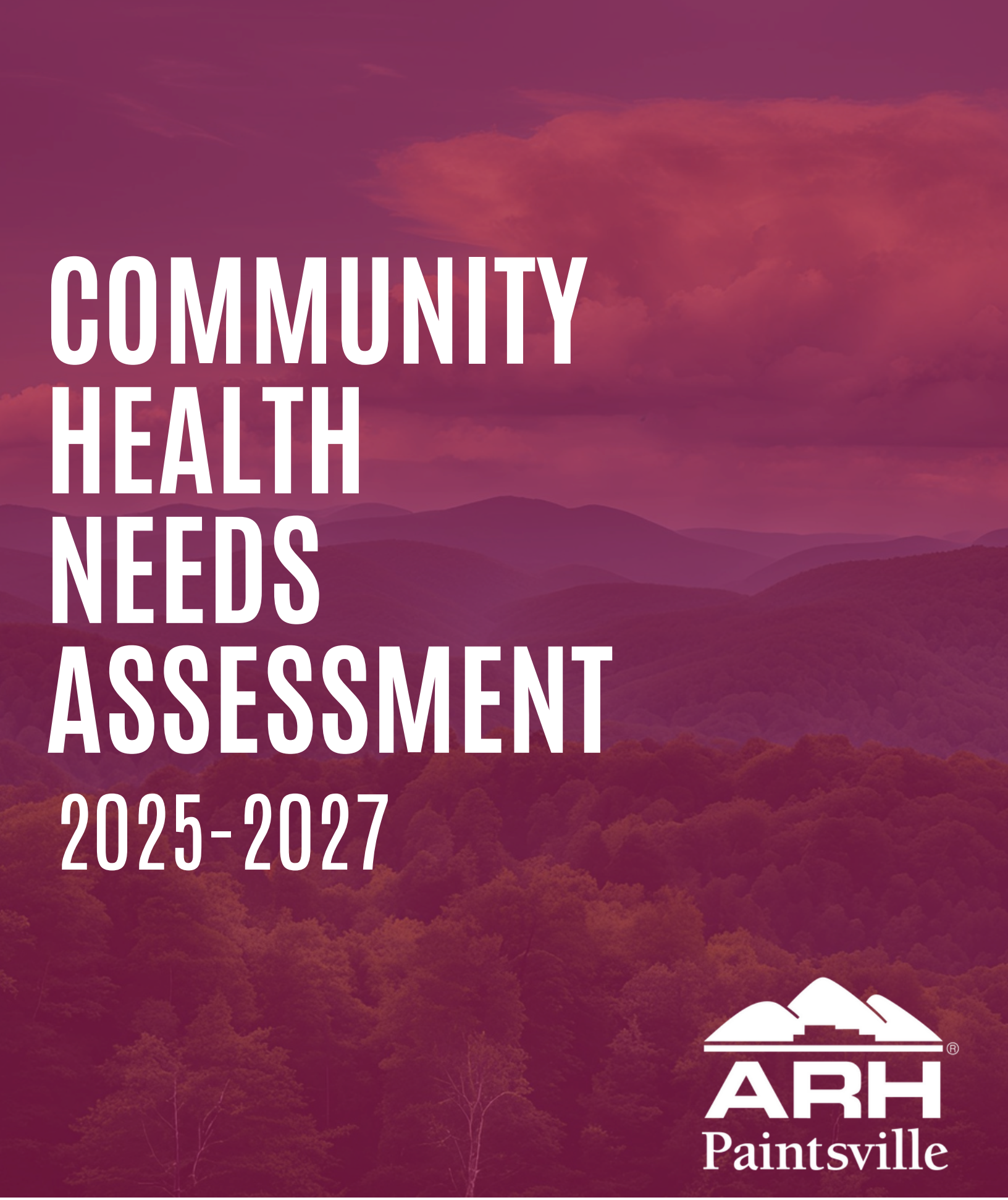
COMMUNITY HEALTH NEEDS ASSESSMENT

2025-2027



ARH Paintsville

TEAM UP
A Public Health Academic Practice Collaborative

Acknowledgements

This Community Health Needs Assessment (CHNA) report was prepared for Paintsville ARH by Team Up: A Public Health Academic Practice Collaborative at the University of Kentucky College of Public Health. Team Up works with a variety of health organizations across Kentucky and Appalachia to bridge the gap between academia and practice by forming, encouraging, and sustaining collaborative partnerships. Team Up members Dr. Angela Carman and Mary Elizabeth Pendergrass, MPH contributed to the information in this final report. If you have questions about the assessment process or data collection methodology, contact Mary Elizabeth Pendergrass, Team Up Public Health Policy & Practice Apprentice: mepe242@uky.edu .

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 P. Harris

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

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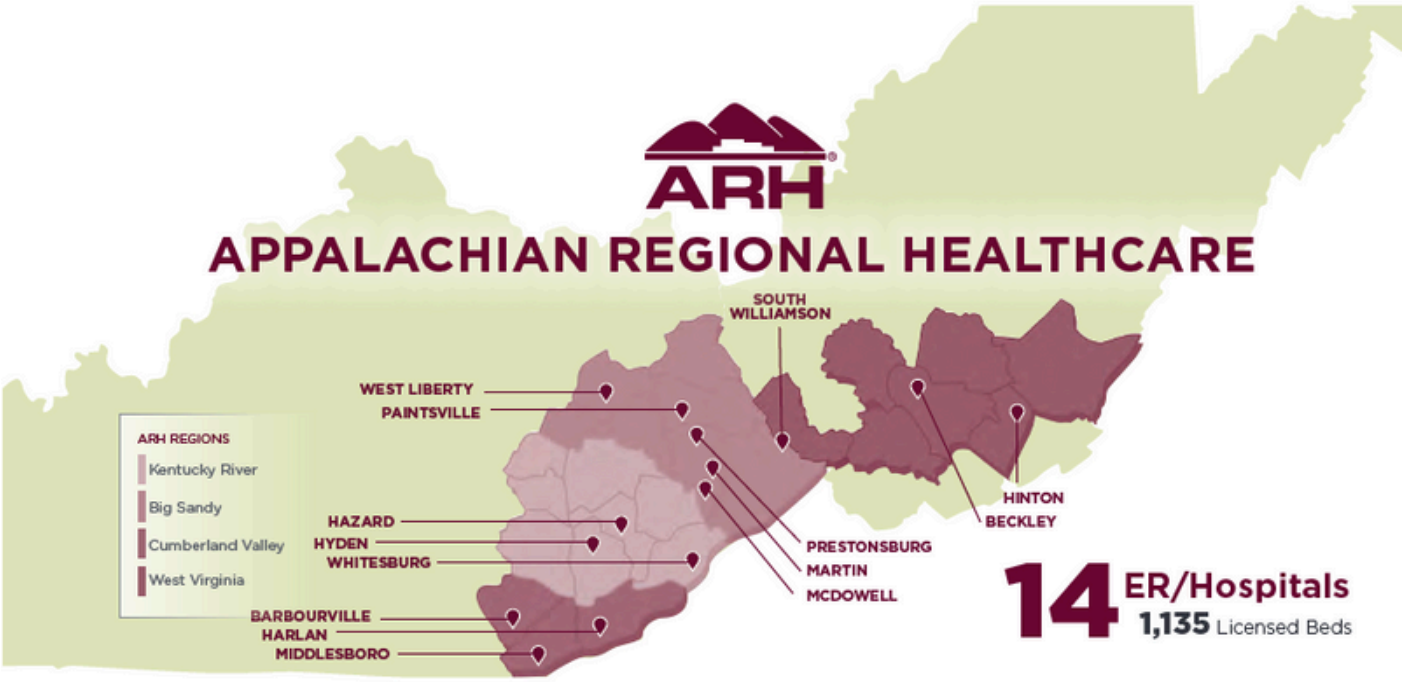
Introduction

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, Paintsville 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.

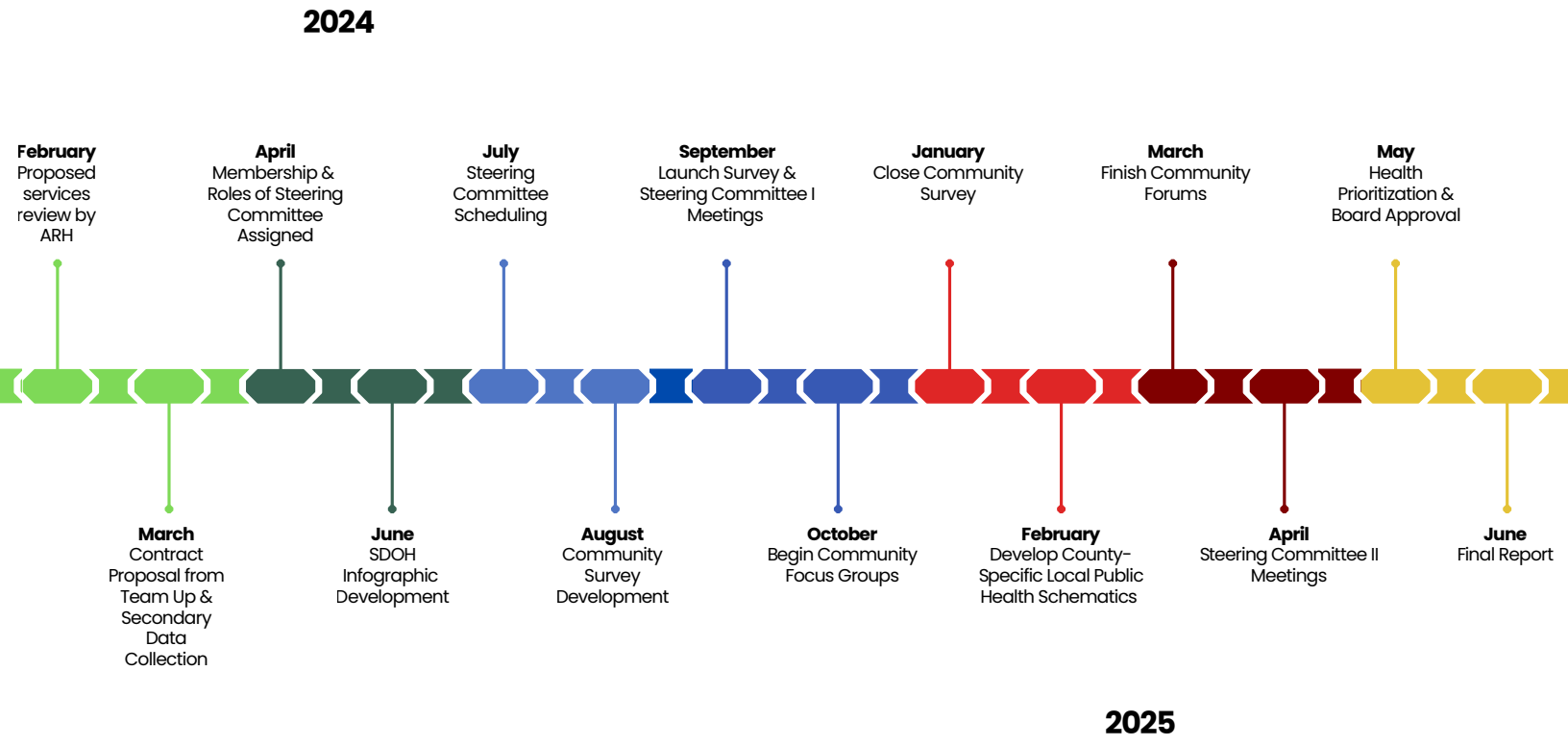
Method	Description
Community Surveys	A traditional approach to gathering community input. Can include: written, telephone, web-based, or in-person.
Focus Groups	A traditional approach to gathering community input. Can include: written, telephone, web-based, or in-person.
Key Informant Interviews	In-depth 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 Johnson County
See the CHNA process timeline below.

