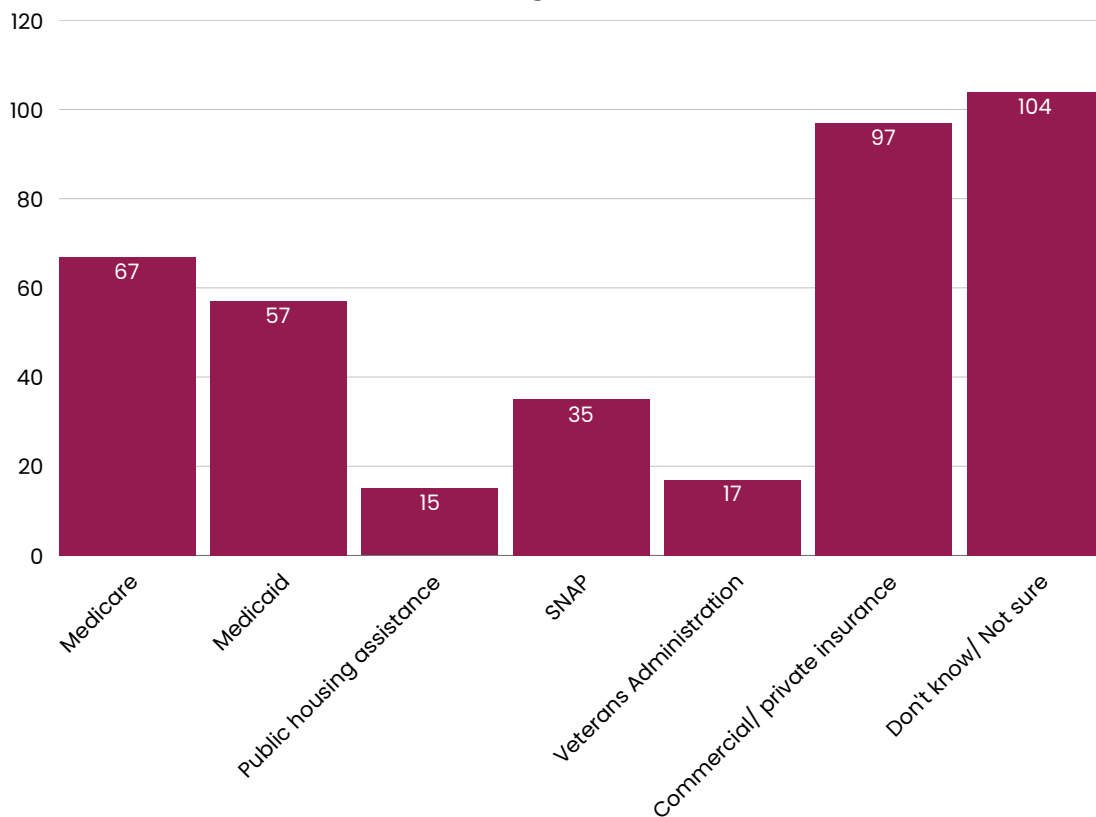
Have you or your household faced any of these issues in the past year?

Top 3 risky behaviors you see in your community:

1. Drug use (241)
2. Tobacco/ Vaping (187)
3. Poor eating habits (154)

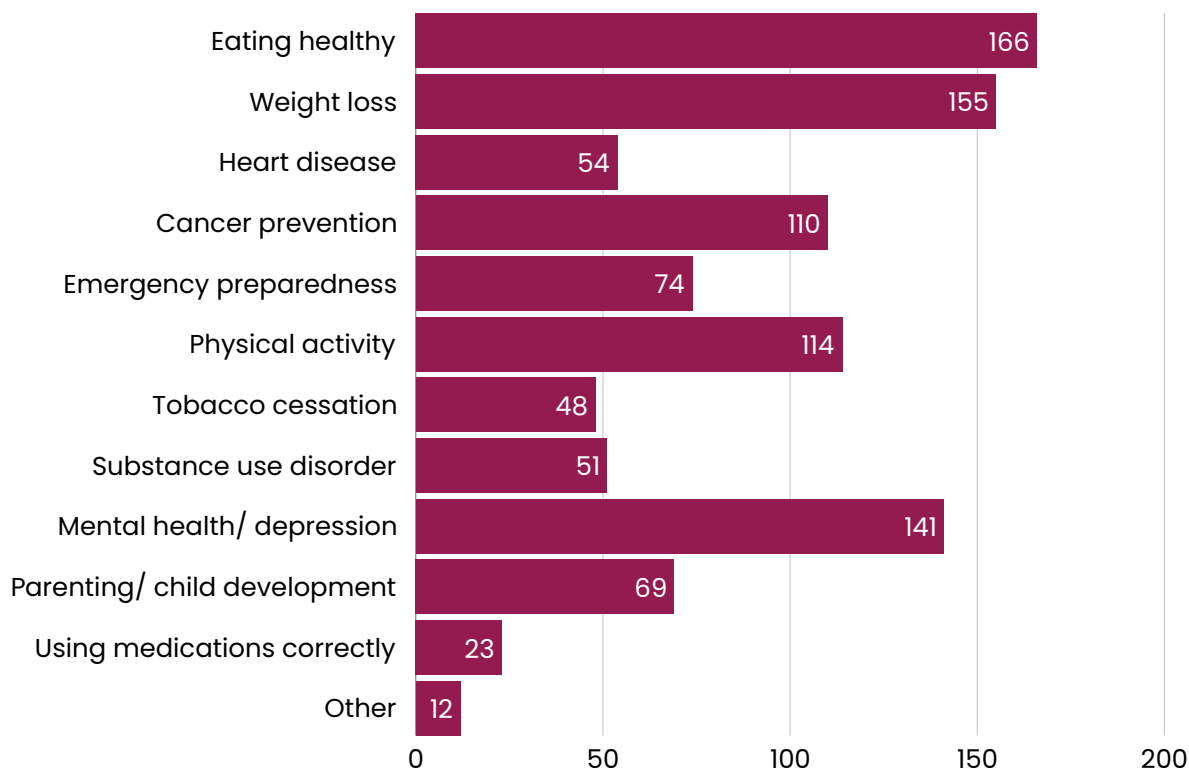**How would you rate your overall health?**

