2022 Community Health Needs Assessment

Beckley ARH Hospital

306 Stanaford Rd, Beckley, WV 25801 | Phone: (304) 255-3000

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This Community Health Needs Assessment (CHNA) report was prepared for Beckley ARH by the Community and Economic Development Initiative of Kentucky (CEDIK) at the University of Kentucky. CEDIK staff Melody Nall, Mercedes Fraser, Simona Balazs, Jennifer Clobes, Sarah Bowker and Alison Davis contributed to the information in this final report.

CEDIK works with stakeholders to build engaged communities and vibrant economies. If you have questions about the assessment process, contact Melody Nall, CEDIK Extension Specialist Administrator: melody.nall@uky.edu or (859) 218-5949.

College of Agriculture, Food and Environment
Community and Economic Development Initiative of Kentucky
cedik.ca.uky.edu

Dear Community Member:

Appalachian Regional Healthcare has had a longstanding mission to *"promote the well-being of all people in Central Appalachia in partnership with our communities."*

Improving personal health and building healthier communities is about more than the care that is provided at the doctor's office or the hospital. To bring about true change and improvement requires listening to the needs of our community members and providing them with easily accessible opportunities to become healthier.

As ARH moves through its sixth decade of providing care, we are focusing on really putting our organizational mission into action by prioritizing overall wellness through an emphasis on preventative health screenings and good nutrition to improve the lives of the people we serve. To better meet the needs of these residents we asked the community to share their health concerns through surveys and focus groups during the 2022 Community Health Needs Assessment (CHNA).

The CHNA is an excellent opportunity for our community members to educate us on the health needs in their own homes, schools, and neighborhoods.

We use these results, along with secondary data collected by the Community and Economic Development Initiative of Kentucky (CEDIK) at the University of Kentucky, to help us to identify areas where we can better provide access to care, educate the community about healthy behaviors to reduce risk and symptoms of diseases, and provide resources that alleviate barriers to receiving care.

Within this report, you will find the community health goals identified based on this assessment for Beckley ARH Hospital for the next three years and our implementation successes from the last assessment completed in 2019.

We hope that this assessment will be used as a tool for our community, area leaders, and other organizations. Together, we can guide the appropriate use of resources and partner for new, innovative health initiatives to help build a healthier future for eastern Kentucky and southern West Virginia.

Sincerely,

Hollie Phillips

Hollie Phillips, MHA
President and Chief Executive Officer
Appalachian Regional Healthcare, Inc

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Introduction

Appalachian Regional Healthcare (ARH), the Healthcare System of Appalachia, and ranked as one of the Top 10 Employers in Kentucky by Forbes Magazine, is a not-for-profit health system operating 14 hospitals in Barbourville, Hazard, Harlan, Hyden, Martin, McDowell, Middlesboro, Paintsville, Prestonsburg, South Williamson, West Liberty and Whitesburg in Kentucky; as well as Beckley and Hinton in West Virginia, as well as multi-specialty physician practices, home health agencies, home medical equipment stores and retail pharmacies.

MISSION

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

VISION

ARH will be the premier destination for quality care, a driver of advancement and development, and a leader in health for the communities we serve.

VALUES

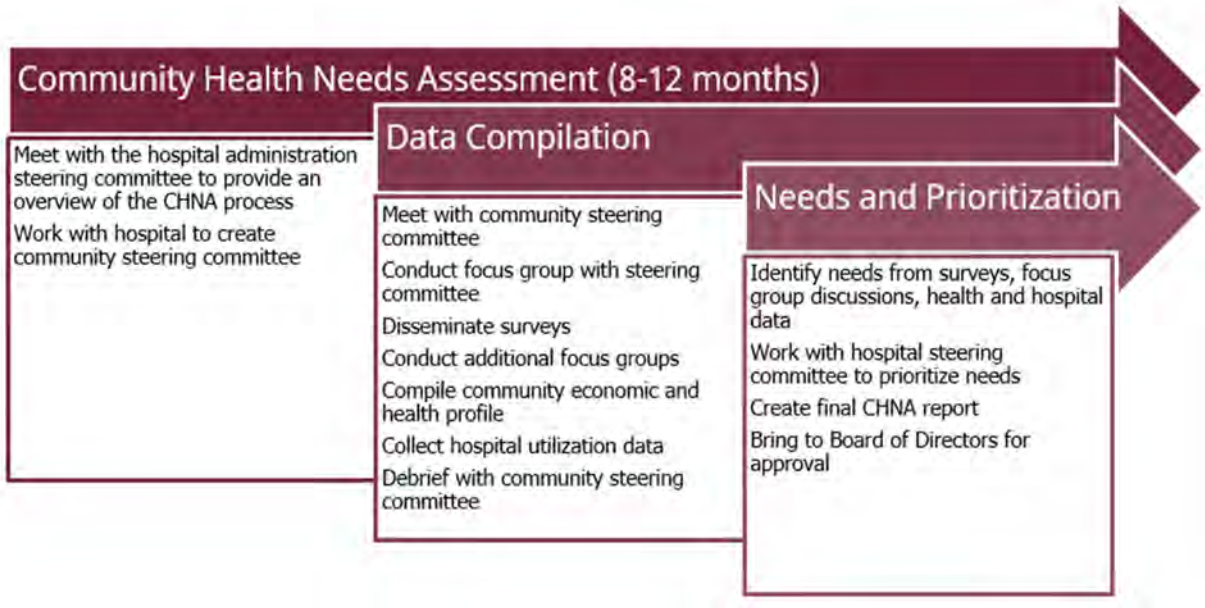
- Trust
- Innovation
- Collaboration
- Compassion
- Service

CHNA Process

Appalachian Regional Healthcare contracted with the Community and Economic Development Initiative of Kentucky (CEDIK) in the fall of 2021 to conduct a Community Health Needs Assessment (CHNA) for Beckley ARH in accordance with the Affordable Care Act. The Affordable Care Act, enacted March 23, 2010, added new requirements that hospital organizations must satisfy in order to be described in section 501(c)(3), as well as new reporting and excise taxes.

The IRS requires hospital organizations to complete a CHNA and adopt an implementation strategy at least once every three years. This CHNA was the fourth prepared by CEDIK for this organization; prior reports were completed in 2013, 2016 and 2019.

Here is an overview of the CHNA process that CEDIK uses based on the IRS guidelines:



Beckley ARH

Appalachian Regional Healthcare

2019 community health needs... addressed!

✓ Goal: Reduce number of deaths and delays of treatment of emergency or emergent heart attacks.

We have implemented a new coding system that enables patients to access care more quickly.

ARH has been present and provided education on topics like stroke prevention, heart health, lung cancer, and healthy diet at community events. We've also increased our social media presence and continue to educate the community online.

✓ Goal: Reduce stigma, provide early education/intervention in schools, and provide education/intervention regarding SUD, regarding mental health.

ARH has increased our presence at school and community events to discuss topics related to mental health and substance use, such as behavioral health services that are currently offered. We are strong partners with Raleigh County Students Against Drunk Driving (SADD), where the focus is on Substance Use Disorder and mental health. We also attended the high school Opioid Summit Life Readiness fairs in 2019.

