



2022 Community Health Needs Assessment

Mary Breckinridge ARH Hospital

130 Kate Ireland Dr, Hyden, KY 41749 | Phone: (606) 672-2901

more health



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www.arh.org

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

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





Dear Community Member:

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

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

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

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

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

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

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

Sincerely,

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

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

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Introduction

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

MISSION

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

VISION

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

VALUES

- Trust
- Innovation
- Collaboration
- Compassion
- Service

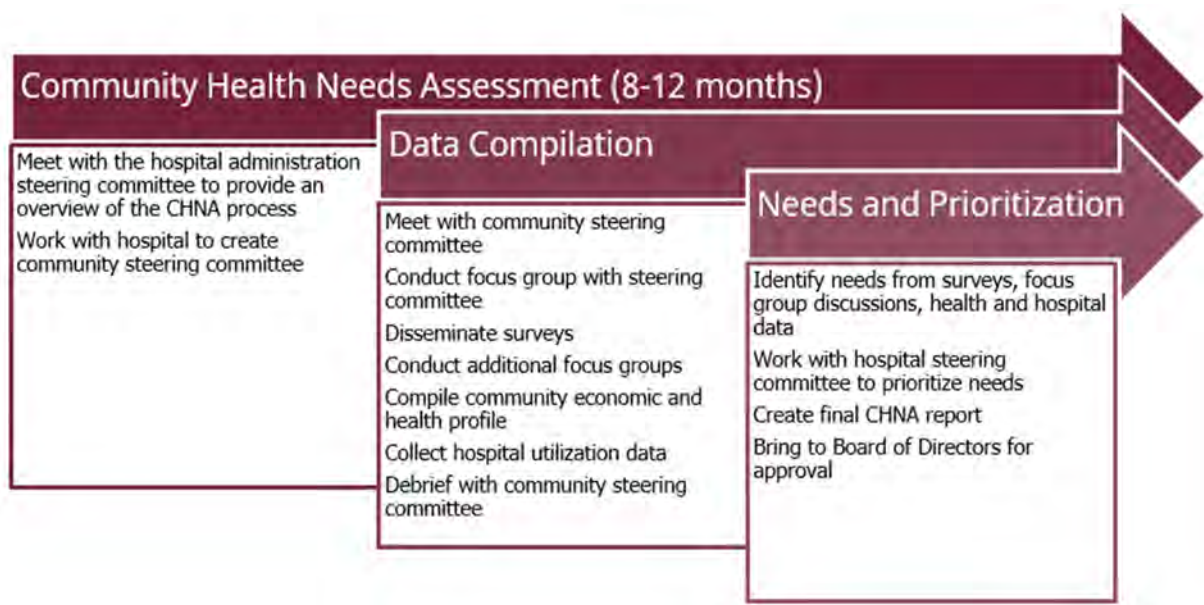


CHNA Process

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

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

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



2019 community health needs... addressed!

- ✓ **Goal: Increase the awareness of how to recognize and deal with the stigma of mental health illness.**

Our facility recruited a full time Licensed Clinical Social Worker who assesses inpatients social, mental health, and needs prior to discharge. Calls are made to patients within 24-72 hours after discharge to ensure patients have adequate support, medications and supplies at home.

Our Rural Health Clinics received credentials to provide mental health outpatient services. Mary Breckinridge ARH has provided excellent mental health resources for employees during the COVID-19 pandemic.

Together with Lincoln Memorial University and the Health Resources and Services Administration, funding has been secured for the employment of a full time Family Psychiatric Mental Health Nurse Practitioner.

- ✓ **Goal: Address substance abuse.**

A needle exchange program has been successfully implemented.

There are now processes in place for ER and outpatients to receive free HIV and Hepatitis C testing. We have tested 2,191 patients since the program began in April of 2019. Our facility is able to provide referral sources of providers for treatment of Hepatitis C and HIV.

We have provided training to first responders on correct utilization of dispensing of Naloxone. Naloxone was provided to all first responders and community members.

Partnered with KY Statewide Opioid Stewardship, (SOS) Program to monitor prescriptions for appropriate utilization of opiates.

From our CEO...

While there have been numerous successes during the past three years, the COVID-19 pandemic has brought us together as an ARH System/Region, made us stronger as a community and has brought advanced telemedicine services to our service area.

Telemedicine services allows patients to have healthcare in their home settings, provides access to specialists such as cardiology, neurology and critical care and/or intensive care services without having to leave their community.

- ✓ **Goal: Decrease the number of young adolescents who may have begun or are thinking about tobacco use.**

Our facility partnered with the Kentucky River District Health Department during the Mary Breckinridge Festival at Community Wide Picnic to provide information about tobacco use. The school system agreed to have all middle school students attend the picnic to learn more regarding the health issues associated with tobacco utilization. Visual images were provided that demonstrated the amount of tar that was in tobacco products and the harm to teeth and possibility of oral cancer.

Marjorie Hass, M.D. pediatrician provided educational sessions to grade schools in Leslie County on the harms of tobacco use.

- ✓ **Goal: Preventative Care (diabetes, obesity, and inactivity, hypertension). Increase awareness of healthy eating and life style, importance of exercise such as walking.**

Mary Breckinridge ARH made sure to provide the local school system with information and training on preventative care. The hospital provided all faculty in Leslie County School System with information on healthy eating as well as a health brown bag breakfast. A Health Fair was conducted at Mountain View Elementary School and healthy snacks were provided. Instruction on stroke awareness including signs and symptoms was provided to elementary school students. Helmet safety was provided for members of the sports teams at Leslie County High School and Mountain View Elementary.