- Unhealthy 7.7%
- Very healthy 8.6%
- Neither healthy nor unhealthy 24.9%
- Healthy 57.7%
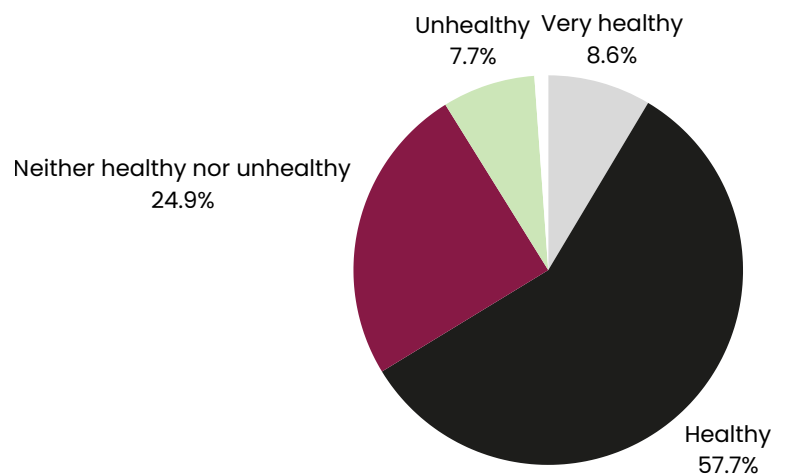
Community Survey Results

Are you or members of your household currently eligible for any of the following services?

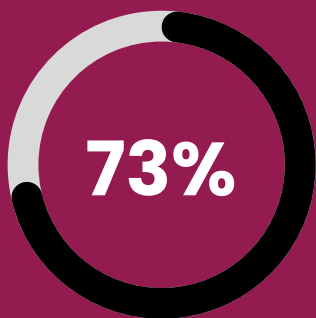| Service	Count
Medicare	67
Medicaid	57
Public housing assistance	15
SNAP	35
Veterans Administration	17
Commercial/ private insurance	97
Don't know/ Not sure	104

Health related topics respondents are interested in learning more about:

Topic	Count
Eating healthy	166
Weight loss	155
Heart disease	54
Cancer prevention	110
Emergency preparedness	74
Physical activity	114
Tobacco cessation	48
Substance use disorder	51
Mental health/ depression	141
Parenting/ child development	69
Using medications correctly	23
Other	12

30

Community Survey Results

Most important problems related to quality of life & environment in Knox County:

Problem	Count
Chronic loneliness/ isolation	60
Cost of healthcare/ medication	131
Homelessness	84
Lack of insurance	98
Limited availability of healthy food	88
Limited access to transportation	66
Lack of affordable housing	105
Limited job opportunities	137
Lack of activities for children and teens	97
Limited places to play for children	24
Communities that are not walkable/ bikeable	20
Poverty	167
Need for social service programs	32
Poor water/ air quality	16

73% — Have had a dental exam in the past year.
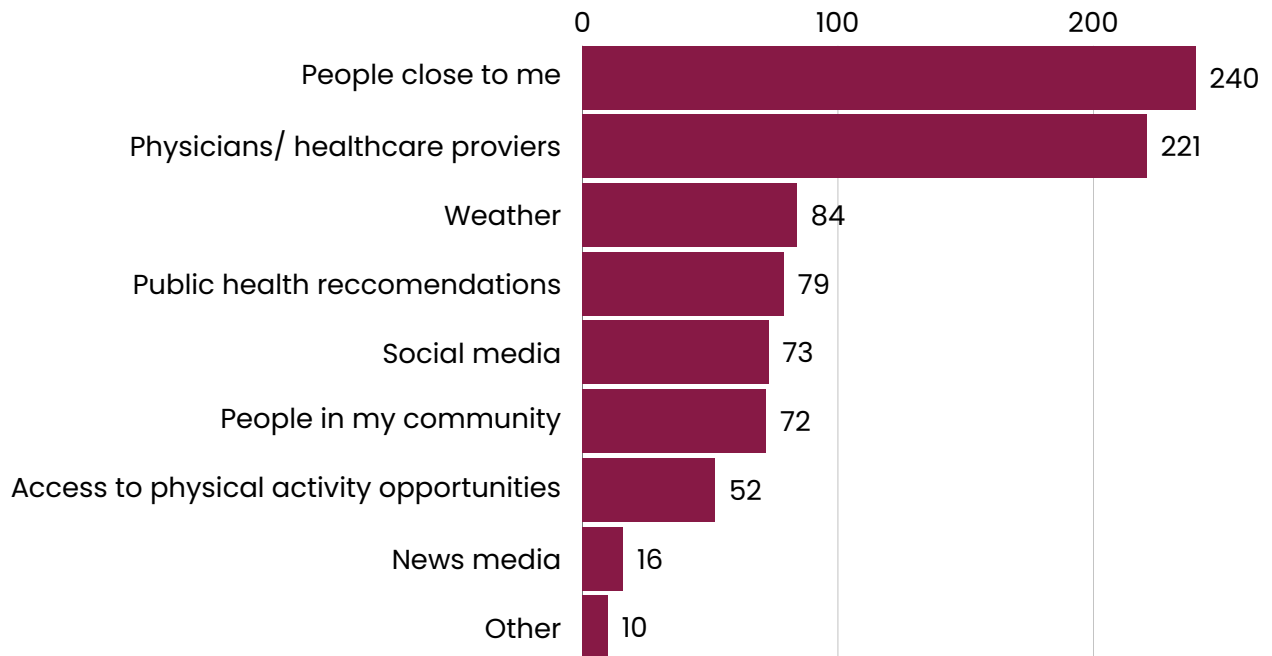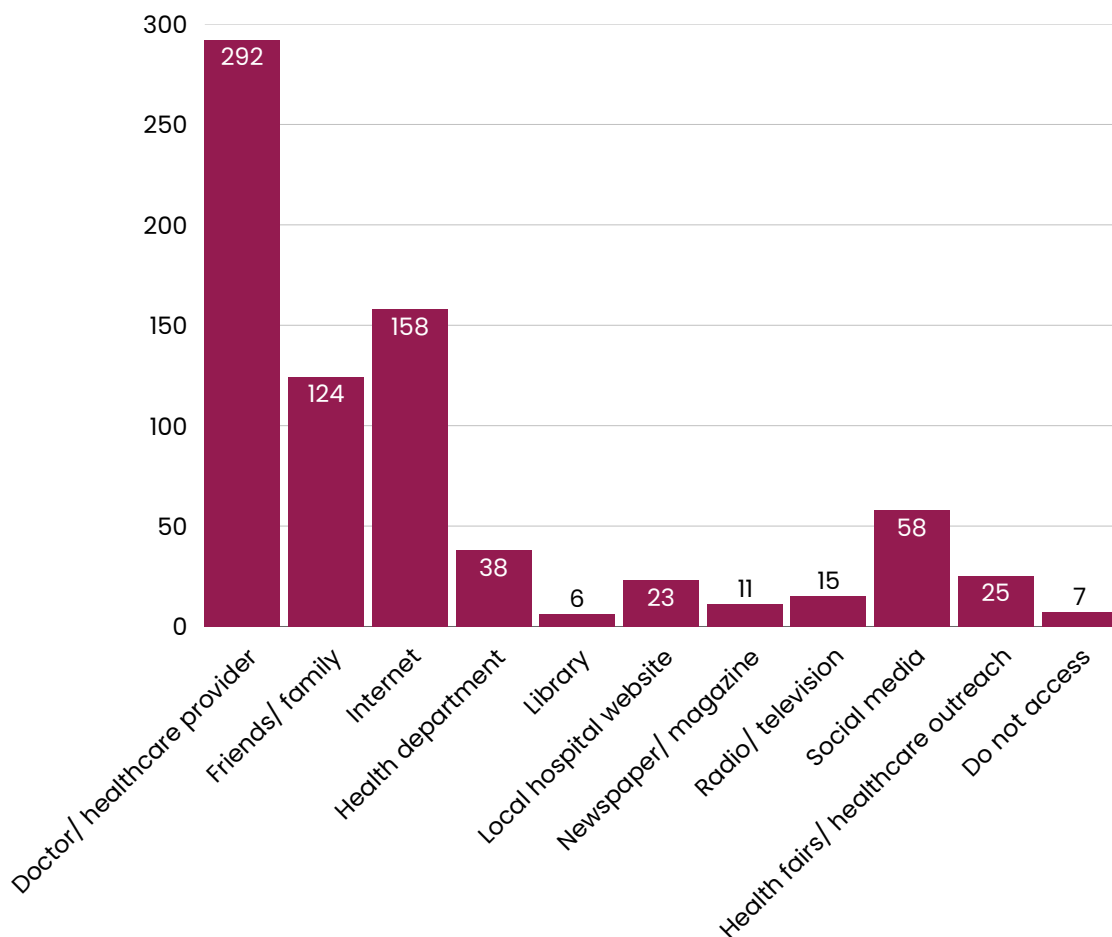
86% — Have had a routine checkup in the past year.