We have been active and attended meetings for various organizations focused on similar goals, like the Raleigh County Prevention coalition, and the regional Substance Abuse Prevention & Treatment group.

Beckley ARH works to provide helpful trainings to community members. We have provided Save a Life trainings to educate community members on how to use Narcan.

We have also provided non-violent crisis intervention (CPI) to all Bluefield State College staff annually and all other nursing staff every 2 years.

From our CEO...

The information for our Community Health Needs Assessment is vital to our mission here at Beckley Appalachian Regional Healthcare as are continuing to improve health and promote well-being for all people in Southern West Virginia.

Our presence in the community and building solid relationships with our community partners has made ARH what we are today.

✓ Goal: Increase efforts in the community for education and outreach.

Beckley ARH has hosted multiple community wellness events, including fairs, preventative screenings, trainings. The hospital strives to provide information through online webinars and community events. Some of these events have included the City of Beckley Employees and Wellness Fair, community blood drives, and Sexual Orientation and Gender Identification training with STD/HIV education and display at events talking about safe sex and healthy relationships.

Concerning the COVID-19 pandemic, since 2020 we have led 8 community vaccine events and assisted with 22 other community vaccine clinics. During the vaccine events, team members administered over 77% of all vaccines in Raleigh County. Beckley ARH has performed over 50,000 COVID-19 tests in-house and via drive thru clinics.

Beckley ARH team members are excited to serve their community.

Our facility conducts a Community Health Needs Assessment every three years. We are excited to share our progress from the last assessment, as we prioritize our next goals based on recent community input.

Thank you for your continued support of Beckley ARH.

Jill Bowen
Beckley ARH Community CEO

Community Served by Beckley ARH

Beckley ARH determined its defined service area for this Community Health Needs Assessment by reviewing inpatient discharge data by county of residence in years 2020 and 2021. In 2020, fifty-five percent (55%) of Beckley ARH inpatients originated from Raleigh County and in 2021, fifty-eight percent (58%) of inpatients served were residents of Raleigh County. These figures come from the West Virginia Hospital Association's market assessment data.

In this section publicly available data are presented for Raleigh County. These data come from the *County Health Rankings & Roadmaps* website (https://www.countyhealthrankings.org/) and the CDC. These data sites provide social, economic, and health data that is intended for use by communities to understand the multiple factors that influence a population's health. These data were accessed in March and April 2022.

Next, to provide more context to the ongoing health of the community, we present five year data trends (2016-2020) for Raleigh County alongside the WV state average. These data come from the *County Health Rankings & Roadmaps* website and include selected health outcomes, health behaviors, and access to care as well as social, economic, and environmental factors that impact the health of Raleigh County residents.

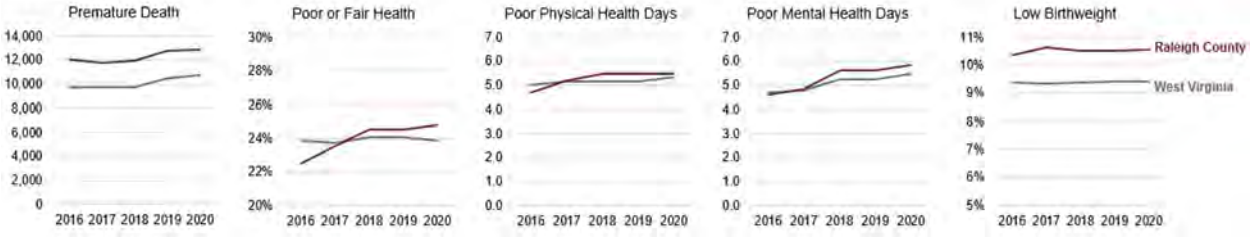
Population	Raleigh County	West Viriginia	US Overall
2019 Population	73,361	1,792,147	328,239,523
Percent of Population under 18 years	20.7%	20.1%	22.3%
Percent of Population 65 year and older	21.2%	20.5%	16.5%
Percent of Population Non-Hispanic Black	7.8%	3.5%	13.4%
Percent of Population American Indian & Alaska Native	0.3%	0.3%	1.3%
Percent of Population Asian	0.9%	0.8%	5.9%
Percent of Population Native Hawaiian/Other Pacific Islander	0.03%	0.03%	0.2%
Percent of Population Hispanic	1.7%	1.7%	18.5%
Percent of Population Non-Hispanic White	87.5%	92.0%	60.1%
Percent of Population not Proficient in English	0.6%	0.3%	8.3%
Percent of Population Female	49.8%	50.5%	50.8%
Percent of Population Rural	39.3%	51.3%	14%

Health Outcomes	Raleigh County	West Virginia	US Overall
Years of Potential Life Lost Rate	13810	10786	6900
Percent Fair or Poor Health	24%	24%	17%
Average Number of Physically Unhealthy Days	5.3	5.3	3.7
Average Number of Mentally Unhealthy Days	5.9	5.8	4.1
Percent Low Birthweight	10%	9%	8%
Health Behaviors			
Percent Adults that are Diabetic	15.2%	15.0%	13%
Percent Adults with Hypertension	42.2%	40.4%	47%
Percent Adults Consuming Recommended Fruit & Vegetable Intake	8.7%	10.4%	12.3%
Percent Smokers	27%	27%	17%
Percent Adults with Obesity	38%	38%	30%
Food Environment Index	6.9	6.9	7.8
Percent Physically Inactive	30%	28%	23%
Percent with Access to Exercise Opportunities	55%	59%	84%
Percent Excessive Drinking	14%	14%	19%
Percent Driving Deaths with Alcohol Involvement	17%	25%	27%
Chlamydia Rate	213.3	198.2	539.9
Teen Birth Rate	42	31	21
Access to Care			
Percent Uninsured	7%	8%	10%
Number of Primary Care Physicians	63	1,413	-
Primary Care Physicians Rate	85	78	-
Primary Care Physicians Ratio	1179:1	1278:1	1320:1
Number of Dentists	53	1,018	-
Dentist Rate	72	57	-
Dentist Ratio	1384:1	1760:1	1400:1
Number of Mental Health Providers	129	2,469	-
Mental Health Provider Rate	176	138	-
Mental Health Provider Ratio	569:1	726:1	380:1

Social & Economic Factors	Raleigh County	West Virginia	US Overall
Percent Completed High School	87%	87%	88%
Percent with Some College Education	55%	56%	66%
Number Unemployed	1,432	39,118	-
Number in Labor Force	30,525	796,971	-
Percent Unemployed	4.7%	4.9%	3.7%
80th Percentile Income	$91,629	$94,674	-
20th Percentile Income	$17,909	$19,005	-
Percent of Children in Poverty	23%	21%	17%
Number of Children in Single-Parent Households	4,636	90,160	-
Number of Children in Households	15,639	367,871	-
Percent of Children in Single-Parent Households	30%	25%	26%
Number of Associations	75	2,354	-
Social Association Rate	10.1	13.0	9.3
Annual Average Violent Crimes	365	6,073	-
Violent Crime Rate	478	330	386
Number of Injury Deaths	622	11,301	-
Injury Death Rate	165	124	72
Physical Environment			
Average Daily PM2.5	7.9	7.8	7.2
Presence of Water Violation	No	n/a	n/a
Percent with Severe Housing Problems	10%	11%	18%
Percent with Severe Housing Cost Burden	9%	9%	14%
Percent with Overcrowding	1	1	-
Percent with Inadequate Facilities	1	1	-
Percent that Drive Alone to Work	81%	82%	76%
Number of Workers who Drive Alone	27,879	726,514	-
Percent with Long Commute - Drives Alone	27%	33%	37%