CHNA Timeline



2022-2024 Implementation Successes

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

1. Addiction (substance use, tobacco)
2. Mental health
3. Access to care
4. Obesity

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

Goal 1

Address addiction through new programming, education for all ages, and community partnerships

Since 2022, Paintsville ARH has **addressed addiction in our community** by:

- Launching Peer Support Program, employing Certified Peer Support Coaches to work in our Emergency Department and throughout the community. Peer support coaches are people who have been successful in the SUD recovery process and can help others that are still in active addiction. Our coaches often respond to overdoses in our ED, refer people to treatment, provide resources for social needs, educate the community on SUD and overdose awareness, and more. Since 2023 Paintsville ARH Peer Recovery Coaches have:
  - Engaged **615** patients
  - Referred **152** patients to treatment
  - Provided **113** linkages to treatment
  - Assisted **20** individuals with attaining housing or employment

- Peer Recovery Coaches and Community Development staff have worked with community partners to host several community events with a Substance Use Disorder/ Drug Prevention focus, including:
  - Partnering with KY Department of Public Health to host **Safe a Life Roadshow events**, in which participants engage in overdose awareness education, Narcan training & distribution, and referrals to treatment:
    - Paintsville Wal-Mart 2023
    - Martin County Harvest Festival 2023
    - Lawrence Co. Health Department 2023
    - Paintsville Wal-Mart 2024
    - Martin County Harvest Festival 2024
    - Lawrence Co. Health Department 2024

- Kick the Habit and Oral Cancer programs, both of which teach about the dangers of smoking & vaping, were taught in Johnson County Schools 5 times since 2022

- Sponsored Operation Unite's "Shoot Hoops, Not Drugs" program, which promotes positive activities for local youth while providing education on drug prevention

- Education about addiction and recovery resources shared annually at the Kentucky Apple Festival through Peer Support Program

- Paintsville ARH is also an active member of Growing Up Safe Johnson County, Area Agencies on Substance Abuse Prevention (ASAP), and Johnson County Health Coalition. These are coalitions and councils that address community substance use issues

Goal 2

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

Since 2022, Paintsville ARH has **improved mental health in our community** by:

- Providing **8 free Mental Health First Aid training sessions for staff** and the community from 2023-2024. Mental Health First Aid is an evidence-based, early intervention course that teaches participants about mental health and substance abuse challenges and how to assist those that may need help. Highlands ARH offered these trainings with the hope that the education would allow staff to better help our patients, but also their families, friends, and neighbors. 65 Paintsville ARH employees and 9 community members have been certified.
- Presented Real Talk, a program that teaches about depression, suicide prevention, cyber bullying, and healthy relationships, to students at Paintsville High School
- Provided information and resources about youth mental health to students and parents at Empower Academy at Johnson County Middle School, Johnson County Readyfest, and multiple Open House events
- Paintsville ARH also added mental health services with the recruitment of Greg Horn, APRN, PMHNP-BC
- Since 2022, Paintsville ARH has tracked **2,868 behavioral health clinic** visits.

Goal 3

Increase access to/ ease of health care for our community

Since 2022, Paintsville ARH has **increased access to care** in our community by:

- Employing nurses and an APRN to provide services to students and staff of Johnson County Schools
- Paintsville ARH opened a new clinic, ARH Specialty Associates, and a new retail pharmacy in 2024
- Paintsville ARH provided free health screenings and community-based clinical services broadly throughout the service area since 2022. Over 900 free screenings have been administered at local retail stores, senior centers, low-income housing, community health fairs, and more:
  - Blood Pressures: **674** at 21 events
  - A1C's: **200** at 11 events
  - Cholesterol: **28** at 2 events

- Since 2022, Paintsville ARH has hosted many events that provide preventative screenings at a discount, on weekends, or after traditional work hours
    - Lung Cancer Screening Saturday on 11/11/23 and 6/29/24
    - An oral cancer screening event in partnership with UK School of Dentistry
    - In October of 2022, 2023, and 2024, Paintsville ARH offered a $50 mammogram special that covers the screening mammogram and radiologist's reading. This program allows women to self-schedule mamograms without a physician's order and is an affordable option for women without insurance.

- Paintsville ARH added Speech Language Pathology as a new service and expanded multiple service lines:
    - Occupational Therapy- added therapist
    - Physical Therapy- add additional PT and PTA
    - Occupational Therapy- added OT
    - General Surgery- added surgeon
    - Orthopedic Surgery- added surgeon
    - Interventional Pain- added service

- PARH was also recognized during this time as an Acute Stroke Ready facility and a Lung Cancer Screening Center of Excellence

- In an effort to better provide care, we also invested in new equipment (3-D Mammography, DEXA Scanner, tilt table testing for cardiology) and extended After Hours Care hours of operation from 9am-9pm

Goal 4

Address obesity and its consequences through root causes; lack of physical activity, lack of knowledge on nutrition, food insecurity, & chronic disease

Since 2022, Paintsville ARH has **addressed food insecurity and the need for nutrition education** by:

- Providing **5 free cooking classes** with grocery gift card incentives in partnership with the Johnson County UK Extension Service
- Collaborating with God's Pantry Food Bank to provide nonperishable food boxes to patients identified as having a need in both the hospital and clinic environment; Distributing on average **20 boxes per month**
- Hosting **11 monthly diabetes support groups** in Johnson County with diabetes-related topics and healthy cooking demonstrations each month (2022 start)
- Hosting a fall festival farmers market on-site at the facility in 2022. KitchenShift provided cooking demonstrations at the event
- Partnering with the Johnson County Farmer's Market to provide heart health education and healthy recipes at **5 market events**
- Paintsville ARH also worked to educate and provide healthy nutrition to employees through a revamped cafeteria menu, which offers plant-based options
- Provided vouchers for children to purchase fruits and vegetables from Griffith's Farm at 2023 Farm and Field Day.
- Creating a new program, **ReThink Your Drink**, which educates students on the harmful effects of sugary, overly caffeinated drinks (such as energy drinks). Community Development staff have presented this program to 300 students at Highland Elementary in Paintsville.

Community Served by Paintsville ARH

Paintsville 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 Johnson County (62.6%).

Secondary data for Johnson 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 Johnson County. An infographic containing data on the Social Determinants of Health can be located in Appendix A.

Population

Population	Johnson Co	Kentucky	US Overall
Population, 2024	22,098	4,588,372	340,110,988
Percent of Population Under 18 Years	22.1%	22.5%	21.7%
Percent of Population 65 Years+	19.6%	17.8%	17.7%
Percent of Population White	97.5%	86.7%	75.3%
Percent of Population Non-Hispanic Black	0.5%	8.8%	13.7%
Percent of Population American Indian & Alaska Native	0.2%	0.3%	1.3%
Percent of Population Asian	0.7%	1.8%	6.4%
Percent of Population Native Hawaiian/Other Pacific Islander	*	0.1%	0.3%
Percent of Population Hispanic or Latino	1.0%	5.0%	19.5%
Two or More Races	1.1%	2.3%	3.1%
Percent of Population Female	50.6%	50.4%	50.5%

Source: US Census, 2024 QuickFacts

Social and Economic Factors

Social and Economic Factors	Johnson Co	Kentucky	US Overall
Percent Completed High School	82%	89%	89%
Bachelor's Degree or Higher	17%	27%	35%
Percent Unemployed	6.6%	4.2%	3.6%
Percent of People in Poverty	25.0%	16.4%	11.1%
Children in Poverty	28%	20%	16%
Number of Children in Single Parent Households	24%	25%	25%
Median Household Income	$45,100	$61,100	$77,700
Violent Crime Rate (per 100,000)	70.8	225.6	255.2
Child Care Cost Burden	29%	25%	28%
Food Insecurity Rate	20%	16%	14%

