



2022 Community Health Needs Assessment

Middlesboro ARH Hospital

3600 W Cumberland Ave, Middlesboro, KY 40965 | Phone: (606) 242-1100

more health



more care

www.arh.org

This Community Health Needs Assessment (CHNA) report was prepared for Middlesboro 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 Middlesboro 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

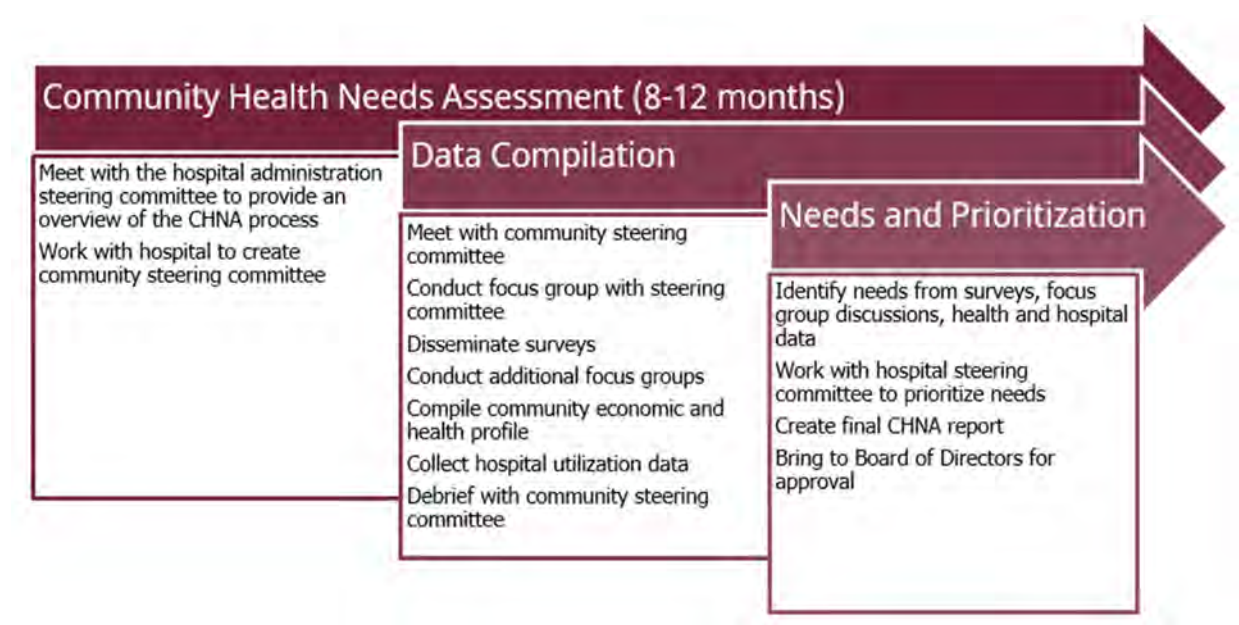


CHNA Process

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 Middlesboro 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:





Middlesboro ARH

2019 community health needs... addressed!

- ✓ **Goal: Expand efforts to address prevention, management of, and treatment of drugs and addiction.**

We have developed and implemented an opioid stewardship program. Implementation included education of providers and identification of data elements to collect. Our current area of focus for analysis is the prescribing of multiple opioids or an opioid plus a benzodiazepine prescription for individuals on discharge.

We received a grant along with the University of Kentucky to research and provide mental health support to pregnant women with opioid use disorder. The goal of this service is to increase healthy pregnancies in the women and reduce neonatal abstinence syndrome within the babies. These women can also receive medication assistance treatment from our opioid certified family nurse practitioner and one-on-one treatment from our mental health nurse practitioner. An unintended result of this program is the strong relationship that has been developed between the providers at our Women's and Family Health Center and the high risk maternal fetal specialists at UK.

We are able to offer free Hepatitis C and HIV testing through the Gilead grant for patients ages 13 – 64 who present to our Emergency Department.

- ✓ **Goal: Health screening and education.**

We were able to complete several women's health lunch and learn programs and screenings in partnership with the Middlesboro Mall in 2019.