Education on health issues was provided to senior citizens. Senior citizens at Tim Lee Carter Building were provided with information on importance of annual mammograms. A Mammography Technician gave information regarding the technique and equipment utilized at MB ARH for mammograms, and staff met individually with citizens who had questions regarding mammograms. ARH staff also provided senior citizens with chair exercises to encourage movement throughout the day. Stroke awareness and screening was provided by the Stroke Team to senior citizens and during Mary Breckinridge Festival Picnic.

- ✓ **Goal: Provide community with access to specialists without having to travel outside of their communities.**

Telehealth services are available for cardiology, neurology, primary care visits and intensive or critical care services.

eICU (Electronic Intensive Care Unit) cart is available in the Emergency Room for utilization of intensive care for critical patients. This cart allows immediate access to numerous specialists immediately.

Dr. Clements, a podiatrist, has a clinic two times a month at our Hyden Rural Health Clinic.

Mary Breckinridge has contributed \$103,736 in community benefits to our service area.



Mary Breckinridge ARH staff cares for and is eager to serve our 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 Mary Breckinridge ARH.

Mallie S. Napier-Noble
Mary Breckinridge ARH Community CEO

Community Served by Mary Breckinridge ARH

Mary Breckinridge 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-one percent (51%) of Mary Breckinridge ARH inpatients originated from Leslie County and in 2021, fifty-seven percent (57%) of inpatients served were residents of Leslie County. These figures come from the Kentucky Hospital Association's market assessment data.

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

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

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

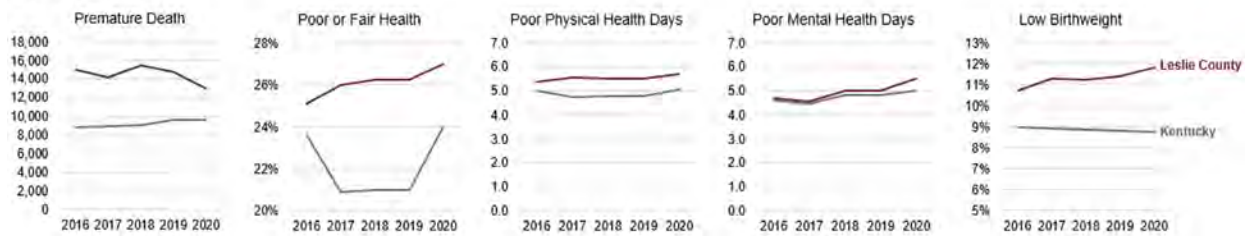
Population	Leslie County	Kentucky	US Overall
2019 Population	9,877	4,467,673	328,239,523
Percent of Population under 18 years	21.4%	22.4%	22.3%
Percent of Population 65 year and older	18.7%	16.8%	16.5%
Percent of Population Non-Hispanic Black	0.4%	8.2%	13.4%
Percent of Population American Indian & Alaska Native	0.2%	0.3%	1.3%
Percent of Population Asian	0.3%	1.6%	5.9%
Percent of Population Native Hawaiian/Other Pacific Islander	0.1%	0.1%	0.2%
Percent of Population Hispanic	0.8%	3.9%	18.5%
Percent of Population Non-Hispanic White	97.3%	84.1%	60.1%
Percent of Population not Proficient in English	0%	1.0%	8.3%
Percent of Population Female	50.0%	50.7%	50.8%
Percent of Population Rural	100.0%	41.6%	14%

Health Outcomes	Leslie County	Kentucky	US Overall
Years of Potential Life Lost Rate	14193	9505	6900
Percent Fair or Poor Health	32%	22%	17%
Average Number of Physically Unhealthy Days	6.5	4.6	3.7
Average Number of Mentally Unhealthy Days	6.1	5.0	4.1
Percent Low Birthweight	11%	9%	8%
Health Behaviors			
Percent Adults that are Diabetic	21.6%	13.3%	13%
Percent Adults with Hypertension	58.5%	40.1%	47%
Percent Adults with Tooth Loss	33.6%	22.6%	-
Percent Adults Consuming Recommended Fruit & Vegetable Intake	7.1%	12.1%	12.3%
Percent Smokers	30%	24%	17%
Percent Adults with Obesity	41%	35%	30%
Food Environment Index	6.0	6.9	7.8
Percent Physically Inactive	30%	29%	23%
Percent with Access to Exercise Opportunities	100%	71%	84%
Percent Excessive Drinking	14%	17%	19%
Percent Driving Deaths with Alcohol Involvement	21%	25%	27%
Chlamydia Rate	77.4	436.4	539.9
Teen Birth Rate	44	31	21
Access to Care			
Percent Uninsured	7%	7%	10%
Number of Primary Care Physicians	2	2,895	-
Primary Care Physicians Rate	20	65	-
Primary Care Physicians Ratio	5072:1	1543:1	1320:1
Number of Dentists	4	2,996	-
Dentist Rate	40	67	-
Dentist Ratio	2469:1	1491:1	1400:1
Number of Mental Health Providers	5	10,733	-
Mental Health Provider Rate	51	240	-
Mental Health Provider Ratio	1975:1	416:1	380:1

