



BRIGHT
Coalition

2024

Community Health Assessment of the Barren River Area Development District



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Executive Summary

The BRIGHT Coalition's Community Health Assessment for the 10-county BRADD region provides crucial insights into public health challenges and opportunities. Through extensive survey data of 1783 people in the region, the assessment captures a diverse range of demographic and socioeconomic details, offering a nuanced picture of community health dynamics.

Key findings emphasize the importance of accessible healthcare, healthy lifestyles, and economic stability in promoting overall well-being. Critical gaps were identified in mental health services, where issues such as cost and social stigma restrict access to necessary care. Economic barriers further exacerbate difficulties in accessing essential health services, including those related to substance use and tobacco consumption.

The assessment highlights several specific areas needing attention:

1. **Mental Health Services:** High demand across counties underscores the need for affordable and comprehensive mental health care.
2. **Chronic Conditions:** High prevalence of conditions like diabetes and physical inactivity points to the need for improved physical activity options and nutritional education.
3. **Healthcare Accessibility:** Economic instability and employment-related barriers significantly hinder healthcare access. Suggestions include employer-supported health time-off and expanded service hours in rural areas.
4. **Vaccination and Preventative Health:** Despite a general acknowledgment of the importance of vaccines, skepticism persists, necessitating enhanced public education and outreach.
5. **Provider-Patient Relationships:** Concerns about discrimination in healthcare suggest a need for provider sensitivity training and community outreach to build trust.

The BRIGHT Coalition is positioned to lead collaborative efforts with local organizations, government entities, and healthcare providers to address these issues. By focusing on enhancing access to care, improving economic stability, and educating the community on health practices, the Coalition can significantly uplift public health standards and ensure equitable health outcomes for all residents in the BRADD region.

Introduction

The BRIGHT Coalition conducted a Community Health Assessment (CHA) of the 10-county Barren River Area Development District (BRADD) between July and November 2024. The Data Committee of the BRIGHT Coalition lead the CHA efforts. A table of the Data Committee membership can be found in Table 1 below. This report was prepared by Grantibly, a local leader in evaluation research consulting led by Dr. Lauren McClain. Our team includes Macy Parker, Fran Trejo, and Dr. Angelika Gulbis. With a commitment to advancing healthy communities and health equity in the BRADD region, our team has compiled and analyzed the data presented herein to address community health, strengths, barriers, and needs. Our involvement in this project stems from our dedication to the work of the BRIGHT Coalition, ensuring that it has data to drive the next three years of work. The Community Health Assessment received financial support from Barren River District Health Department, the Allen County Health Department, and Med Center Health.

Table 1: Data Committee Member List

Member	Employer
Amanda Reckard	Barren River District Health Department
Dr. Kim Link	Western Kentucky University
Dr. Susan Eagle	Western Kentucky University
Sarah Widener	Med Center Health
Annette Runyon	Med Center Health
Susan Willis	Barren River District Health Department
Olivia McGhee	Barren River District Health Department
Ashli McCarty	Barren River Health Department
Dr. Qingfang Song	Western Kentucky University
Lynn Blankenship	University of Kentucky Cooperative Extension Service
Dr. Lauren McClain	Grantibly

The CHA consisted of three parts: interviews with key stakeholders who have knowledge about the health needs of particular segments of the community, a focus group with members of the refugee community leadership in Bowling Green, and a survey of citizens of the 10-county BRADD region. This report will outline the results of the survey. The full survey can be found in Appendix A.

Report Notes

This report includes and is organized by the methodology utilized to administer the survey, descriptive results for all measures in the survey, and multivariate results to examine relationships between measures. Care is taken to avoid statistical jargon. One term that is used often is “respondents.” Respondents are people who took the survey. We use that term to avoid confusion in that the results here are about those who took the survey and not all people in the 10-county region. On tables, we show “n = ##” which is the number of people who answered that question. Some questions were required but most were not so respondents could choose to skip questions if they did not want to answer them. Some questions were not asked of all respondents. For example, respondents were asked if they have diabetes. If they responded that they do have diabetes or are pre-diabetic, they were asked two follow up questions. However, those who do not have diabetes or who do not know if they have it were not asked those two follow up questions. It is important to keep in mind that number when discussing the percentages of each response. For just a few responses, we include the average and the standard deviation. The average, or the mean, is the number that best represents that variable or indicator. The standard deviation is the average distance of each individual point to the mean so it is a measure of the distribution of responses. A larger standard deviation means there is a lot of variability in responses while a smaller standard deviation means that the responses are more clustered around the mean or that the differences between respondents is small.

Methodology

The survey was created and administered in Alchemer, an online survey platform used by health departments around the country. While the Data Committee reviewed similar surveys by other health departments around the state and used some questions, most of the questions in this survey were created by Dr. Lauren McClain in consultation with the Data Committee. The goal of the survey is to learn about community members’ thoughts and experiences related to the priorities of BRIGHT, namely [Physical Health](#), [Nutrition](#), [Diabetes](#),

Tobacco Use, Substance Use, Mental Health, and Other Community Health Needs. We focused on both community strengths and barriers to good health as well as respondents' attitudes and knowledge of certain health issues and sociodemographic background indicators. Questions were written at a 5th grade reading level. All questions were closed-ended. Data analysis was conducted in SAS and Excel.

The survey launched on August 15, 2024 and closed on November 13, 2024. The survey link was shared in a variety of ways: through the BRIGHT Coalition membership who shared it on their social media pages and with their networks, the BRIGHT social media pages, through email listservs of community nonprofits, at community events (see Table 2 for a list of events), on table tents or small flyers at Graves Gilbert and Med Center locations and at a few local businesses, as stickers on pizza boxes at Papa John's in Bowling Green, and through the local newspapers. Paper surveys were also made available at the Med Center Health Franklin and Scottsville locations in waiting rooms. The Behavioral Health Group also made paper surveys available to clients. Direct mailing invitations were sent to a random selection of 50 addresses in the 10 counties (550+ invitations) to encourage participation. Table 3 shows the increase in responses in low participating counties before and after mailing the survey invitation. Not all efforts to share the survey were successful or have unknown levels of success. We asked a number of school districts to send announcements to their families but that was not permitted. We reached out to a number of organizations specifically to increase participation of hard-to-reach groups and asked them to send the survey invitation out but we are not sure if that happened consistently.

Table 2: Event Survey Distribution

Date	Event for Survey Distribution
August 17 th	Celebrate Anyways Bowling Green, KY
August 30 th	Metcalfe County Farmers Market
September 6 th	First Friday Scottsville, KY
September 6 th	Clash of the Cats – Logan County Football game
September 14 th	Hispanic Health Festival Glasgow, KY
September 21 st	Recovery Fest registered Survey (90's theme)
September 26 th	Community Action Resource Fair Metcalfe County
September 28 th	International Festival – Survey Bowling Green, KY
October 2 nd	A Day Just for Women Bowling Green, KY
October 4 th	First Fridays Scottsville
October 12 th	The Foundry Bowling Green, KY
October 26 th	BG Pride registered Bowling Green, KY
October 31 st	Feeding Across America Smiths Grove

Table 3: Change in Response Rate After Mail Invitation


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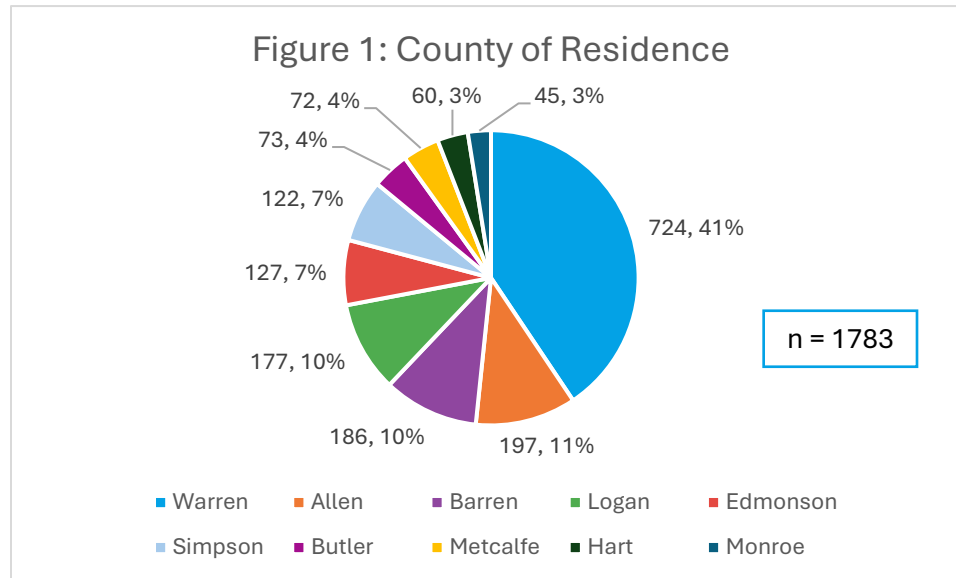
Survey Results After Mailing

	Mid October	Last 7 Days
Allen	12.9%	17.2%
Barren	8.1%	13.8%
Butler	6.3%	0%
Edmonson	7.4%	6.9%
Hart	3.0%	3.4%
Logan	8.9%	24.1
Metcalfe	3.4%	0%
Monroe	2.7%	6.9%
Simpson	5.9%	0%
Warren	39.3%	20.7%

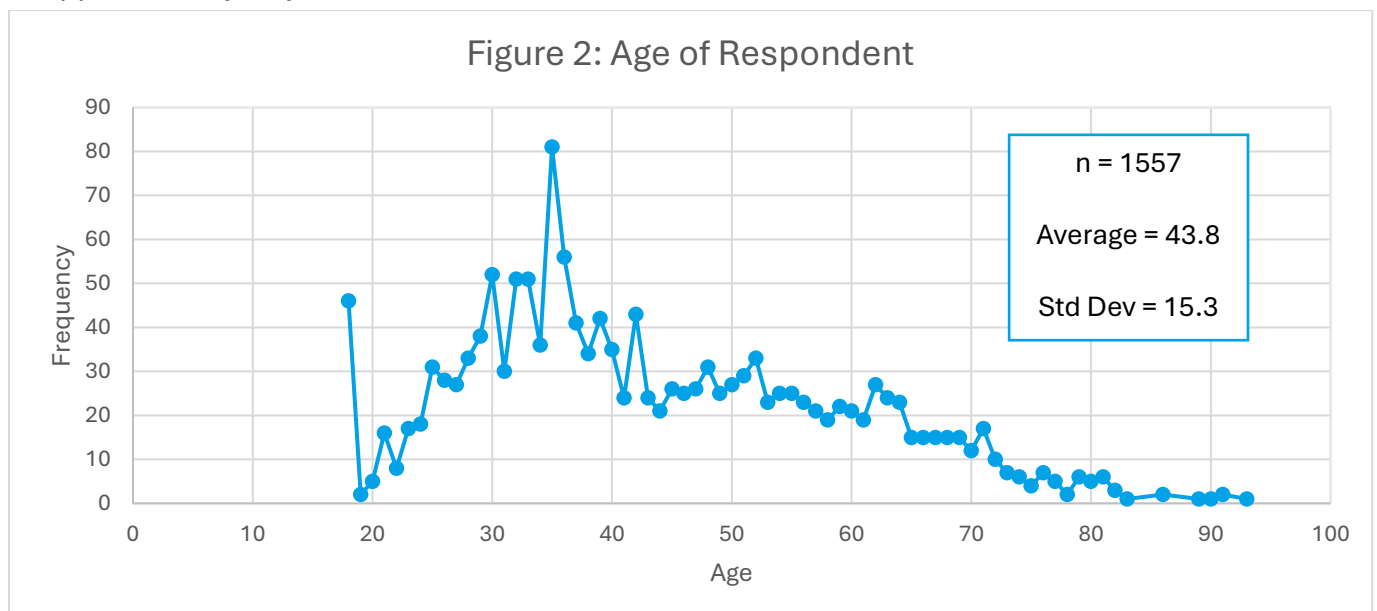
Characteristics of Respondents - Socio-Demographics

There were a total of 1783 surveys analyzed for this report after data cleaning.

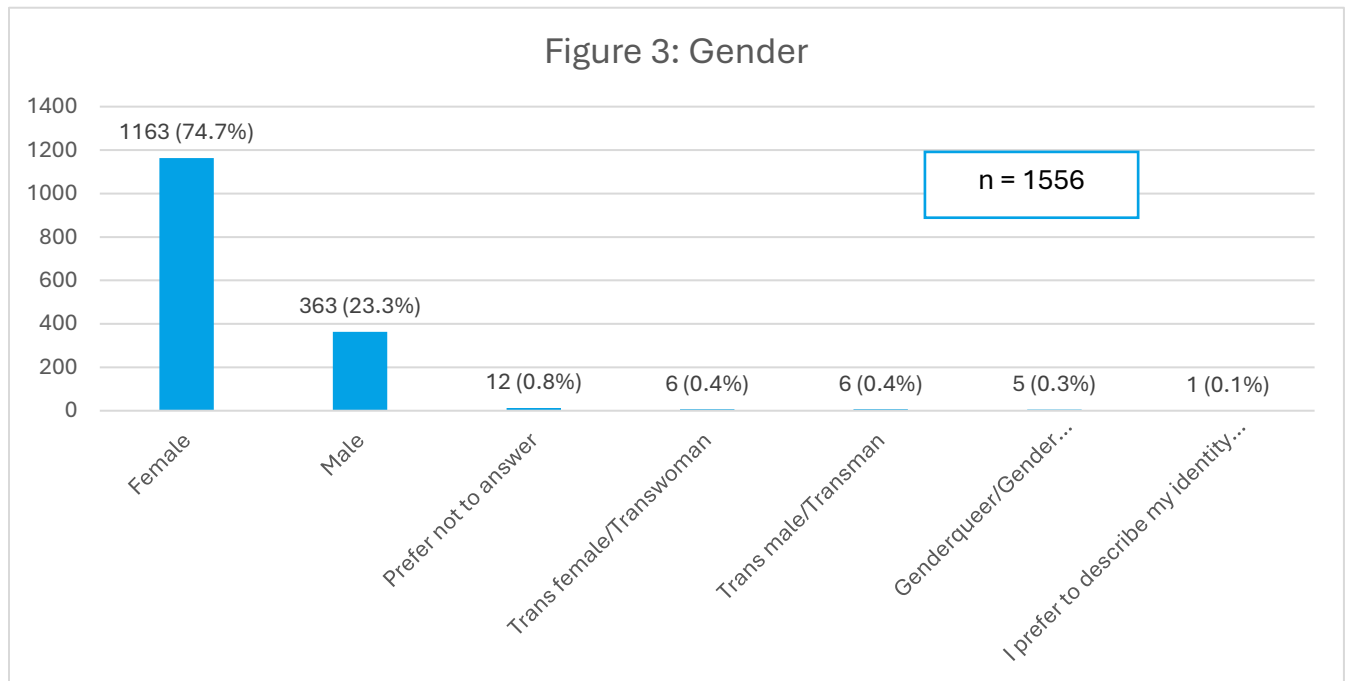
Participants represented a diverse group from ten counties: Warren (41%), Allen (11%), Barren (10%), Logan (10%), Edmonson (7%), Simpson (7%), Butler (4%), Metcalfe (4%), Hart (3%), and Monroe (3%).



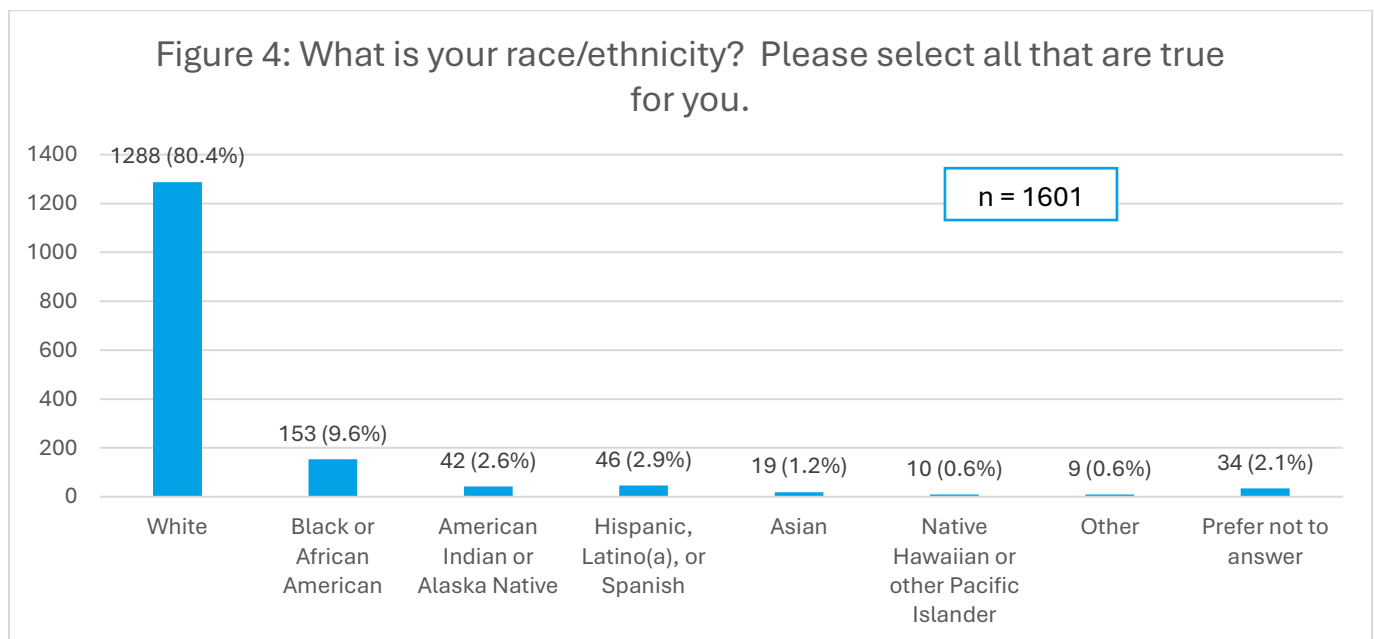
The survey included individuals ranging in age from 18 to 93 years old, with an average age of approximately 43 years.