We were able to provide live cancer education webinars featuring ARH physicians, patient navigators, and guest speakers from partnering organizations. Participants were able to ask questions before and during the webinars on chat. Topics included Ovarian Cancer 101, Get to Know Cervical Cancer, Total Breast Health, Colon Cancer Basics, the Rise of Colon Cancer in Younger Adults, and Lung Cancer and Low Dose CT. Nearly 110 people attended these webinars live.

From our CEO...

We value our numerous partnerships with Lincoln Memorial University. This collaboration assists in addressing the health needs and improving the health outcomes of our community.

We are very proud of our HRSA grant collaboration that enabled us to fund and hire Amanda Abbott, PMHNP – BC, as a mental health nurse practitioner at our rural health clinics located in Middlesboro.

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We also distributed Kentucky Cancerlink colo-rectal cancer screening tools to over 90 patients during a one-day educational drive up event. We offered a free mammogram screening event in 2020 and 2021 called "Mamm's Day Out" for women that are underinsured, uninsured, or insured but in need of a Saturday or evening appointment.



Community members participate in "Mamm's Day Out", an event focused on providing mammogram screenings.

✓ **Goal: Update Labor and Delivery floor.**

We have been able to provide a "face lift" to our 2 labor-delivery-recovery (LDR's) rooms and a 3rd patient room.

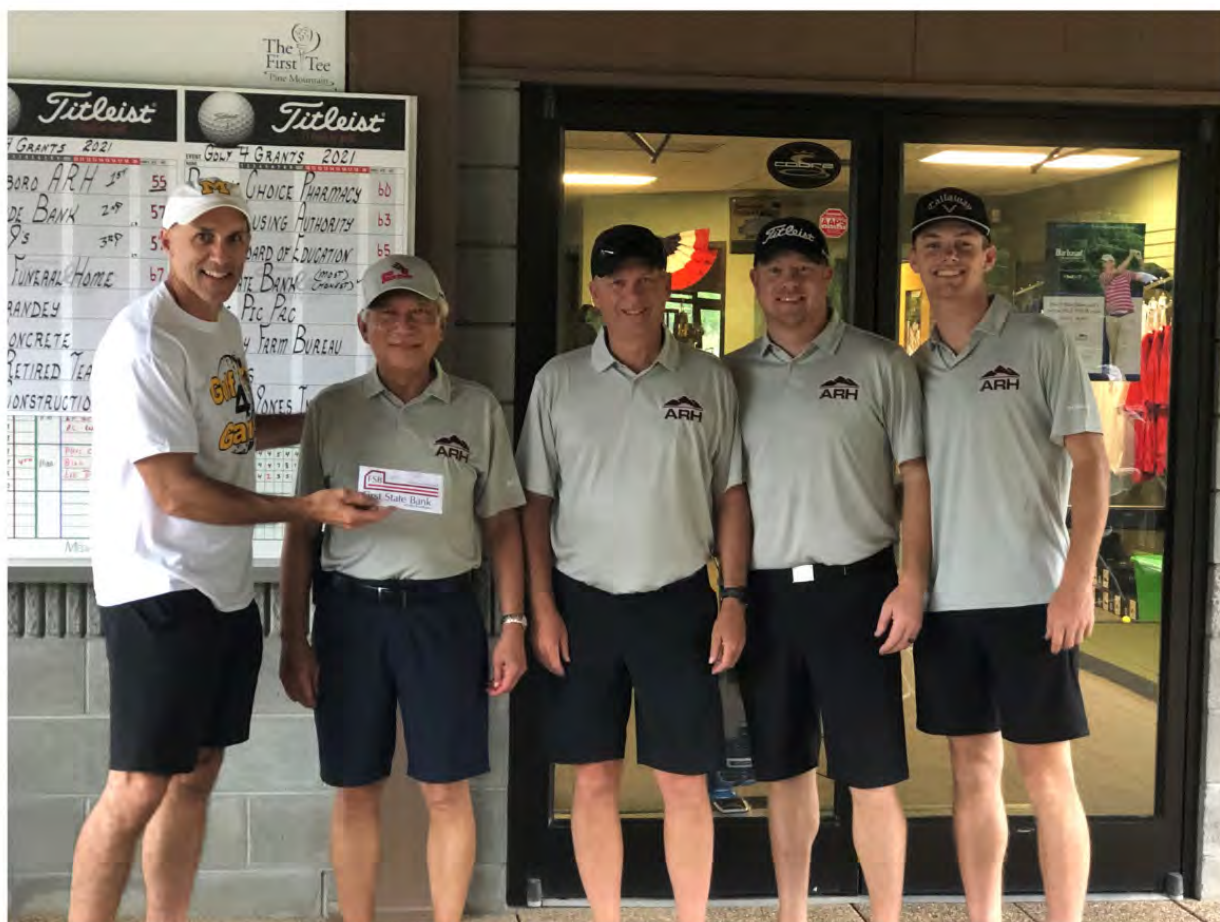
✓ **Goal: Implement a meaningful Telehealth program.**