Social & Economic Factors	Leslie County	Kentucky	US Overall
Percent Completed High School	71%	86%	88%
Percent with Some College Education	38%	62%	66%
Number Unemployed	223	89,014	-
Number in Labor Force	2,704	2,072,597	-
Percent Unemployed	8.2%	4.3%	3.7%
80th Percentile Income	\$63,286	\$101,776	-
20th Percentile Income	\$10,342	\$20,248	-
Percent of Children in Poverty	39%	21%	17%
Number of Children in Single-Parent Households	436	265,296	-
Number of Children in Households	2,206	1,005,667	-
Percent of Children in Single-Parent Households	20%	26%	26%
Number of Associations	6	4,732	-
Social Association Rate	5.9	10.6	9.3
Annual Average Violent Crimes	4	9,824	-
Violent Crime Rate	38	222	386
Number of Injury Deaths	91	21,274	-
Injury Death Rate	176	96	72
Physical Environment			
Average Daily PM2.5	8.9	8.7	7.2
Presence of Water Violation	No	n/a	n/a
Percent with Severe Housing Problems	18%	14%	18%
Percent with Severe Housing Cost Burden	12%	11%	14%
Percent with Overcrowding	2%	2%	-
Percent with Inadequate Facilities	5%	1%	-
Percent that Drive Alone to Work	84%	82%	76%
Number of Workers who Drive Alone	2,908	1,949,184	-
Percent with Long Commute - Drives Alone	48%	31%	37%

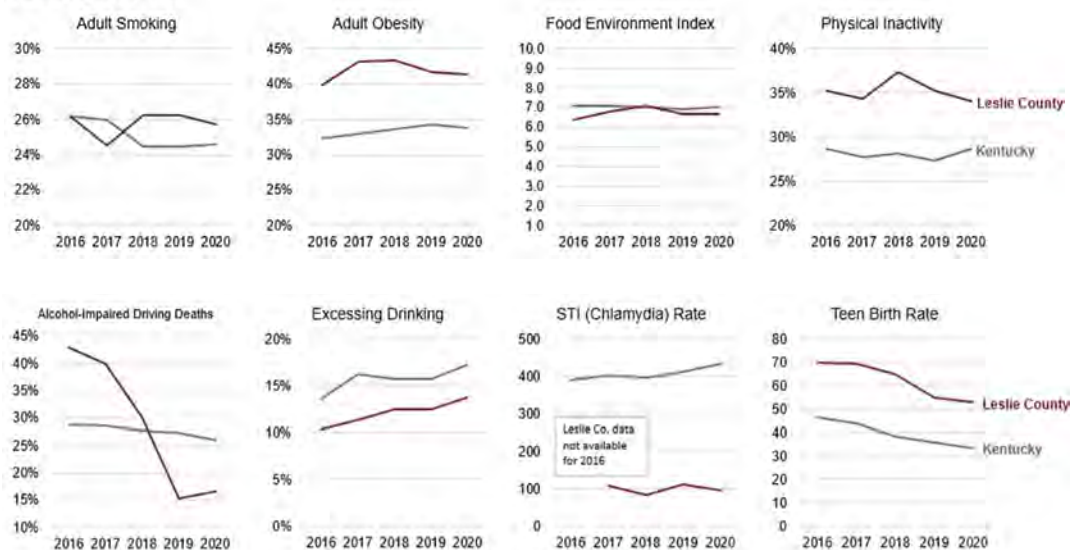
2016-2020 County Health Rankings Data Trends

Health Outcomes



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

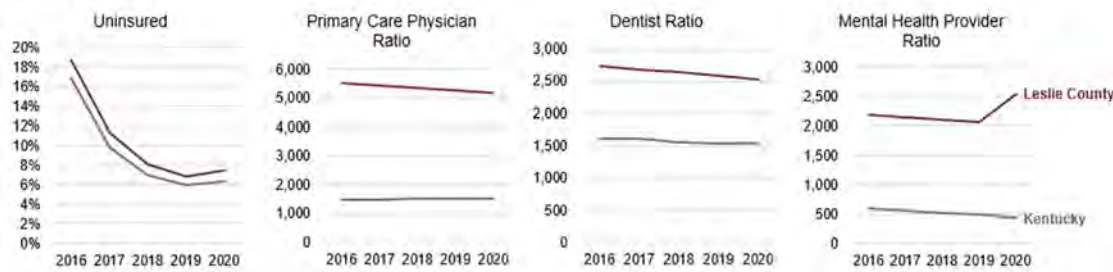
Health Behaviors



- Adult smoking and adult obesity do not show clear trends for the County.
- The higher the number on the USDA Food Environment Index (0-10), the better the Food Environment. The five year trend shows an overall upward trend for the County.
- Physical inactivity appears to be on an overall slight downward trend for the County.
- There is a downward trend in alcohol-impaired driving deaths in the County.
- There is an upward trend of excessive drinking in the County.
- The County's STI infection rate has a steady trend.
- The County's teen birth rate is trending downward.