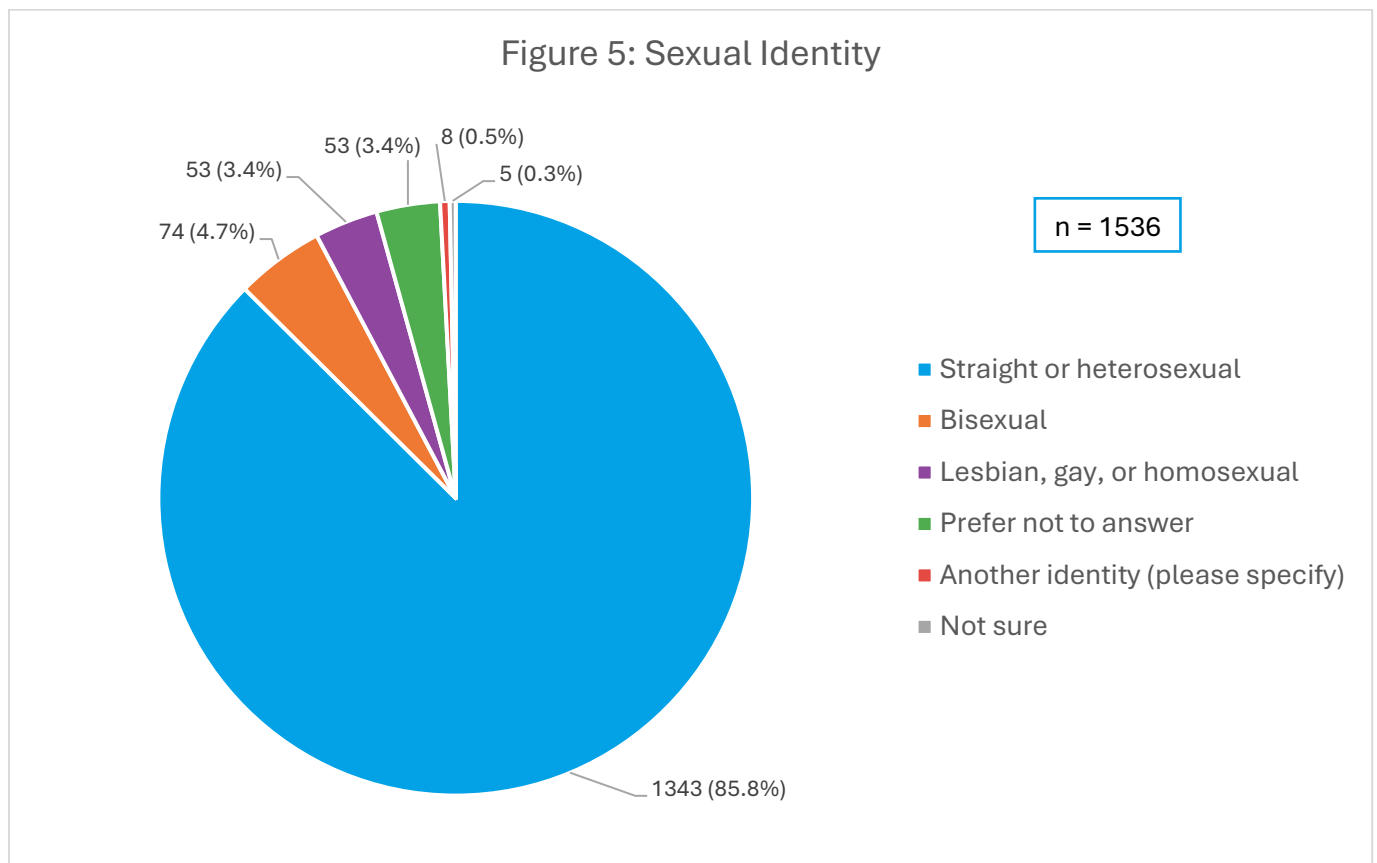
In terms of gender, 74.7% of respondents (1,163 individuals) identified as female, while 23.3% (363 individuals) identified as male.



Respondents were asked their race/ethnicity and were given the option to select all that applied. The majority of respondents (80.4%, or 1,288 individuals) identified their race as white.

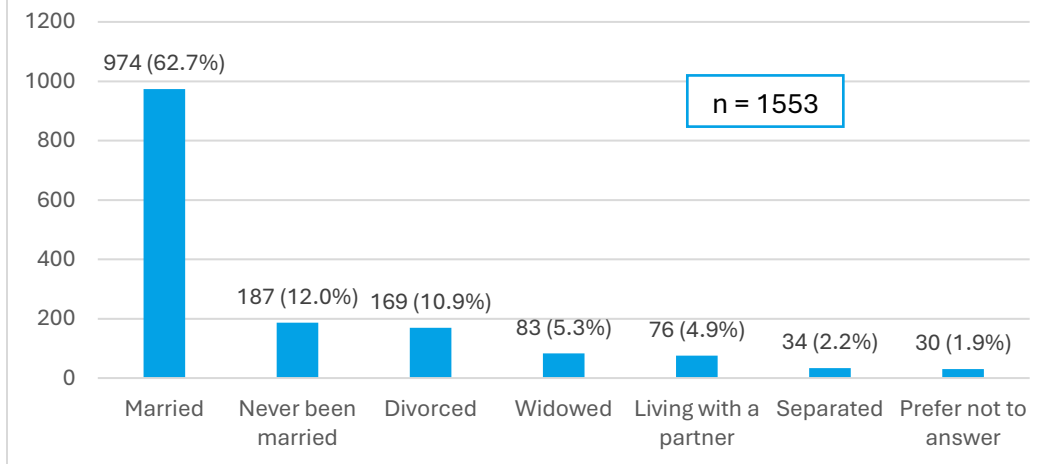


Most participants (85.8%, or 1,343 individuals) reported their sexual orientation as straight, with less than 5% in each of the categories of bisexual (4.7%), lesbian or gay (3.4%), another identity (0.5%). About 3% did not answer and 0.3% said they weren't sure what their sexual orientation is.



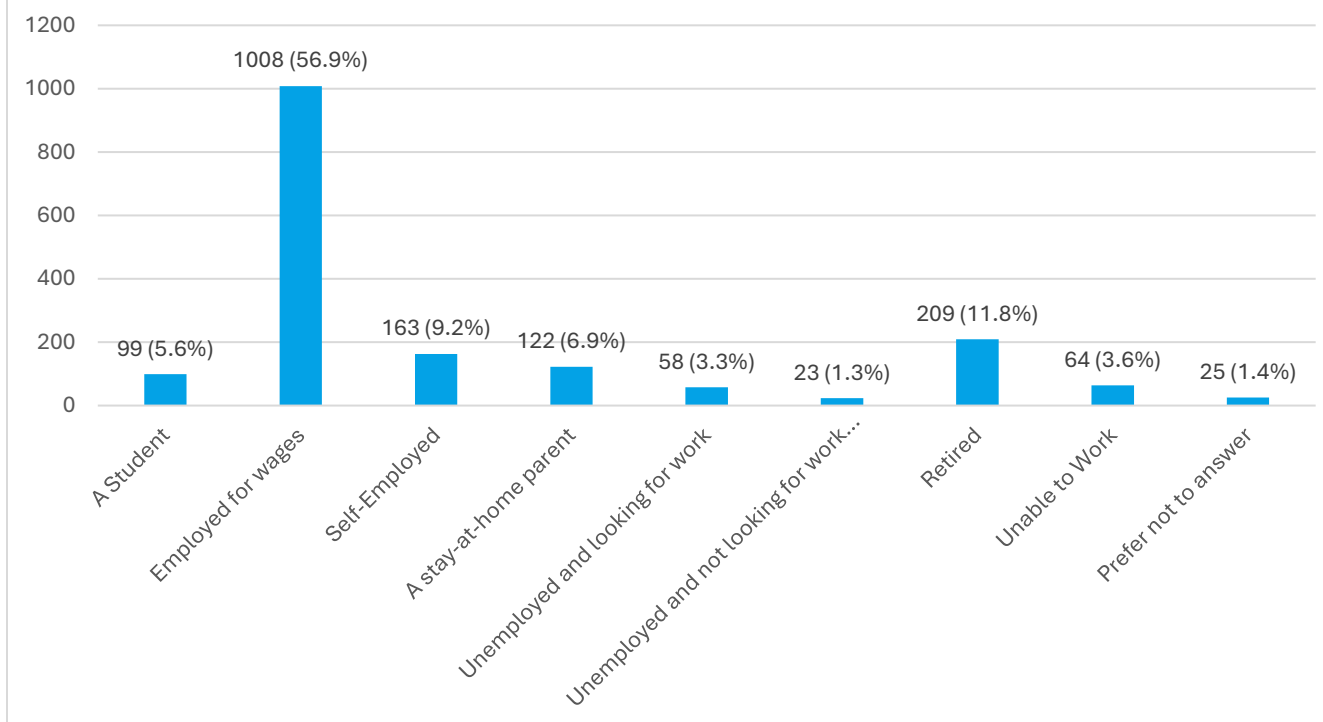
Regarding relationship status, 62.7% of participants reported being married, while 12% indicated they had never been married, 10.9% are divorced, 5.3% are widowed, 4.9% are living with a partner but are not married, 2.2% are separated and 1.9% did not want to answer.

Figure 6: Marital Status



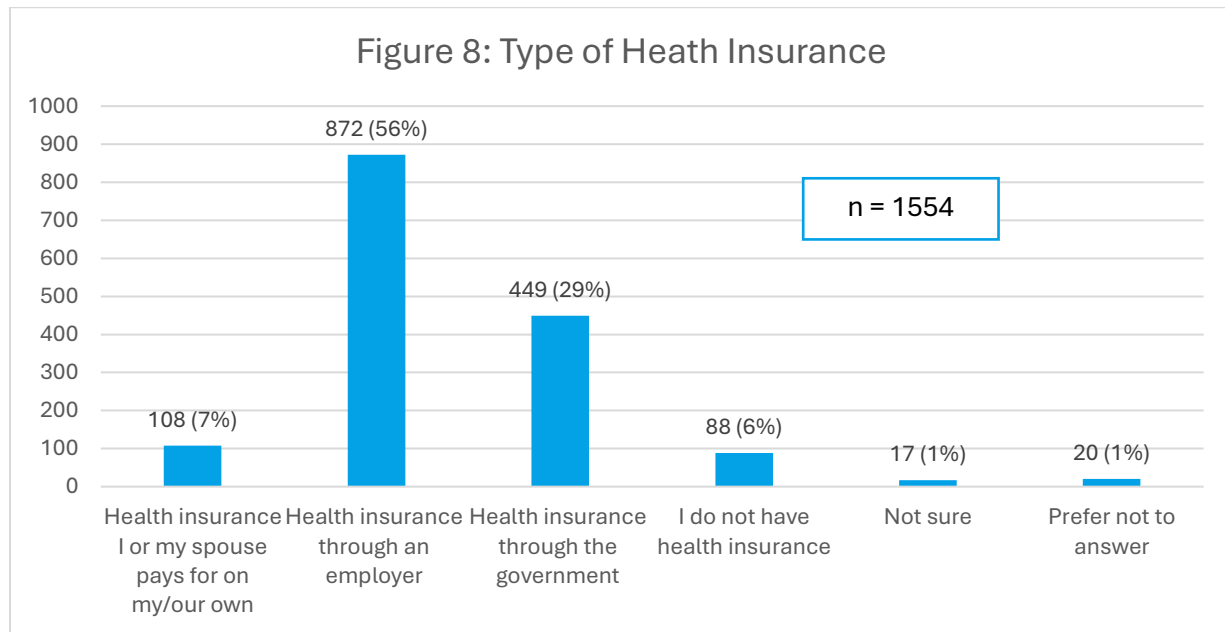
Employment data showed that 56.9% (1,008 respondents) were employed for wages, while the remaining respondents identified as retired (11.8%), self-employed (9.2%), students (5.6%), or unable to work (3.6%). Only about 5% are unemployed but of those 3.3% are looking for work.

Figure 7: Are you currently...? Please select all that apply.



Health insurance coverage was assessed, with 56% (872 respondents) having insurance through their employer and 7% (108 respondents) having insurance that they pay for on their

own, such as through COBRA or the KYNECT health insurance marketplace. Twenty nine percent of respondents (449 respondents) have health insurance coverage through government programs such as Medicare or Medicaid. Six percent (88 respondents) of respondents do not have insurance.



Results

Top Community Strengths that Positively Impact Health

This survey asked participants to identify the top three factors they believe help people stay healthy in their community. The most frequently selected factor was access to healthcare, chosen by 43.8% (780 participants), emphasizing the importance of readily available medical services. The second most chosen factor was healthy behaviors and lifestyles, with 31.7% (565 participants) pointing to the role of diet, exercise, and other habits in maintaining health. The third most common response was good jobs and a healthy economy, selected by 23.9% (426 participants), reflecting the link between financial stability and access to health-promoting resources.

In addition to these predefined options, participants contributed their own ideas in a write-in section. Suggestions included a belief in God, affordable healthcare, and education, showing a mix of personal values and systemic priorities. These responses underscore the community's belief that both access to resources and individual choices play a critical role in supporting health and well-being.

Table 4: What helps people stay healthy in your community? Pick the top 3.

Helps to Stay Healthy	Count	% of Total Responses	% of Total Respondents
Access to health care (e.g., family doctor)	780	15.2%	43.8%
Healthy behaviors and lifestyles	565	11.0%	31.7%
Good jobs and healthy economy	426	8.3%	23.9%
Low crime / safe neighborhoods	400	7.8%	22.5%
Clean environment	353	6.9%	19.8%
Good place to raise children	340	6.6%	19.1%
Sense of community belonging	339	6.6%	19.0%
Strong family life	324	6.3%	18.2%
Parks and recreation	311	6.1%	17.5%
Good schools	306	6.0%	17.2%
Affordable housing	273	5.3%	15.3%
Farmer's markets	211	4.1%	11.8%
Inclusive community (in other words, people are accepted for who they are)	205	4.0%	11.5%
Local leaders (such as government or school leaders) who prioritize health	167	3.3%	9.4%
Arts and cultural events	91	1.8%	5.1%
Other - Write In	28	0.5%	1.6%
Prefer not to answer	12	0.2%	0.7%
Low adult death and disease rates	0	0.0%	0.0%
Low infant deaths	0	0.0%	0.0%
Religious or spiritual values	0	0.0%	0.0%
Total Responses (Up to 3 per respondent)	5131	100%	-
Total Respondents	1781	-	100%

Table 5: What helps people stay healthy in your community? Write-In Responses

All of the above (4 responses)
Church/Belief in God (4 responses)
Access to healthy foods
Affordable healthcare
boys and girls club access
Education
Food stamps and income based housing
Healthy grocery stores
I feel we do not have healthy families despite having several of these things available.
I think all of these dimensions vary wildly across our county/community. So I don't know how to rate this.
In home care that is affordable
Mostly a rural environment with not to much development in the farming areas.
My inner circle of friends
need to recycle plastic! buried in landfill
need transportation access to dr. visits and grocery store
no so hard to get healthcare/to many hoops to jump through for my situation
none of the above
Not sure that I feel that any of those items apply to me or others in my LGBTQ+ community. Housing is not affordable, we do not have a fairness ordinance, I am not fond of our 3 of our City elected officials.
Personal responsibility. It's cheaper to cook than eat fast food or buy premade convenience foods. Were taught this stuff and exercise in kindergarten but we chose not to
The Foundry free cardio drumming & yoga
Understanding social determinants of health
We don't have a lot of advertised resources/events/awareness, we lack in behavioral services with kids, parent groups/youth groups that promote healing in general

Top Community Issues that Negatively Impact Health

Respondents were invited to identify up to three significant issues or barriers within their community that they believed had a negative impact on their health. A total of 1,783 individuals participated in this question, collectively providing 4,428 responses. Notably, every respondent selected at least one option, with no one choosing "prefer not to answer."

The most cited concern was poor eating habits, with 32.4% of respondents (577 individuals) including this in their top three selections. This highlights a significant community-wide issue, possibly linked to access to healthy food, nutritional education, or affordability.

Following closely, lack of exercise emerged as another key concern, with 26.8% of participants (478 individuals) identifying physical inactivity as a major barrier to overall

health. This suggests a need for more opportunities or resources to encourage active lifestyles, such as accessible recreational facilities or community wellness programs.

The third most frequently selected issue was lack of a livable wage, with 25.6% of respondents (457 individuals) noting this as a negative factor. This underscores the role of economic instability in limiting access to healthcare, nutritious food, and safe living conditions, factors that are crucial to maintaining overall health.

The fourth top concern was substance misuse, identified by 25.2% of participants (449 individuals). This indicates ongoing challenges related to substance use disorders and the impact they have on individuals, families, and communities.

Finally, to round out the top five, was limited access to healthcare. While additional issues were noted, these five emerged as the most pressing among respondents. Other significant challenges included homelessness or housing insecurity, limited access to healthy foods, excessive social media use and limited access to medications, underscoring the complex interplay of factors affecting community health.

Table 6: In your opinion, what are the issues in our community that have the greatest negative impact on our health? Please select the top 3.

Health Concern	Count	% of Total Responses	% of Total Respondents
Poor eating habits	577	13.0%	32.4%
Lack of exercise	478	10.8%	26.8%
Lack of a livable wage	457	10.3%	25.6%
Substance misuse (for example, alcohol, opioids, meth)	449	10.1%	25.2%
Limited access to healthcare	370	8.4%	20.8%
Homelessness or housing insecurity	296	6.7%	16.6%
Limited access to healthy foods	291	6.6%	16.3%
Excessive social media use	211	4.8%	11.8%
Limited access to medications	210	4.7%	11.8%
Not getting vaccines	178	4.0%	10.0%
Distracted driving	142	3.2%	8.0%
Bullying	116	2.6%	6.5%
Child abuse or neglect	110	2.5%	6.2%
Tobacco use	93	2.1%	5.2%
Racism	67	1.5%	3.8%
Dropping out of school	52	1.2%	2.9%
E-cigarette use (vaping, JUULS)	52	1.2%	2.9%

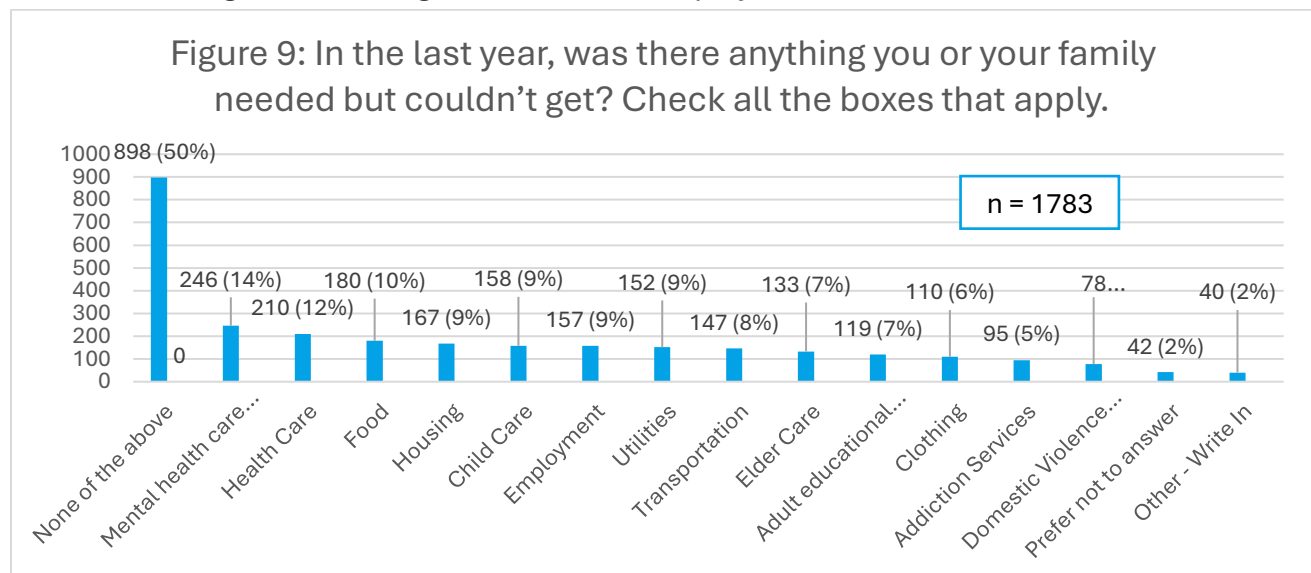
Domestic violence/intimate partner violence	52	1.2%	2.9%
Adult or senior abuse or neglect	39	0.9%	2.2%
Unsafe sex	38	0.9%	2.1%
Community violence	37	0.8%	2.1%
Other - Write In	37	0.8%	2.1%
Not using seat belts/child safety seats	36	0.8%	2.0%
Human trafficking	24	0.5%	1.3%
Rape/sexual assault	16	0.4%	0.9%
Prefer not to answer	0	0.0%	0.0%
Total Number of Responses (Up to 3 per Respondent)	4428	100.0%	-
Total Number of Respondents	1783	-	100.0%

Community Needs

Of the 1,783 respondents surveyed, participants were asked to identify specific needs for their families that they were unable to meet. Notably, 50% of respondents—equivalent to 898 individuals—indicated that none of the listed needs applied to them.