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

Health Behaviors

Heath Behaviors	Johnson Co	Kentucky	US Overall
Percent Adult Smoking	27%	18%	13%
Percent Adults with Obesity	42%	38%	34%
Percent of Physically Inactive Adults	34%	25%	23%
Adults (>65) with all Teeth Lost	25.8%		12.6%
Percent of Adults Receiving Flu Vaccination in the Last Year	37%	46%	48%
Teen Birth Rate (per 1,000)	25	24	16
Sexually Transmitted Infections per 100,000	184.3	406.8	495.0
Percent Excessive Drinking	14%	15%	19%
Number of Child Victims of Substantiated Abuse	142	17,917	-
Births to Mother who Smoked During Pregnancy	19.4%	12.6%	5%
Percent Driving Deaths with Alcohol Involvement	0%	26%	26%
Suicides Per 100,000 Population	14	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	Johnson Co	Kentucky	US Overall
Life Expectancy (years)	69.4	73	77
Percent Adults with Diabetes	14%	13%	10%
Percent Adults with Hypertension	37.6%	-	29.6%
Adults with current Asthma	12.3%	-	9.9%
Percent Fair to Poor Health	29%	20%	17%
Avg Number of Physically Unhealthy Days	5.7	4.5	3.9
Avg Number of Mentally Unhealthy Days	5.8	5.0	5.1
Percent Low Birth Weight	10%	9%	8%
Percent with a Disability, under Age 65	21%	13%	9%

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

Access to Care

Access to Care	Johnson Co	Kentucky	US Overall
Primary Care Physicians	1,740:1	1,600:1	1,330:1
Mental Health Providers	510:1	320:1	300:1
Dentists	7,410:1	1,500:1	1,360:1
Preventable Hospital Stays per 100,000	5,692	3,336	2,666
Mammography Screening Rates	30%	43%	44%
Percent Uninsured	7%	7%	10%

Source: County Health Rankings (2025)

Physical Environment

Physical Environment	Johnson Co	Kentucky	US Overall
Severe Housing Problems	12%	13%	17%
Severe Housing Cost Burden	14%	12%	15%
Driving Alone to Work	82%	78%	70%
Long Commute to Work – Driving Alone	25%	31%	37%
Broadband Access	87%	87%	90%
Access to Parks	4%	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	Johnson Co	Kentucky	US Overall
Total all sites (2017-2021)	516.3	513.7	444.4
Lung and Bronchus	101.0	84.5	53.1
Breast (Female)	117.7	129.2	129.8
Colon and Rectum	46.8	45.9	36.4
Urinary Bladder	18.6	21.7	18.8
Kidney and Renal Pelvis	21.0	21.4	17.3
Melanoma of the Skin	29.6	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 Paintsville ARH inpatient hospital discharges from January 2022- September 2024.

Inpatient Hospital Discharges- Patient Origin

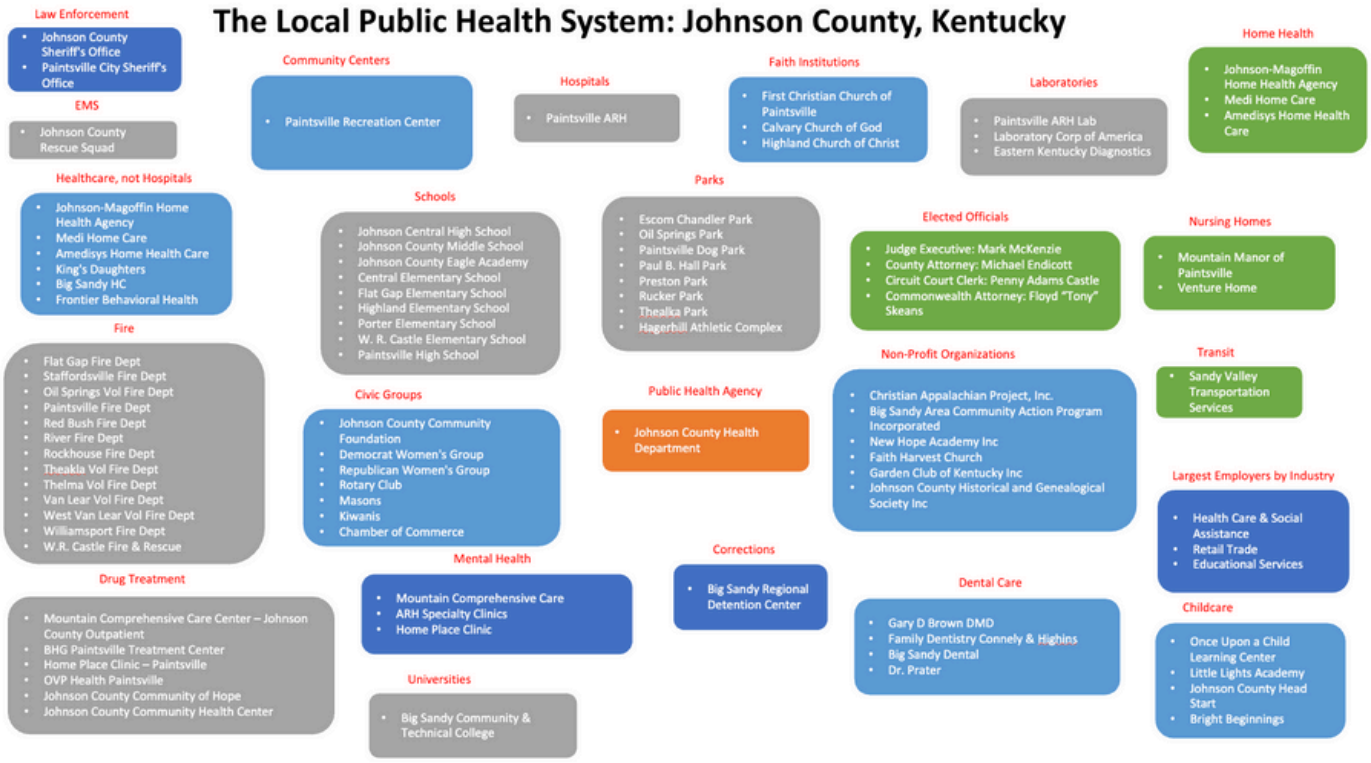
Patient County	Inpatient Discharges	% of Total
Johnson-KY	2,396	62.6%
Magoffin-KY	908	23.7%
Floyd-KY	202	5.3%
Lawrence-KY	113	3.0%
Martin-KY	105	2.7%
Pike-KY	31	0.8%
Morgan-KY	30	0.8%
Knott-KY	14	0.4%
Wolfe-KY	4	0.1%
Elliott-KY	3	0.1%
Breathitt-KY	3	0.1%
Leslie-KY	3	0.1%
Wyoming-WV	2	0.1%
Greenup-KY	2	0.1%
Carter-KY	2	0.1%
Letcher-KY	2	0.1%
Rowan-KY	1	0.0%
Perry-KY	1	0.0%
Buchanan-VA	1	0.0%
Menifee-KY	1	0.0%
Boyd-KY	1	0.0%
Mingo-WV	1	0.0%
Clay-KY	1	0.0%
Montgomery-KY	1	0.0%
Laurel-KY	1	0.0%
Bell-KY	1	0.0%
Total	**3,830**	**100%**

Inpatient Hospital Discharges- Payer Mix

Payer Type	Inpatient Discharges	% of Total
Medicare (Excluding Medicaid Managed Care)	1,435	37.5%
Medicare Managed Care	601	15.7%
WellCare of Kentucky Medicaid Managed Care	358	9.3%
Commercial- Anthem Health Plans of KY HMO Plan	335	8.7%
Out of State Medicaid	215	5.6%
Commercial- Anthem Health Plans of KY PPO Plan	176	4.6%
In State Medicaid	157	4.1%
Aetna Better Health of KY Medicaid Managed Care	110	2.9%
Humana Medicaid Managed Care	99	2.6%
Passport Medicaid Managed Care	64	1.7%
Anthem Medicaid Managed Care	57	1.5%
Tricare (Champus)	50	1.3%
Self Pay	35	0.9%
United Healthcare Medicaid Managed Care	31	0.8%
Commercial- PPO	23	0.6%
ChampVA	15	0.4%
Commercial- Other	12	0.3%
Commercial- Aetna Health HMO Plan	12	0.3%
Workers Compensation	10	0.3%
Commercial- Anthem Health Plans of KY POS Plan	7	0.2%
Black Lung	6	0.2%
VA	5	0.1%
Commercial- Aetna Health PPO Plan	5	0.1%
Commercial- United Healthcare POS Plan	4	0.1%
Other Facility	3	0.1%
Care Source KY Commercial Plan	3	0.1%
Commercial- Humana PPO Plan	1	0.1%
Auto Insurance	1	0.1%
Total	**3,830**	**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 Johnson County. An overview of this schematic can be seen below, see Appendix B for a larger font version.



Johnson 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 Paintsville ARH leadership in late summer of 2024. On September 23, 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 31, 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 Paintsville ARH to address.

Johnson County CHNA Steering Committee

Steering Committee Members

Name	Organization Represented
Amelia Godfrey	Johnson County Homemakers
Stacy Crum	Passport by Molina Healthcare
Macey Stewart	Johnson County Extension
Heather Samons	ARH
Kathy Stumbo	CEO Paintsville ARH
Danielle Harmon	CD Director, ARH
Anita Cantrell	Johnson County Schools
Noel Crum	Johnson County Schools
Tammy Scarberry	Johnson County Health Department
Leigh Ann Slusher	Big Sandy Health Care
Regina McClure	Paintsville Tourism
Jeremiah Parsons	Paintsville Tourism
Taylor Stumbo	Intern Student
Miranda Blair	Johnson County Library

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.