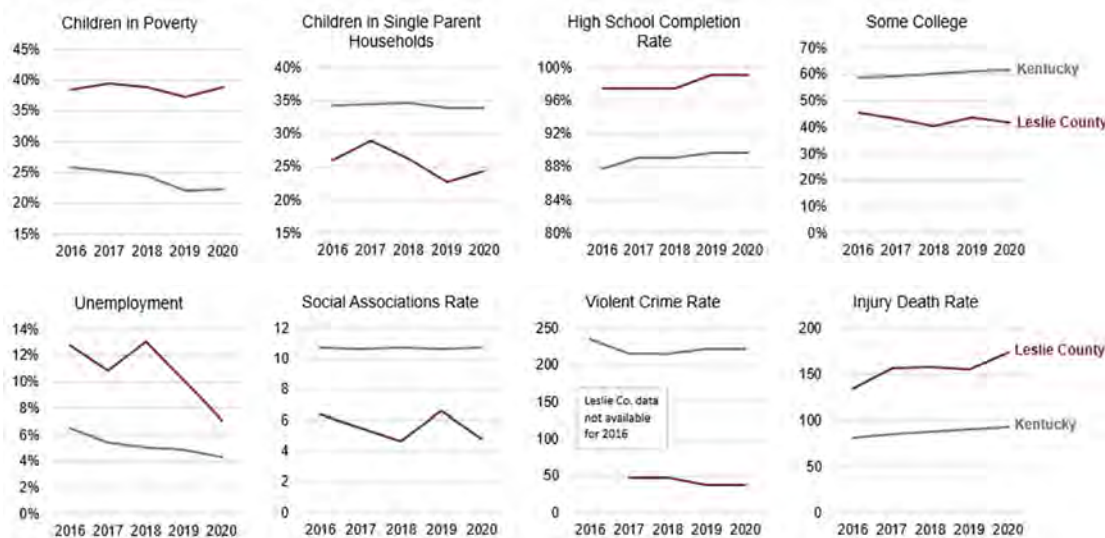
2016-2020 County Health Rankings Data Trends, continued

Access to Care



- The County's ratio of all three care providers is higher (less providers for population) compared to the state average.
- County uninsurance rates are slightly higher than the state and follow the same downward trend.

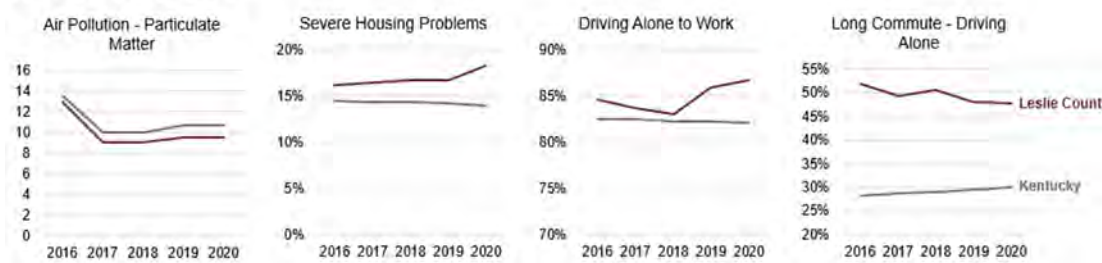
Social & Economic Factors



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

2016-2020 County Health Rankings Data Trends, continued

Physical Environment



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

Top 8 Invasive Cancer Incidence Rates

<i>All Genders, All Races</i>	Leslie County	Crude Rate	Age-adjusted Rate
Total all sites over 5 years (2014-2018)	356	679.9	519.4
Lung & Bronchus	85	162.3	117.9
Prostate (males only)	34	130.3	90.7
Breast	40	76.4	52.5
Corpus uteri (females only)	12	45.7	34.7
Colon & Rectum	22	42	33.6
Ovary (females only)	4	38	31.8
Urinary Bladder, invasive and in situ	17	40.9	29.1
Cervix uteri (females only)	4	25.4	28

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

Hospital Utilization Data

The Tables below provide an overview of Mary Breckinridge 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	331
Outpatient Visits	14,276

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

Payer	Discharges
Medicare (Excluding Medicare Managed Care)	137
In State Medicaid	67
Medicare Managed Care	52
Commercial - Anthem Health Plans of KY HMO Plan	38
WellCare of Kentucky Medicaid Managed Care	7
Commercial - Anthem Health Plans of KY PPO Plan	6
Humana Medicaid Managed Care	6
Other Facility	5
Black Lung	3
Workers Compensation	3
Anthem Medicaid Managed Care	2
Commercial - Aetna Health HMO Plan	2
Passport Medicaid Managed Care	2
Aetna Better Health of KY Medicaid Managed Care	1

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

Payer	Visits
Medicare (Excluding Medicare Managed Care)	3752
WellCare of Kentucky Medicaid Managed Care	3407
Commercial - Anthem Health Plans of KY PPO Plan	2202
Medicare Managed Care	1266
Commercial - Anthem Health Plans of KY HMO Plan	981
In State Medicaid	569
Humana Medicaid Managed Care	527
Passport Medicaid Managed Care	366
Anthem Medicaid Managed Care	350
Aetna Better Health of KY Medicaid Managed Care	128
Self Pay	124
Commercial - Other	115
Workers Compensation	114
Commercial - United Healthcare POS Plan	84
Other Facility	83
Auto Insurance	44
Black Lung	38
Commercial - Humana PPO Plan	38
VA	28
Tricare (Champus)	24
Wellcare Health Commercial Plan	9
Commercial - Aetna Health HMO Plan	8
Commercial - Cigna Health & Life FFS Plan	7
Care Source KY Commercial Plan	6
Commercial - Aetna Health PPO Plan	4
ChampVA	1
Out of State Medicaid	1

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

DRG Description	Discharges
Signs & symptoms	94
Aftercare musculoskeletal system & connective tissue	27
Septicemia	23
Chronic obstructive pulmonary disease	21
Osteomyelitis	14
Simple pneumonia & pleurisy	13
Skin ulcers	12
Kidney & urinary tract infections	12
Intracranial hemorrhage or cerebral infarction	11
Heart failure & shock	10

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 Leslie 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.