Among those who did report unmet needs, mental health care emerged as the most frequently selected response, with 14% of participants (246 individuals) identifying it as a challenge. This was followed closely by health care, which 12% of respondents (210 individuals) cited as an unmet need.

In addition to mental health care and health care, the survey also listed other essential needs, including food, housing, childcare, and employment.



Barriers to Good Health

In this section of the survey, participants were asked to identify any challenges they currently face that prevent them from accessing proper health services. A total of 1688 people answered this question and selected a total of 2806 response choices. As shown below, 40% of respondents, or 681 individuals, reported that they did not encounter any barriers.

However, a significant portion of participants (24%, or 401 individuals) indicated that the cost of health appointments remains a major obstacle. Additionally, 15% of respondents (250 individuals) reported that scheduling conflicts, such as being unable to secure appointments that fit their availability, also posed a significant challenge and 12% are concerned that the doctor won't take them seriously.

Table 7: What makes it hard for you to get health services? Check any problems you face.

Barrier to Health Services	Count	% of Total Responses	% of Total Respondents
I don't have any barriers	681	24%	40%
Costs too much for appointments, procedures, or medications	401	14%	24%
Can't get an appointment that works for my schedule	250	9%	15%
Worried the doctor won't take me seriously	202	7%	12%
Can't take time off work	201	7%	12%
Worried the doctor doesn't like caring for or treating with people like me	147	5%	9%
Don't know where to obtain services	124	4%	7%
I don't have insurance	123	4%	7%
No doctors available	114	4%	7%
I don't have a car or can't afford gas for my car/truck	111	4%	7%
Other - Write In (Required)	86	3%	5%
Disability (mental/physical)	85	3%	5%
Don't have childcare	84	3%	5%
Don't have someone to give me a ride	82	3%	5%
Prefer not to answer	69	2%	4%
Language barriers	46	2%	3%
Total Number of Responses Selected	2806	100%	-
Total Number of Respondents	1688	-	100%

Physical Health

The physical health section aimed to gather insights into respondents' general health, the frequency of being too ill to perform daily activities, their ability to visit a doctor, and the reasons for not seeking medical care among those who had not.

Out of 1,777 individuals, most respondents, 56% (988 individuals), rated their health as "good," while many others (25.6% or 455 respondents) described it as "okay." Nearly half, 48% (817 respondents), reported they were always able to carry out their daily activities.

When asked about their most recent doctor's visit, 77.4% (1,364 individuals) said they had seen a doctor within the past year. Conversely, 21% (389 respondents) revealed it had been more than a year since their last visit, while 0.5% (9 individuals) chose "prefer not to answer."

For those who had not visited a doctor in over a year, multiple reasons were provided. The most frequently cited barrier, selected by 16% (114 individuals), was the high cost of treatment. Other obstacles included challenges in taking time off work, the expense of the visit itself, and a lack of health insurance, emphasizing the financial and logistical difficulties that hinder access to healthcare.

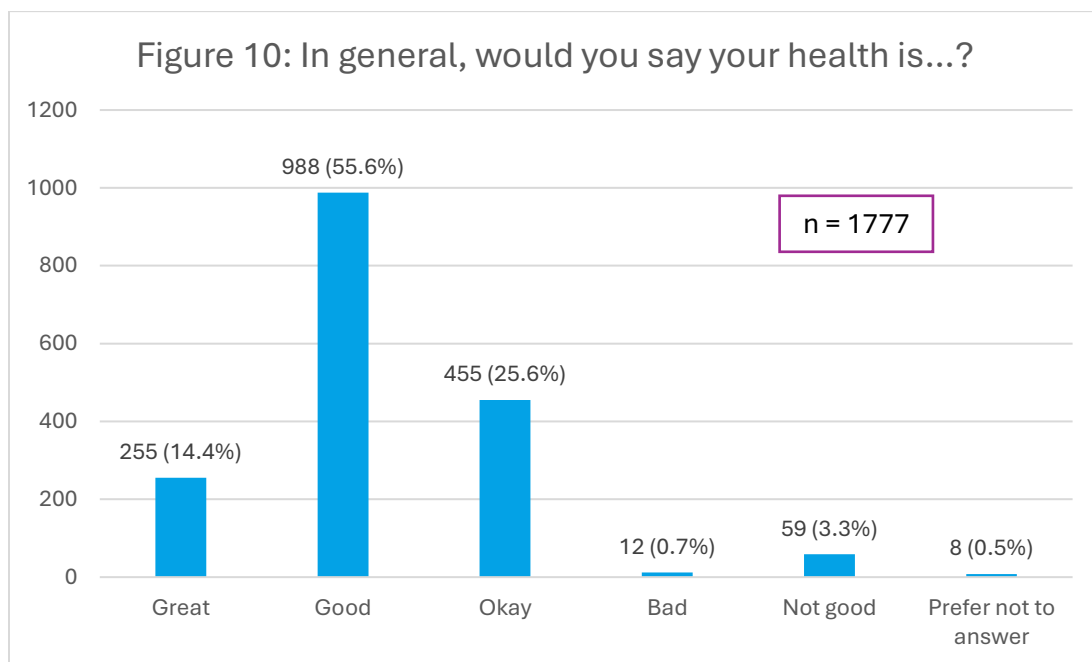


Figure 11: In the last month, how many days did being sick, ill, or hurt stop you from your usual activities like taking care of yourself, working, or having fun?

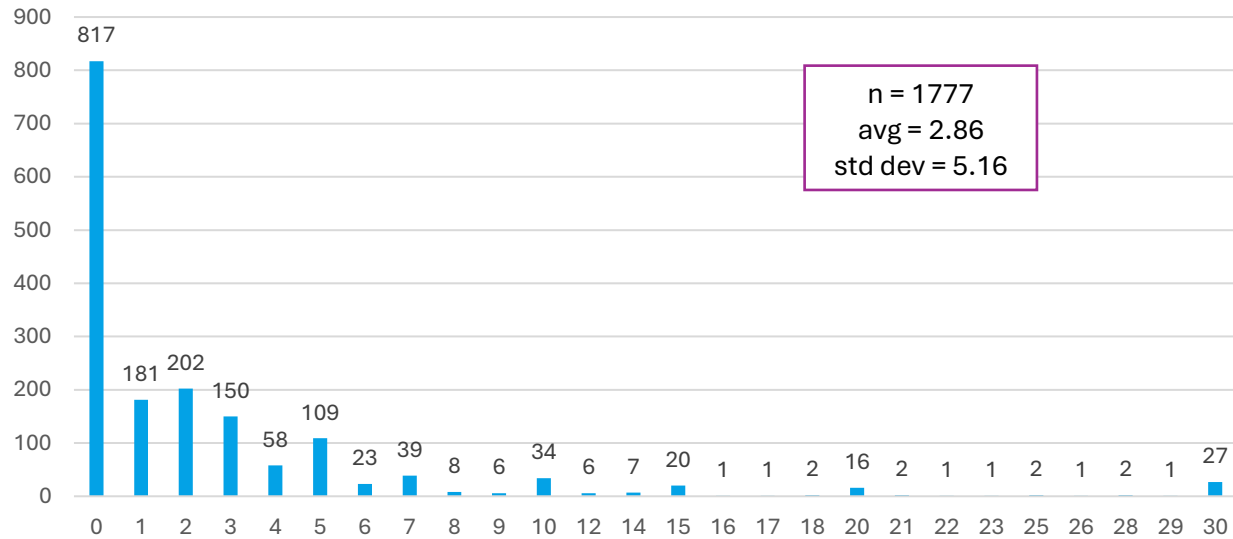
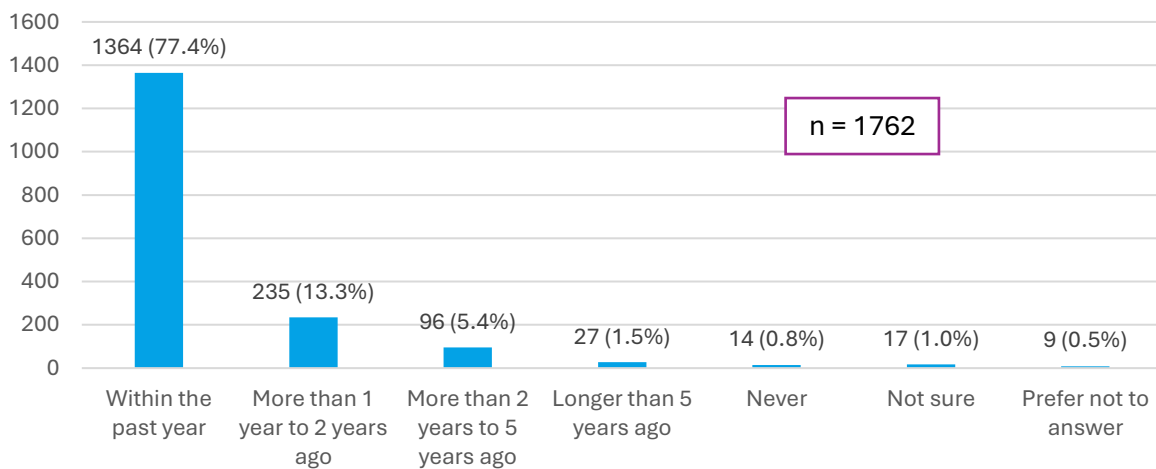


Figure 12: When did you last visit a doctor or nurse for a regular health check?



**Table 8: If you haven't seen a doctor in the last year, why not? Check all the reasons.
(n = 389)**

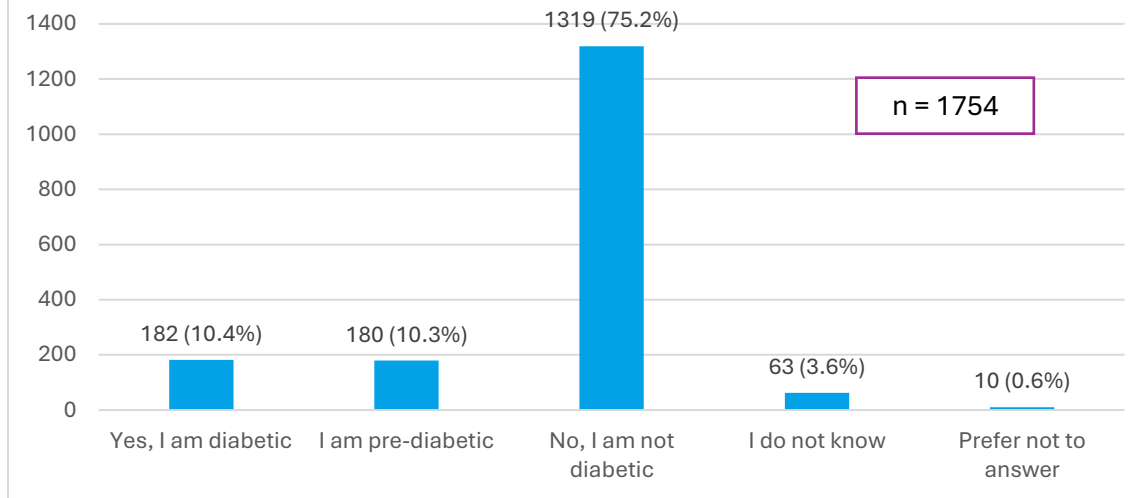
Reason	Count	%
Cost of the treatment	114	16%
Unable to take time off work	106	15%
Cost of the visit	94	13%
Don't have health insurance	78	11%
Lack of child care	65	9%
Lack of available doctors	49	7%
Transportation	48	7%
Could not find a doctor that accepts my insurance	47	7%
I don't like or trust doctors	30	4%
Other -Text (Total)	66	9%
Health Perception (Felt Healthy or Not Sick)	14	2%
Perceived Lack of Necessity or Value	12	2%
Time Constraints	11	2%
Other/Unique Situations	11	2%
Insurance and Access Issues	9	1%
Fear or Discomfort with Medical Environment	3	0%

Diabetes

This section surveyed participants regarding their status related to diabetes. Respondents were asked three key questions: whether they had diabetes, and if so or if they were pre-diabetic, whether they had been referred to a dietitian, and whether they had received education about diabetes.

Participants were first asked to indicate if they had diabetes. The majority, 75% (1,319 participants), reported that they did not have diabetes. Meanwhile, 10% (182) of respondents stated that they were diabetic and 10% (180) of respondents also stated they were pre-diabetic.

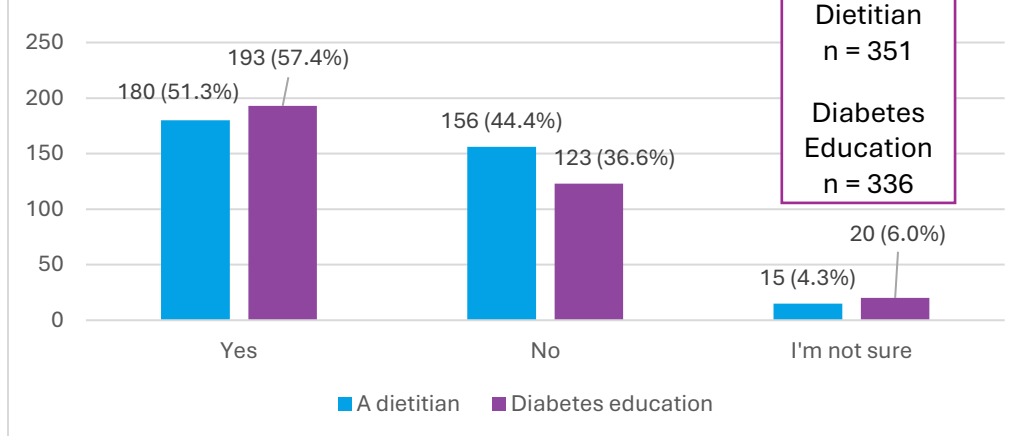
Figure 13: Do you have diabetes?



Those who identified as pre-diabetic or diabetic were then asked whether they had been referred to a dietitian. Among these individuals, 51% (180 respondents) stated that they had been referred, 44% (156 respondents) had not been referred and 4% (15 respondents) indicated that they were unsure.

Finally, respondents were asked if they had been informed about diabetes education to better understand their condition. A total of 57% (193 individuals) reported being aware of diabetes education opportunities. Conversely, 36% (123 respondents) stated that they had not been informed about such educational resources and 6% (20) were unsure.

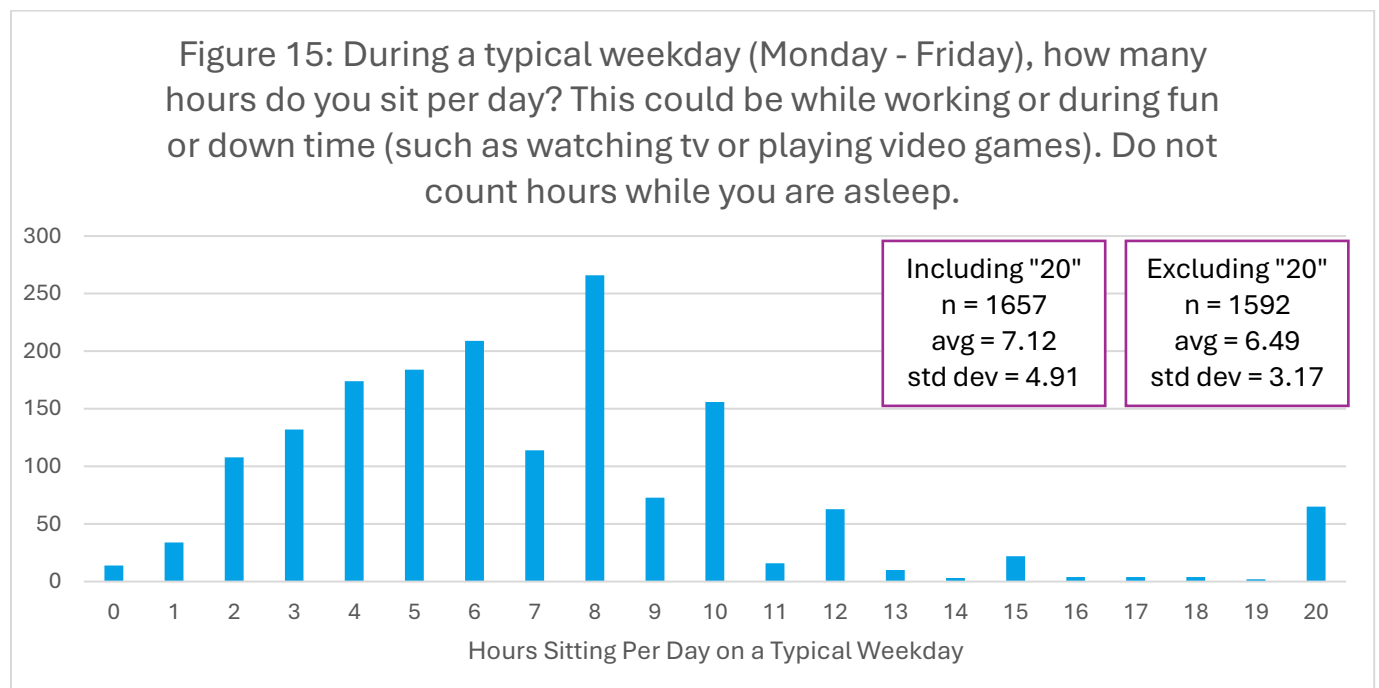
Figure 14: For those who are diabetic or pre-diabetics:
Have you been referred to a dietitian/diabetes education



Physical Activity and Sleep

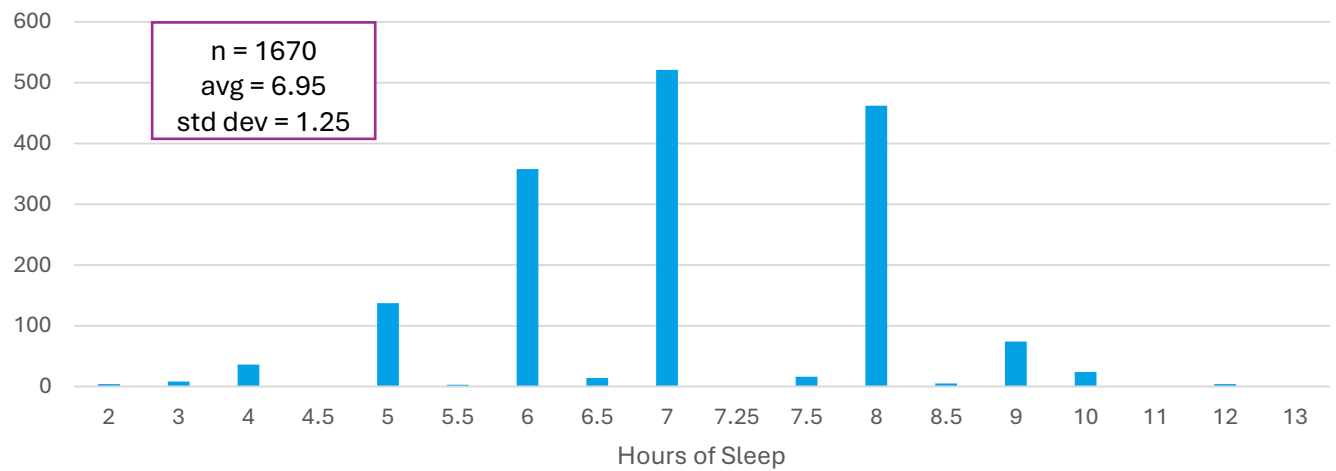
Physical activity and sleep needs can vary significantly between individuals. This section of the survey explored participants' exercise and sleep habits through a series of questions.