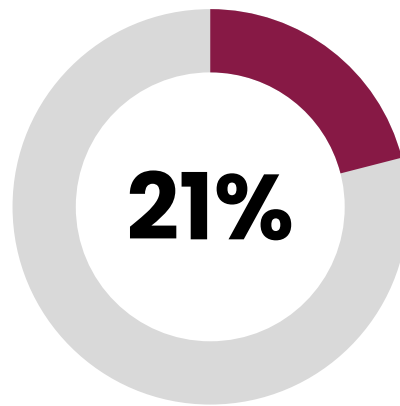**93%** — Believe mental illness is a medical condition.

Community Survey Results

What factors influence your health choices?

Factor	Value
People close to me	240
Physicians/ healthcare proviers	221
Weather	84
Public health reccomendations	79
Social media	73
People in my community	72
Access to physical activity opportunities	52
News media	16
Other	10

Where do you get most of your healthcare information?

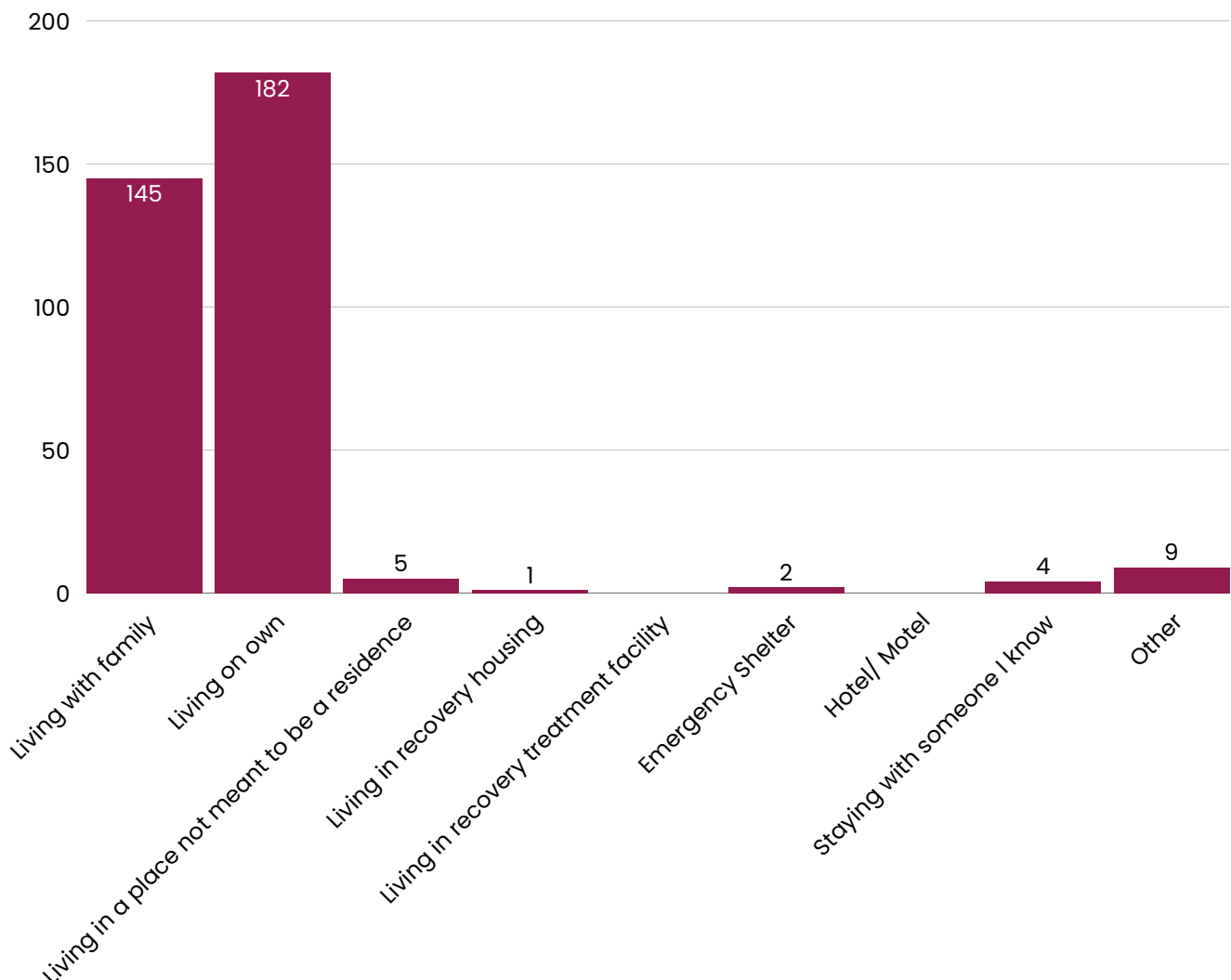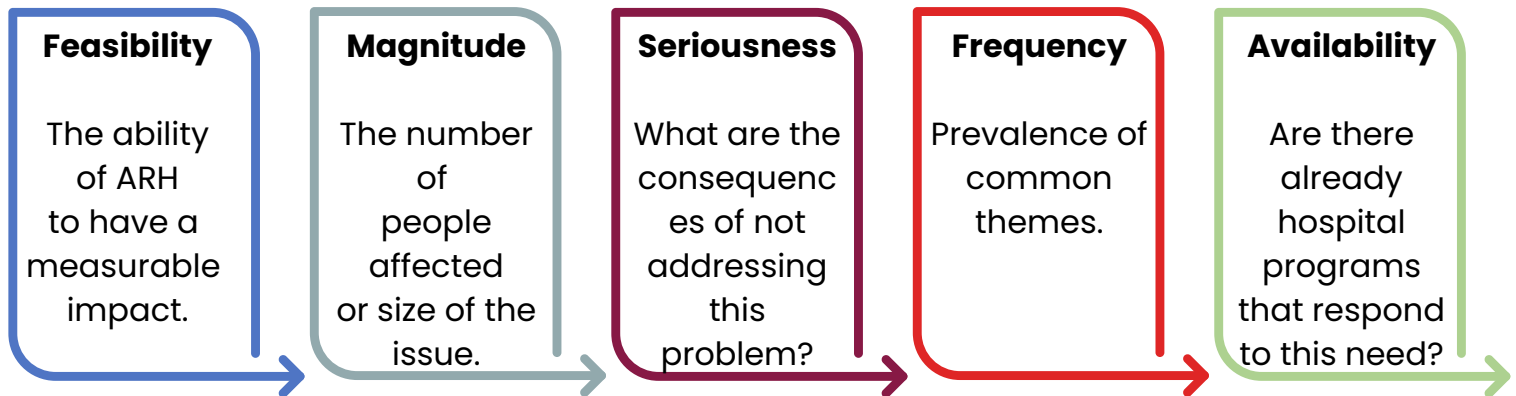| Source	Value
Doctor/ healthcare provider	292
Friends/ family	124
Internet	158
Health department	38
Library	6
Local hospital website	23
Newspaper/ magazine	11
Radio/ television	15
Social media	58
Health fairs/ healthcare outreach	25
Do not access	7

32

Community Survey Results

21%

Have been told by a healthcare professional that they have high cholesterol.

What is your current living situation?

Living situation	Count
Living with family	145
Living on own	182
Living in a place not meant to be a residence	5
Living in recovery housing	1
Living in recovery treatment facility	
Emergency Shelter	2
Hotel/ Motel	
Staying with someone I know	4
Other	9

Health Needs Prioritization

After primary and secondary data were presented to the CHNA Steering Committee, the group set to prioritizing the top needs using the criteria below.

Feasibility	**Magnitude**	**Seriousness**	**Frequency**	**Availability**
The ability of ARH to have a measurable impact.	The number of people affected or size of the issue.	What are the consequences of not addressing this problem?	Prevalence of common themes.	Are there already hospital programs that respond to this need?