Mary Breckinridge ARH leadership recruited members of the community to serve on the steering committee. CEDIK representatives scheduled and completed the first meeting in November 16, 2021, at Wendover to introduce the assessment process, share the role of a committee member and to lead a focus group. A final steering committee meeting was held April 19, 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 Mary Breckinridge ARH to address over the next three years.

Mary Breckinridge ARH Community Steering Committee

Name	Representing Organization
Frank Baker	Hyden Citizens Bank
Sharon Mosley	Leslie County Schools, Retired Educator
Onzie Sizemore	Leslie County Clerk
Carol Joseph	Mayor of Hyden
Cassie Begley	Retired Community Member
Jeff Boggs	Leslie County Property Valuation Administrator
Keith Stewart	Local Business Owner, The Medicine Shoppe and Subway
Barbara Hoskins	Mary Breckinridge ARH, Laboratory
Jace Peters	UK Extension Leslie County

Community Feedback

In November 2021, members of the Mary Breckinridge ARH Community Health Needs Assessment steering committee participated in a focus group. The committee membership includes representation from the local bank, Chamber of Commerce, Behavioral Health, local government, local businesses, and schools. The members bring knowledge and expertise to the populations they serve. In addition, three focus groups were conducted with Leslie County Chamber of Commerce, PLACE leadership program students and Educators. Twenty-six individuals participated in the four focus groups. One key informant interview was completed in spring 2022. Below is a summary of the responses that highlight the results of the conversations that identify strengths of the community and the healthcare system, challenges/barriers in the broader healthcare system and opportunities for improving the health of the community.



Focus Group Findings

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

- The community's vision for a healthy Leslie County involves community vitality, healthy lifestyles, and access to healthcare.
- The greatest health needs in Leslie County involve chronic diseases, healthy lifestyles, and access to care. Social determinants of health particular to Leslie 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 Leslie County, the community needs expanded services and community wide health education.
- There were positive and negative lasting impacts of COVID-19 on the community.

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

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

Community vitality	Healthy lifestyles	Access to health care
<ul style="list-style-type: none"> • Safe, affordable housing • Transportation without barriers • Reduced substance use (drugs and alcohol) • Expanded park and more trails • Job opportunities for youth to return for work • Arts and theatre opportunities • Activities for youth – e.g. soccer, golf, dance • Trash pickup and less litter in county 	<ul style="list-style-type: none"> • Access to healthy foods and vegetables • People having active lifestyles • Aware of resources in community to live a healthy lifestyle • Healthy choices and healthy decisions • Expand farmer's market • Reduce drug, alcohol and tobacco use 	<ul style="list-style-type: none"> • Reduction in cancer rates • Decrease in diabetic rates • Wellness exams and prevention screenings • Health education on tobacco use and damage • More geriatric healthcare and assisted living • Mental health providers and treatment for substance misuse

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

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

Healthy Lifestyles

- Access to healthy foods – cost
- Substance use and addiction
- Tobacco use & Vaping
- Community safety – related to drugs
- Healthy living programs for children
- Recreation for children and youth
- Homeless shelter and warming station

- Child hunger – when not in school
- Poverty

Access to care

- Substance use treatment
- EMS training opportunities – need more EMT's
- Dental health
- Mental health providers
- Specialties

Chronic diseases

- Obesity – adult and child
- Diabetes
- Cancer
- Mental health
- Substance misuse – drugs, heroin, meth
- Heart disease

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

Food Insecurity

There are many reasons for food insecurity in the community, including the rising costs of food, and while some resources are available, not everyone is aware of them. Children are particularly vulnerable to food insecurity when away from school.

Housing

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

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 opportunities workforce training to combat poverty in the area.

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

- Access to specialists
- Transportation to and from appointments, traveling long distances for specialty care
- EMS staffing shortage
- No housing for displaced people, no emergency housing
- Dental services in county
- Schools need more access to NP in person
 - Nursing shortage impacting availability
 - Anytime students can get healthcare at school is better for students
- Schools could have Psychiatric NP
 - Students missing appointments which affects medications & treatment plans
- Expanded mental health services
- Emergency services can be difficult because of geography of Leslie County
- Dental services
 - Limited services, none specialize in pediatric dentistry
 - Could be a good partnership with school system
- Support groups for populations
 - Grandparents raising grandchildren
 - Single parents
 - Family members of those struggling with addiction

Strengths of System

- Hospital and Health Department so helpful with COVID
 - Vaccinations and testing
 - Community updated via Facebook
- Good sized hospital
- Several clinics – availability of primary care
- LKLP transports patients to and from services
- CELEBRATE Recovery
- Optometrist
- Telemedicine – available for certain specialties, well received
 - Cardiology
 - Neurology
- Critical care
- Access to school nurses and NP
- Mountain Comp making opportunities for young people
- Mary Breckinridge Clinic is an asset, caring staff, great patient education