The first question asked participants to report how many hours they typically sit during the day, excluding sleeping hours. A total of 1,657 participants responded. Respondents were asked to enter the number of hours spent sitting, which ranged from 0 to 20 hours. The higher end of responses, especially 20 hours, may have been due to error. As a result, the data has been analyzed both with and without the "20-hour" responses. Including all responses, the average time spent sitting on a typical weekday is 7.12 hours. When excluding those who reported sitting for 20 hours, the average drops to 6.49 hours per day.



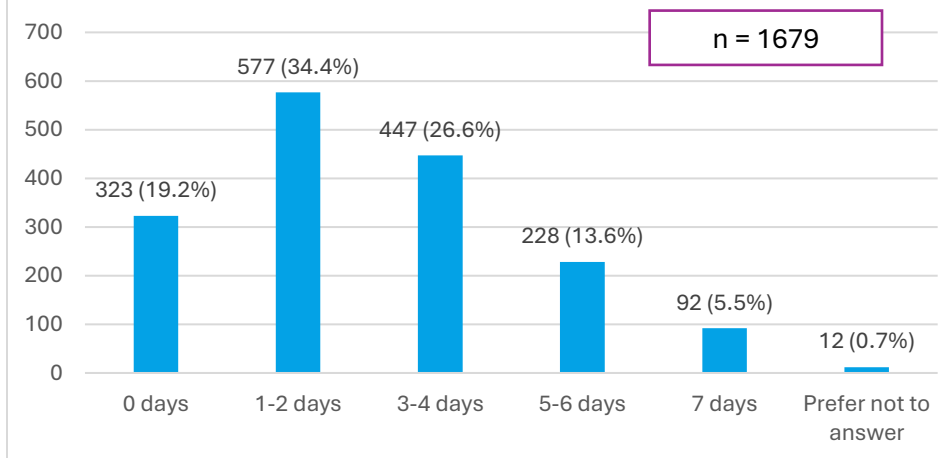
The second question focused on sleep, asking participants to select the average number of hours they sleep during the week. A total of 1,670 participants answered this question, reporting an average of 6.95 hours of sleep per night during the week. *We did not ask about whether respondents are wheelchair-bound, which could account for some of the higher number of hours per day sitting.

Figure 16: How many hours do you sleep on a normal week night?



In the final question for this section, participants were asked to report how many days per week they engage in exercise. Of the 1,679 individuals who responded, the most common answer was exercising 1-2 days per week, selected by 34.4% (577 participants) followed by 26% (447 participants) who exercise 3-4 days per week, and then 19.2% (323 participants) who reported that they do not exercise at all.

Figure 17: How many days per week do you exercise?

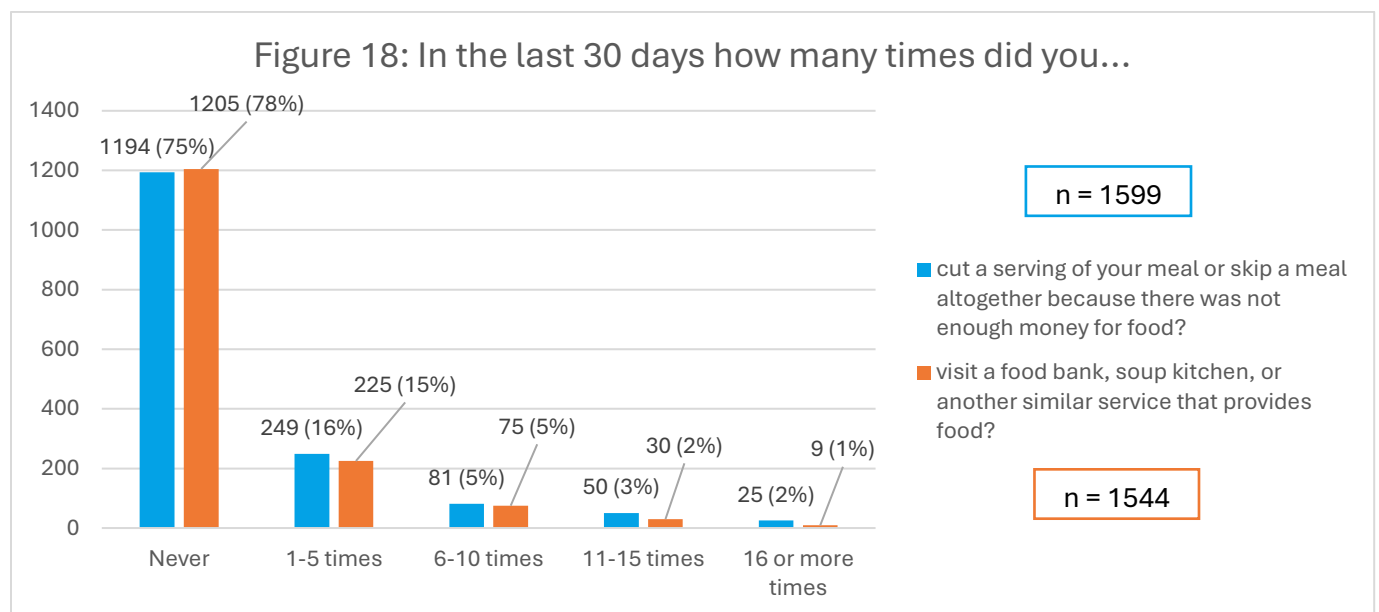


Nutrition

This section of the survey explored respondents' experiences with food insecurity, including whether they had to go without food due to a lack of resources or if they visited a food bank within the last 30 days.

Most respondents reported food stability, with 75% (1,194 individuals) indicating they had not gone without food in the past month. Similarly, 78% (1,205 participants) stated they did not need to visit a food bank during this period.

However, a portion of respondents did experience challenges related to food access. Sixteen percent reported going without food 1-5 times in the last 30 days due to a lack of money or resources. Additionally, 15% (225 individuals) indicated they had to visit a food bank or similar service 1-5 times within the same timeframe.



Prescription Insecurity

Participants were asked to indicate if they have ever done anything to save money, these responses involved the issue of prescriptions. Approximately 10% of the respondents indicated that they had taken a smaller dose than what was recommended, skipped one or more doses of medication to delay refilling the prescription, or chose not to fill a prescription to save money. Respondents could select "Other – Write in" - some of those responses were categorized and included in the table below such as not on medication (therefore this

question does not apply), all the above, or another response. Some people used that space to talk about other cost saving strategies they used, such as changing suppliers or avoiding going to the doctor or for therapy, while other chose to explain their situations, such as that they lost their insurance and could no longer afford their medication, or they switched treatment plans.

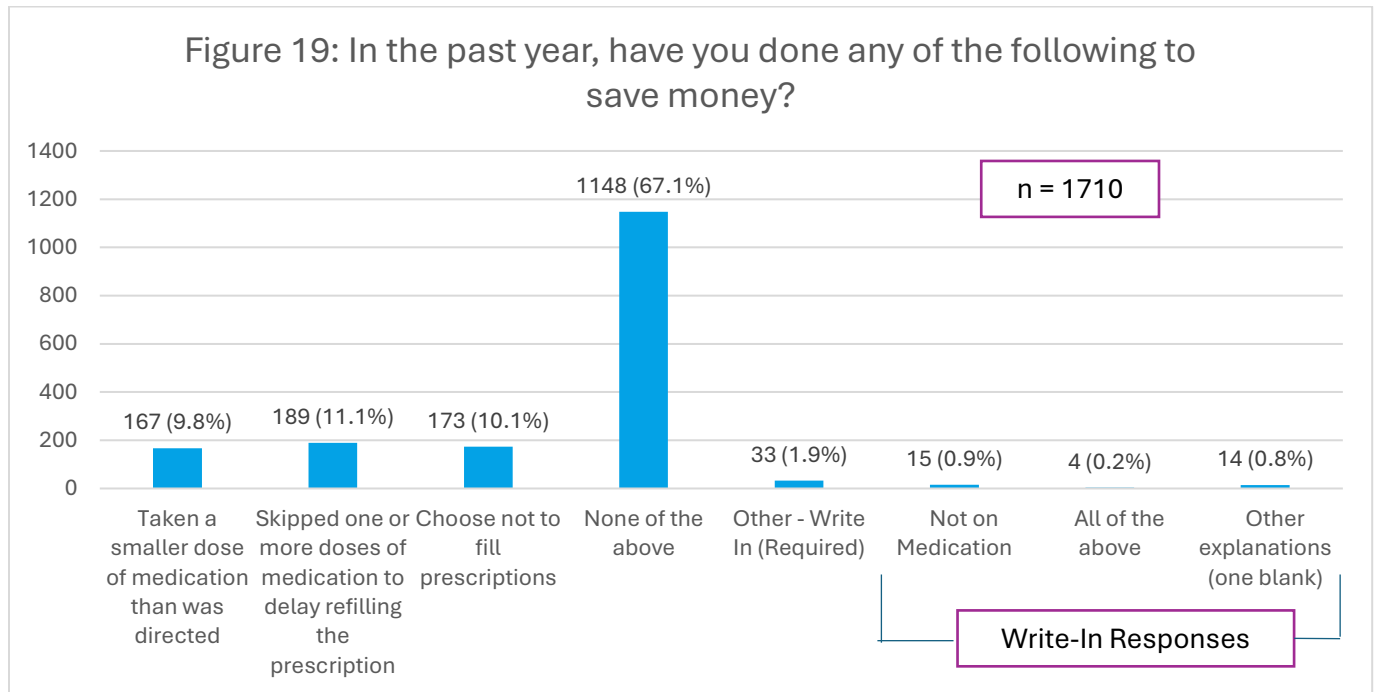


Table 9: Other explanations (one blank)

Put off picking up a prescription

Skip appointments because of transportation

Skipped doses due to availability of Medication

Skipped medication, delayed refilling and taken smaller dose of medication

Stopped taking expensive medication due to side effects and new doc said I did not need it.

Stopped taking meds because no longer available or covered by insurance

Switched diabetic treatment methods

If not for the low cost of my persc. I would have to go without or skip I am concerned with aging and drug costs increasing

Avoid going to dermatologist for just a check up

Change supplier to get better deal

Didn't have money to refill

Lost my insurance

Not gone to dr—suffer through it

Not pursued therapy

Tobacco Use

This portion of the survey focused on tobacco usage, including smoking, chewing tobacco, and vaping habits among participants.

The first set of questions explored cigarette use. Of the 1,657 individuals surveyed, 13% (224 participants) reported smoking cigarettes every day, while the majority, 73.4% (1,199 participants) indicated that they do not smoke at all.

Participants were then asked about their use of chewing tobacco or snuff. This form of tobacco consumption was far less common, with only 2.9% (47 individuals) reporting daily use, while an overwhelming 89.5% (1,453 participants) stated they do not use it at all.

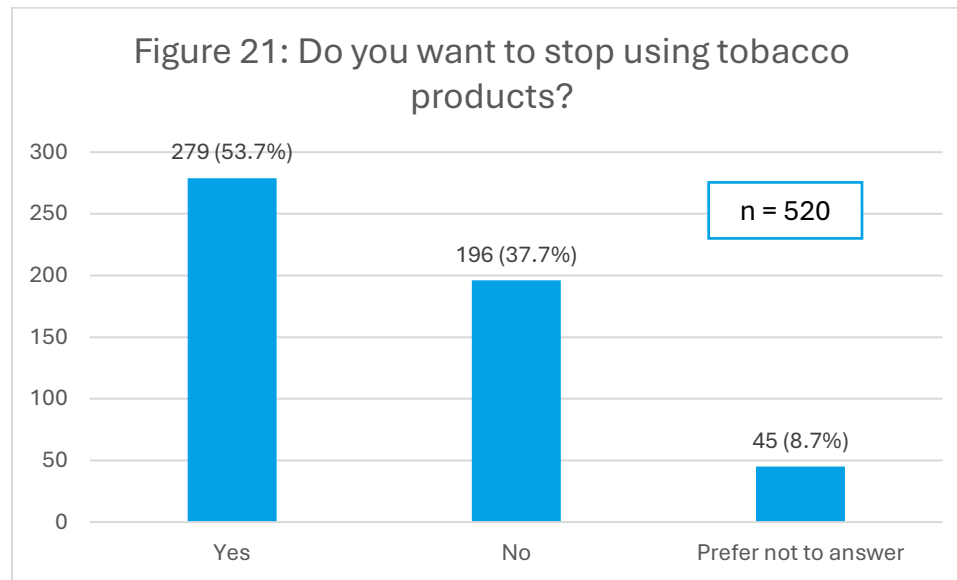
The final question in this section addressed the use of vapes or other electronic vaping products. Daily vaping was reported by 6.7% of participants (109 individuals), whereas the vast majority, 80.9% (1,318 participants) indicated they do not use vaping products at all.

Table 10: How often do you use each of the following? (Count/%)

	Everyday	Some Days	Not at All	Prefer not to Answer	Total
Smoke cigarettes	224 (13.7%)	186 (11.4%)	1199 (73.4%)	25 (1.5%)	1634 (100%)
Use chewing tobacco or snuff	47 (2.9%)	99 (6.1%)	1453 (89.5%)	25 (1.5%)	1624 (100%)
Use e-cigarettes or other electronic vaping products	109 (6.7%)	176 (10.8%)	1318 (80.9%)	26 (1.6%)	1629 (100%)

Following these questions, respondents who reported using any tobacco products were asked whether they wanted to quit. Out of the 520 individuals who responded, a majority

(53.7%, or 279 participants) expressed a desire to stop using tobacco products. However, 37.7% (196 individuals) indicated they did not wish to quit.



Alcohol and Substance Use

Of the 1,598 individuals who responded, 672 participants reported that they had not consumed any alcohol during this period. On the other end of the spectrum, 21 participants disclosed that they drank every day. For those who reported having consumed alcohol in the past 30 days, a follow-up question asked whether they felt the need to cut back on their drinking. The majority, 67% (559 participants), indicated they did not feel the need to cut back, while 33% (275 participants) admitted they felt they should reduce their alcohol intake.

Participants were also asked about resources available in their community for addressing alcohol or drug use. Many respondents acknowledged knowing about support services: 763 participants reported the presence of anonymous meetings for those struggling with addiction, 690 participants said they could access a counselor or therapist, and 682 participants were aware of rehabilitation or treatment centers. However, a notable number of respondents indicated a lack of awareness about available help: 296 participants stated they did not know of any resources, and 104 participants believed there were no resources available in their community. These responses highlight both the existing support infrastructure and the need to improve awareness of these services.

Figure 22: During the past 30 days, how many days per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

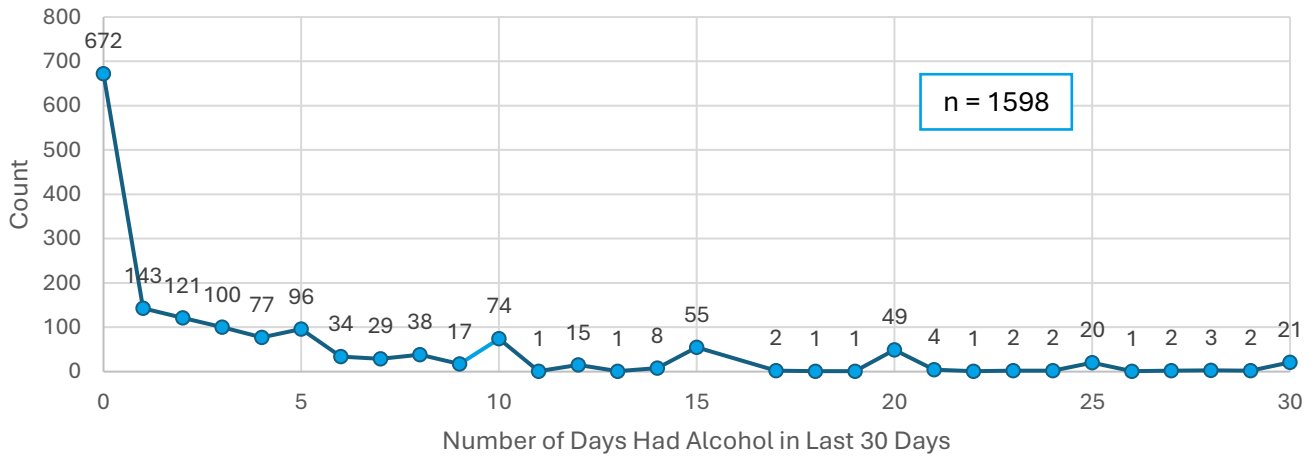


Figure 23: For respondents who had at least one drink in the last 30 days:
Have you ever felt you should cut down on your drinking?

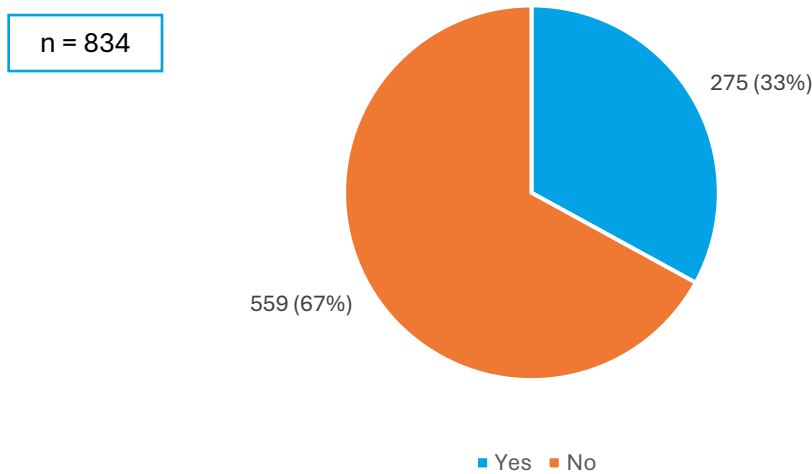


Table 11: What help is available in your community for people who want to stop using drugs or drinking too much alcohol? (Check all that apply)

Resource	Count
Meeting groups where people support each other (ex: Alcoholics Anonymous, Narcotics Anonymous)	763
Talking to a counselor or therapist	690
Going to a place where they help you stop (rehabilitation or treatment centers)	682
Learning programs about not using drugs or drinking	450
Outreach and community support services	411
Doctors who help with stopping	370
Programs for exchanging used needles safely	341
I don't know	296
Help with laws and rules about using drugs (legal aid services related to substance use)	254
None that I am aware of	104
Other - Write In	19

Mental Health

In this portion of the survey, participants were asked a series of questions to better understand their mental health perceptions, experiences with accessing care, and opinions on community mental health needs. A total of 1,664 individuals responded to the question regarding their overall mental health. The largest group, 46.5% (773 participants), described their mental health as “good,” while 28.9% (481 participants) reported it as “okay.” A smaller but notable portion, 17.1% (284 participants), rated their mental health as “great.” These findings suggest that while a majority of participants view their mental health positively, a significant number remain in an intermediate category, indicating a potential need for ongoing support or improvements to overall well-being.