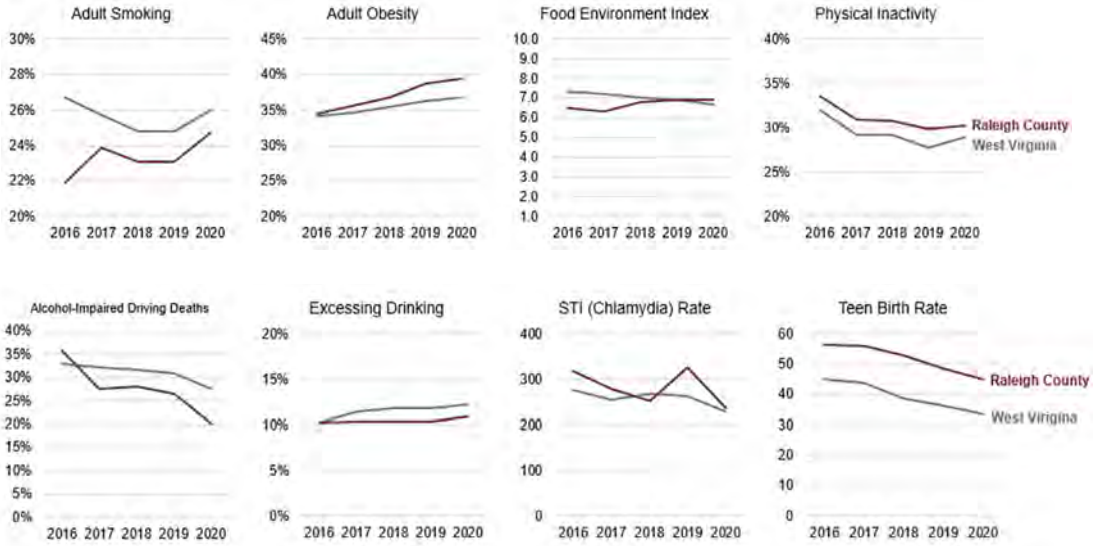
2016-2020 County Health Rankings Data Trends

Health Outcomes



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

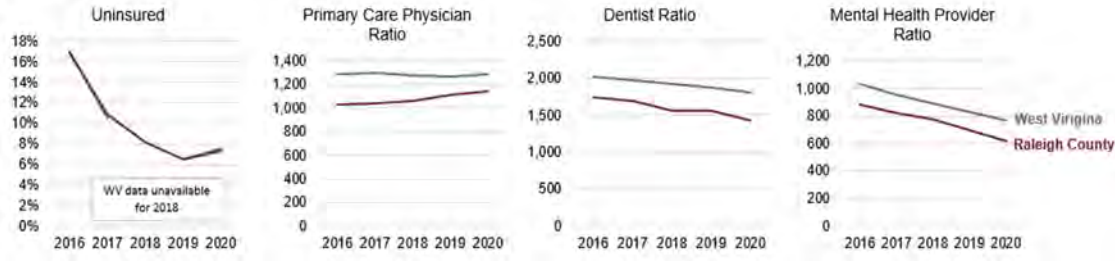
Health Behaviors



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

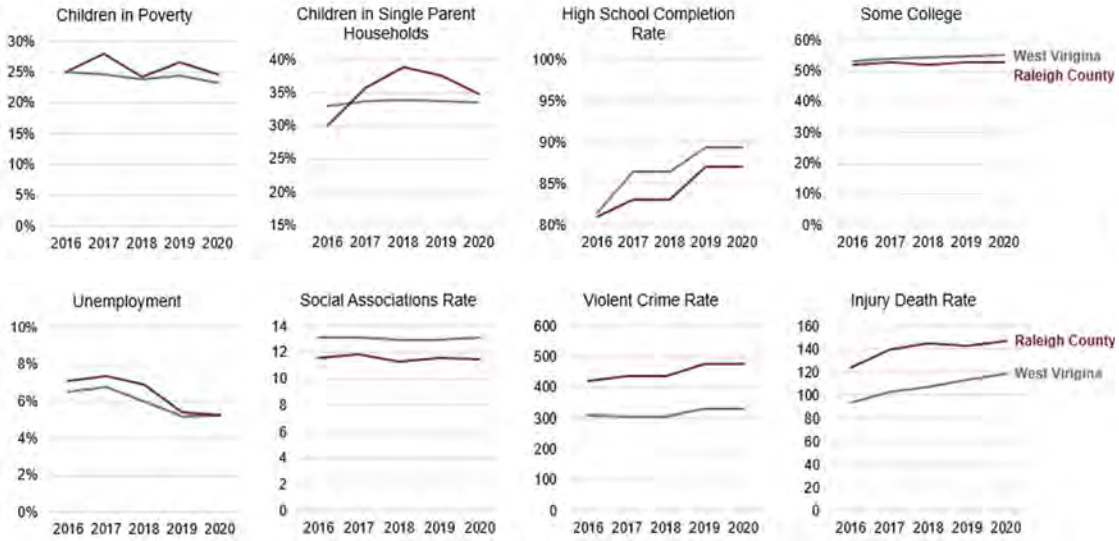
2016-2020 County Health Rankings Data Trends, continued

Access to Care



- The County's ratio of all three types of health care providers is lower (more providers for population) compared to the state average.
- County uninsurance rates are on par with the state.

Social & Economic Factors



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

2016-2020 County Health Rankings Data Trends, continued

Physical Environment

- Air pollution in the County is on par with the state average.
- The County's severe housing problems has a consistent five year trend.
- The County population driving alone to work is decreasing overall, while the County population making long commutes driving alone is following a slow growth trend.

Hospital Utilization Data

The Tables below provide an overview of Beckley ARH's patients and in particular how they pay, and why they visited.

Hospital Usage, 1/1/2020 - 12/31/2020

Patient Status	Total
Inpatient Discharges	55,675
Outpatient Visits	5,710

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

Payer	Discharges
Medicare	2,915
Medicaid	1,499
Commercial	922
Government	242
Self-Pay	131
PEIA	1

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

Payer	Visits
Medicare	25,420
Commercial	18,085
Medicaid	10,309
Self-Pay	1,057
Government	799
PEIA	5

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

DRG Description	Discharges
Psychoses	863
Septicemia or severe sepsis	781
Depressive neuroses	235
Alcohol, drug abuse or dependence without rehabilitation therapy	189
Heart failure and shock	162
Acute myocardial infarction	161
Simple pneumonia and pleurisy	151
Kidney and urinary tract infections	132
Infectious and parasitic diseases	122
Circulatory disorders except ami	107

Community Steering Committee

The Community Steering Committee plays a vital role to the CHNA process. CEDIK provides a list of community leaders, agencies, and organizations to the hospital to assist them in the recruitment of members that facilitates broad community input.