Through this process, the Steering Committee synthesized and identified the top 3 health needs facing their community to be:

1. Mental Health and Substance Abuse
2. Tobacco and Vaping
3. Health Education- education about disease prevention, preventive medicine, and healthy lifestyles

Implementation Plan

Barbourville ARH leadership collaborated with the Community Development Department to define the following goals and strategies to address the identified health needs.

Goal: Improve the mental health of our community members and reduce stigma associated with seeking treatment

Key Strategies	• Train staff and community members in Mental Health First Aid, a national program that teaches skills needed to respond to the signs of mental illness and substance use in patients as well as members of the community
	• Provide mental health programming targeting youth and parents/caregivers, such as:
	  ○ Suicide prevention and warning signs
	  ○ Internet safety and cyber bullying
	  ○ Youth Mental Health First Aid
	  ○ Alcohol and SUD prevention
	  ○ Targeted programs for grandparents raising grandchildren / relative care
	• Explore the potential growth of telehealth behavioral health services
	• Provide resources and mental health services for staff to include:
	  ○ Online counseling services
	  ○ Workplace stress events
	• Provide mental health-related community screenings and events such as:
	  ○ Positive affirmation events targeting children and employees. Participants at facilities and on walking paths use sidewalk chalk to write encouragement and raise awareness of the importance of mental health
	  ○ Anxiety and depression screenings
	  ○ Educational events for area employers with mental health topics

Goal: Address addiction through peer support, community partnerships, and education