Paintsville ARH hosted forums with:

- Growing Up Safe (GUS) Coalition
- Bristlebuck Manor - senior citizens and those with disability
- Johnson Central High School 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: Basic Needs

- Transportation
- Access to nutritious foods
- Safety
- Housing & homelessness
- Poor quality of education
- Lack of walkability
- Poor diet / cost of food
- Generational poverty

Finding 1.2: Chronic & Preventable Disease

- Obesity
- Obesity-related disease (diabetes, heart disease, stroke)
- Mental health
- Substance use
- Dental care

QUESTION 2: BARRIERS TO HEALTHCARE

Finding 2.1: Resource Shortages

- Lack of dental care
- Lack of specialists (dermatology, pediatric, neurology)
- Cost of care
- Lack of insurance

Finding 2.1: Contextual Barriers

- Lack of transportation
- Cultural attitudes about going to the Doctor
- Parents / caregivers not prioritizing healthcare for children

Focus Group Results

QUESTION 3: HEALTH BEHAVIORS

Finding 3.1: Substance Use

- Vaping
- Substance use
- Re-entry challenges
- Complaints regarding an influx of homelessness due to substance use disorder

Finding 3.2: Lack of Health Education

- Physical activity
- Vaping
- Sedentary lifestyle
- Sex education/ teen pregnancy
- Preventative health

QUESTION 4: ADDITIONAL CONCERNS

Finding 4.1: Additional Resources Needed

- Lack of housing
- Lack of social activities
- Emergency preparedness
- Poor quality water
- Need dementia care
- Need for educational activities to be brought to the community
- Coping skills for mental health
- Vaping education for parents

"There was more to do around here when I was a kid than there are for children now. We had a skating rink, movie theatre, putt putt golf. How can they be happy and healthy with nothing but phones for entertainment?"

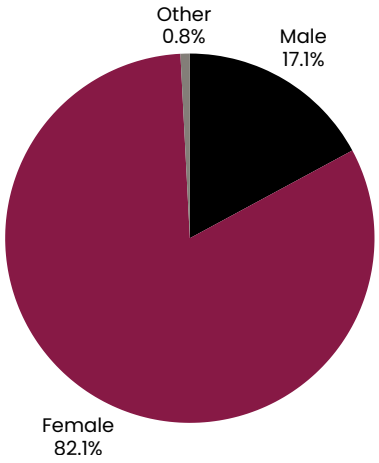
Community Survey Results

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=369

Gender



Education

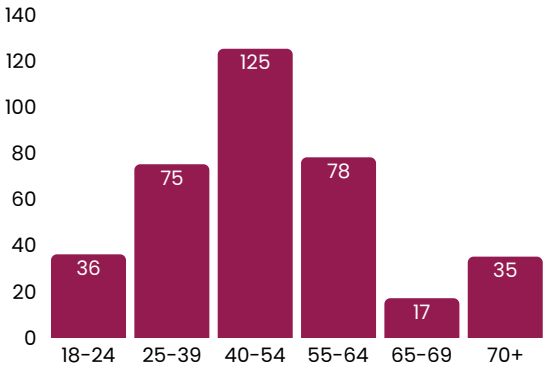
25% High School

8% Technical School

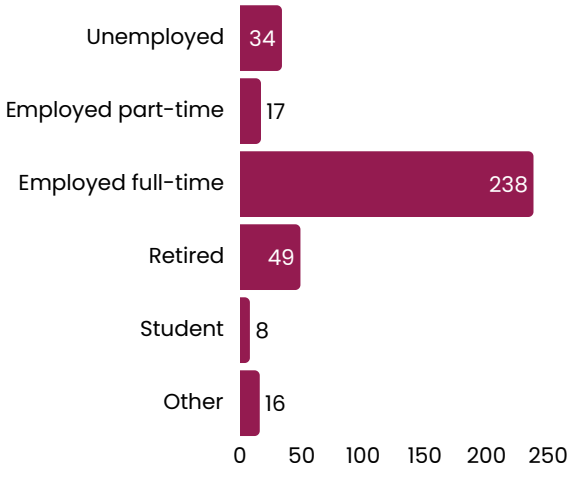
62% College or Above

6% Other

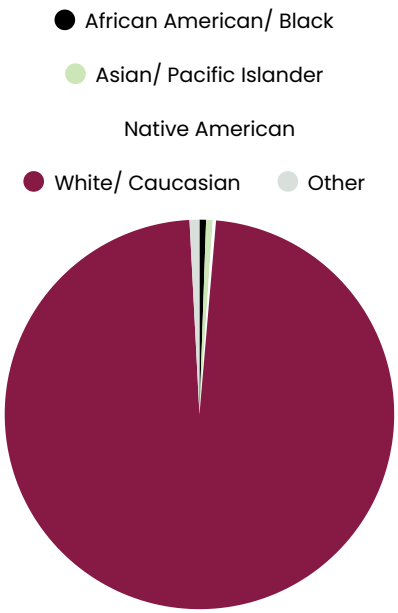
Age



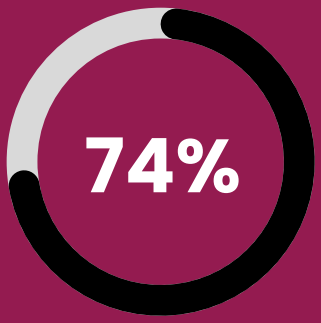
Employment Status



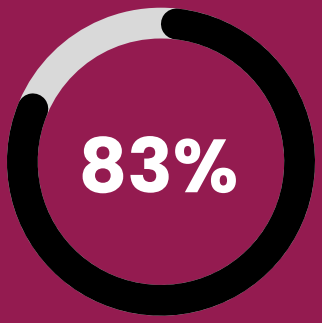
Race/ Ethnicity



Community Survey Results

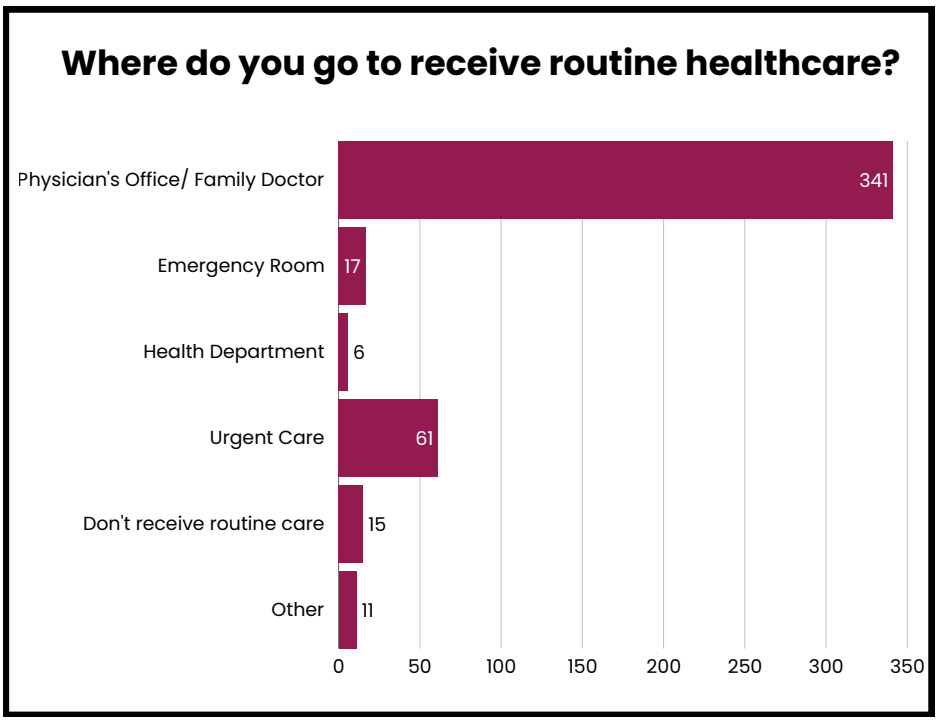


Are satisfied with the ability to access healthcare services in Johnson County.



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

Have delayed healthcare due to lack of money or insurance.

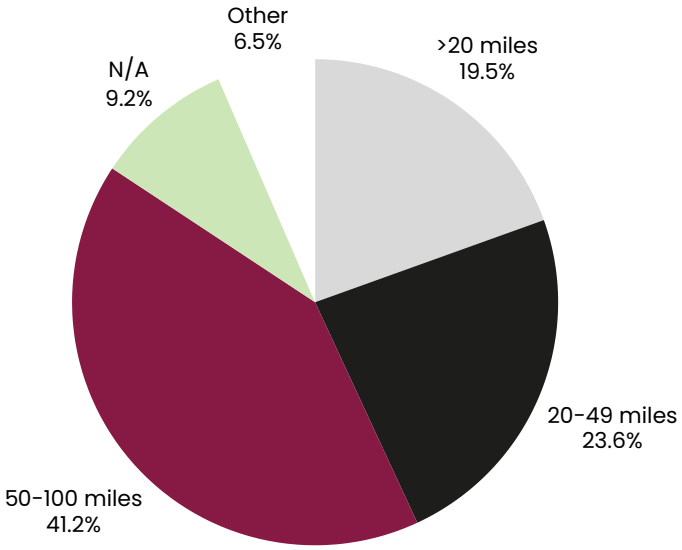


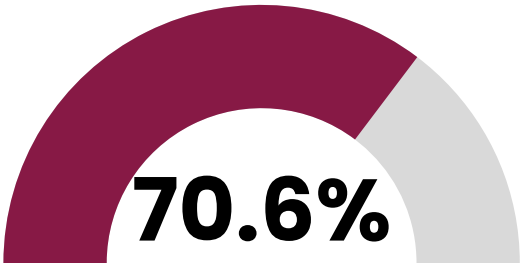
Top 5 barriers to receiving routine healthcare:

1. No barriers
2. Only visit the doctor when something is seriously wrong
3. Cannot take off work
4. Physician hours of operation
5. Months long wait times