These committee members represent organizations and agencies that serve the Raleigh County population in a variety of areas that relate to the health of the population. By volunteering their time, the committee members enable the hospital to acquire input from residents that are often not engaged in conversations about their health needs. The steering committee provides both an expert view of the needs they see while working with the people and clients they serve and in extensive distribution of the community survey. Conducting this assessment during the COVID-19 pandemic added new challenges in accessing community input, however the community steering committee committed to the process both with promoting the survey through social media and encouraging organizations to share through email channels.

Beckley ARH leadership recruited members of the community to serve on the steering committee. CEDIK representatives scheduled and completed the first virtual meeting October 26, 2021, to introduce the CHNA assessment process and to share the role of a committee member. The steering committee re-convened January 19, 2022, to participate in a focus group. A final steering committee meeting was held April 6, 2022, for the report of survey, focus group and key informant interview results along with selected secondary health data to inform and guide the prioritization process of the identified health needs. This resulted in the community steering committee making recommendations on the priority health needs for Beckley ARH to address over the next three years.

Beckley ARH Community Steering Committee

Name	Representing Organization
Terri Tilley	Raleigh County Commission on Aging
Joe Guffy	Beckley Raleigh County Chamber of Commerce
Donna Eleo	Jobs of Hope
Tracy King	FMRS (Mental Health)
Bonny B. Copenhaver*	New River Community and Technical College, President
Danielle Stewart	West Virginia Gay & Lesbian Community Center (WVGLCC)
Brian Bell	Beckley/Raleigh County Health Department
Terrill Peck	Extension Agent and Asst. Professor at WVU Extension Service
Marie Bechtel	Supervising Attorney, Legal Aid
Tammy Fleshman	Mountain Heart/WV Birth To Three
Jessica Massey	Raleigh County Community Action Agency
Paul Seamen	JanCare Ambulance Service
Jordan Pruett	Aetna Better Health
Heather Oimette	Glade Springs Resort
Jonathan Grose	City National Bank
Aryn Fonda	Weathered Ground Brewery
Sarah Abrams	Lewis Nissan
Phil Zsoldos	Retired Healthcare

**unable to attend*

Community Feedback

In January 2022, members of the Beckley ARH Community Health Needs Assessment steering committee participated in a virtual focus group. The committee membership includes representation from the health department, local businesses, health coalitions, behavioral health, EMS, and local government. The members bring knowledge and expertise to the populations they serve. In addition, three focus groups were conducted with the LGBTQIA community, Extension service and schools. Twenty-three individuals participated in the four focus groups. Two key informant interviews were completed in spring 2022. What follows is a summary of the responses that highlight the results of the conversations that identify strengths of the community and the healthcare system, challenges/barriers in the broader healthcare system and opportunities for improving the health of the community.

Focus Group Findings

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

- The community's vision for a healthy Raleigh County involves community engagement, healthy lifestyles, and access to healthcare.
- The greatest health needs in Raleigh County involve chronic diseases, unhealthy behaviors, and access to care. Social determinants of health particular to Raleigh County heavily impact the community's view of the greatest health needs.
- Regarding the greater healthcare system, defined as hospital, health department, EMS, clinics, housing and food access; there is a comprehensive system in place that collaborates often, but there is still need for expanded access.
- To better meet health needs in Raleigh County, the community needs expanded services and education.
- There were positive and negative lasting impacts of COVID-19 on the community.

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

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

Community engagement

- Recovery friendly employment
- Transportation for health care and essential services
- Community that celebrates diversity
- Safe community – outdoor spaces
- Walkable community
- Jobs for youth
- Access to good childcare

Healthy lifestyles

- Reduced homelessness
- Physical activity
- Youth in prevention – smoking, checkups, heart health and wellness
- Access to healthy foods
- Community connections
- Mental health supports

Access to health care

- Reduced stigma
- Support for people with diabetes
- SUD treatment
- Free clinics
- More mental health facilities
- Needle exchange program
- More primary care providers
- Reduce cost of medications
- Support groups for HIV/AIDS, SUD and Youth with families with SUD
- Specialty care available

Finding 2: The greatest health needs in Raleigh County involve chronic diseases, unhealthy behaviors and circumstances, and access to care. Social determinants of health particular to Raleigh County heavily impact the community's view of the greatest health needs.

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

Unhealthy behaviors and circumstances

- Tobacco: smoking, vaping
- Drugs
- Safety concerns at school
- Grandparents raising grandchildren (drug issues)
- Youth in foster care – aging out
- More cultural compassion for rural communities

Access to care

- Need primary care providers
- Prevention and health screening
- Specialists
- LGBTQ health care
- Assistance with prescription costs
- Transportation
- Caregivers – respite care
- Weight management
- Care coordination

Chronic diseases

- Diabetes
- Obesity (Metabolic syndrome)
- Mental health
- Cancer
- Substance use disorder

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

Housing

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

Education

Raleigh County is in need of enhanced safety protocols in schools. Students would benefit from healthcare services being provided at school

Transportation

Transportation to and from essential services, including healthcare is a barrier for people.

Economic Needs

The community is in need of economic development regarding job availability for individuals in recovery.

Food Insecurity

Children in Raleigh County experience food insecurity when they are out of school. Access and coordination of food distribution could be expanded to meet this need.

Finding 3: Regarding the greater healthcare system, defined as hospital, health department, EMS, clinics, housing and food access; there is a comprehensive system in place that collaborates often, but there is still need for expanded access.

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

Opportunities for System

- Free clinics for women's health
- Housing (low income)
- Increase in TANF benefits
- Endocrinologists
- Community Revitalization
- Transportation – healthcare and food
- Simplify documentation for services
- Hygiene and cleaning items need to be added for low income
- Use students for Day of Hope and other events for HIV/Health screenings
- Staff shortages – healthcare
- Free wellness checks
- Add long-term recovery facilities – not all have to be faith based
- ARH – add behavioral health providers
- Hospital services disjointed/streamline
- Marketing healthcare services available at BARH and in community
- Diabetes education
- Staff shortages – healthcare, recruitment
- Decrease stigma in community – mental health, SUD
- Elder care is inadequate

Strengths of System

- Beckley Day of Hope
- Recovery coaches changes stigma,
- 2 hospitals equals robust options for healthcare in area.
- Availability of food with food banks/ Blessing boxes
- West Virginia Coalition to End Homelessness
- United Way 211/ Family Resource Network
- EMS System is working well within city.
- WIC program (caseload has lowered, but are able to assist more clients, not reaching)
- Peer Recovery Coaches in the hospitals,
- Peer Recovery and resources at needle exchange program from Health Department.
- OBGYN at RGH and Access Health
- Detox Services
- Primary care and specialists

Finding 4: To better meet health needs in Raleigh County, the community needs expanded services and education.