Key Strategies	- Build a Peer Support Program. Peer support coaches are people who have been successful in the SUD recovery process and can help others that are still in active addiction. Peer Support coaches often respond to overdoses in the ED, refer people to treatment, provide resources for social needs, educate the community on SUD and overdose awareness, and more - Educate students and parents/caregivers about the dangers of alcohol and substance abuse through targeted programming - Provide overdose awareness and education, along with trainings on Naloxone and Narcan throughout the community - Partner with community organizations, councils and boards that support addiction prevention and treatment (ARC board, ASAP, Unite, CADA) - Explore the creation of a stigma and recovery biases program for area employers

Goal: Reduce rates of tobacco and vaping use in our community

Key Strategies	- Provide education throughout the community on tobacco and vaping use and their negative health consequences - Education in local school systems in partnership with Kentucky Cancer Program and Public Health Departments (i.e. ARH Love Your Lungs Program or Catch My Breath) - Educate parents and caregivers about the dangers of nicotine on young brains - Promote and encourage lung screenings for cancers associated with tobacco use. (Lung cancer is the most common cancer in men and women in the United States.) - Provide patients and community information about smoking cessation classes, 1-800-Quit-Now, MCO incentives, and other tobacco and vaping cessation resources. - Participate in community groups that work to address tobacco use in our community, including Johnson/Martin Agencies on Substance Abuse Prevention (ASAP) and Growing Up Safe (GUS) - Provide smoking cessation resources and classes for staff free of cost. Consider incentivizing staff for completion. - Enforce Tobacco-Free Campus policy.

Goal: Reduce the incidence and impact of disease by enhancing preventive care and offering healthy lifestyle education

Key Strategies	

	• Host events that specifically promote cancer awareness, teach about early detection, and encourage preventative lifestyles. Examples include:
	  ○ Colon cancer educational or screening events where take-home colon cancer screening kits (FIT kits) were offered in partnership with Kentucky Cancer Link
	  ○ Community presentations about the early detection of lung cancer and low dose CT screenings provided by the ARH Lung Cancer Screening Program Manager
	  ○ Events educating about the early detection of breast cancer and importance of mammograms
	  ○ Targeted skin cancer events and screenings
	• Provide free, community-based clinical screenings
	  ○ Provide free or low cost clinical screenings throughout the community to include cholesterol checks, blood pressure, stroke risk, cardiac risk, mental health screenings, etc.
	• Nutrition interventions
	  ○ Expand in-school programming to include education about nutrition, especially on sugary and overly-caffeinated drinks
	  ○ Partner with UK Extension Service to provide cooking classes to the community
	  ○ Partner with the Knox County Farmer's Market to provide health education and screenings at markets and monetarily support their food voucher programs.
	  ○ Consider providing food boxes to those in need through an in-facility pantry program.
	• Support opportunities for physical activity
	  ○ Explore a partnership with the new Barbourville Sports Complex to sponsor exercise equipment, host events, and promote physical fitness opportunities
	  ○ Partner w/ fitness instructors or local gyms to provide fitness classes free to the community
	  ○ Monetarily support events that encourage physical activity – bike races, community health and wellness days, 5k events.
	  ○ Offer ARH-led gentle chair yoga classes throughout community
	• Increase health literacy by educating the community on most relevant health topics:
	  ○ Specifically focus on health issues with high rates of diagnosis in the county, such as hypertension, diabetes, and high cholesterol

| **Key Strategies** | ○ Provide education to parents and caregivers about pressing topics such as dental health, maintaining well child visits, internet safety, and importance of physical activity. • Educate youth through school-based programs ○ Organize school-based programs that provide students with the knowledge and skills they need to make informed decisions about their health, such as: ▪ Love Your Lungs ▪ Rethink Your Drink ▪ Suicide Prevention ▪ Alcohol Awareness ▪ Fitness Fairs ▪ Healthy Relationships |

Communication and Distribution Plan

Nonprofit hospitals are required by the IRS to both communicate about and publicly distribute their Community Health Needs Assessments (CHNAs) and related Implementation Strategies (IS) to ensure transparency, community engagement, and compliance with federal regulations. To meet best practices and go beyond minimum requirements, ARH will focus on accessibility, outreach, and engagement. Here's how:

- Posting prominently on our ARH website
- Sharing with community partners
- Sharing with members of the steering committee and focus group participants
- Presenting implementation plans in area coalitions, councils, and boards
- Promoting on social media and hospital communications
- Incorporating CHNA in grant proposals and reports
- Providing progress reports and annual updates to the IRS and ARh Board of Trustees

Appendix A

Social Determinants of Health Infographic

KNOX COUNTY, KENTUCKY
POPULATION: 29,794

HEALTHY PEOPLE 2030 GOALS AND SOCIAL DETERMINANTS OF HEALTH METRICS

ECONOMIC STABILITY: HELP PEOPLE EARN STEADY INCOMES THAT ALLOW THEM TO MEET THEIR HEALTH NEEDS

1	Idle Youth: Knox 2.4% | Kentucky 3% | United States 2.4%
2	**Poverty Rate:** Knox 33.1% | Kentucky 16.5% | United States 11.5%
3	**Population 16+ in Labor Force:** Knox 42.7% | Kentucky 59.2 % | United States 63.0%
4	**Single Parent Households:** Knox 37.19% | Kentucky 31%
5	Households Spending at Least 30% of Income on Housing: Knox 20.7% | Kentucky 23.9% | United States 22.8%
6	**Population Without Access to Large Grocery Store:** Knox 27.9% | Kentucky 19.8% | United States 21.7%
7	**Children Living in Food Insecure Households:** Knox 21.9% | Kentucky 15.2% | United States 16%

EDUCATION ACCESS AND QUALITY: INCREASE EDUCATIONAL OPPORTUNITIES AND HELP CHILDREN AND ADOLESCENT DO WELL IN SCHOOL

1	Students Graduating High School in 4 Years: Knox 88.1% | Kentucky 91.4%
2	High School Graduates Enrolled in Post-Secondary Education Within 6 Months of Graduation: Knox 43.22% | Kentucky 45.33%
3	**8th Grade Students with Proficient or Distinguished on Reading State Assessment:** Knox 37% | Kentucky 45%
4	**8th Grade Students with Proficient or Distinguished on Math State Assessment:** Knox 29% | Kentucky 37%
5	**Kindergarteners Ready to Learn:** Knox 33% | Kentucky 46%
6	Students with an Individualized Education Plan (IEP): Knox 25% | Kentucky 16%
7	4th Grade Students with Proficient or Distinguished on Reading State Assessment: Knox 45% | Kentucky 47%
8	4th Grade Students with Proficient or Distinguished on Math State Assessment: Knox 43% | Kentucky 42%