Community Survey Results

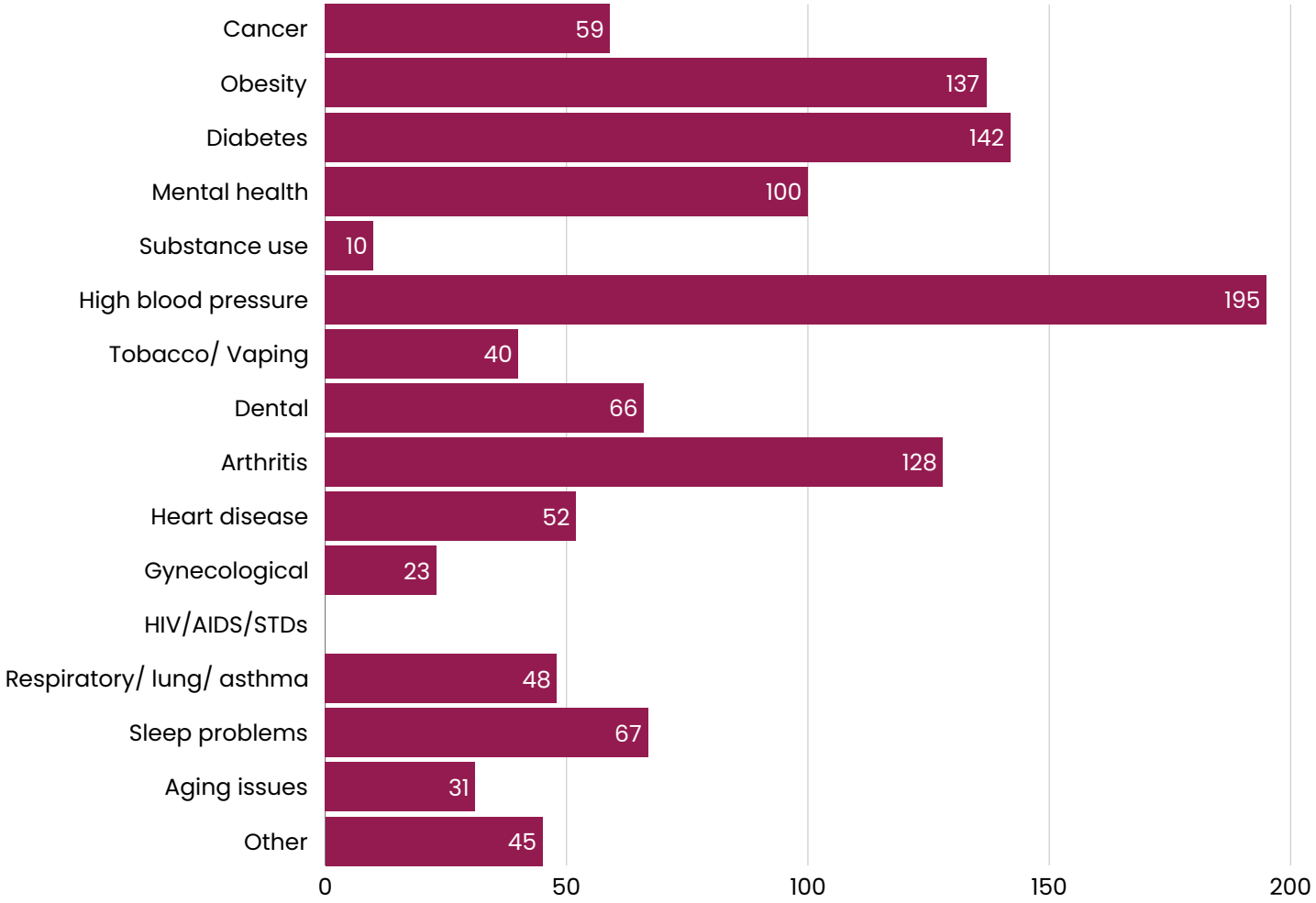
How far do you or your household travel to see a specialist?





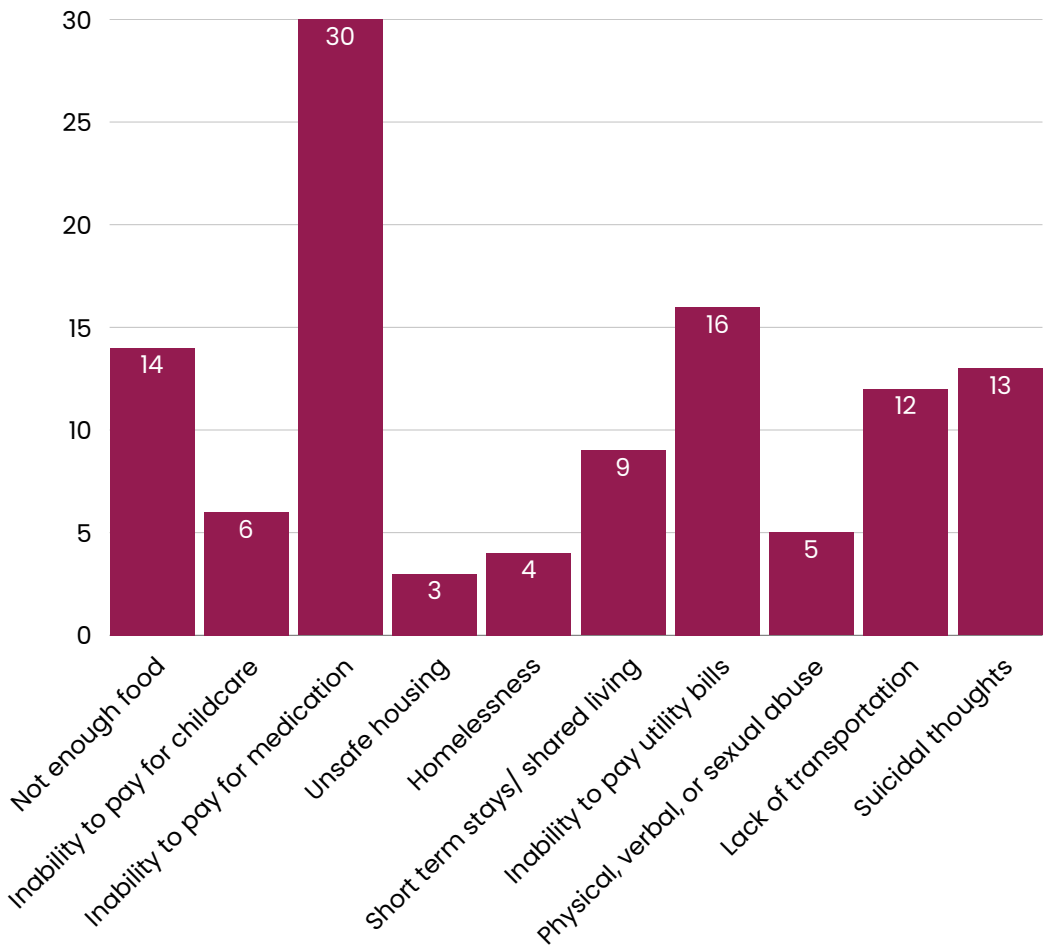
Are satisfied with the availability of mental health services in Johnson County.

Top 3 health challenges you/ your household face:

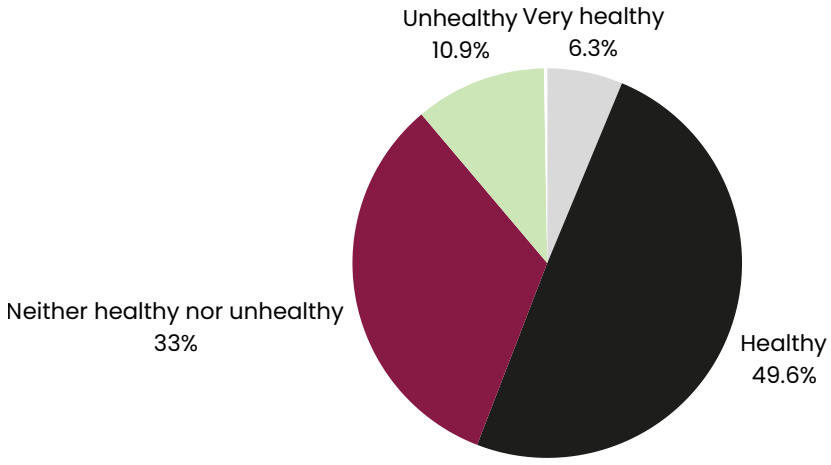


Community Survey Results

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



How would you rate your overall health?

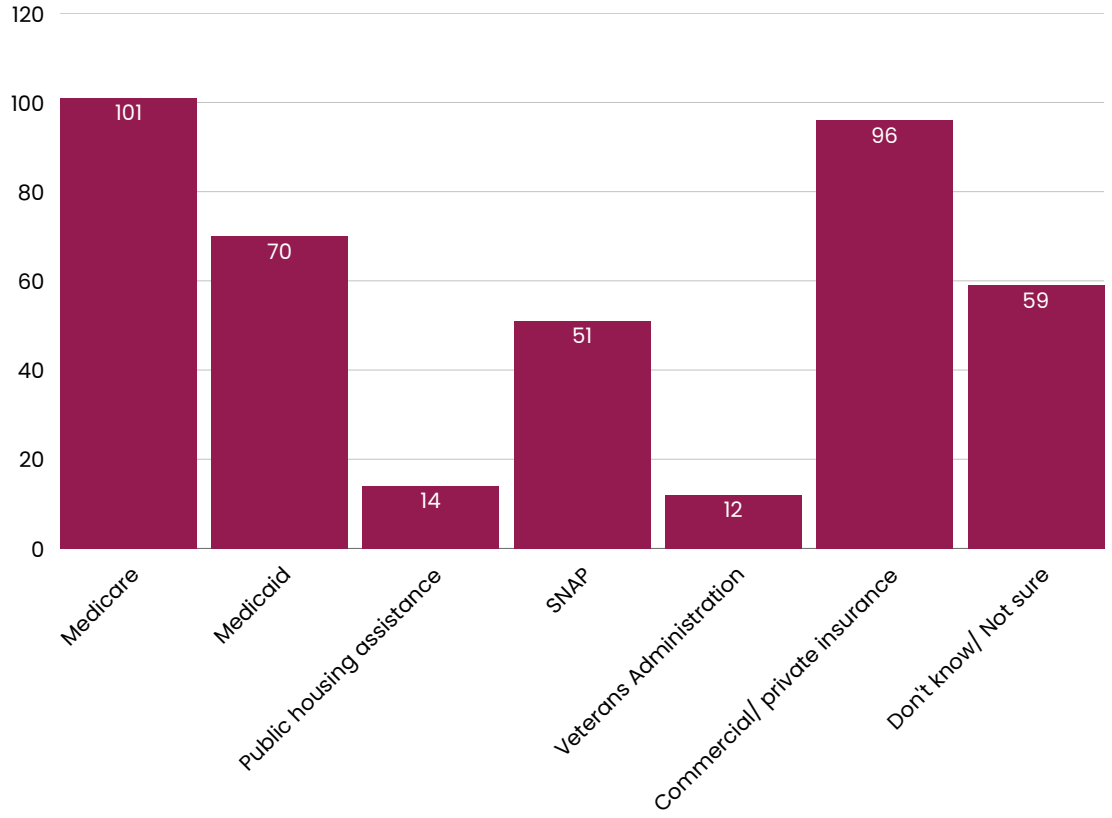


Top 3 risky behaviors you see in your community:

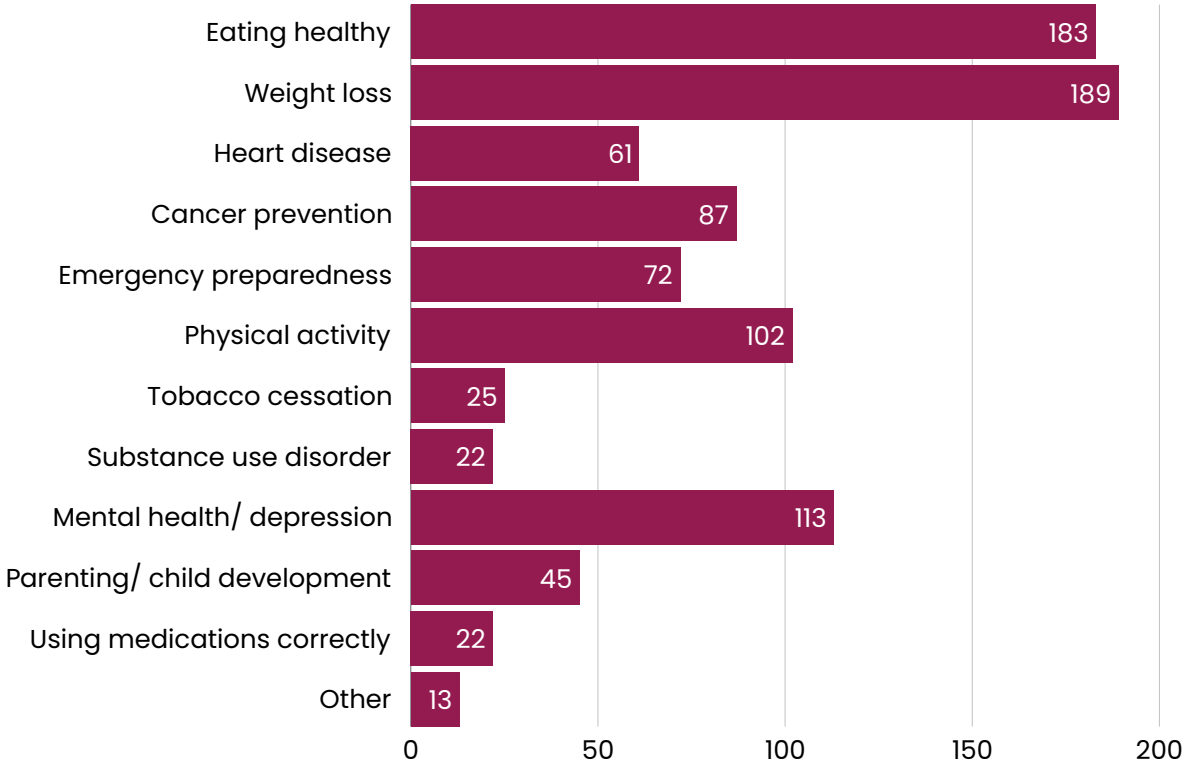
1. Drug use (245)
2. Tobacco/ Vaping (198)
3. Poor eating habits (166)

Community Survey Results

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

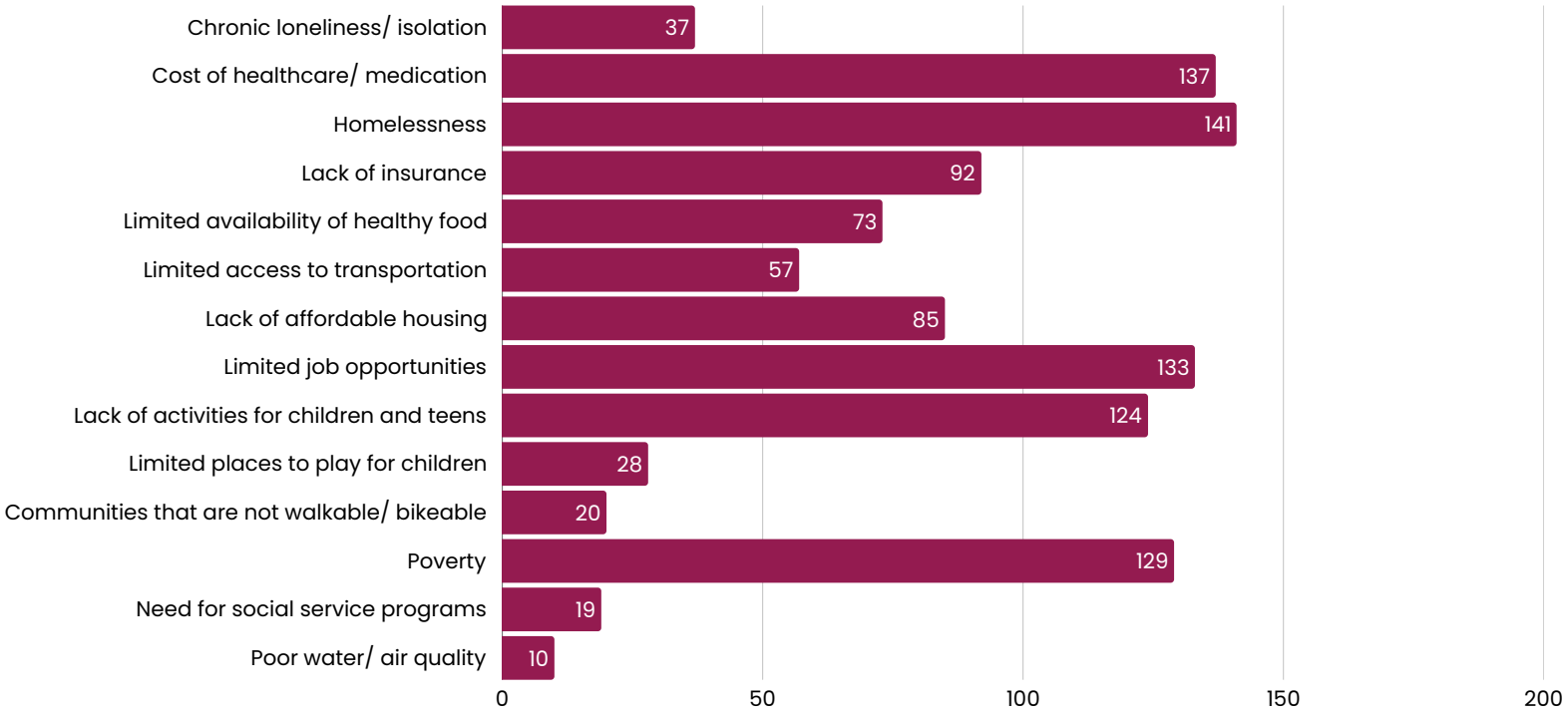


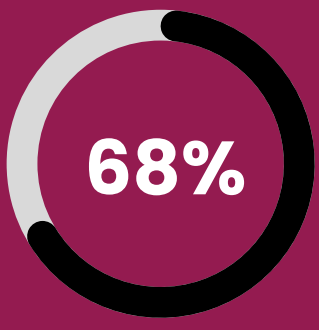
Health related topics respondents are interested in learning more about:



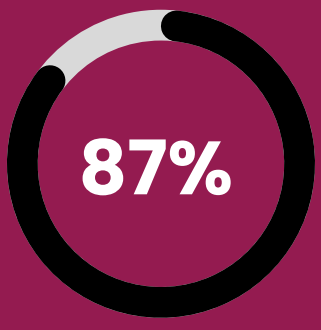
Community Survey Results

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





Have had a dental exam in the past year.