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

Expanded Services

- More mental health care for children, youth and adults
- Health care providers – trauma informed training for all staff for improved patient experience
- Community Health Care Coordinator leading an organization to address community health needs in a coordinated effort.
- Specialists - Endocrinologist, Oncology, Autism, and LGBTQ accepting physicians
- Reduce stigma with students and adults
- Mobile health unit for health care and trauma care for youth
- New River Health, Access Health within the schools: healthcare for students, staff, and families
- Bring free screenings to events – vision and more
- Transportation - food, health care, essential services
- Need of patient navigator when having mental health crisis
- Families with children with autism – more services, more communication about where to seek care
- Creating a healthy hospital campus; a place with walking trails, community education facilities, and outdoor activity spaces (yoga, Zumba, etc.) are open to the public
- Healthcare navigators – to assist patients through care after a diagnosis

Education

- Investment in our communities with infrastructure for projects to update communities.
- Education on resources available - Resource guides NEED MASSIVE COLLECTION in print who don't have access to internet
- Changes in policy for harm reduction, reducing stigma/shame
- "ARH is a teaching hospital it would be a great way to have the interns provide care with pop up/free clinics throughout the system once or twice a month."
- Lifestyle change education for all areas of the community, using technology
- Community Health care roundtable focus on preventative model
- Vaping – education and prevention
- Harm reduction efforts:
  - NARCAN training, distribution, education on benefits of syringe exchange
  - Transport to exchange program at Health Department
  - Increase education on program and public health benefits

Finding 5: There were positive and negative lasting impacts of COVID-19 on the community.

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

Positives

- Family connections
- Taught new ways of doing things and how we do business
- New career choices
- More resilient and learned to be innovative in coping
- Women and self-care: focusing on themselves for physical and mental health

Negatives

- Stress of COVID in hospitals and nursing homes, overwhelmed staff
- Mental health concerns with all age groups (anxiety, depression with young people, kids, and students)
- Lack of access of internet, poor infrastructure.
- Possibly PTSD with students and seeing less maturity than students 5 years ago
- Significantly impacted/compounded for marginalized communities forgetting how to interact with others.
- People not wanting to go to doctors, doctor's offices are overwhelmed, no lobby and people had to wait in vehicles, maybe no car, maybe no cell phones…not one size fits all
- Lack of broadband in rural communities was lacking
- Lacked policies for benefits (Snap benefits)
- Mixed messages when positive tests are received
- Domestic violence/CPS increased experiences

Key Informant Interviews

As a mechanism to examine needs that surfaced in focus group discussions, hospital leadership and the CHNA steering committee provided contact information for key informant interviews to be conducted. Two key informant interviews were conducted with a city official and a health organization leader. A summary of their responses is below.

Challenges Faced by Residents

- Obesity and obesity related issues such as heart/cardiovascular diseases.
- Residents of Raleigh County and Beckley are impacted by Substance Use Disorder, both the individuals themselves, and their family units.
- Community members are not seeking primary care due to issues of access. They are fearful of high costs, and some are out of the habit of wellness visits and other preventative measures.
- Transportation to care is a major barrier for residents.
- Caregivers are seeking to care for multiple generations while working. It makes it difficult for them to seek care for themselves. They need caregiver support.
- Homelessness is an issue in the community.

Opportunities to Better the Healthcare System

- Increased communication from the hospital on services provided by the hospital, clinics, and physicians.
- Connections between organizations so they can better refer or bridge gaps for patients.
- Physician referral to physical activity. The ability to provide data back to physician on participation and assess for health impact.
- Community health screenings at community events.
- Emphasis on preventative care. Encourage yearly physicals, especially for 20-30 year age group, to identify early plan for behavior change and health impacts.
- Increase in services and awareness of mental health.
- Increase in specialty care to address delays in availability and long waits for appointments.

Strengths of the Community Healthcare System

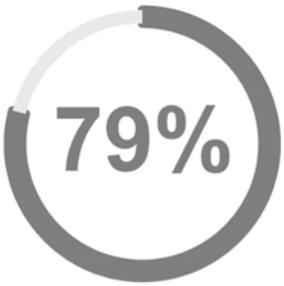
- The pandemic caused community members to realize the benefits of outdoor exercise.
- There are community partnerships that work well. Hospitals and clinics are looking for opportunities to reach people at the community level.
- Beckley is a hub for healthcare with the number of hospitals available (Beckley ARH, Raleigh General Hospital, and VA options).
- WVU Tech's nursing program helps to increase nurses in the area.
- The Raleigh County Health Department did an excellent job with regards to the COVID-19 pandemic.
- Beckley ARH is excellent at outreach and education in the community, and has great corporate partners like Rocco Massey.
- The Fire Department is also trained as EMS and respond to calls in the city.

Beckley ARH Survey Results

WINTER 2022

Respondent Demographics

768 Respondents



Respondents are female.

Additional responses: Male (20%), Prefer not to answer (2%).

Respondents by age group:

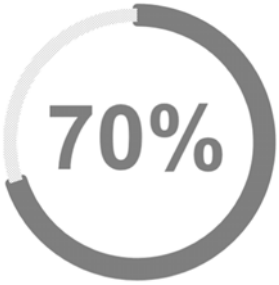
18-24	3%
25-39	17%
40-54	34%
55-64	21%
65-69	14%
70 or older	12%

Respondents are white.

Additional responses: African American/Black (5%), Asian/Pacific Islander (1%), Hispanic/Latino (1%), Native American (2%), Other (1%).

Respondents by educational attainment:

College or above	60%
High School	26%
Technical school	10%
Other	4%



Respondents are living in their own home/ apartment.

Additional responses: Living with family (parent(s), guardian, grandparents or other relatives) (28%), Staying with someone I know (2%).

Respondents by employment status:

Employed full-time	52%
Retired	25%
Unemployed	7%
Employed part-time	7%
Student	0%
Other	9%

Where respondents go for routine healthcare:

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

Respondents also use these options:

Emergency Room	7%
Urgent Care	11%
Health Department	2%
Do not receive routine healthcare	3%
Other	4%

Med Express, outpatient lab, specialist, VA hospital

Barriers that keep respondents from receiving routine healthcare:

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

Respondents identified these barriers:

Only visit doctor when something is seriously wrong	16%
Inconvenient Physician hours	11%
Cannot take off work	7%
Cannot afford it	8%
Fear/anxiety	7%
Poor Physician attitude/communication	10%

Other responses: No insurance (3%), No transportation (2%), Lack of childcare (1%). Another 5% of responses identified additional barriers: lack of specialist in the area, no insurance coverage/high deductibles, poor medical care

Transportation to healthcare:

Travel 20 miles or more to see a specialist.

Respondents chose from these options:

Less than 20 miles	39%
20-49 miles	23%
50-100 miles	28%
Do not receive routine healthcare	3%

87% of respondents use their own vehicle, while 10% travel in a friend/family vehicle.