HEALTH CARE ACCESS AND QUALITY: INCREASE ACCESS TO COMPREHENSIVE HIGH QUALITY HEALTH CARE SERVICES

#	
1	Adult with Recent Doctor Visit for Routine Checkup: Knox 74.0% | United States 71.8%
2	Children Under 19 with Health Insurance Coverage: Knox 96.6% | Kentucky 96.1%
3	Number of TBI Emergency Department Cases: Knox 113 | Kentucky 11,249
4	Adults with Recent Preventive Care Visit: Knox 79.9% | Kentucky 80.70% | United States 74.6%
5	**Lung and Bronchus Cancer Incidence per 100,000 Population:** Knox 116.1 | Kentucky 84.4 | United States 54
6	**Mammography Use Among Women Aged 50-74:** Knox 64.8% | United States 77.8%
7	STIs per 100,000: Knox 344.4 | Kentucky 410.3 | United States 495.5
8	Colon and Rectum Cancer Incidence per 100,000: Knox 60.5 | Kentucky 194.4 | United States 156.6
9	Children Enrolled in Medicaid or KY Children's Health Insurance Program Who Received Dental Services in Kentucky: Knox 56% | Kentucky 51%
10	Population Under 65 Without Health Insurance: Knox 7.2% | Kentucky 6.7% | United States 9.3%
11	Population With Limited English Proficiency: Knox 0.0% - 0.9% | United States 8.3%

NEIGHBORHOOD AND BUILT ENVIRONMENT: CREATE NEIGHBORHOODS AND ENVIRONMENTS THAT PROMOTE HEALTH AND SAFETY

#	
1	Violent Crime Rate per 100,000 Population: Knox 67.7 | Kentucky 225.6 | United States 204.5
2	Population with Access to Broadband: Knox 99.3% | Kentucky 97% | United States 96.7%
3	**Percent of County Using SNAP:** Knox 32.5% | Kentucky 16.3%
4	Air Quality Hazard: Knox 0.52 | Kentucky 0.44 | United States 0.34
5	Vehicle Crash Fatality Rate per 100,000: Knox 17.8 | Kentucky 51.5 | United States 17.5
6	**Population Within ½ Mile of Walkable Destinations:** Knox 17.7% | Kentucky 33.9% | United States 34%
7	Walkability Index Score: Knox 5.3 | Kentucky 7.2 | United States 6.1
8	Asthma Prevalence Among Adults 18+: Knox 12.8% | United States 9.7%
9	**Adult Smoking Rate:** Knox 30.5% | Kentucky 23.9% | United States 20.0%
10	Deaf and Hard of Hearing Population: Knox 4,618 | Kentucky 705,533
11	Prevalence of People with Disabilities: Knox 21.8% | Kentucky 21.1%