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

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

Expanded Services

- Reduce substance abuse
 - A clinic for treatment in county
 - Create a regional collaboration with other counties/communities
- Assisted living for elderly- making sure they are taken care of
- Urgent care centers
- Transportation to and from services- take Medicaid only or you have to pay for services
- Dental care all ages, but lots of focus on youth
- Activities to help with mental health
- Voucher programs with farmers markets
- Support groups for different populations

Health Education

- Nutrition education for families, especially families with children
- Dental education – all ages, but lots of focus on youth
- Events for families to build positive relationships
- Education about mental health resources available
- Reduce mental health stigma and prevent suicide through education
- Food safety classes
- Resource guide for services

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

- More educated about technology
- Better health practices – hygiene
- Zoom and teams – distanced meetings
- People working from home
- Telemedicine – especially family practice – No hassle routine health care
- Changed how we work
- Health department, “Trying to educate everyone as much as we can on the vaccine and booster”
- We’ve vaccinated a lot of people- many children ages 5-11
- More time with family
- Everyone bands together, helps one another and care for one another
- COVID has shown what social supports and services have been lacking – now we know what to work on

Negatives

- Long term COVID – physical effects on health (heart, lung, etc.)
- Mental health – depression, isolation, can lead to other issues
- Kids missing out on school/socialization
- Long term effect of children who haven’t been able to learn while at home
- Limited services
- Loss of community members
- People delayed getting preventative care or keeping up with health care
- COVID stigma – some have died because they didn’t seek care
- Division of people, politicized or hot topics
- Vaccinations are keeping people from regular vaccinations like flu shots
- Overwhelmed and fearful

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. One key informant interview was conducted with a retired community educator. A summary of their responses is below.

Challenges Faced by Residents

- Chronic diseases like high blood pressure, heart disease, and diabetes have a foothold in the community. Diabetes impacts all age ranges.
- Substance use is an issue in the community. There are several avenues for recovery in the community, though they don't always reach everyone who needs them.
- Cancers, such as cervical, breast, lung, and colon cancers are prevalent in the area. Patients have to travel outside of the county for treatment.
- Transportation and cost can be barriers to accessing services.
- Tobacco usage, like smoking and vaping, are health needs.

Opportunities to Better the Healthcare System

- Leslie County would benefit from a public recreation center for community use.
- Transportation to essential services.
- Education on health issues, wellness, family health history and preventative care could help change health outcomes in the area.
- Smoking cessation courses would help the community.

Strengths of the Community Healthcare System

- The hospital is an integral part of the community.
- Clinics located throughout the county, such as Beechfork, are an asset to the community. The locations provide access to many populations, including the elderly.
- The Health Department led the change on the vaccine campaign in the area.
- Telehealth has expanded access to community members.

Mary Breckinridge ARH Survey Results

WINTER 2022

Respondent Demographics

404
Respondents

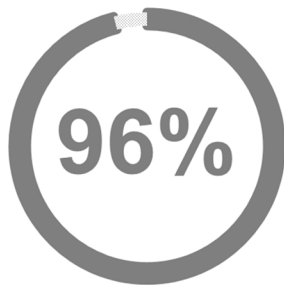


**Respondents
are female.**

*Additional responses:
Male (20%), Prefer not
to answer (1%).*

Respondents by age group:

18-24	6%
25-39	27%
40-54	34%
55-64	20%
65-69	8%
70 or older	6%

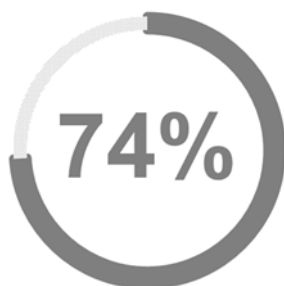


**Respondents
are white.**

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

Respondents by educational attainment:

College or above	52%
High School	37%
Technical school	8%
Other	3%



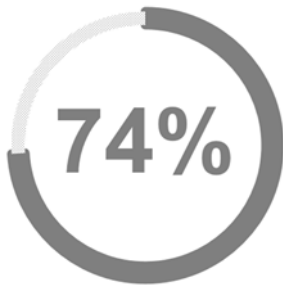
**Respondents
are living in
their own home/
apartment.**

*Additional responses:
With family (parent(s), guardian,
grandparents or other relatives)
(21%), Staying with someone I
know (3%), A place not meant to
be a residence (1%), In recovery
facility (1%).*

Respondents by employment status:

Employed full-time	61%
Retired	15%
Unemployed	13%
Employed part-time	5%
Student	2%
Other	4%

Where respondents go for routine healthcare:



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

Respondents also use these options:

Emergency Room	9%
Urgent Care	4%
Health Department	3%
Do not receive routine healthcare	4%
Other	6%

*Primary care, clinic (Beechfork,
Hyden), VA (Hazard)*

Barriers that keep respondents from receiving routine healthcare:



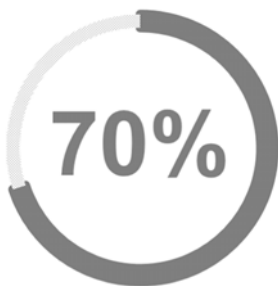
Do not have barriers that
keep them from receiving
routine healthcare.

Respondents identified these barriers:

Only visit doctor when something is seriously wrong	19%
Inconvenient Physician hours	11%
Cannot take off work	10%
Cannot afford it	7%
Fear/anxiety	6%
Poor Physician attitude/communication	6%

Other responses: No insurance (4%), No transportation (2%), Lack of childcare (2%). Another 10% of responses identified additional barriers: lack of specialists, high co-pays, and insufficient healthcare coverage.