When asked where they seek help when their mental health is not in a good place, 494 individuals provided responses. Of those, the most common choice was seeking care from a private mental health practice, with 29.4% (145 participants) selecting this option. This was followed by 23.7% (117 participants) who reported going to their regular primary care doctor. These responses highlight the importance of both specialized mental health providers and general practitioners in supporting individuals’ mental health needs.

The survey also explored whether participants had received any form of mental health help. A majority of respondents, 62% (1,013 individuals), reported that they had not received any help, while 35% (574 individuals) indicated that they had accessed support. To further

understand barriers to care, participants were asked if they wanted help but were unable to obtain it. Most respondents, 83% (646 participants), stated that they did not want help for their mental health needs. However, 17% (131 participants) indicated that they did want help but were unable to access it, pointing to a segment of the population experiencing barriers such as cost, availability of services, or stigma.

Participants were also asked about feelings of loneliness or isolation. The most common response, reported by 41% (672 individuals), was that they sometimes feel lonely or by themselves. Encouragingly, 33.5% (550 individuals) stated that they never feel this way. These results reflect a mixed experience among respondents, with many facing occasional loneliness while a substantial portion appear to feel well-connected.

The final question in this section asked participants to identify the top three mental health needs in the community that they believe should be addressed. The most selected response was “affordable health insurance that includes mental health care,” with 42.2% (670 participants) identifying this as a critical issue. This was followed by “affordable mental health services,” which was chosen by 37.3% (593 participants). The third most frequently selected priority was the need to address the stigmatization of individuals with mental health issues, with 28.5% (453 participants) highlighting this concern. While these were the top three responses, other needs were also identified, including affordable prescriptions and substance abuse prevention and treatment.

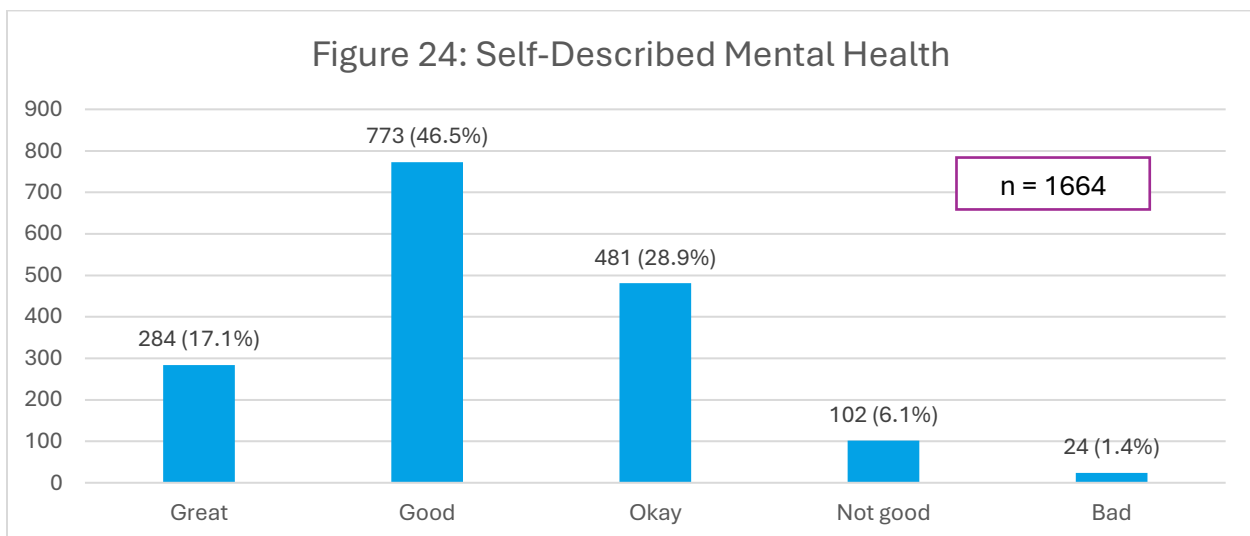


Figure 25: Where do you go most often when your mental health is not good?

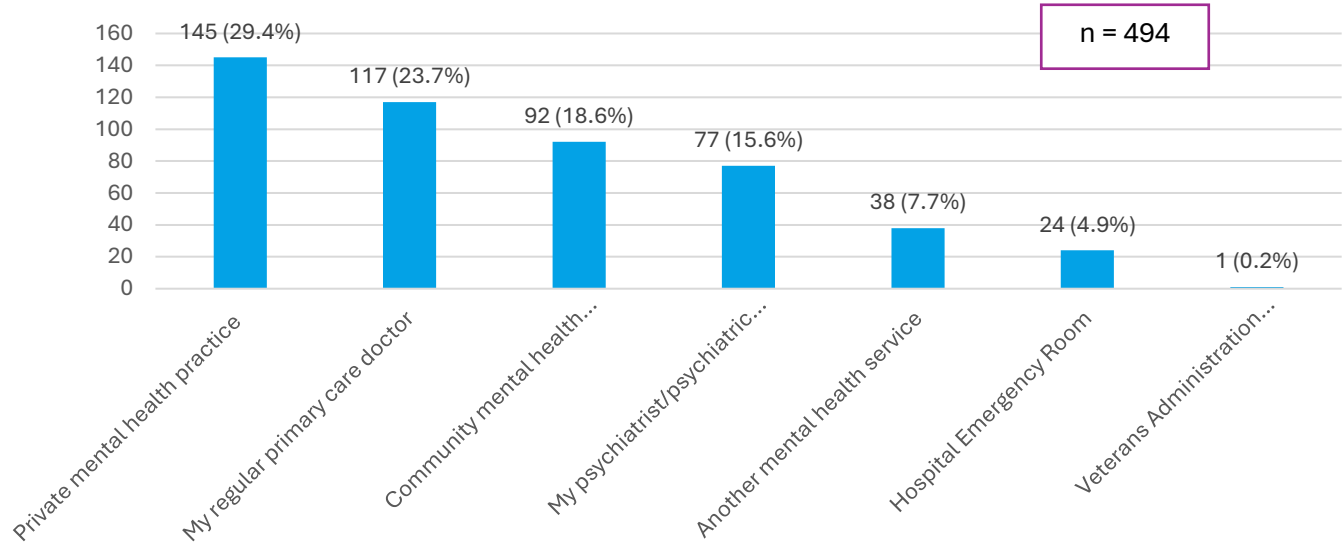


Figure 26: In the last 12 months, did you get counseling, treatment, or medicine for any of these reasons?

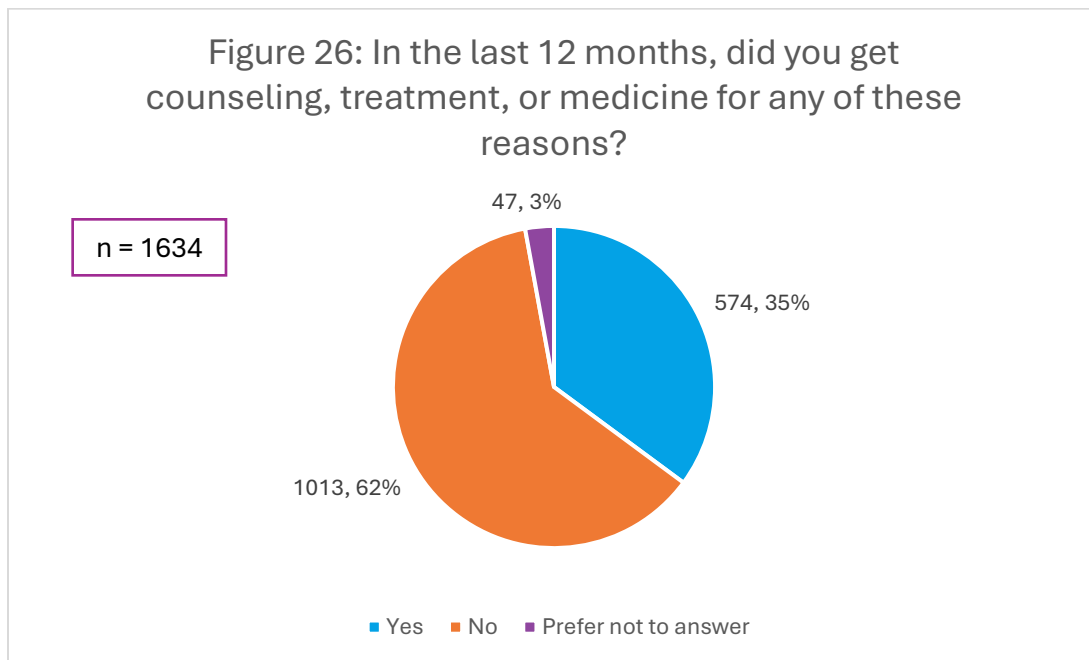


Figure 27: In the last 12 months, did you want to get counseling, treatment, or medicine but were unable to?

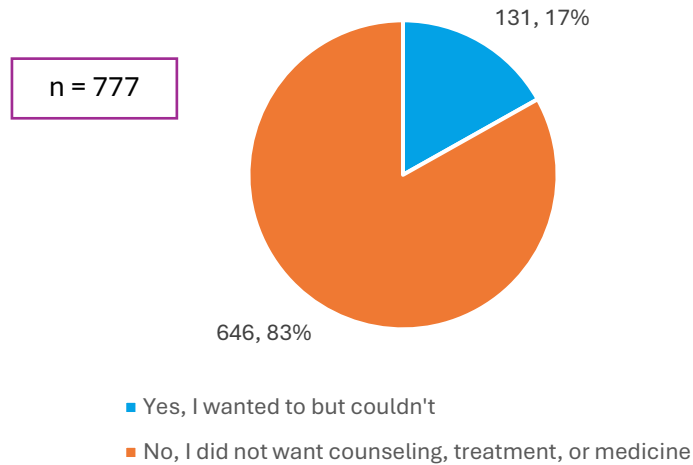


Figure 28: How often do you feel lonely or like you are by yourself?

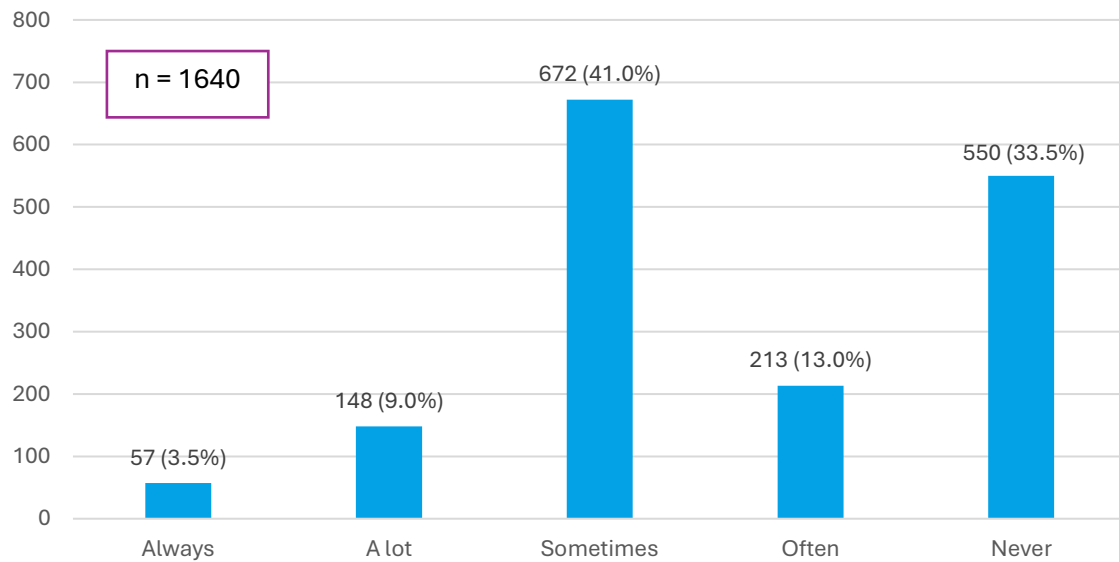


Table 12: Overall, what are the top three mental health needs in the community that should be addressed?

Mental Health Need in the Community	Count	% of Total Responses	% of Total Respondents
Affordable health insurance that includes mental health care	670	15.8%	42.2%
Affordable mental health services	593	13.9%	37.3%
Addressing the stigmatization of those with mental health issues	453	10.7%	28.5%
Affordable prescriptions	408	9.6%	25.7%
Substance abuse prevention/treatment	308	7.2%	19.4%
Children's mental health services	301	7.1%	19.0%
High quality mental health services	267	6.3%	16.8%
Availability of transportation to mental health services	261	6.1%	16.4%
More mental health education	250	5.9%	15.7%
More mental health care providers	232	5.5%	14.6%
Care for Caregivers	186	4.4%	11.7%
Suicide prevention	152	3.6%	9.6%
I don't know	129	3.0%	8.1%
Another mental health need (please specify)	41	1.0%	2.6%
Total Number of Responses (Up to 3 per Respondent)	4251	100.0%	-
Total Number of Respondents	1588	-	100.0%

Vaccinations

This section of the survey explored participants' thoughts and behaviors regarding vaccines, including their perceptions of importance, vaccination history, and reasons for not getting vaccinated.

The first question asked respondents to indicate how strongly they believe vaccines are important for the health of the entire community. Out of 1,563 participants, 44.5% (695 individuals) felt strongly that vaccines are important to community health. However, a smaller but notable portion, 7.4% (115 participants), strongly disagreed with this sentiment. These findings demonstrate that while most respondents recognize the critical role vaccines play in public health, a subset of the population remains skeptical.

Participants were then asked to report their vaccination history by selecting which statements applied to them. The vaccines referenced in the survey included the Flu Shot, TDAP Shot, COVID-19 Vaccine, and COVID-19 Boosters. A total of 1,535 respondents answered this question, and the results revealed that many participants reported being vaccinated across all categories. Specifically, 70% (1,074 individuals) indicated they had

received their Flu Shot, and 73.8% (1,110 individuals) reported having their TDAP Shot. The COVID-19 vaccine was the most frequently received, with 76.4% (1,153 individuals) confirming they had been vaccinated. However, the uptake of the COVID-19 booster was slightly lower, with 54.6% (809 individuals) reporting they had received it.

Participants who did not receive one or more vaccines were asked to explain their reasoning. Across all categories—Flu Shot, TDAP Shot, COVID-19 Vaccine, and COVID-19 Booster—the most common response was that participants simply did not want to get the vaccine. This sentiment was reported by 46% of individuals for the Flu Shot, 17% for the TDAP Shot, 44% for the COVID-19 Vaccine, and 46% for the COVID-19 Booster. Other reasons participants cited included not knowing where to get the vaccine, not being able to schedule a convenient time, and concerns about affordability.

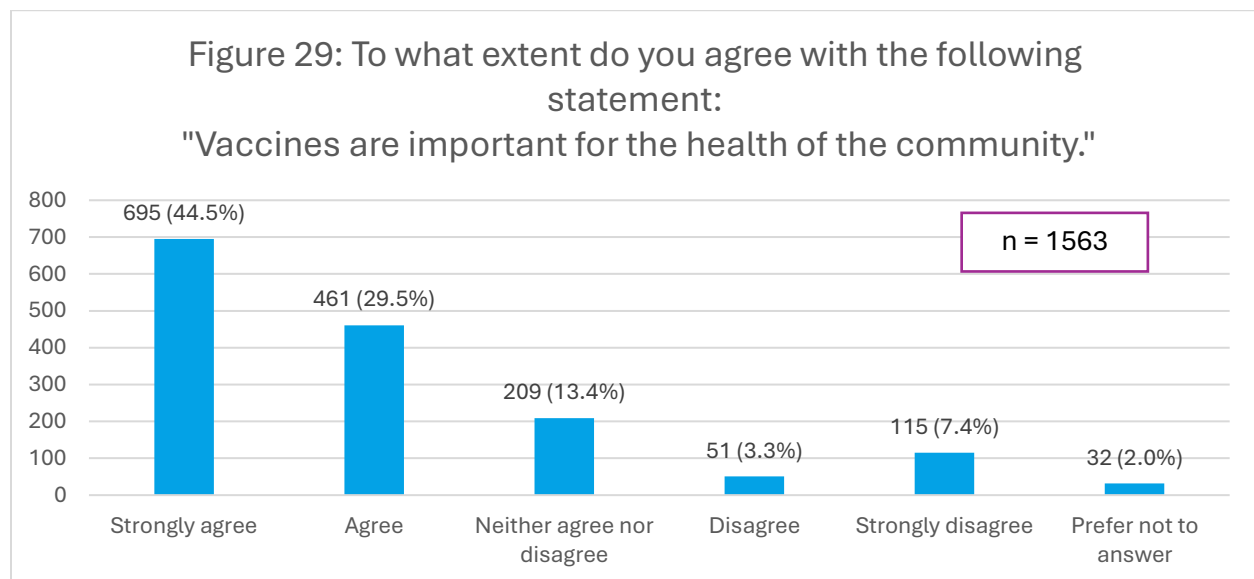


Table 13: For each vaccine below, please select the statement that is true for you.				
Type of Vaccine	I have gotten this shot	I have not gotten this shot	I don't know if I've gotten this shot	Total Responses
Flu Shot	1074 (70.0%)	408 (26.6%)	53 (3.5%)	1535
TDAP (tetanus, diphtheria, pertussis)	1110 (73.8%)	245 (16.3%)	149 (9.9%)	1504
COVID-19 Vaccine	1153 (76.4%)	301 (19.9%)	56 (3.7%)	1510
COVID-19 Boosters	809 (54.6%)	587 (39.6%)	86 (5.8%)	1482

Table 14: Why didn't you get the [vaccine]?

Reason	Flu Shot	TDAP	COVID-19 Vaccine	COVID-19 Boosters
I didn't know where to go to get it	21 (4%)	34 (9%)	16 (4%)	24 (3%)
The times to get it didn't work with my schedule	41 (8%)	40 (11%)	25 (7%)	41 (6%)
I couldn't afford it	22 (4%)	33 (9%)	22 (6%)	20 (3%)
I did not have transportation to get it	24 (5%)	36 (10%)	20 (5%)	25 (4%)
I didn't know I needed it or I don't know what it is	32 (6%)	70 (19%)	21 (5%)	47 (7%)
I wanted it but it wasn't available	21 (4%)	23 (6%)	10 (3%)	30 (4%)
I was concerned about the risk	56 (11%)	49 (13%)	72 (19%)	145 (21%)
I don't want to get it	237 (46%)	63 (17%)	170 (44%)	318 (46%)
Other - Write In	61 (12%)	18 (5%)	28 (7%)	44 (6%)
Total	515	366	384	694

Where Health Information Comes From

Understanding where individuals get their health information is essential for identifying trusted sources and potential gaps. In this section of the survey, participants were asked to select all the places they turn to for guidance on staying healthy.