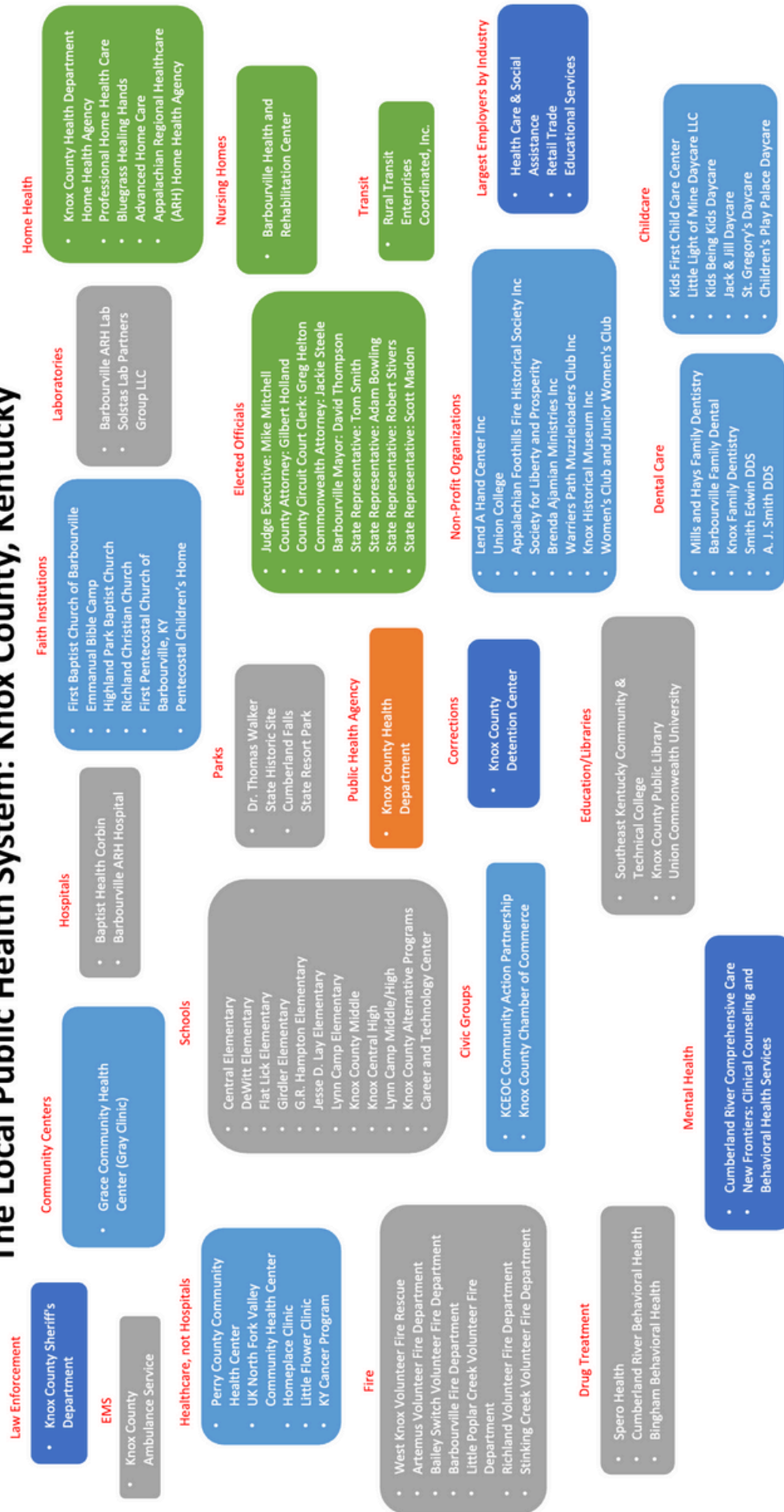## SOCIAL AND COMMUNITY CONTEXT: INCREASE SOCIAL AND COMMUNITY SUPPORT

#	
1	Youth Incarcerated in the Juvenile Justice System Rate per 1,000 Youth: Knox 15.9 | Kentucky 13.2
2	**Census Self-Response Rate:** Knox 54.6% | Kentucky 63.50% | United States 65.80%
3	**Households with a Computer:** Knox 86.3% | Kentucky 91.6% | United States 94%

Appendix B
Local Public Health Schematic

The Local Public Health System: Knox County, Kentucky

Home Health
- Knox County Health Department Home Health Agency
- Professional Home Health Care
- Bluegrass Healing Hands
- Advanced Home Care
- Appalachian Regional Healthcare (ARH) Home Health Agency

Nursing Homes
- Barbourville Health and Rehabilitation Center

Transit
- Rural Transit Enterprises Coordinated, Inc.

Largest Employers by Industry
- Health Care & Social Assistance
- Retail Trade
- Educational Services

Laboratories
- Barbourville ARH Lab
- Solstas Lab Partners Group LLC

Elected Officials
- Judge Executive: Mike Mitchell
- County Attorney: Gilbert Holland
- County Circuit Court Clerk: Greg Helton
- Commonwealth Attorney: Jackie Steele
- Barbourville Mayor: David Thompson
- State Representative: Tom Smith
- State Representative: Adam Bowling
- State Representative: Robert Stivers
- State Representative: Scott Madon

Non-Profit Organizations
- Lend A Hand Center Inc
- Union College
- Appalachian Foothills Fire Historical Society Inc
- Society for Liberty and Prosperity
- Brenda Ajamian Ministries Inc
- Warriers Path Muzzleloaders Club Inc
- Knox Historical Museum Inc
- Women's Club and Junior Women's Club

Childcare
- Kids First Child Care Center
- Little Light of Mine Daycare LLC
- Kids Being Kids Daycare
- Jack & Jill Daycare
- St. Gregory's Daycare
- Children's Play Palace Daycare

Dental Care
- Mills and Hays Family Dentistry
- Barbourville Family Dental
- Knox Family Dentistry
- Smith Edwin DDS
- A.J. Smith DDS

Faith Institutions
- First Baptist Church of Barbourville
- Emmanual Bible Camp
- Highland Park Baptist Church
- Richland Christian Church
- First Pentecostal Church of Barbourville, KY
- Pentecostal Children's Home

Parks
- Dr. Thomas Walker State Historic Site
- Cumberland Falls State Resort Park

Public Health Agency
- Knox County Health Department

Corrections
- Knox County Detention Center

Education/Libraries
- Southeast Kentucky Community & Technical College
- Knox County Public Library
- Union Commonwealth University

Hospitals
- Baptist Health Corbin
- Barbourville ARH Hospital

Community Centers
- Grace Community Health Center (Gray Clinic)

Schools
- Central Elementary
- DeWitt Elementary
- Flat Lick Elementary
- Girdler Elementary
- G.R. Hampton Elementary
- Jesse D. Lay Elementary
- Lynn Camp Elementary
- Knox County Middle
- Knox Central High
- Lynn Camp Middle/High
- Knox County Alternative Programs
- Career and Technology Center

Civic Groups
- KCEOC Community Action Partnership
- Knox County Chamber of Commerce

Mental Health
- Cumberland River Comprehensive Care
- New Frontiers: Clinical Counseling and Behavioral Health Services

Law Enforcement
- Knox County Sheriff's Department

EMS
- Knox County Ambulance Service

Healthcare, not Hospitals
- Perry County Community Health Center
- UK North Fork Valley Community Health Center
- Homeplace Clinic
- Little Flower Clinic
- KY Cancer Program

Fire
- West Knox Volunteer Fire Rescue
- Artemus Volunteer Fire Department
- Bailey Switch Volunteer Fire Department
- Barbourville Fire Department
- Little Poplar Creek Volunteer Fire Department
- Richland Volunteer Fire Department
- Stinking Creek Volunteer Fire Department

Drug Treatment
- Spero Health
- Cumberland River Behavioral Health
- Bingham Behavioral Health

Appendix C

Survey Instrument

ARH 2024 CHNA Survey

Please take 10-15 minutes to complete this survey. Please do not include your name anywhere. All responses will remain anonymous.

Q1. Please select the ARH facility closest to your home:

- ☐ ARH Our Lady of the Way Hospital, Floyd Co. KY (1)
- ☐ Highlands ARH Regional Medical Center, Floyd Co. KY (2)
- ☐ McDowell ARH Hospital, Floyd Co. KY (3)
- ☐ Morgan County ARH Hospital, Morgan Co. KY (4)
- ☐ Paintsville ARH Hospital, Johnson Co. KY (5)
- ☐ Tug Valley ARH Regional Medical Center, Pike Co. KY (6)
- ☐ Barbourville ARH Hospital, Knox Co. (7)
- ☐ Harlan ARH Hospital, Harlan Co. KY (8)
- ☐ Middlesboro ARH Hospital, Bell Co, KY (9)
- ☐ Hazard ARH Regional Medical Center, Perry Co. KY (10)
- ☐ Mary Breckinridge ARH Hospital, Leslie Co. KY (11)
- ☐ Whitesburg ARH Hospital, Letcher Co. KY (12)
- ☐ Beckley ARH Hospital, Raleigh Co. WV (13)
- ☐ Summers County ARH, Summers Co. WV (14)

Q2. Are you satisfied with the ability to access healthcare services in your County?