Transportation to healthcare:



Travel 20 miles
or more to see a
specialist.

Respondents chose from these options:

Less than 20 miles	22%
20-49 miles	35%
50-100 miles	35%
Do not receive routine healthcare	3%

67% of respondents use their own vehicle, while 28% travel in a friend/family vehicle.

The top three health challenges respondent households face:

High blood pressure	22%
Diabetes	13%
Overweight/obesity	13%
Arthritis/joint pain	13%
Mental health issues	9%
Heart disease and stroke	7%
Respiratory/lung disease	5%
Tobacco use/vaping	5%
Cancer	4%
Asthma	4%
Substance use disorder (alcohol/drugs)	2%



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

Respondent household eligibility:

Medicare	30%
Medicaid	22%
Public Housing Assistance	0%
SNAP (Food stamp program)	11%
VA	3%
Commercial/private insurance	34%

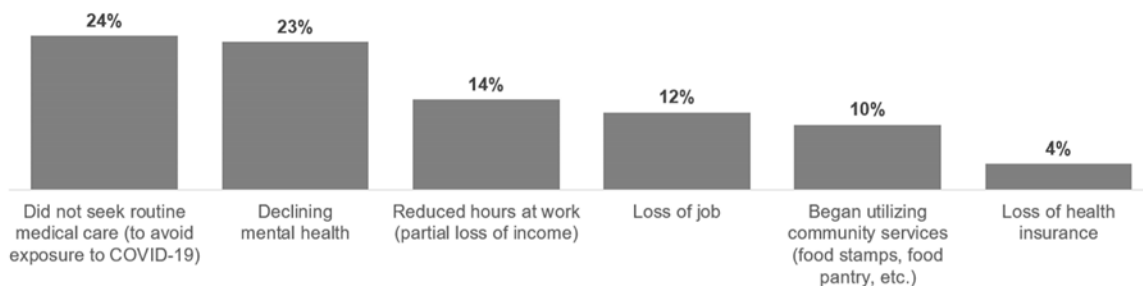


Respondents used video calls (telemedicine) to see a provider in the last 12 months.

Specialty care services respondents are willing to use telemedicine:

Mental/Behavioral Health	19%
Cardiology	13%
Dermatology	12%
Gastroenterology	10%
Pediatrics	10%
Endocrinology	9%
Oncology	7%
Urology	7%
Nephrology	7%
Pulmonology	6%

Respondent household impacts due to COVID-19 pandemic:



Respondents identified another 12% of impacts due to COVID-19: isolation/anxiety and depression, loss of loved ones to COVID, COVID and long-term effects.

The top three most important factors for a healthy community:

Good jobs/healthy economy	17%
Easy to access healthcare	14%
Low crime/safe neighborhood	13%
Good school systems	13%
Good place to raise children	12%
Affordable housing	7%
Religious/spiritual values	7%
Community activities and events	4%
Personal responsibility	4%
Low disease rate	3%
Transportation	3%
Parks and recreation	2%
Diverse community	1%

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

Weight loss	20%
Eating healthy	19%
Mental health/Depression	14%
Cancer prevention	11%
Heart disease	9%
High blood pressure	8%
Emergency preparedness	6%
Substance use disorder (alcohol and/or drugs)	5%
Tobacco cessation	4%
Using my medications correctly	3%

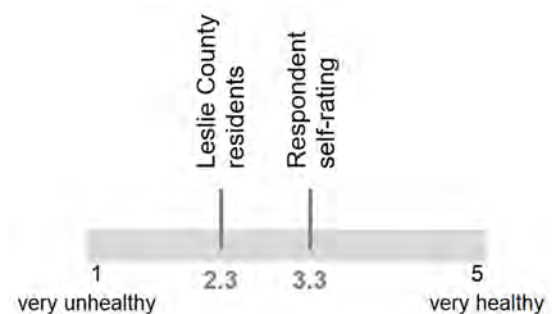


Respondents think Leslie County meets the above factors for a healthy community.

The top three risky behaviors seen most in the community:

Drug abuse	28%
Being overweight/having poor eating habits and lack of exercise	18%
Prescription drug use	18%
Tobacco Use	16%
Alcohol use	14%
Dropping out of school	4%
Unsafe sex	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 Leslie County.

Respondent rating of their ARH facility in Leslie County:



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

Service I needed was not available	53%
My doctor referred me to another hospital	23%
I prefer larger hospitals	7%
My insurance required me to go somewhere else	4%
Other	13%
<i>Specialist at another hospital, better quality of care, hours of operation.</i>	

What factors influence your health choices?

Family	23%
Listening to physicians and other healthcare providers	17%
Spouse/Partner/Significant other	15%
Friends	11%
Weather (seasonal variation)	10%
Community	6%
Public health recommendations/guidelines (e.g. CDC)	6%
Other people around me	4%
Access to parks/walking trails	4%
Social media	3%

Where do you get most of your healthcare information?

Doctor/healthcare provider	49%
Internet	21%
Friends/family	12%
Social media	5%
Health Department	4%
Radio/television	4%
Local hospital website	3%
Newspaper/magazines	2%
Library	1%
I do not access health information	1%

Prioritization of Identified Health Needs

Mary Breckinridge 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 Mary Breckinridge 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 Mary Breckinridge ARH for addressing health needs in Leslie County and the hospital service area for the next three years.