The most popular source was healthcare providers, with 74% of respondents (1,303 individuals) relying on medical professionals for their health information. This highlights the continued trust placed in doctors, nurses, and other healthcare specialists. Following closely, 46% of participants reported turning to online platforms such as Google or WebMD, reflecting the growing role of the internet as a quick and convenient resource for health-related queries. Interestingly, 42% (747 respondents) indicated they rely on friends and family for health advice, showing the influence of personal relationships and shared experiences in shaping health decisions.

Other notable sources included social media, public health officials, and community events, emphasizing a mix of traditional and modern channels through which people seek guidance. This diverse range of information sources highlights how individuals balance professional advice with easily accessible, everyday resources.

Table 15: Where do you usually get information about staying healthy? Check all the places you use.

Source of Health Information	Count	% of Total Responses	% of Total Respondents
Healthcare provider	1303	25%	74%
Internet sources other than social media (sources such as Google or WebMD)	819	15%	46%
Friends/family	747	14%	42%
Social media (such as TikTok, Facebook, Instagram, YouTube)	685	13%	39%
Public health officials (such as your local health department or the CDC)	657	12%	37%
Community Events (such as health fairs or events for particular health concerns)	523	10%	30%
Television (news programs)	346	7%	20%
Radio	140	3%	8%
Other - Write In (Total)	77	1%	4%
Books and Literature	14	0%	1%
Social and Community Sources	12	0%	1%
Online and Digital Sources	11	0%	1%
Personal and Miscellaneous	11	0%	1%
Educational and Professional Sources	10	0%	1%
No Response or Unspecified	4	0%	0%
Total Number of Responses Selected	5297	100%	-
Total Number of Respondents	1762	-	100%

Relationships Between Variables

In this section, we will explore some relationships of interest between the questions asked in the survey. To avoid statistical jargon, this section will be laid out in plain language even though these analyses were conducted in a statistical software program called SAS. The one piece of statistical information that is important to note is that of statistical significance. A relationship that is statistically significant, given the assumption that data were collected from a random sample of people in the 10-county region, means that it is likely that the relationship exists among the whole population of the BRADD region and not just among the people who filled out the survey. However, this survey was not given to a random selection of residents, so we have to use caution what drawing results about the whole population from the results presented here. With that caution in mind, the results presented here are

still valuable for informing the work of the BRIGHT Coalition and its medical, nonprofit, community, and government partners. Another piece of statistical language that is hard to avoid is that of positive and negative relationships (or correlations). A positive relationship between variables means that they both increase or decrease in the same direction. For example, if there is a positive relationship between physical health and mental health it means that when physical health is better, mental health is also usually better and when physical health is worse, mental health is usually also worse. A negative relationship means that as one variable increases the other variable decreases. For example, if there is a negative relationship between the number of days per week respondents exercise and the number of days their mental health is not good, it means that the more days they exercise, the fewer days their mental health is not good and vice versa. It is important to note that these are not causal relationships so they can be stated the other way too – for example that the more days one reports their mental health as not good, the fewer days they spend exercising.

Is there a relationship between self-reported physical health and mental health? Yes, there is a relationship (a correlation) between physical health and mental health in that those with better physical health are likely to also report better mental health and vice versa. There is also a negative relationship between physical health and the number of days their mental health was not good in that those who better physical health is more likely to report fewer days when their mental health was not good.

Is there a relationship between when a person last visited the doctor and their self-reported physical and mental health? There is not a statistically significant relationship between when a person last visited the doctor and their self-reported physical health, however, there is a relationship between when they last visited the doctor and their mental health in that people who don't visit a doctor regularly tend to report worse mental health compared to those who see their doctor more often.

Is there a relationship between when a person last visited the doctor, and their tobacco use and drinking behavior? There is a positive relationship between the last doctor's visit, drinking and tobacco use. The longer it has been the last doctor visit is associated with the higher number of days of drinking in the past month and greater frequency of smoking cigarettes, chewing tobacco, and using e-cigarettes or vaping.

Is there a relationship between physical and mental health and the number of days per week respondents exercise and hours of sleep? Yes, there are positive relationships in

that more sleep and more exercise are associated with better physical and mental health, including fewer sick days and fewer days when mental health is not good.

Is there a relationship between physical and mental health and alcohol use and tobacco use? Yes, those who use tobacco products more frequently and/or drink more frequently report lower levels of both physical and mental health, more days that their mental health is not good, and more sick days than those who use tobacco less or drink alcohol less.

Is there a relationship between tobacco and alcohol use and housing? Yes, those who use tobacco products more often and who drink alcohol more often are more likely to have insecure housing.

Is there a relationship between diabetes and mental health? Yes, those with diabetes have poorer mental health than those who do not have diabetes. Those with diabetes also sleep more than those without diabetes.

How are the number of barriers to health services respondents perceive related to physical and mental health? Number of barriers to health services is highly associated with all physical and mental health indicators – more barriers to health services are associated with greater time since last visited a doctor, worse physical and mental health, more days sick, more days when mental health is not good, more days of alcohol use, greater tobacco use, and higher likelihood of having diabetes.

How is financial well-being related to physical and mental health? Greater financial well-being (feeling more financially secure and having a higher income) is associated with better physical and mental health, fewer reported barriers to health services, less reliance on food banks or skipping meals, less alcohol use, less smoking of cigarettes and e-cigarettes or vaping, although not less chewing tobacco.

Contributing Factors to Good Health by County

There is a fair amount of consistency in the top factors that respondents identify that contribute to good health in their communities. Upon reflection, it is not clear if these are factors that respondents think are present in their communities that contribute to good health or if they are general ideas of factors that are associated with good health, whether or not they are present in their communities. Either way, they are important considerations for good health. In most counties, the top factor selected was access to healthcare.

Respondents also recognize personal responsibility in health and routinely select healthy behaviors as important factors for good health. Belonging ranked highly in five counties. Good jobs, low crime, and good schools also made appearances as top factors in good health.

Table 16: Top 5 Healthy Community Factors by County

County	1st Factor (% Selected)	2nd Factor (% Selected)	3rd Factor (% Selected)	4th Factor (% Selected)	5th Factor (% Selected)
Allen	Access to Healthcare (41.12%)	Healthy Behaviors (28.93%)	Strong Families (24.37%)	Good Jobs (23.35%)	Low Crime (20.81%)
Barren	Access to Healthcare (40.86%)	Healthy Behaviors (34.41%)	Strong Families (17.74%)	Good Schools (16.67%)	Low Crime (24.19%)
Butler	Access to Healthcare (32.88%)	Belonging (26.03%)	Low Crime (28.77%)	Healthy Behaviors (24.66%)	Good Jobs (23.29%)
Edmonson	Access to Healthcare (29.92%)	Good Place to Raise Kids (29.13%)	Belonging (26.77%)	Low Crime (25.98%)	Healthy Behaviors (23.62%)
Hart	Low Crime (35.0%)	Access to Healthcare (33.33%)	Healthy Behaviors (26.67%)	Strong Families (25.00%)	Good Jobs (23.33%)
Logan	Access to Healthcare (42.37%)	Healthy Behaviors (27.68%)	Belonging (27.12%)	Good Place to Raise Kids (24.29%)	Low Crime (22.60%)
Metcalfe	Access to Healthcare (41.67%)	Healthy Behaviors (33.33%)	Belonging (29.17%)	Farmers' Market (23.61%)	Affordable Housing (Tied, Clean Environment) (20.83%)
Monroe	Belonging (31.11%)	Access to Healthcare (31.11%)	Healthy Behaviors (28.89%)	Low Crime (24.44%)	Good Schools (24.44%)

Simpson	Access to Healthcare (50.00%)	Healthy Behavior (27.87%)	Low Crime (30.33%)	Good Jobs (22.95%)	Community Parks (22.13%)
Warren	Access to Healthcare (49.86%)	Healthy Behaviors (35.91%)	Good Jobs (28.18%)	Clean Environment (20.99%)	Community Parks (19.34%)

Barriers to Health Services by County

We examined both the number of reported barriers to health services by county as well as the top six barriers to health services (although “I do not have any barriers” is a response that is included) by county. Respondents could check all that applied for them. It should be noted that some people checked “I do not have any barriers” but then selected another barrier as well so the percentages do not always align like they should.

Key takeaways from these tables below are in most counties (except Butler County), the highest concentration of responses was in the “I don’t have any barriers” category. However, among those who selected at least one barrier, the cost of health services is regularly the highest barrier to getting care, followed by the inability to get appointments that work with people’s schedule. In most counties, respondents have a hard time taking time off of work to go to the doctor. In all counties, being “worried the doctor doesn’t like caring for or treating people like me” and/or “Worried the doctor won’t take me seriously” were in the top five barriers to getting health services.

Table 17: Number of Barriers to Health Services
Allen County

Number of Barriers	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0	78	41.05	78	41.05
1	48	25.26	126	66.32
2	23	12.11	149	78.42
3	21	11.05	170	89.47
4	14	7.37	184	96.84
5	2	1.05	186	97.89
6	2	1.05	188	98.95
7	1	0.53	189	99.47
12	1	0.53	190	100
Frequency Missing = 7				

Table 18: Top Five Barriers to Health Services
Allen County

Barrier	Percent
I don't have any barriers	38.1
Costs too much for appointments, procedures, or medications	23.9
Can't get an appointment that works for my schedule	14.7
Can't take time off work	13.7
Worried the doctor won't take me seriously	11.2
I don't have insurance	10.7

Table 19: Number of Barriers to Health Services
Barren County

Number of Barriers	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0	87	49.4	87	49.4
1	37	21.0	124	70.5
2	28	15.9	152	86.4
3	16	9.1	168	95.5
4	4	2.3	172	97.7
5	1	0.6	173	98.3
6	1	0.6	174	98.9
7	1	0.6	175	99.4
10	1	0.6	176	100.0
Frequency Missing = 10				

Table 20: Top Five Barriers to Health Services
Barren County

Barrier	Percent
I don't have any barriers	42.5
Costs too much for appointments, procedures, or medications	21.0
Can't get an appointment that works for my schedule	11.3
Worried the doctor won't take me seriously	13.4
I don't have insurance	9.1
Worried the doctor doesn't like caring for or treating with people like me	8.1

Table 21: Number of Barriers to Health Services
Butler County

Number of Barriers	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0	15	20.8	15	20.8
1	17	23.6	32	44.4
2	16	22.2	48	66.7
3	17	23.6	65	90.3
4	5	6.9	70	97.2
10	1	1.4	71	98.6
12	1	1.4	72	100.0
Frequency Missing = 1				

Table 22: Top Five Barriers to Health Services
Butler County

Barrier	Percent
Costs too much for appointments, procedures, or medications	30.1
Can't get an appointment that works for my schedule	26.0
Worried the doctor doesn't like caring for or treating with people like me	19.2
Don't have child care	19.2
Can't take time off work	16.4
I don't have any barriers	17.8

Table 23: Number of Barriers to Health Services
Edmonson County

Number of Barriers	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0	39	30.71	39	30.71
1	37	29.13	76	59.84
2	25	19.69	101	79.53
3	17	13.39	118	92.91
4	5	3.94	123	96.85
8	2	1.57	125	98.43
11	1	0.79	126	99.21
12	1	0.79	127	100

Table 24: Top Five Barriers to Health Services
Edmonson County

Barrier	Percent
I don't have any barriers	34.7
Costs too much for appointments, procedures, or medications	25.2
Can't get an appointment that works for my schedule	18.9
Can't take time off work	14.2
Worried the doctor won't take me seriously	12.6
Worried the doctor doesn't like caring for or treating with people like me	12.6
Don't know where to obtain services	12.6

Table 25: Barriers to Health Services
Hart County

Number of Barriers	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0	22	37.9	22	37.9
1	13	22.4	35	60.3
2	10	17.2	45	77.6
3	9	15.5	54	93.1
4	4	6.9	58	100.0
Frequency Missing = 2				

Table 26: Top Five Barriers to Health Services
Hart County

Barrier	Percent
I don't have any barriers	28.3
Costs too much for appointments, procedures, or medications	25.0
I don't have a car or can't afford gas for my car/truck	18.3
Can't take time off work	13.7
I don't have insurance	15.0
Worried the doctor doesn't like caring for or treating with people like me	13.3

Table 27: Barriers to Health Services
Logan County

Number of Barriers	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0	73	43.7	73	43.7
1	45	27.0	118	70.7
2	31	18.6	149	89.2
3	10	6.0	159	95.2
4	7	4.2	166	99.4
5	1	0.6	167	100.0
Frequency Missing = 10				

Table 28: Top Five Barriers to Health Services
Logan County

Barrier	Percent
I don't have any barriers	38.4
Can't take time off work	18.1
Can't get an appointment that works for my schedule	14.7
Costs too much for appointments, procedures, or medications	14.1
Worried the doctor won't take me seriously	10.7
I don't have insurance	6.2

Table 29: Barriers to Health Services
Metcalfe County

Number of Barriers	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0	30	44.12	30	44.12
1	14	20.59	44	64.71
2	13	19.12	57	83.82
3	8	11.76	65	95.59
5	1	1.47	66	97.06
12	2	2.94	68	100
Frequency Missing = 4				

Table 30: Top Five Barriers to Health Services
Metcalfe County

Barrier	Percent
I don't have any barriers	38.9
Costs too much for appointments, procedures, or medications	22.2
Can't get an appointment that works for my schedule	15.3
Worried the doctor won't take me seriously	13.7
Don't know where to obtain services	12.5
I don't have a car or can't afford gas for my car/truck	11.1
I don't have insurance	11.1

Table 31: Barriers to Health Services
Monroe County

Number of Barriers	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0	15	34.1	15	34.1
1	12	27.3	27	61.4
2	11	25.0	38	86.4
3	5	11.4	43	97.7
5	1	2.3	44	100.0
Frequency Missing = 1				

Table 32: Top Five Barriers to Health Services
Monroe County

Barrier	Percent
I don't have any barriers	35.6
Costs too much for appointments, procedures, or medications	20.0
Worried the doctor doesn't like caring for or treating with people like me	15.6
Can't get an appointment that works for my schedule	13.3
Don't know where to obtain services	13.3
Worried the doctor won't take me seriously	13.3

Table 33: Barriers to Health Services
Simpson County

Number of Barriers	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0	62	54.9	62	54.9
1	23	20.4	85	75.2
2	19	16.8	104	92.0
3	5	4.4	109	96.5
4	3	2.7	112	99.1
5	1	0.9	113	100.0
Frequency Missing = 9				

Table 34: Top Five Barriers to Health Services
Simpson County

Barrier	Percent
I don't have any barriers	41.0
Costs too much for appointments, procedures, or medications	17.2
Can't take time off work	10.7
Worried the doctor won't take me seriously	9.0
Can't get an appointment that works for my schedule	8.2
Worried the doctor doesn't like caring for or treating with people like me	7.4

Table 35: Number of Barriers to Health Services
Warren County

Number of Barriers	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0	336	48	336	48
1	176	25	512	73
2	107	15	619	89
3	47	7	666	95
4	24	3	690	99
5	4	1	694	99
6	2	0	696	100
7	2	0	698	100
8	1	0	699	100
Frequency Missing = 25				

Table 36: Top Five Barriers to Health Services
Warren County

Barrier	Percent
I don't have any barriers	40.2
Costs too much for appointments, procedures, or medications	24.2
Can't get an appointment that works for my schedule	13.8
Worried the doctor won't take me seriously	9.8
Can't take time off work	9.7
Worried the doctor doesn't like caring for or treating with people like me	6.2

Family Needs by County

To determine family needs across each county, respondents provided a list of things their family may have a need for but are unable to get including childcare, health care, mental health care, employment, housing, utilities, elder care, adult education, food, clothing, transportation, domestic violence resources, and addiction support services. Participants were asked to check all that apply. There was an option for them to check that they don't have any needs.

In all but one county, the highest percentage of respondents reported that they do not have needs, with the percent of respondents selecting that option ranging from 60.64% in Warren county to 31.11% in Monroe county. Warren county and Simpson county were the only counties to have over 50% of respondents indicate that they have no needs with Barren county following at 49%. In Butler County, only 20.55% of respondents indicated they have no needs and two needs ranked higher than that: child care (27.4%) and mental health care (19.69%).

Out of 10 counties, 9 counties ranked mental health care as the first (or second) most pressing need. In Hart county, where mental health was the third most pressing need, 13.33% of participants selected it. This data clearly highlights the significant mental health concerns across most counties, underscoring the importance of continuing to prioritize and address these issues in the community.

Housing, health care, childcare, transportation, food, and utilities regularly appear in the top five needs across counties. It is telling that there are no counties where some need is not selected by at least a few people. This indicates that there is room for improvement everywhere to meet the needs of families.

Table 37: Family Needs by County

County	1st Need (% Selected)	2nd Need (% Selected)	3rd Need (% Selected)	4th Need (% Selected)	5th Need (% Selected)	6th Need (% Selected)	7th Need (% Selected)
Allen	No Needs (40.10%)	Mental Health Care (20.30%)	Housing (16.24%)	Health Care (15.74%)	Employment (14.72%)	Utilities (14.74%)	Elder Care (13.20%)
Barren	No Needs (49.46%)	Mental Health Care (14.52%)	Health Care (13.44%)	Food (11.29%)	Housing (10.22%)	Utilities (10.22%)	Employment (9.14%)
Butler	Child Care (27.40%)	Mental Health Care (26.03%)	No Needs (20.55%)	Health Care (19.18%)	Domestic Violence Resources (19.18%)	Clothes (17.80%)	Food (16.44%)
Edmonson	No Needs (31.50%)	Mental Health Care (19.69%)	Employment (17.32%)	Health Care (15.75%)	Addiction Support Services (15.75%)	Health Care (15.75%)	Utilities (15.75%)
Hart	No Needs (33.33%)	Health Care (18.33%)	Transport- ation (18.33%)	Mental Health Care (13.33%)	Food (13.33%)	Elder Care (11.67%)	Clothes (11.67%)
Logan	No Needs (57.63%)	Mental Health Care (10.73%)	Elder Care (9.06%)	Food (9.04%)	Employment (7.91%)	Health Care (7.34%)	Child Care (7.34%)
Metcalfe	No Needs (45.83%)	Mental Health Care (15.28%)	Housing 15.28%	Elder Care (13.89%)	Health Care (12.50%)	Child Care (12.50%)	Transport- ation (11.11%)
Monroe	No Needs (31.11%)	Mental Health Care (20.00%)	Elder Care (15.56%)	Transport- ation (15.56%)	Child Care (15.56%)	Addiction Support Services (15.56%)	Employment (13.33%)
Simpson	No Needs (52.46%)	Mental Health Care (9.02%)	Food (8.20%)	Child Care (8.20%)	Food (8.20%)	Utilities (8.20%)	Health Care (7.38%)
Warren	No Needs (60.64%)	Mental Health Care (10.77%)	Health Care (10.36%)	Food (8.98%)	Child Care (6.77%)	Housing (6.63%)	Employment (6.08%)

Table 37: Family Needs by County, Cont'd

County	8th Need (% Selected)	9th Need (% Selected)	10th Need (% Selected)	11th Need (% Selected)	12th Need (% Selected)	13th Need (% Selected)	14th Need (% Selected)
Allen	Adult Education (13.20%)	Food (12.69%)	Clothes (10.15%)	Child Care (9.14%)	Transportation (8.62%)	Domestic Violence Resources (7.11%)	Addiction Support Services (6.09%)
Barren	Transportation (9.14%)	Adult Education (7.53%)	Domestic Violence Resources (6.99%)	Clothes (6.45%)	Child Care (5.91%)	Elder Care (5.38%)	Addiction Support Services (4.84%)
Butler	Housing (16.44%)	Adult Education (16.44%)	Utilities (16.44%)	Elder Care (15.07%)	Employment (15.07%)	Addiction Support Services (13.70%)	Transportation (12.33%)
Edmonson	Child Care (14.96%)	Elder Care (15.75%)	Adult Education (11.81%)	Food (11.02%)	Housing (10.24%)	Domestic Violence Resources (7.87%)	Clothes (7.09%)
Hart	Housing (11.67%)	Utilities (10.00%)	Adult Education (8.33%)	Employment (6.67%)	Addiction Support Services (5.00%)	Child Care (5.00%)	Domestic Violence Resources (3.33%)
Logan	Housing (6.78%)	Transportation (6.21%)	Addiction Support Services (5.08%)	Clothes (3.39%)	Utilities (3.39%)	Adult Education (2.82%)	Domestic Violence Resources (1.69%)
Metcalfe	Adult Education (9.72%)	Clothes (8.33%)	Domestic Violence Resources (8.33%)	Employment (8.33%)	Utilities (8.33%)	Addiction Support Services (6.94%)	Food (6.94%)
Monroe	Utilities (13.33%)	Domestic Violence Resources (11.11%)	Food (8.89%)	Housing (8.89%)	Adult Education (8.89%)	Clothes (6.67%)	Health Care (6.67%)
Simpson	Housing (7.38%)	Elder Care (3.28%)	Employment (3.28%)	Clothes (2.46%)	Adult Education (2.46%)	Addiction Support Services (1.64%)	Domestic Violence Resources (1.64%)
Warren	Transportation (6.08%)	Utilities (5.25%)	Clothes (4.42%)	Adult Education (3.87%)	Elder Care (3.59%)	Addiction Support Services (2.49%)	Domestic Violence Resources (1.38%)

Mental Health Needs by County

Participants were asked about the mental health needs in their county. The mental health needs across various counties showed considerable variation; however, a common theme emerged: the majority of counties expressed a need for expanded healthcare options, particularly those encompassing mental health care. The specific percentages of residents indicating this need were as follows: 38% in Allen County, 38% in Barren County, 37% in Butler County, 33% in Edmonson County, 25% in Hart County, 33% in Logan County, 33% in Metcalfe County, 31% in Monroe County, 34% in Simpson County, and 42% in Warren County. This data underscores a significant concern among citizens throughout the district.