- ☐ Yes
- ☐ No

Q3. Do you regularly receive preventative services such as vaccinations, screenings, and annual checkups?

- ☐ Yes
- ☐ No

Q4. Where do you go to receive routine healthcare? Select all that apply.

☐ Physician's office/my family doctor

☐ Emergency room

☐ Health department

☐ Urgent care

☐ I do not receive routine healthcare

☐ Other. Please specify below:

_____

Q5. Are there barriers that keep you from receiving routine healthcare? Select all that apply.

☐ No insurance

☐ I only visit the doctor when something is seriously wrong

☐ Lack of child care

☐ Physician hours of operation (inconvenient times)

☐ Fear/anxiety

☐ Poor physician attitudes or communication

☐ No transportation

☐ Cannot take off work

☐ Cannot afford it

☐ Months long wait times

☐ No barriers

☐ Other. Please specify here: _____

Q6. How far do you or anyone in your household travel to see a specialist?

☐ Less than 20 miles

☐ 20-49 miles

☐ 50-100 miles

☐ I do not receive routine healthcare

☐ Other: _____

Q7. Please select the TOP THREE **health challenges** you or anyone in your household face. Select only three.

☐ Cancer	☐ Arthritis/joint pain
☐ Obesity	☐ Heart disease and stroke
☐ Diabetes	☐ Gynecological issues
☐ Mental health issues	☐ HIV/AIDS/STDs
☐ Substance use disorder (alcohol/drugs)	☐ Respiratory/lung disease/asthma
	☐ Sleep problems
☐ High blood pressure	☐ Aging issues
☐ Tobacco use/vaping	☐ Other. Please specify below:
☐ Dental issues	_____

Q8. Have you or anyone in your household faced any of these issues in the past year?

☐ Not enough food to feed your family	friends/others
☐ Inability to pay for childcare	☐ Inability to pay utility bills
☐ Inability to pay for medications	☐ Physical, verbal, or sexual abuse
☐ Unsafe housing	☐ Lack of transportation
☐ Homelessness	☐ Suicidal thoughts
☐ Shared Living / Short term stays with	☐ None of the above

Q9. Please select the TOP THREE **risky behaviors related to personal choices** you see most in your community. Select only three.

☐ Excessive alcohol use	☐ Drug use
☐ Poor eating habits	☐ Distracted driving
☐ Lack of exercise	☐ Domestic violence
☐ Child abuse and neglect	☐ Other. Please specify below:
☐ Tobacco or vaping use	_____
☐ Unsafe sex	_____

45

Q10. Have you or someone in your household delayed healthcare because of lack of money and/or insurance?

- ☐ Yes

- ☐ No

Q11. 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

Q12. How would you rate your **overall health**?

- ☐ Very healthy / In excellent health

- ☐ Healthy

- ☐ Neither healthy nor unhealthy / Fair

- ☐ Unhealthy

- ☐ Very unhealthy

Q13. Are you satisfied with the availability of mental health services in your area (example: counselors, psychiatrists, etc.)?

- ☐ Yes

- ☐ No

  If no, why? _____

Q14. What could be done in your County to better meet your health needs?

Q15. 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
- ☐ Physical activity
- ☐ Tobacco cessation

- ☐ Substance use disorder (alcohol and/or drugs)
- ☐ Mental health/Depression
- ☐ Parenting / Child development
- ☐ Using my medications correctly
- ☐ Other. Please specify below:

———————————————

Q16. From the following list, which do you think are the 3 most important problems related to quality of life and environment in your county? Please choose ONLY 3

- ☐ Chronic loneliness or isolation
- ☐ Cost of health care and/or medications
- ☐ Homelessness
- ☐ Lack of health insurance or poor coverage
- ☐ Limited ability to get healthy food or enough food
- ☐ Limited access to transportation
- ☐ Lack of affordable housing
- ☐ Limited job opportunities
- ☐ Lack of activities for children and teens
- ☐ Limited places to play for children
- ☐ Communities that are not walkable/bikeable
- ☐ Poverty
- ☐ Need for social service programs
- ☐ Poor water or air quality

Q17. Have you had a dental exam in the past year?

- ☐ Yes
- ☐ No

Q18. Have you had a routine checkup in the past year?

- ☐ Yes
- ☐ No

Q19. Do you believe mental illness is a medical condition?

- ☐ Yes
- ☐ No

Q20. Have you been told by a healthcare professional that you have high cholesterol?

- ☐ Yes
- ☐ No

Q21. Have you or anyone in your household used ARH hospital services in the past 12 months?

- ☐ Yes
- ☐ No

Q22. If you used a hospital other than ARH in the past 12 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:

  _____

Q23. How would you rank 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

Q24. What factors influence your health choices? Select all that apply.

- ☐ People close to me (friends, family, spouse)
- ☐ People in my community
- ☐ Listening to physicians and other healthcare providers
- ☐ Public health recommendations/guidelines (example: CDC)
- ☐ Social media (Facebook, Instagram, etc.)
- ☐ Whether or not I have access to physical activity opportunities
- ☐ Weather (seasons: Spring, Summer, Fall, Winter)
- ☐ News media
- ☐ Other

Q25. 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 (Facebook, Instagram, etc.)
- ☐ Health fairs or other healthcare outreach
- ☐ I do not access health information

Q26. 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

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!

We would like to extend our most sincere gratitude to the Knox County community for your input and contributions to this Community Health Needs Assessment process. Because of your participation in this process, we were able to not only understand the health challenges that Knox County residents face, but also the complex systems and context you operate within. With this information, we are able to create a more effective and comprehensive implementation plan to address these issues. Thanks to your dedication, we are able to work towards improving your selected health priority issues to create lasting, positive change.

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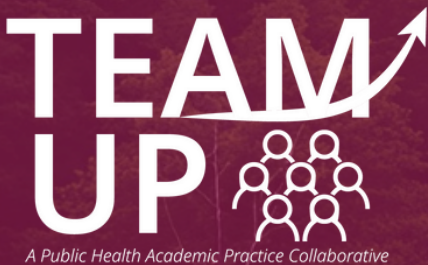
Approval

This Community Health Needs Assessment and attached Implementation Plan was approved by the ARH Board of Trustees on May 9, 2025.

_____   7/28/25
BOT Chairperson Signature   Date