The top three health challenges respondent households face:

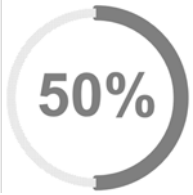
High blood pressure	19%
Arthritis/joint pain	15%
Overweight/obesity	12%
Diabetes	11%
Mental health issues	9%
Heart disease and stroke	7%
Respiratory/lung disease	5%
Asthma	5%
Tobacco use/vaping	4%
Cancer	4%
Substance use disorder (alcohol/drugs)	1%
HIV/AIDS/STDs	1%
Other	7%

Thyroid issues, kidney disease, autoimmune disorders, chronic pain, back pain, migraines, Fibromyalgia, Alzheimer's

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

Respondent household eligibility:

Medicare	32%
Medicaid	19%
Public Housing Assistance	3%
SNAP (Food stamp program)	12%
VA	7%
Commercial/private insurance	26%

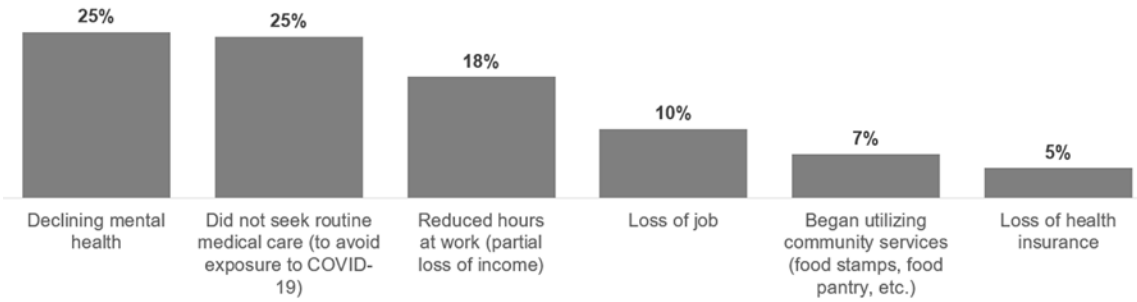


Respondents used video calls (telemedicine) to see a provider in the last 12 months.

Specialty care services respondents are willing to use telemedicine:

Mental/Behavioral Health	24%
Gastroenterology	12%
Dermatology	12%
Cardiology	11%
Endocrinology	9%
Urology	7%
Pulmonology	7%
Oncology	6%
Nephrology	6%
Pediatrics	5%

Respondent household impacts due to COVID-19 pandemic:



Respondents identified another 10% of impacts due to COVID-19: isolation, anxiety, depression, loss of loved ones due to COVID, overworked, postponed health care.

The top three most important factors for a healthy community:

Easy to access healthcare	17%
Low crime/safe neighborhood	16%
Good jobs/healthy economy	16%
Good school systems	10%
Good place to raise children	9%
Affordable housing	8%
Religious/spiritual values	6%
Personal responsibility	5%
Community activities and events	3%
Transportation	3%
Parks and recreation	2%
Low disease rate	2%
Diverse community	1%
Excellent race relationships	1%

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

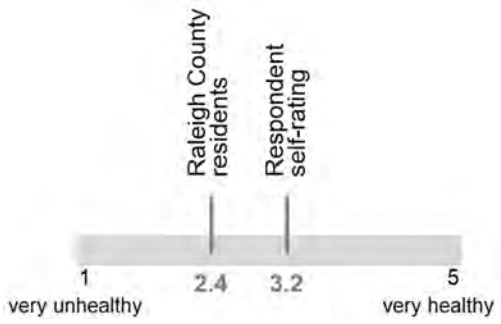
Which health related topics listed would you be interested in learning more about?

Weight loss	22%
Eating healthy	19%
Mental health/Depression	13%
High blood pressure	10%
Heart disease	9%
Emergency preparedness	8%
Cancer prevention	8%
Tobacco cessation	4%
Substance use disorder (alcohol and/or drugs)	3%
Using my medications correctly	3%

The top three risky behaviors seen most in the community:

Drug abuse	28%
Being overweight/having poor eating habits and lack of exercise	22%
Alcohol use	16%
Tobacco Use	15%
Prescription drug use	13%
Unsafe sex	3%
Dropping out of school	2%

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

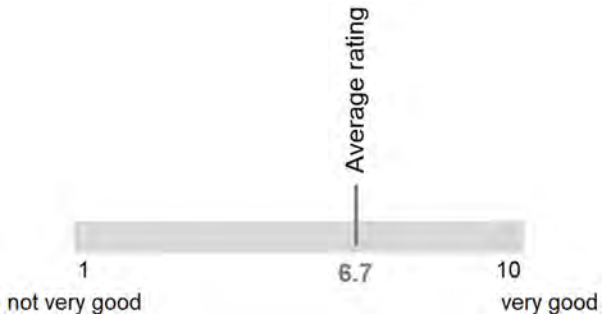


Respondent households have used ARH hospital services in the last 24 months.

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

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

Respondent rating of their ARH facility in Raleigh County:



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

Service I needed was not available	26%
My doctor referred me to another hospital	30%
I prefer larger hospitals	6%
My insurance required me to go somewhere else	5%
Other	33%
Better hospital/doctors, closer to home/ location, specialist at another hospital, wait time very long at ARH	

What factors influence your health choices?

Listening to physicians and other healthcare providers	21%
Family	19%
Spouse/Partner/Significant other	15%
Weather (seasonal variation)	10%
Friends	9%
Public health recommendations/ guidelines (e.g. CDC)	8%
Access to parks/walking trails	5%
Community	4%
Other people around me	4%
Social media	2%

Where do you get most of your healthcare information?

Doctor/healthcare provider	43%
Internet	24%
Friends/family	12%
Health Department	5%
Local hospital website	4%
Radio/television	4%
Social media	4%
Newspaper/magazines	3%
Library	1%
I do not access health information	1%

Prioritization of Identified Health Needs

Beckley ARH CHNA steering committee meeting was held in April 2022 to review findings from the community surveys, key informant interviews, focus groups and county specific secondary health data.

The process of priority selection followed the Association for Community Health Improvement (ACHI) recommendations to consider:

1. The ability of Beckley ARH to evaluate and measure outcomes.
2. The number of people affected by the issue or size of the issue.
3. The consequences of not addressing this problem.
4. Prevalence of common themes.
5. The existence of hospital programs which respond to the identified need.

CEDIK staff led a facilitated discussion with members of the steering committee after the data presentation and completed the process of prioritizing the identified health needs. The following represent the recommendations of the steering committee to Beckley ARH for addressing health needs in Raleigh County and the hospital service area for the next three years.

Prioritized Needs

1. Mental Health
2. Obesity
3. Culture of Health/Healthy lifestyles
4. Substance Use Disorder

Next Steps

Over the next three months, hospital administration, staff, and ARH regional community development managers along with community partners will develop an implementation plan that includes measurable goals, objectives, and action plan to address each identified priority health need in this community health needs assessment.

This Implementation Strategy will be rolled out over the next three years, from Fiscal Year 2022 through the end of Fiscal Year 2024.

Beckley ARH will kick off the implementation strategy by initiating collaborative efforts with community leaders to address each health priority identified through the assessment process.

Periodic evaluation of goals/objectives for each identified priority will be conducted to assure that we are on track to complete our plan as described.

At the end of Fiscal Year 2024, Beckley ARH will review the implementation strategy and report on the success experienced through the collaborative efforts of improving the health of the community.