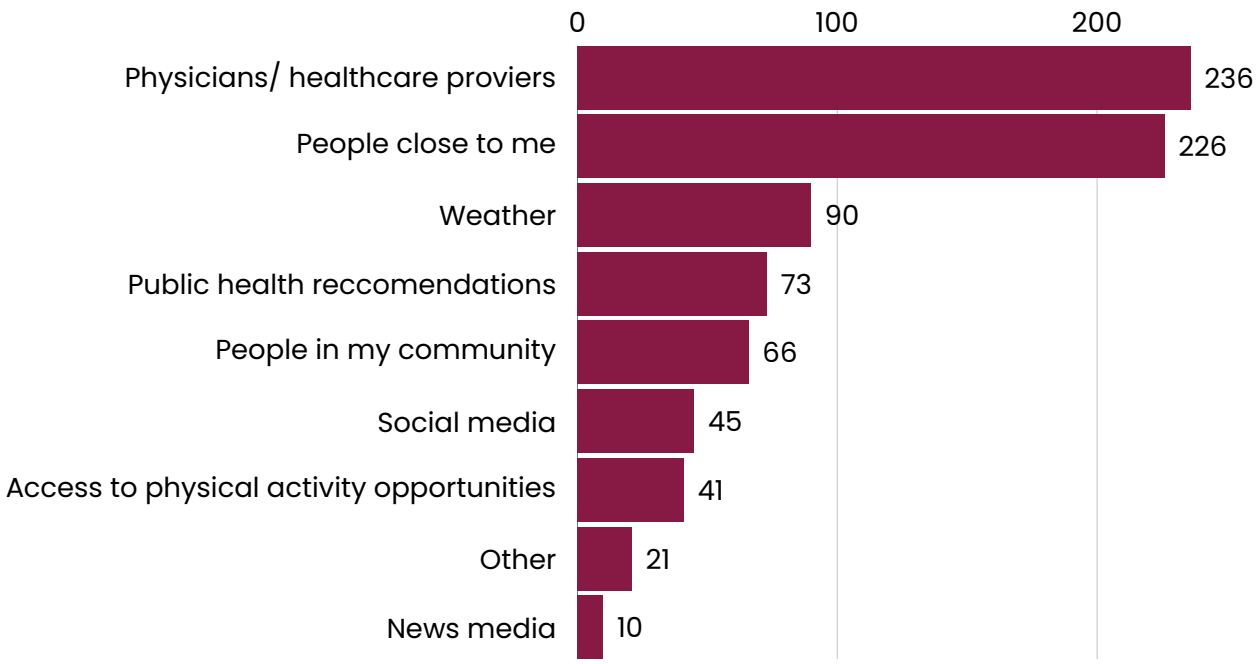


Have had a routine checkup in the past year.

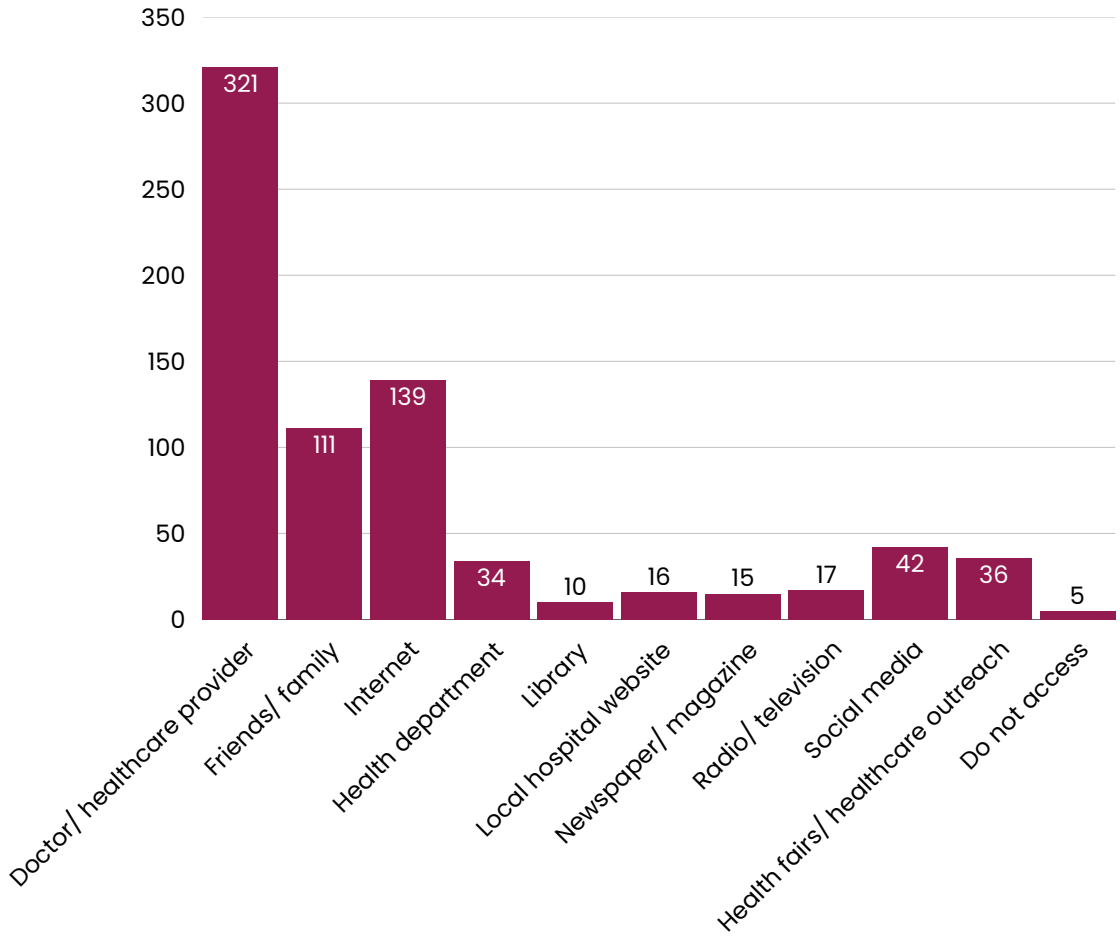
Believe mental illness is a medical condition.

Community Survey Results

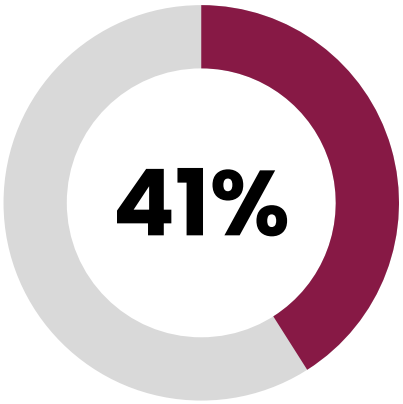
What factors influence your health choices?



Where do you get most of your healthcare information?