Additionally, the chart identified the top seven key needs within these counties. Other prominently selected concerns included access to affordable mental health services, affordable prescriptions to address mental health care diagnoses, the stigma surrounding mental health issues, substance abuse and treatment, and children's mental health services. These findings highlight a range of critical issues that require attention and action.

Table 38: Mental Health Needs by County

County	1st Need (% Selected)	2nd Need (% Selected)	3rd Need (% Selected)	4th Need (% Selected)	5th Need (% Selected)	6th Need (% Selected)	7th Need (% Selected)
Allen	Health insurance including mental health care (38%)	Affordable mental health services (33%)	Affordable prescriptions (28%)	Addressing the stigmatization of mental health issues (23%)	Substance abuse prevention/treatment (20%)	Children's mental health services (17%)	Transportation to mental health services (15%)
Barren	Health insurance including mental health care (37%)	Affordable mental health services (31%)	Addressing the stigmatization of mental health issues (30%)	Affordable prescriptions (21%)	Substance abuse prevention/treatment (15%)	Children's mental health services (14%)	I don't know (13%)
Butler	Affordable mental health services (40%)	Health insurance including mental health care (37%)	Mental health education (27%)	Children's mental health services (25%)	Addressing the stigmatization of mental health issues (23%)	Transportation to mental health services (23%)	Affordable prescriptions (22%)
Edmonson	Health insurance including mental health care (33%)	Affordable mental health services (28%)	Affordable prescriptions (27%)	Addressing the stigmatization of mental health issues (23%)	High quality mental health services (20%)	Increased mental health education (18%)	Substance abuse prevention/treatment (18%)
Hart	Addressing the stigmatization of mental health issues (37%)	Health insurance including mental health care (25%)	High quality mental health services (25%)	Affordable prescriptions (22%)	Children's mental health services (22%)	Substance abuse prevention/treatment (22%)	Transportation to mental health services (20%)
Logan	Health insurance including mental health care (33%)	Affordable mental health services (32%)	Affordable prescriptions (24%)	Addressing the stigmatization of mental health issues (23%)	Substance abuse prevention/treatment (21%)	Children's mental health services (19%)	High quality mental health services (14%)
Metcalfe	Health insurance including mental health care (33%)	Affordable mental health services (32%)	Affordable prescriptions (28%)	Substance abuse prevention/treatment (25%)	Children's mental health services (21%)	High quality mental health services (21%)	Addressing the stigmatization of mental health issues (15%)
Monroe	Addressing the stigmatization of mental health issues (33%)	Health insurance including mental health care (31%)	Affordable mental health services (31%)	High quality mental health services (29%)	Affordable prescriptions (27%)	Transportation to mental health services (24%)	Increased mental health education (24%)
Simpson	Affordable mental health services (37%)	Health insurance including mental health care (34%)	Addressing the stigmatization of mental health issues (20%)	Affordable prescriptions (18%)	Children's mental health services (18%)	High quality mental health services (15%)	Increased amount of mental health providers (14%)
Warren	Health insurance including mental health care (42%)	Affordable mental health services (36%)	Addressing the stigmatization of mental health issues (27%)	Affordable prescriptions (21%)	Substance abuse prevention/treatment (17%)	Increased amount of mental health providers (16%)	Children's mental health services (15%)

Housing Stability/Insecurity by County

All counties in the region have some level of housing insecurity. Given that housing security is associated with physical and mental health, it is an important factor to consider. Monroe and Hart counties have the highest percentage of survey respondents without housing. Metcalfe and Monroe counties have over 20% of survey respondents who have insecure housing, meaning that they have housing today but are worried about losing it in the future. Allen, Barren, Butler, Edmonson, and Hart counties all have between 10-20% of respondents who are housing insecure.

Table 39: Housing Stability by County

County	Stable housing	Insecure housing	No housing	Total
Allen	136	30	7	173
	78.6	17.3	4.1	100%
Barren	129	27	5	161
	80.12	16.77	3.11	100%
Butler	52	8	2	62
	83.9	12.9	3.2	100%
Edmonson	88	14	9	111
	79.3	12.6	8.1	100%
Hart	36	10	6	52
	69.23	19.23	11.54	100%
Logan	133	12	3	148
	89.9	8.1	2.0	100%
Metcalfe	43	13	5	61
	70.5	21.3	8.2	100%
Monroe	27	9	5	41
	65.9	22.0	12.2	100%
Simpson	87	4	5	96
	90.6	4.2	5.2	100%
Warren	548	45	10	603
	90.9	7.5	1.7	100%
Total	1279	172	57	1508
	84.8	11.4	3.8	100%

Financial Well-being by County

Financial well-being is another important factor in health. The table below shows the financial well-being of respondents by county. Respondents in Hart County are having the most difficulty getting by. In all counties, the highest percentage of respondents are just getting by.

Table 40: Financial Wellbeing by County

	Living comfortably		Getting by		Finding it difficult to get by		Finding it very difficult to get by		Total	
	Count	% of County	Count	% of County	Count	% of County	Count	% of County	Count	% of Respondents
Allen	52	30.1	76	43.9	28	16.2	17	9.8	173	11.4
Barren	60	37.7	73	45.9	15	9.4	11	6.9	159	10.5
Butler	13	20.6	41	65.1	7	11.1	2	3.2	63	4.2
Edmonson	32	28.3	59	52.2	18	15.9	4	3.5	113	7.5
Hart	16	29.1	26	47.3	6	10.9	7	12.7	55	3.6
Logan	63	42.9	65	44.2	15	10.2	4	2.7	147	9.7
Metcalf	7	11.7	40	66.7	10	16.7	3	5.0	60	4.0
Monroe	11	26.2	25	59.5	3	7.1	3	7.1	42	2.8
Simpson	31	33.3	42	45.2	15	16.1	5	5.4	93	6.2
Warren	239	39.4	270	44.5	67	11.0	31	5.1	607	40.2
Total	524	100%	717	100%	184	100%	87	100%	1512	100%

Conclusion

The Community Health Assessment conducted by the BRIGHT Coalition offers valuable insights into the health-related experiences, perceptions, and needs of individuals across the 10-county BRADD region. Through extensive survey efforts, it captured diverse demographic and socioeconomic profiles, allowing a detailed understanding of the community's strengths and challenges. Respondents emphasized the importance of accessible healthcare, healthy lifestyles, and economic stability as key factors promoting health. However, they also highlighted barriers such as poor eating habits, lack of exercise, and economic instability, which significantly impact community well-being. These findings underscore the complexity of public health issues and the need for comprehensive strategies that address both systemic and individual factors.

The survey results reveal important gaps in the community's ability to meet health needs. For example, while mental health emerged as a critical concern, with many respondents unable to access necessary care due to cost or stigma, it also highlighted the significant role of economic barriers in limiting access to essential health services. Similarly, challenges related to substance use and tobacco consumption suggest a need for targeted prevention and treatment programs. The data also illuminated unmet needs for affordable healthcare, highlighting the intersection of socioeconomic factors and health disparities. Addressing these issues will require collaborative efforts among local organizations, government entities, and healthcare providers to ensure equitable access to care and resources.

Physical health indicators, such as the prevalence of chronic conditions like diabetes and the level of physical inactivity, further point to areas needing intervention. Efforts to enhance physical activity opportunities, nutritional education, and access to healthy food can have a profound impact on improving overall health. Additionally, food insecurity remains a pressing issue for a significant minority, emphasizing the need for continued support of food assistance programs and broader efforts to reduce economic inequities.

An area for training and outreach centers on the finding that many respondents worry that doctors do not want to provide people like them care or will not take them seriously. It cannot be determined here whether this is a medical provider issue or a perception of patient issue or both. To address this, health care providers could receive sensitivity training to ensure they are providing quality support to all their patients, regardless of background. There could also be community outreach efforts to help potential patients feel more comfortable and welcomed by the medical community.

Employers play a role in the health of communities. Not being able to take time off from work was cited as an important barrier to health services. Perhaps employers could consider offering a paid few hours or half day a few times a year so employees could take time off to take care of their health, which would ultimately reduce sick time, long-term care for untreated health problems, and a healthier workforce.

In rural counties in particular, getting appointments with providers and knowing where to go for care are important barriers. Increasing the number of medical providers, considering adding out-of-business hours services, and educating the community of the services available are important steps to increasing the level of care in those communities.

Another critical area identified by the survey is the community's mixed attitudes toward vaccination and preventative health measures. While most respondents recognize the importance of vaccines and report being vaccinated, skepticism among a subset of the population suggests the need for improved education and outreach to address concerns and misinformation. Increasing awareness of available resources for addressing substance use and mental health, as well as improving the community's understanding of preventative health measures, will be essential for fostering a healthier population.

Mental health care is a major need in all counties. In fact, in nine out of 10 counties, mental health care was identified as the highest need of families in those counties who completed the survey. Having health insurance coverage that includes mental health care was noted as a significant need by participants in most counties as well as the need for affordable mental health services, affordable prescriptions for mental health diagnoses, and reducing the stigma of mental health issues. Improving access to mental health care in the region could significantly help families thrive.

In conclusion, the findings of the CHA provide a comprehensive overview of the health landscape within the BRADD region, revealing both strengths and areas for improvement. The community's recognition of key health determinants, coupled with the identification of barriers to care, offers a roadmap for targeted interventions. By addressing the highlighted issues—such as economic stability, mental health access, physical activity, nutrition, and vaccination attitudes—the BRIGHT Coalition can lead efforts to enhance public health and build a more resilient and equitable health system for all residents.

Appendix: Community Health Assessment Survey in Alchemer

Community Health Assessment

Community Health Assessment

Page description:

You are eligible to take the survey if you are 18 years old or older **AND** live in one of the following counties: Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson, Warren.

If you are eligible to take the survey, you'd like to take it, and you will answer honestly, please click "Next" below to continue.

Action: reCAPTCHA
Security Check

Where You Live

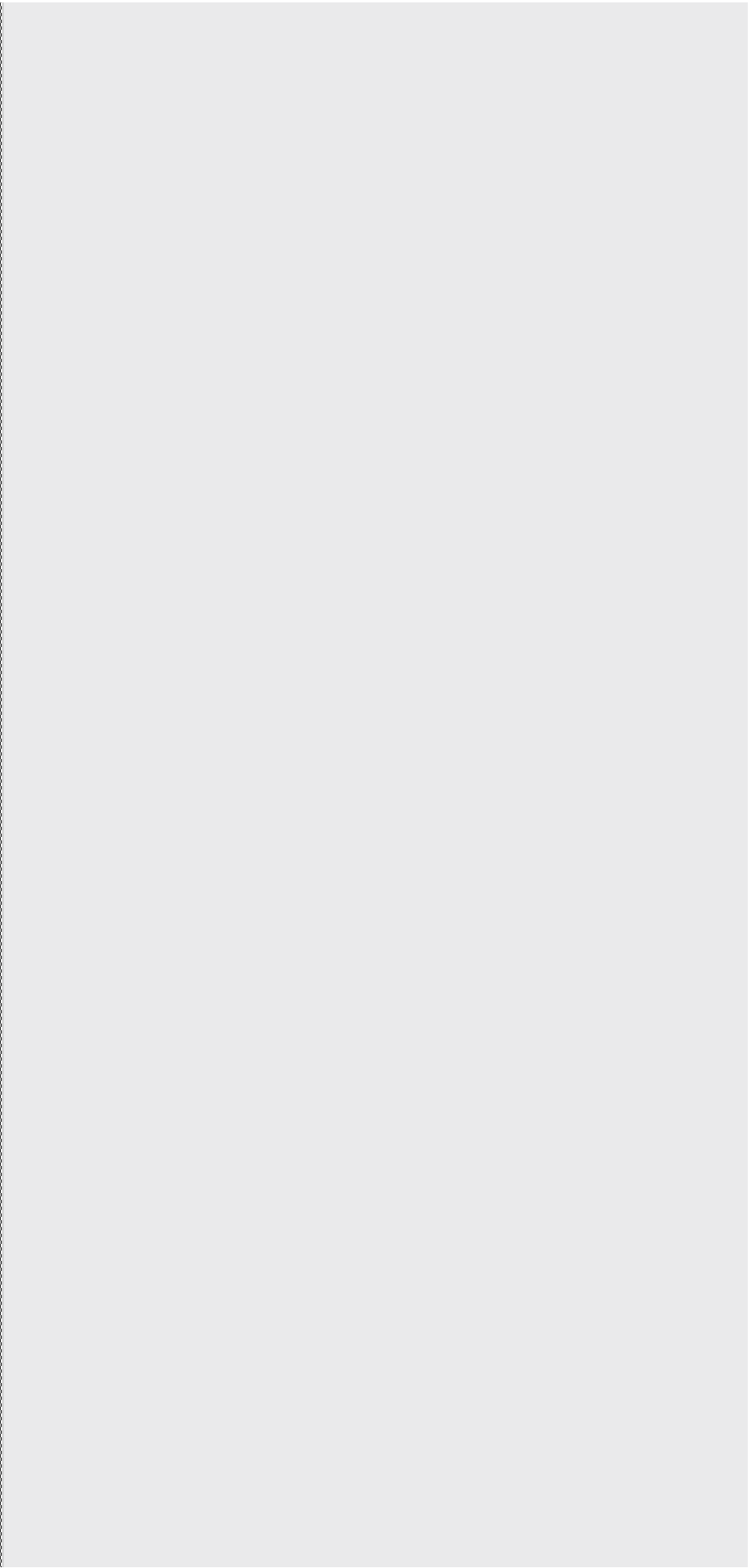
Page description:

Page exit logic: Skip / Disqualify Logic

IF: #1 Question "Which county do you live in? " is one of the following answers ("Another county or state") **THEN:** Disqualify and display:
Sorry, you do not qualify to take this survey.

1. Which county do you live in? *

Allen
Barren
Butler
Edmonson
Hart
Logan
Metcalfe
Monroe
Simpson
Warren
Another county or state





VALIDATION Min = 40000 Max = 43000 Must be numeric Max character count = 5

2. What is the ZIP code where you live (or where you most often stay)?

Community Strengths

VALIDATION Max. answers = 3 (if answered)

3. What helps people stay healthy in your community? **Pick the top 3.**

*

- ☐ Farmer's markets
- ☐ Healthy behaviors and lifestyles
- ☐ Clean environment
- ☐ Sense of community belonging (for example: religious participation, welcoming community events and places)
- ☐ Strong family life
- ☐ Good jobs and healthy economy
- ☐ Good schools
- ☐ Parks and recreation
- ☐ Access to health care (e.g., family doctor)
- ☐ Low crime / safe neighborhoods
- ☐ Inclusive community (in other words, people are accepted for who they are)
- ☐ Affordable housing
- ☐ Arts and cultural events
- ☐ Good place to raise children
- ☐ Local leaders (such as government or school leaders) who prioritize health
- ☐ Other - Write In (Required)

*

- ☐ Prefer not to answer

4. Where do you usually get information about staying healthy? **Check all the places you use.**

- ☐ Healthcare provider
- ☐ Public health officials (such as your local health department or the CDC)
- ☐ Friends/family
- ☐ Social media (such as TikTok, Facebook, Instagram, YouTube)
- ☐ Internet sources other than social media (sources such as Google or WebMD)
- ☐ Television (news programs)
- ☐ Radio
- ☐ Community Events (such as health fairs or events for particular health concerns)
- ☐ Other - Write In (Required)

*

Own Health

5. In general, would you say your health is...? *

- ☐ Great
- ☐ Good
- ☐ Okay
- ☐ Not good
- ☐ Bad
- ☐ Prefer not to answer

Physical Health

VALIDATION Min = 0 Max = 30 Must be numeric Whole numbers only

6. In the last month, how many days did being sick, ill, or hurt stop you from your usual activities like taking care of yourself, working, or having fun? *

LOGIC Show/hide trigger exists.

7. When did you last visit a doctor or nurse for a regular health check? *

- ☐ Within the past year
- ☐ More than 1 year to 2 years ago
- ☐ More than 2 years to 5 years ago
- ☐ Longer than 5 years ago
- ☐ Never
- ☐ Not sure
- ☐ Prefer not to answer

Why haven't you seen a doctor

LOGIC Hidden unless: #7 Question "When did you last visit a doctor or nurse for a regular health check?" is one of the following answers ("More than 1 year to 2 years ago", "More than 2 years to 5 years ago", "Longer than 5 years ago", "Never")

8. If you haven't seen a doctor in the last year, why not? **Check all the reasons.**

- ☐ Cost of the visit
- ☐ Transportation
- ☐ Unable to take time off work
- ☐ Cost of the treatment
- ☐ Don't have health insurance
- ☐ Lack of child care
- ☐ Lack of available doctors
- ☐ Could not find a doctor that accepts my insurance
- ☐ I don't like or trust doctors
- ☐ Other - Write In (Required)

*

Diabetes

LOGIC Show/hide trigger exists.