Prioritized Needs

1. Substance use disorder
2. Mental health
3. Access to health care – after hours and urgent care
4. Transportation
5. Health education – healthy eating and food preparation, reducing hypertension, diabetes, childhood obesity, tobacco use and vaping

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.

Mary Breckinridge 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, Mary Breckinridge 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. Mary Breckinridge ARH CHNA Survey
- C. Board Approval

2021 Secondary Data Sources

Population	Source	Years of Data
2019 Population	Census Population Estimates	2019
Under 18 years	Census Population Estimates	2019
65 years and older	Census Population Estimates	2019
Non-Hispanic Black	Census Population Estimates	2019
American Indian & Alaska Native	Census Population Estimates	2019
Asian	Census Population Estimates	2019
Native Hawaiian/Other Pacific Islander	Census Population Estimates	2019
Hispanic	Census Population Estimates	2019
Non-Hispanic White	Census Population Estimates	2019
Not Proficient in English	American Community Survey, 5-year estimates	2015-2019
Female	Census Population Estimates	2019
Rural	Census Population Estimates	2010
Health Outcomes		
Premature death	National Center for Health Statistics - Mortality Files	2017-2019
Poor or fair health	Behavioral Risk Factor Surveillance System	2018
Poor physical health days	Behavioral Risk Factor Surveillance System	2018
Poor mental health days	Behavioral Risk Factor Surveillance System	2018
Low birthweight	National Center for Health Statistics - Natality files	2013-2019

2021 Secondary Data Sources, continued

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

2021 Secondary Data Sources, continued

Social & Economic Factors			Years of Data
Education	High school completion	American Community Survey, 5-year estimates	2015-2019
	Some college	American Community Survey, 5-year estimates	2015-2019
Employment	Unemployment	Bureau of Labor Statistics	2019
Income	Children in poverty	Small Area Income and Poverty Estimates	2019
	Income inequality	American Community Survey, 5-year estimates	2015-2019
	Children in single-parent households	American Community Survey, 5-year estimates	2015-2019
Family and Social Support	Social associations	County Business Patterns	2018
	Violent crime	Uniform Crime Reporting - FBI	2014 & 2016
	Injury deaths	National Center for Health Statistics - Mortality Files	2015-2019
Physical Environment			
Environmental Quality	Air pollution - particulate matter	Environmental Public Health Tracking Network	2016
	Drinking water violations	Safe Drinking Water Information System	2019
Housing and Transit	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2013-2017
	Driving alone to work	American Community Survey, 5-year estimates	2015-2019
	Long commute - driving alone	American Community Survey, 5-year estimates	2015-2019

2016-2020 County Health Rankings Data Sources

Health Outcomes	Source	2016 Data	2020 Data
Premature death	National Center for Health Statistics - Mortality Files	2011-2013	2016-2018
Poor or fair health	Behavioral Risk Factor Surveillance System	2014	2017
Poor physical health days	Behavioral Risk Factor Surveillance System	2014	2017
Poor mental health days	Behavioral Risk Factor Surveillance System	2014	2017
Low birthweight	National Center for Health Statistics - Natality files	2007-2013	2012-2018
Health Behaviors			
Adult smoking	Behavioral Risk Factor Surveillance System	2014	2017
Adult obesity	CDC Diabetes Interactive Atlas, United States Diabetes Surveillance System	2012	2016
Food environment index	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2013	2015 & 2017
Physical inactivity	CDC Diabetes Interactive Atlas, United States Diabetes Surveillance System	2012	2016
Excessive drinking	Behavioral Risk Factor Surveillance System	2014	2017
Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2010-2014	2014-2018
Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013	2017
Teen births	National Center for Health Statistics - Natality files	2007-2013	2012-2018

2016-2020 County Health Rankings Data Sources, continued

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

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 Leslie County?

- ☐ Yes
☐ No

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

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

- ☐ I do not receive routine healthcare

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

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

- ☐ No barriers

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

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

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

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

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

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

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

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

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

- ☐ Yes
- ☐ No

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

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

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

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

Q12. How would you rate the overall **health of Leslie County**?

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

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

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

Q14. Do you think Leslie County meets the factors you selected in question 13?

- ☐ Yes
- ☐ No

Q15. What could be done in Leslie County to better meet your health needs?

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

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

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

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

- ☐ None of the above

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

- ☐ Yes
- ☐ No

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

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

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

1 2 3 4 5 6 7 8 9 10

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

- ☐ Yes
- ☐ No

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

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

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

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

Q24. What is your current living situation?

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

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

- ☐ Yes
- ☐ No

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

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

Q27. What is your age?

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

Q28. What is your gender?

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

Q29. What ethnic group do you identify with?

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

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

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

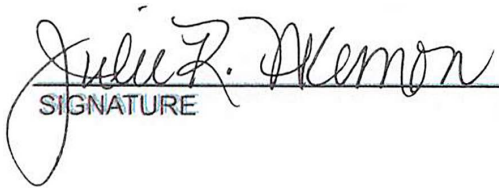
Q31. What is your current employment status?

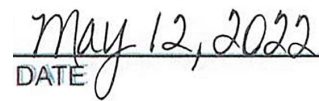
- ☐ Unemployed
- ☐ Employed part-time
- ☐ Employed full-time
- ☐ Retired
- ☐ Student
- ☐ Other. Please specify below:

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

Approval

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


SIGNATURE


DATE