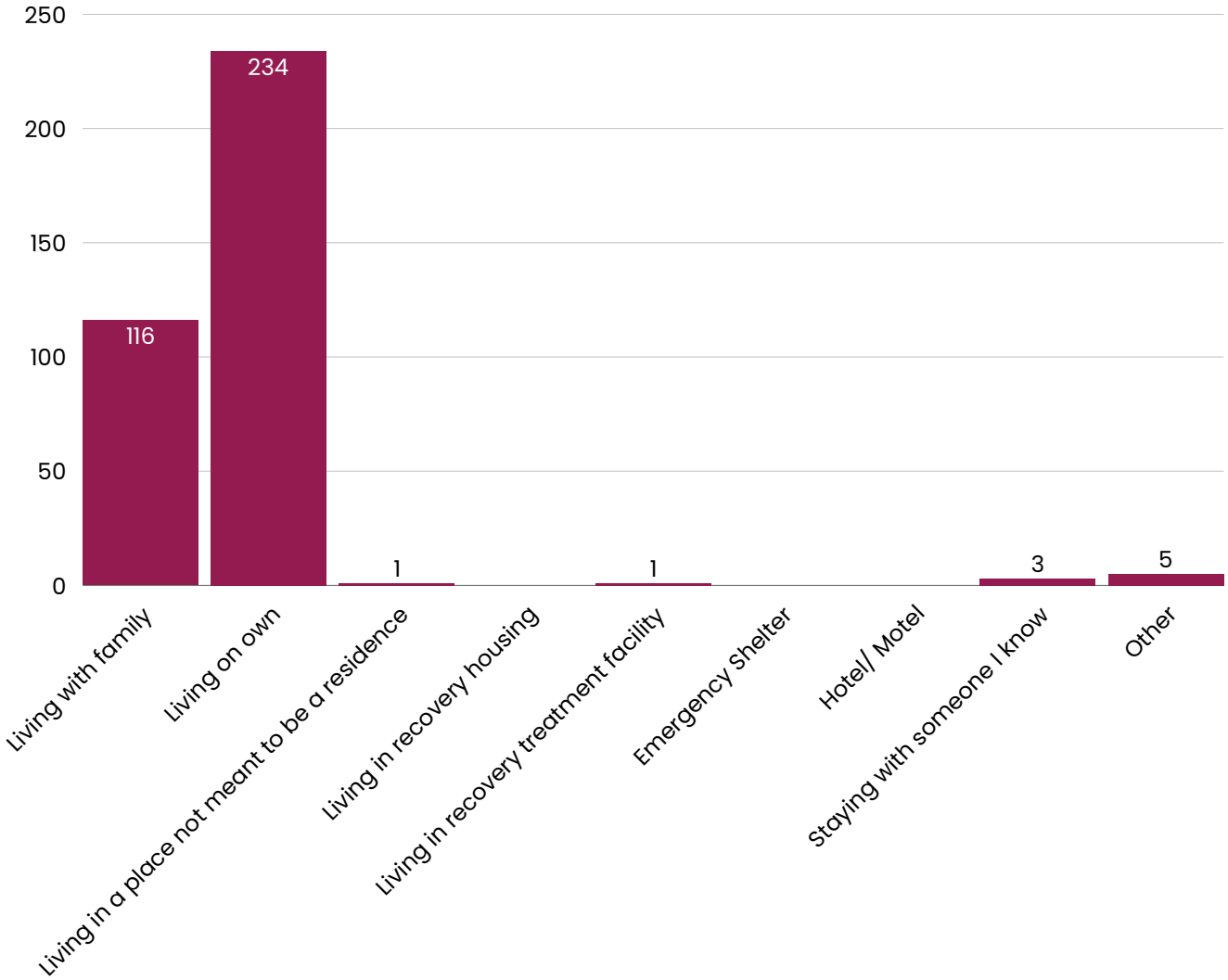


Community Survey Results



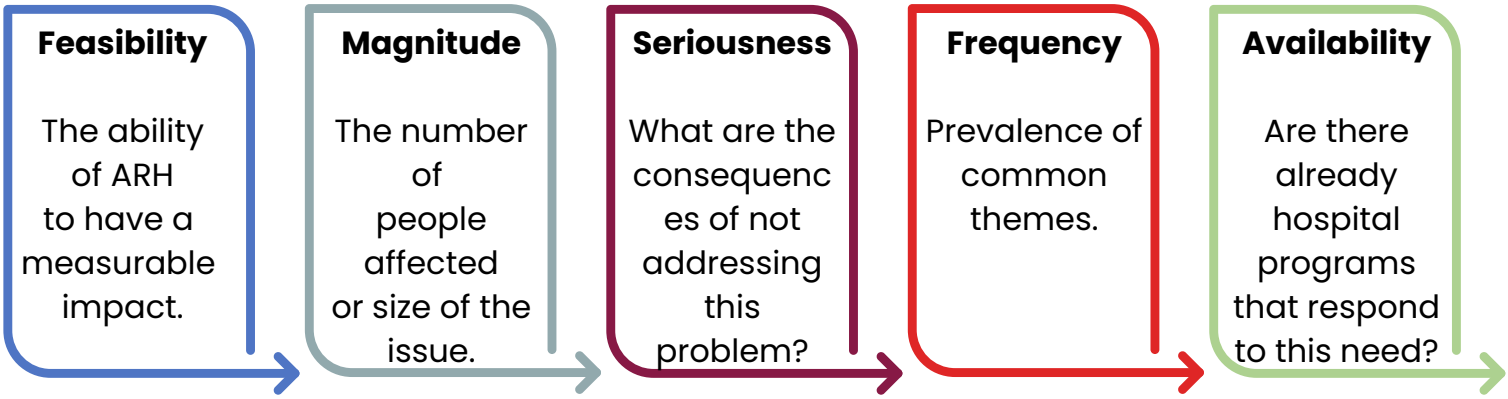
Have been told by a healthcare professional that they have high cholesterol.

What is your current living situation?



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.



Through this process, the Steering Committee synthesized and identified the top 5 health needs facing their community to be:

1. **Mental Health**
2. **Tobacco Use and Vaping**
3. **Healthy Eating/ Nutrition Education and Access**
4. **Housing and Homelessness**
5. **Dental Care**

Implementation Plan

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

Goal: Address mental health issues through increased services, community education, and reduction of stigma

Key Strategies	• Grow outpatient behavioral health services, including:
	  ◦ Recruitment of therapist and case manager
	  ◦ Use of Telehealth, including potential partnership with public school system
	• Provide mental health programming targeting youth and parents/ caregivers, such as:
	  ◦ Alcohol and SUD prevention
	  ◦ Suicide prevention and warning signs
	  ◦ Youth Mental Health First Aid
	  ◦ Targeted programs for grandparents raising grandchildren/ relative care
	• Continue Mental Health First Aid trainings on-site for staff and community to include law enforcement and first responders
	• Provide resources and mental health services for staff to include:
	  ◦ Online counseling services
	  ◦ Workplace stress events
	• Provide mental health-related community screenings and events

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.)

Key Strategies	• 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 • Enforce Tobacco-Free Campus policy

Goal: Promote nutritional health and improve access to healthy foods

Key Strategies	• Grow partnership with UK Extension Service, expanding cooking classes to outlying communities and different target audiences (i.e. head start parents, faith-based community)
	• Create an ARH-led Food and Nutrition Coalition for Johnson County to include local food banks, agriculture programs, health care entities, UK Extension Service, farmer's markets, MCOs, and any others with interest in food and nutrition
	  ◦ Partner to host 2 nutrition-based events per year
	  ◦ Consider a coalition-led healthy eating campaign for schools
	• Expand in-school programming to include education about nutrition, especially on sugary and overly-caffeinated drinks
	• Sponsor / monetarily support programs that provide access to healthy foods (i.e. Veggie Bucks, Double Dollars program, school backpack food programs)
	• Provide individual and group-based prevention and education efforts through the ARH Diabetes Education Program
	• Host on-site farmer's markets at the facility each year and otherwise support the county farmer's market growth
	• Continue in-facility food pantry program, which distributes food boxes to patients that screen as food insecure
	• Educate about/provide screenings related to obesity-related diseases – heart disease, stroke, type 2 diabetes

Goal: Address homelessness and housing insecurity through patient referrals, community partnerships, and shared understanding

Key Strategies	• Increase patient screenings for homelessness (SDOH assessments) in the ambulatory, outpatient, and inpatient settings • Create a guide of community housing resources and a referral process for patients in need • Participate in community coalitions and councils that work to decrease homelessness and meet basic needs, strengthening partnerships with community based organizations and nonprofits

Goal: Address dental health education in our community

Key Strategies	• Partnership with the BSCTC Dental Hygiene School to promote their free cleaning services and to provide dental care education for elementary school students • Partnership with Passport Health Plan by Molina to bring Dental Cares Mobile Services to underserved areas, such as Martin County

Goal: Increase access to health care in our community

Key Strategies	• Providing primary care in outlying communities with use of ARH Mobile Clinic • Providing telehealth to students and staff of Johnson County Schools • Building orthopedic surgery services • Increasing number of primary care providers • Building general surgery services • Updating equipment so patients do not have to travel for testing

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

JOHNSON COUNTY, KENTUCKY

POPULATION: 22,116

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: Johnson County 2.7% | Kentucky 3% | United States 2.4%
2	Poverty Rate: Johnson County 26% | Kentucky 16.5% | United States 11.5%
3	Population 16+ in Labor Force: Johnson County 44.6% | Kentucky 59.2 % | United States 63%
4	**Single Parent Households:** Johnson County 25.83% | Kentucky 31%
5	**Households Spending at Least 30% Of Income on Housing:** Johnson County 26% Kentucky 23.9% | United States 22.8%
6	Population Without Access to Large Grocery Store: Johnson County 3.1% | Kentucky 19.8% | United States 21.7%
7	**Children Living in Food Insecure Households:** Johnson County 18% | 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: Johnson County 93.2% | Kentucky 91.4%
2	High School Graduates Enrolled in Post-Secondary Education Within 6 Months of Graduation: Johnson County 41.2% | Kentucky 45.33%
3	8th Grade Students with Proficient or Distinguished on Readings State Assessment: Johnson County 42% | Kentucky 45%
4	**8th Grade Students with Proficient or Distinguished on Math State Assessment**: Johnson County 27% | Kentucky 37%
5	Kindergarteners Ready to Learn: Johnson County 44% | Kentucky 44%
6	Students with an Individualized Education Plan (IEP): Johnson County 23% | Kentucky 15%
7	4th Grade Students with Proficient or Distinguished on Reading State Assessment: Johnson County 51% | Kentucky 47%
8	4th Grade Students with Proficient or Distinguished on Math State Assessment: Johnson County 40% | Kentucky 42%

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

1	Adults with Recent Doctor Visit for Routine Checkup: Johnson County 75.5% | United States 71.8%
2	Children Under 19 with Health Insurance Coverage: Johnson County 96.1% | Kentucky 96.1%
3	Number of TBI Emergency Department Cases: Johnson County 21 | Kentucky 11,249
4	Adults With Recent Preventative Care Visit: Johnson County 81% | Kentucky 80.7% | United States 74.6%
5	Lung and Bronchus Incidence per 100,000 Population: Johnson County 112.2 | Kentucky 84.4 | United States 54
6	**Mammography Use Among Women Aged 50-74:** Johnson County 65.2% | United States 77.8%
7	**STIs per 100,000:** Johnson County 199.5 | Kentucky 410.3 | United States 495.5
8	Colon and Rectum Cancer Incidence per 100,000: Johnson County 47.1 | 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: Johnson County 57% | Kentucky 51%
10	Population Under 65 Without Health Insurance: Johnson County 6.9% | Kentucky 6.7% | United States 9.3%
11	Population With Limited English Proficiency: Johnson County 0-2.3% | Kentucky 2.1% | United States 9%

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

1	Violent Crime Rate per 100,000 Population: Johnson County 70.8 | Kentucky 225.6 | United States 204.5
2	Population with Access to Broadband: Johnson County 99% | Kentucky 97% | United States 96.7%
3	**Percent of County Using SNAP:** Johnson County 21.8% | Kentucky 16.3
4	Air Quality Hazard: Johnson County 0.49 | Kentucky 0.44 | United States 0.34
5	Vehicle Crash Fatality Rate per 100,000: Johnson County 17.1 | Kentucky 51.5 | United States 17.5
6	**Population Within ½ Mile of Walkable Destinations**: Johnson County 12.1% | Kentucky 33.9% | United States 34%
7	Walkability Index Score: Johnson County 4.7 | Kentucky 7.2 | United States 6.1
8	Asthma Prevalence Among Adults 18+: Johnson County 12.3% | Kentucky 11.5% | United States 9.7%
9	**Adult Smoking Rate:** Johnson County 26.4% | Kentucky 23.9% | United States 24.3%
10	Deaf and Hard of Hearing Population: Johnson County 3,448 | Kentucky 705,533
11	Prevalence of People with Disabilities: Johnson County 25.4% | Kentucky 21.1%

SOCIAL AND COMMUNITY CONTEXT: INCREASE SOCIAL AND COMMUNITY SUPPORT

1	Youth Incarcerated in the Juvenile Justice System per 1,000 Youth: Johnson County N/A | Kentucky 13.2
2	Census Self- Response Rate: Johnson County 60.9% | Kentucky 63.5% | United States 65.8%
3	Households With a Computer: Johnson County 89.3% | Kentucky 90.2% | United States 93.1%

TEAM UP
A Public Health Academic Practice Collaborative

Appendix B

Local Public Health Schematic

Appendix C

Survey Instrument

Appalachian Regional Healthcare

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

  _____

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

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

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

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

  _____

  _____

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 Johnson 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 Johnson 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.

BOT Chairperson Signature

7/28/25

Date