Appendix

A. Secondary Data Sources

B. Beckley ARH CHNA Survey

C. Board Approval

2021 Secondary Data Sources

Population		Source	Years of Data
2019 Population	Total Population	Census Population Estimates	2019
Under 18 years	Percent of Population 18 years of age	Census Population Estimates	2019
65 years and older	Percent of Population 65 and older	Census Population Estimates	2019
Non-Hispanic Black	Percent of Population Non-Hispanic Black	Census Population Estimates	2019
American Indian & Alaska Native	Percent of Population American Indian & Alaska Native	Census Population Estimates	2019
Asian	Percent of Population Asian	Census Population Estimates	2019
Native Hawaiian/Other Pacific Islander	Percent of Population Native Hawaiian/Other Pacific Islander	Census Population Estimates	2019
Hispanic	Percent of Population Hispanic	Census Population Estimates	2019
Non-Hispanic White	Percent of Population Non-Hispanic White	Census Population Estimates	2019
Not Proficient in English	Percent of Population not Proficient in English	American Community Survey, 5-year estimates	2015-2019
Female	Percent of Population Female	Census Population Estimates	2019
Rural	Percent of Population Rural	Census Population Estimates	2010

Health Outcomes			
Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	National Center for Health Statistics - Mortality Files	2017-2019
Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted).	Behavioral Risk Factor Surveillance System	2018
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	Behavioral Risk Factor Surveillance System	2018
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	Behavioral Risk Factor Surveillance System	2018
Low birthweight	Percentage of live births with low birthweight (< 2,500 grams).	National Center for Health Statistics - Natality files	2013-2019

2021 Secondary Data Sources, continued

Health Behaviors		Source	Years of Data
Adult diabetes	Percent Adults that are Diabetic	Behavioral Risk Factor Surveillance System	2018-2020
Adult hypertension	Percent Adults with Hypertension	Behavioral Risk Factor Surveillance System	2017-2019
Adult dental health	Percent Adults with Tooth Loss	Behavioral Risk Factor Surveillance System	2016-2018
Food consumption	Percent Adults Consuming Recommended Fruit & Vegetable Intake	Behavioral Risk Factor Surveillance System	2017-2019
Adult smoking	Percentage of adults who are current smokers (age-adjusted).	Behavioral Risk Factor Surveillance System	2018
Adult obesity	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.	United States Diabetes Surveillance System	2017
Food environment index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2015 & 2018
Physical inactivity	Percentage of adults age 20 and over reporting no leisure-time physical activity.	United States Diabetes Surveillance System	2017
Percent with Access to Exercise Opportunities	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2019
Excessive drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	Behavioral Risk Factor Surveillance System	2018
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement.	Fatality Analysis Reporting System	2015-2019
Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
Teen births	Number of births per 1,000 female population ages 15-19.	National Center for Health Statistics - Natality files	2013-2019
Access to Care			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2018
	Primary care physicians	Area Health Resource File/American Medical Association	2018
	Dentists	Area Health Resource File/National Provider Identification file	2019
Mental health providers	Mental health providers	CMS, National Provider Identification	2020

2021 Secondary Data Sources, continued

Social & Economic Factors		Source	Years of Data
Education	High school completion	American Community Survey, 5-year estimates	2015-2019
	Some college	American Community Survey, 5-year estimates	2015-2019
Employment	Unemployment	Bureau of Labor Statistics	2019
Income	Children in poverty	Small Area Income and Poverty Estimates	2019
	Income inequality	American Community Survey, 5-year estimates	2015-2019
Family and Social Support	Children in single-parent households	American Community Survey, 5-year estimates	2015-2019
	Social associations	County Business Patterns	2018
Community Safety	Violent crime	Uniform Crime Reporting - FBI	2014 & 2016
	Injury deaths	National Center for Health Statistics - Mortality Files	2015-2019

Physical Environment			
Environmental Quality	Air pollution - particulate matter	Environmental Public Health Tracking Network	2016
	Drinking water violations	Safe Drinking Water Information System	2019
Housing and Transit	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2013-2017
	Driving alone to work	American Community Survey, 5-year estimates	2015-2019
	Long commute - driving alone	American Community Survey, 5-year estimates	2015-2019

2016-2020 County Health Rankings Data Sources

Health Outcomes		Source	2016 Data	2020 Data
Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	National Center for Health Statistics - Mortality Files	2011-2013	2016-2018
Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted).	Behavioral Risk Factor Surveillance System	2014	2017
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	Behavioral Risk Factor Surveillance System	2014	2017
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	Behavioral Risk Factor Surveillance System	2014	2017
Low birthweight	Percentage of live births with low birthweight (< 2,500 grams).	National Center for Health Statistics - Natality files	2007-2013	2012-2018
Health Behaviors				
Adult smoking	Percentage of adults who are current smokers (age-adjusted).	Behavioral Risk Factor Surveillance System	2014	2017
Adult obesity	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.	CDC Diabetes Interactive Atlas, United States Diabetes Surveillance System	2012	2016
Food environment index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2013	2015 & 2017
Physical inactivity	Percentage of adults age 20 and over reporting no leisure-time physical activity.	CDC Diabetes Interactive Atlas, United States Diabetes Surveillance System	2012	2016
Excessive drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	Behavioral Risk Factor Surveillance System	2014	2017
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement.	Fatality Analysis Reporting System	2010-2014	2014-2018
Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013	2017
Teen births	Number of births per 1,000 female population ages 15-19.	National Center for Health Statistics - Natality files	2007-2013	2012-2018

2016-2020 County Health Rankings Data Sources, continued

Access to Care		Source	2016 Data	2020 Data
Access to Care	Uninsured	Small Area Health Insurance Estimates	2013	2017
	Primary care physicians	Area Health Resource File/American Medical Association	2013	2017
	Dentists	Area Health Resource File/National Provider Identification file	2014	2018
Mental health providers	Mental health providers	CMS, National Provider Identification	2015	2019
Social & Economic Factors				
Education	High school completion	EDFacts, KY & WV Departments of Education	2012-2013	2016-2017
	Some college	American Community Survey, 5-year estimates	2010-2014	2014-2018
Employment	Unemployment	Bureau of Labor Statistics	2014	2018
Income	Children in poverty	Small Area Income and Poverty Estimates	2014	2018
Family and Social Support	Children in single-parent households	American Community Survey, 5-year estimates	2010-2014	2014-2018
	Social associations	County Business Patterns	2013	2017
Community Safety	Violent crime	Uniform Crime Reporting - FBI	2010 & 2012	2014 & 2016
	Injury deaths	CDC WONDER Mortality data, National Center for Health Statistics - Mortality Files	2009-2013	2014-2018
Physical Environment				
Environmental Quality	Air pollution - particulate matter	CDC WONDER Environmental data, Environmental Public Health Tracking Network	2011	2014
Housing and Transit	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2008-2012	2012-2016
	Driving alone to work	American Community Survey, 5-year estimates	2010-2014	2014-2018
	Long commute - driving alone	American Community Survey, 5-year estimates	2010-2014	2014-2018

Beckley ARH 2022 CHNA Survey

The Community and Economic Development Initiative of Kentucky (CEDIK), from the University of Kentucky was contracted by Appalachian Regional Healthcare (ARH) to conduct the Community Health Needs Assessments (CHNAs) for this hospital. We want to better understand your health needs and how the hospital and its partners can better meet those needs. Please take 10-15 minutes to fill out this survey. Please do not include your name anywhere. All responses will remain anonymous.