9. Do you have diabetes? *

- ☐ Yes, I am diabetic
- ☐ I am pre-diabetic
- ☐ No, I am not diabetic
- ☐ I do not know
- ☐ Prefer not to answer

Diabetes referral

LOGIC Hidden unless: #9 Question "Do you have diabetes?" is one of the following answers ("Yes, I am diabetic", "I am pre-diabetic")

10. Have you been referred to

	Yes	No	I'm not sure
a dietitian (someone who helps you learn what foods to eat and what foods to avoid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
diabetes education (to help you learn more about your condition and how to care for yourself)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Prescriptions

11. In the past year, have you done any of the following to save money?

- ☐ Skipped one or more doses of medication to delay refilling the prescription
- ☐ Choose not to fill prescriptions
- ☐ Taken a smaller dose of medication than was directed
- ☐ Other - Write In (Required)
- ☐ None of the above

Difficulty Getting Services

12. In the last year, was there anything you or your family needed but couldn't get? **Check all the boxes that apply.** *

- ☐ Mental health care services
- ☐ Food
- ☐ Transportation
- ☐ Elder Care
- ☐ Employment
- ☐ Domestic Violence Assistance
- ☐ Clothing
- ☐ Child Care
- ☐ Housing
- ☐ Utilities
- ☐ Health Care
- ☐ Addiction Services
- ☐ Adult educational services
- ☐ None of the above
- ☐ Other - Write In (Required)
- ☐ Prefer not to answer

*

Barriers to Health Services

13. What makes it hard for you to get health services? **Check any problems you face.** *

- ☐ I don't have any barriers
- ☐ Can't take time off work
- ☐ I don't have a car or can't afford gas for my car/truck
- ☐ Costs too much for appointments, procedures, or medications
- ☐ Don't have someone to give me a ride
- ☐ Don't know where to obtain services
- ☐ I don't have insurance
- ☐ Disability (mental/physical)
- ☐ No doctors available
- ☐ Worried the doctor won't take me seriously
- ☐ Can't get an appointment that works for my schedule
- ☐ Don't have child care
- ☐ Worried the doctor doesn't like caring for or treating with people like me
- ☐ Language barriers
- ☐ Other - Write In (Required)
- ☐ Prefer not to answer

*

VALIDATION Min = 0 Max = 20 Must be numeric Whole numbers only Min character count = 0

14. During a typical weekday (Monday - Friday), how many hours do you sit per day? This could be while working or during fun or down time (such as watching tv or playing video games). Do not count hours while you are asleep.

*

VALIDATION Min = 0 Max = 15 Must be numeric

15. How many hours do you sleep on a normal week night? *

Exercise

LOGIC Show/hide trigger exists.

16. How many **days per week** do you exercise? This could include walking, running, riding a bike, lifting weights, doing yoga or Pilates, playing a sport, or any other activity that you do to work out your body. Do NOT include physical activity that is part of your job. *

- ☐ 0 days
- ☐ 1-2 days
- ☐ 3-4 days
- ☐ 5-6 days
- ☐ 7 days
- ☐ Prefer not to answer

VALIDATION Must be numeric

LOGIC Hidden unless: #16 Question "How many **days per week** do you exercise? This could include walking, running, riding a bike, lifting weights, doing yoga or Pilates, playing a sport, or any other activity that you do to work out your body. Do NOT include physical activity that is part of your job. " is one of the following answers ("1-2 days", "3-4 days", "5-6 days", "7 days")

17. On days you exercise, how many minutes per day do you usually exercise for?

Mental Health

18. How would you describe your overall mental health?

☐ Great ☐ Good ☐ Okay ☐ Not good ☐ Bad

VALIDATION Min = 0 Max = 30 Must be numeric

19. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health **not** good? *

LOGIC Show/hide trigger exists.

20. People can get counseling, treatment, or medicine for many different reasons, such as:

- For feeling depressed, anxious, or “stressed out”
- Personal problems (like when a loved one dies or when there are problems at work)
- Family problems (like marriage problems or when parents and children have trouble getting along)
- Needing help with drug or alcohol use
- For mental or emotional illness

In the last 12 months, did you get counseling, treatment, or medicine for any of these reasons?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

LOGIC Hidden unless: #20 Question "People can get counseling, treatment, or medicine for many different reasons, such as:

- For feeling depressed, anxious, or “stressed out”
- Personal problems (like when a loved one dies or when there are problems at work)
- Family problems (like marriage problems or when parents and children have trouble getting along)
- Needing help with drug or alcohol use
- For mental or emotional illness

In the last 12 months, did you get counseling, treatment, or medicine for any of these reasons?" is one of the following answers ("No")

21. In the last 12 months, did you **want to** get counseling, treatment, or medicine but were unable to?

- ☐ Yes, I wanted to but couldn't
- ☐ No, I did not want counseling, treatment, or medicine

LOGIC Hidden unless: #20 Question "People can get counseling, treatment, or medicine for many different reasons, such as:

- For feeling depressed, anxious, or “stressed out”
- Personal problems (like when a loved one dies or when there are problems at work)
- Family problems (like marriage problems or when parents and children have trouble getting along)
- Needing help with drug or alcohol use
- For mental or emotional illness

In the last 12 months, did you get counseling, treatment, or medicine for any of these reasons?" is one of the following answers ("No")

22. What stops you from getting mental health services when you need them?

Check all that apply.

- ☐ I am ashamed or uncomfortable talking about personal issues
- ☐ I do not have internet access to find a provider
- ☐ I can't get in to see a mental health provider
- ☐ Don't have a ride or a way to get there
- ☐ Language/cultural
- ☐ The times they are open do not work with my schedule
- ☐ I don't have insurance
- ☐ I have insurance but it doesn't cover mental health
- ☐ Services cost too much
- ☐ Tried before, it didn't work
- ☐ Tried before, takes too long to get an appointment
- ☐ Other - Write In (Required)

*

LOGIC Hidden unless: #20 Question "People can get counseling, treatment, or medicine for many different reasons, such as:

- For feeling depressed, anxious, or “stressed out”
- Personal problems (like when a loved one dies or when there are problems at work)
- Family problems (like marriage problems or when parents and children have trouble getting along)
- Needing help with drug or alcohol use
- For mental or emotional illness

In the last 12 months, did you get counseling, treatment, or medicine for any of these reasons?" is one of the following answers ("Yes")

23. Where do you go most often when your mental health is not good?

- ☐ Community mental health center (ex: LifeSkills)
- ☐ Private mental health practice (ex: a therapist with their own place or with a small group of other therapists)
- ☐ My psychiatrist/psychiatric nurse practitioner
- ☐ Hospital Emergency Room
- ☐ My regular primary care doctor
- ☐ Veterans Administration Hospital (VA)
- ☐ Another mental health service (please specify):

Loneliness

24. How often do you feel lonely or like you are by yourself?

- ☐ Always
- ☐ A lot
- ☐ Often
- ☐ Sometimes
- ☐ Never

25. How often do you use each of the following? *

	Every day	Some days	Not at all	Prefer not to answer
Smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use chewing tobacco or snuff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use e-cigarettes or other electronic vaping products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LOGIC Hidden unless: ((Question "Smoke cigarettes" is one of the following answers ("Every day", "Some days") OR Question "Use chewing tobacco or snuff" is one of the following answers ("Every day", "Some days")) OR Question "Use e-cigarettes or other electronic vaping products" is one of the following answers ("Every day", "Some days"))

26. Do you want to stop using tobacco products? *

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

27. Which of the following options for quitting smoking are available in your community? **Check all that apply.**

- ☐ Nicotine patch
- ☐ Nicotine gum or lozenges
- ☐ Prescription medication
- ☐ Counseling, support groups, or help line
- ☐ Switching to electronic or e-cigarettes (vaping)
- ☐ Cold turkey or stopping without any other substitute or intervention
- ☐ Other - Write In (Required)

*

Alcohol

VALIDATION Max character count = 30 Min character count = 0

LOGIC Show/hide trigger exists.

28. **During the past 30 days, how many days per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?**

LOGIC Hidden unless: #28 Question "**During the past 30 days, how many days per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?**" is greater than "0"

29. Have you ever felt you should cut down on your drinking?

- ☐ Yes
- ☐ No

Food

30. In the last 30 days how many times did you...

	Never	1-5 times	6-10 times	11-15 times	16 or more times
cut a serving of your meal or skip a meal altogether because there was not enough money for food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
visit a food bank, soup kitchen, or another similar service that provides food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Caregiving

LOGIC Show/hide trigger exists.

31. Which of the following caregiving responsibilities do you have on a regular basis? **Check all the boxes that are true for you.** *

- ☐ One or more children under age 5
- ☐ One or more children between the ages of 5 and 11
- ☐ One or more children between the ages of 12 and 18
- ☐ One or more family members (including children) with disabilities
- ☐ One or more family members (including children) with significant health care issues
- ☐ Aging parents who live with me
- ☐ Aging parents who do not live with me but who I care for regularly
- ☐ Other - Write In (Required)
- ☐ I do not have caregiving responsibilities

*

Caregiving Difficulties

LOGIC Hidden unless: #31 Question "Which of the following caregiving responsibilities do you have on a regular basis? **Check all the boxes that are true for you.**" is not exactly equal to ("I do not have caregiving responsibilities")

32. Have you had difficulties with any of the following? **Check all the boxes that are true for you.**

- ☐ Finding childcare options
- ☐ The cost of childcare
- ☐ Finding preschools
- ☐ The availability of preschool spots
- ☐ Afterschool care for children
- ☐ Finding doctors for those I care for
- ☐ Affording health care costs for those I care for
- ☐ Finding someone to help care for aging parents
- ☐ Difficulty affording help to care for aging parents
- ☐ Finding support for disabled family member
- ☐ My own mental health or stress for providing care
- ☐ I don't have time for myself due to caregiving responsibilities
- ☐ I do not have caregiving difficulties
- ☐ Other - Write In (Required)

*

33. To what extent do you agree or disagree with the following statement:
The community has adequate mental health services for people who need them.

Strongly
Disagree

☐

Disagree

☐

Neither Agree
nor Disagree

☐

Agree

☐

Strongly
Agree

☐

34. To what extent do you agree or disagree with the following statement:
All income groups have access to mental health services.

Strongly
Disagree

☐

Disagree

☐

Neither Agree
nor Disagree

☐

Agree

☐

Strongly
Agree

☐

VALIDATION Min. answers = 1 (if answered) Max. answers = 3 (if answered)

35. Overall, what are the **top three** mental health needs in the community that should be addressed? *

- ☐ Addressing the stigmatization of those with mental health issues
- ☐ Affordable health insurance that includes mental health care
- ☐ Affordable mental health services
- ☐ Affordable prescriptions
- ☐ Availability of transportation to mental health services
- ☐ Care for Caregivers
- ☐ Children's mental health services
- ☐ High quality mental health services
- ☐ More mental health education
- ☐ More number of mental health care providers
- ☐ Substance abuse prevention/treatment
- ☐ Suicide prevention
- ☐ Another mental health need (please specify):
- ☐ I don't know

Negative Community Health issues

VALIDATION Max. answers = 3 (if answered)

36. In your opinion, what are the **issues in our community** that have the greatest **negative** impact on our health? **Please select the top 3.**

- ☐ Limited access to healthcare
- ☐ Limited access to medications
- ☐ Not getting vaccines
- ☐ Limited access to healthy foods

- ☐ Poor eating habits
- ☐ Lack of exercise
- ☐ Lack of a livable wage
- ☐ Homelessness or housing insecurity
- ☐ Distracted driving
- ☐ Not using seat belts/child safety seats
- ☐ Dropping out of school
- ☐ Excessive social media use
- ☐ Bullying
- ☐ Substance misuse (for example, alcohol, opioids, meth)
- ☐ Tobacco use
- ☐ E-cigarette use (vaping, JUULS)
- ☐ Racism
- ☐ Child abuse or neglect
- ☐ Adult or senior abuse or neglect
- ☐ Domestic violence/intimate partner violence
- ☐ Community violence
- ☐ Unsafe sex
- ☐ Human trafficking
- ☐ Rape/sexual assault
- ☐ Other - Write In (Required)

*

Substance Use Services

37. What help is available in your community for people who want to stop using drugs or drinking too much alcohol? (Check all that apply)

- ☐ Talking to a counselor or therapist
- ☐ Going to a place where they help you stop (rehabilitation or treatment centers)
- ☐ Meeting groups where people support each other (ex: Alcoholics Anonymous, Narcotics Anonymous)
- ☐ Learning programs about not using drugs or drinking
- ☐ Doctors who help with stopping
- ☐ Programs for exchanging used needles safely
- ☐ Help with laws and rules about using drugs (legal aid services related to substance use)
- ☐ Outreach and community support services
- ☐ None that I am aware of
- ☐ Other - Write In (Required)
- ☐ I don't know

*

Vaccines

38. To what extent do you agree with the following statement: "Vaccines are important for the health of the community." *

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree
- ☐ Prefer not to answer

Personal Vaccines

39. For each vaccine below, please select the statement that is true for you.

	I have gotten this shot	I have not gotten this shot	I don't know if I've gotten this shot
Flu shot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TDAP (tetanus, diphtheria, pertussis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID-19 vaccine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID-19 boosters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Vaccine Barriers

LOGIC Hidden unless: Question "Flu shot" is one of the following answers ("I have not gotten this shot")

40. Why didn't you get **the flu shot**?

- ☐ I didn't know where to go to get it
- ☐ The times to get it didn't work with my schedule
- ☐ I couldn't afford it
- ☐ I did not have transportation to get it
- ☐ I didn't know I needed it or I don't know what it is
- ☐ I wanted it but it wasn't available
- ☐ I was concerned about the risk
- ☐ I don't want to get it
- ☐ Other - Write In (Required)

*

LOGIC Hidden unless: Question "TDAP (tetanus, diphtheria, pertussis) " is one of the following answers ("I have not gotten this shot")

41. Why didn't you get **the TDAP shot**?

- ☐ I didn't know where to go to get it
- ☐ The times to get it didn't work with my schedule
- ☐ I couldn't afford it
- ☐ I did not have transportation to get it
- ☐ I didn't know I needed it or I don't know what it is
- ☐ I wanted it but it wasn't available
- ☐ I was concerned about the risk
- ☐ I don't want to get it
- ☐ Other - Write In (Required)

*

LOGIC Hidden unless: Question "COVID-19 vaccine " is one of the following answers ("I have not gotten this shot")

42. Why didn't you get **the COVID-19 vaccine**?

- ☐ I didn't know where to go to get it
- ☐ The times to get it didn't work with my schedule
- ☐ I couldn't afford it
- ☐ I did not have transportation to get it
- ☐ I didn't know I needed it or I don't know what it is
- ☐ I wanted it but it wasn't available
- ☐ I was concerned about the risk
- ☐ I don't want to get it
- ☐ Other - Write In (Required)

*

LOGIC Hidden unless: Question "COVID-19 boosters" is one of the following answers ("I have not gotten this shot")

43. Why didn't you get **the COVID-19 booster**?

- ☐ I didn't know where to go to get it
- ☐ The times to get it didn't work with my schedule
- ☐ I couldn't afford it
- ☐ I did not have transportation to get it
- ☐ I didn't know I needed it or I don't know what it is
- ☐ I wanted it but it wasn't available
- ☐ I was concerned about the risk
- ☐ I don't want to get it
- ☐ Other - Write In (Required)

*

Health Insurance

44. What kind of health care insurance do you currently have? *

- ☐ Health insurance through an employer (my own, my spouse's, or my parents)
- ☐ Health insurance through the government (such as Medicare, Medicaid, or Indian Health Service)
- ☐ Health insurance I or my spouse pays for on my/our own (such as Cobra or a health plan on the state or federal marketplace such as KYNECT)
- ☐ I do not have health insurance
- ☐ Not sure
- ☐ Prefer not to answer

Demographics

VALIDATION Min = 1 Max = 120 Must be numeric

45. What is your age *

46. Are you...? *

- ☐ Female
- ☐ Male
- ☐ Trans female/Transwoman
- ☐ Trans male/Transman
- ☐ Genderqueer/Gender nonconforming
- ☐ I prefer to describe my identity as... (write in)

- ☐ Prefer not to answer

47. Do you think of yourself as...? *

- ☐ Straight or heterosexual
- ☐ Lesbian, gay, or homosexual
- ☐ Bisexual
- ☐ Another identity (please specify)

- ☐ Not sure
- ☐ Prefer not to answer

Race/Ethnicity

48. What is your race/ethnicity? **Please select all that are true for you.** *

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Hispanic, Latino(a), or Spanish
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Other - Write In (Required)
- ☐ Prefer not to answer

*

Socio-Demographics

49. What is your marital status? *

- ☐ Married
- ☐ Divorced
- ☐ Widowed
- ☐ Separated
- ☐ Never been married
- ☐ Living with a partner
- ☐ Prefer not to answer

Education

50. What is the highest grade or year of school you completed? *

- ☐ Never attended school or only attended kindergarten
- ☐ Grades 1 through 8 (Elementary)
- ☐ Grades 9 through 11 (Some high school)
- ☐ High school graduate
- ☐ GED or alternative high school credential
- ☐ Some college credit but no degree
- ☐ Associates degree
- ☐ Bachelor's degree (for example, BA, BS)
- ☐ Master's degree (for example, MA, MS, MBA)
- ☐ Professional or doctoral degree (for example, MD, JD, PhD)
- ☐ Prefer not to answer

Employment Status

51. Are you currently...? **Please select all that apply.** *

- ☐ A Student
- ☐ Employed for wages
- ☐ Self-Employed
- ☐ A stay-at-home parent
- ☐ Unemployed and looking for work
- ☐ Unemployed and not looking for work (BUT NOT a stay-at-home parent or retired)
- ☐ Retired
- ☐ Unable to Work
- ☐ Prefer not to answer

Income

52. What was your total household income last year before taxes? *

- ☐ Less than \$10,000
- ☐ \$10,001 to \$15,000
- ☐ \$15,001 to \$20,000
- ☐ \$20,001 to \$35,000
- ☐ \$35,001 to \$50,000
- ☐ \$50,001 to \$65,000
- ☐ \$65,001 to \$80,000
- ☐ \$80,001 to \$100,000
- ☐ \$100,001 to \$120,000
- ☐ \$120,001 to \$150,00
- ☐ More than \$150,000
- ☐ Prefer not to answer

53. How would you describe your financial well-being? *

- ☐ Living comfortably
- ☐ Getting by
- ☐ Finding it difficult to get by
- ☐ Finding it very difficult to get by
- ☐ Prefer not to answer

Housing

54. What is your housing situation today? *

- ☐ I have housing
- ☐ I have housing today, but I am worried about losing housing in the future
- ☐ I do not have permanent housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)
- ☐ Prefer not to answer

VALIDATION Min = 1 Max = 20 Must be numeric

55. How many people, including you, live with you most of the time?

Discrimination

56. How often have you been discriminated against or treated unfairly for any of the following?

	Never	Sometimes	Regularly
Race/Ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Body Type	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank You!

Thank you for taking our survey. Your response is very important to us.

If you would like to be entered into a drawing for 1 of 10 \$25 Walmart gift cards, please enter your contact information here. Your name and contact information will not be connected to the survey you just submitted.