Q1. Please tell us your zip code:

_____

Q2. Are you or anyone in your household satisfied with the ability to access healthcare services in Beckley/Raleigh County?

- O Yes
- O No

Q3. Where do you go to receive routine healthcare? Select all that apply.

- O Physician's office/my family doctor
- O Emergency room
- O Health department
- O Urgent care
- O Other. Please specify below:

_____

- O I do not receive routine healthcare

Q4. Are there barriers that keep you from receiving routine healthcare? Select all that apply.

- O No insurance
- O Lack of child care
- O Physician hours of operation (inconvenient times)
- O Fear/anxiety
- O Poor physician attitudes or communication
- O I only visit the doctor when something is seriously wrong
- O No transportation
- O Cannot take off work
- O Cannot afford it
- O Other. Please specify below:

_____

- O No barriers

Q5. How far do you or anyone in your household travel to see a specialist?

- O Less than 20 miles
- O 20-49 miles
- O 50-100 miles
- O Other: _____
- O I do not receive routine healthcare

Q6. What do you or anyone in your household use for transportation when traveling for healthcare? Select all that apply.

- O My own vehicle
- O Friend/family vehicle
- O Taxi/cab
- O Other. Please specify below:

_____

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

- O Cancer
- O Diabetes
- O Mental health issues
- O Substance use disorder (alcohol/drugs)
- O High blood pressure
- O Tobacco use/vaping
- O Asthma
- O Arthritis/joint pain
- O Heart disease and stroke
- O HIV/AIDS/STDs
- O Overweight/obesity
- O Respiratory/lung disease
- O Other. Please specify below:

_____

Q8. Please select the TOP THREE **risky behaviors** you see <u>most</u> in your community. Select only three.

- O Alcohol use
- O Tobacco use
- O Unsafe sex
- O Prescription drug use
- O Being overweight/having poor eating habits and lack of exercise
- O Dropping out of school
- O Drug abuse
- O Other. Please specify below:

_____

Q9. Have you or someone in your household delayed healthcare because of lack of money and/or insurance?

- O Yes
- O No

Q10. Are you or members of your household currently eligible for any of the following services? Select all that apply.

- O Medicare
- O Medicaid
- O Public Housing Assistance
- O SNAP (Food stamp program)
- O VA
- O Commercial/private insurance

Q11. How would you rate your **own personal health**?

- O Very healthy
- O Healthy
- O Neither healthy nor unhealthy
- O Unhealthy
- O Very unhealthy

Q12. How would you rate the overall **health of Beckley/Raleigh County**?

- O Very healthy
- O Healthy
- O Neither healthy nor unhealthy
- O Unhealthy
- O Very unhealthy

Q13. Please select the TOP THREE most important factors for a **healthy community**. Select only three:

- O Good place to raise children
- O Low crime/safe neighborhood
- O Good school systems
- O Easy to access healthcare
- O Community activities and events
- O Affordable housing
- O Low disease rate
- O Personal responsibility
- O Excellent race relationships
- O Diverse community
- O Good jobs/healthy economy
- O Religious/spiritual values
- O Transportation
- O Parks and recreation
- O Other. Please specify below:

_____

Q14. Do you think Beckley/Raleigh County meets the factors you selected in question 13?

- O Yes
- O No

Q15. What could be done in Beckley/ Raleigh County to better meet your health needs?

_____

_____

_____

_____

_____

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

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

_____

Q17. In what ways were you or your family affected by the COVID-19 pandemic? Select all that apply.

- O Loss of job
- O Loss of health insurance
- O Declining mental health
- O Reduced hours at work (partial loss of income)
- O Began utilizing community services (food stamps, food pantry, etc.)
- O Did not seek routine medical care (to avoid exposure to COVID-19)
- O Other. Please specify below:

_____

- O None of the above

Q18. Have you or anyone in your household used ARH hospital services in the past 24 months?

- O Yes
- O No

Q19. If you used a hospital other than Beckley ARH in the past 24 months, why? Select all that apply.

- O Service I needed was not available
- O My doctor referred me to another hospital
- O My insurance required me to go somewhere else
- O I prefer larger hospitals
- O Other. Please specify below:

_____

Q20. How would you rank Beckley ARH on a scale of 1 to 10, where 1 is *not very good* and 10 is *very good*? Please circle a number below.

1 2 3 4 5 6 7 8 9 10

Q21. Would you recommend your local ARH hospital to friends and family?

- O Yes
- O No

Q22. What factors influence your health choices? Select all that apply.

- O Family
- O Friends
- O Spouse/Partner/Significant other
- O Other people around me
- O Community
- O Listening to physicians and other healthcare providers
- O Public health recommendations/guidelines (example: CDC)
- O Social media
- O Access to parks/walking trails
- O Weather (seasons: Spring, Summer, Fall, Winter)
- O Other. Please specify below:

_____

Q23. Where do you get most of your healthcare information? Select all that apply.

- O Doctor/healthcare provider
- O Friends/family
- O Internet
- O Health department
- O Library
- O Local hospital website
- O Newspaper/magazines
- O Radio/television
- O Social media
- O I do not access health information

Q24. What is your current living situation?

- O Living with family (parent(s), guardian, grandparents or other relatives)
- O Living on your own (apartment or house)
- O Living in a place not meant to be a residence (outside, tent, homeless camp, car, abandoned building)
- O Living in recovery housing
- O Living in a recovery treatment facility
- O Staying in an emergency shelter or transitional living program
- O Living in a hotel or motel
- O Staying with someone I know

Q25. Have you used video calls (telemedicine) to see a provider in the last 12 months?

- O Yes
- O No

Q26. What specialty care services would you be willing to see using video calls (telemedicine)? Select all that apply.

- O Cardiology
- O Dermatology
- O Oncology
- O Urology
- O Nephrology
- O Gastroenterology
- O Pulmonology
- O Endocrinology
- O Pediatrics
- O Mental/Behavioral Health

Q27. What is your age?

- O 18 - 24
- O 25 - 39
- O 40 - 54
- O 55 - 64
- O 65 - 69
- O 70 or older

Q28. What is your gender?

- O Male
- O Female
- O Other _____
- O Prefer not to answer

Q29. What ethnic group do you identify with?

- O African American/Black
- O Asian/Pacific Islander
- O Hispanic/Latino
- O Native American
- O White/Caucasian
- O Other. Please specify below:

_____

Q30. What is the highest level of education you have completed?

- O High School
- O Technical school
- O College or above
- O Other. Please specify below:

_____

Q31. What is your current employment status?

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

_____

Thank you for taking the time to participate in this survey.

Approval

This Community Health Needs Assessment was approved by the ARH Board of Trustees on May 12th, 2022.