ARH as a system initiated telehealth in 2020 at the start of the COVID – 19 pandemic. By 2021 it was in full swing and all of the provider offices in the Middlesboro community offer telehealth, which includes telephone, telehealth, and curbside telehealth visits. For calendar year 2021 the Cumberland Valley region, which includes the Middlesboro, Barbourville, and Harlan communities, completed over 13,600 telehealth visits.

✓ **Goal: Address mental health issues and add mental health providers.**

We were able to partner with Lincoln Memorial University and were successfully awarded a Health Resources and Services Administration (HRSA) grant to place a mental health nurse practitioner in our local rural health clinics, including the Women's and Family Health Center and the Cumberland Valley Medical and Surgical Associates office, both located in Middlesboro. In October 2020 we hired Amanda Abbott, PMHNP-BC, as a mental health nurse practitioner.

In 2020-2021 Middlesboro ARH has contributed \$371,454 in community benefits to our service area.



Middlesboro ARH staff participated in "Golf for Grants" community event.

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 Middlesboro ARH.

Michael Slusher, FACHE
Middlesboro ARH Community CEO

Community Served by Middlesboro ARH

Middlesboro ARH determined its defined service area for this Community Health Needs Assessment as Bell County, KY by reviewing inpatient discharge data by county of residence in years 2020 and 2021. In 2020, seventy-one percent (71%) of Middlesboro ARH inpatients originated from Bell County and in 2021, seventy-two percent (72%) of inpatients served were residents of Bell County. These figures come from the Kentucky Hospital Association's market assessment data.

In this section publicly available data are presented for Bell 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 Bell 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 Bell County residents.

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

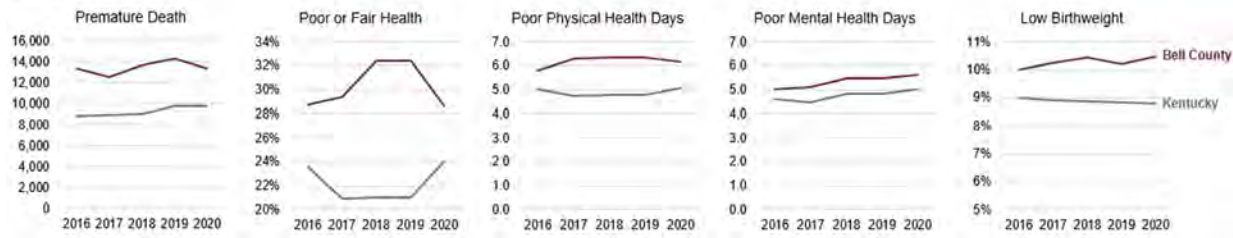
Population	Bell County	Kentucky	US Overall
2019 Population	26,032	4,467,673	328,239,523
Percent of Population under 18 years	21.0%	22.4%	22.3%
Percent of Population 65 year and older	19.7%	16.8%	16.5%
Percent of Population Non-Hispanic Black	2.4%	8.2%	13.4%
Percent of Population American Indian & Alaska Native	0.3%	0.3%	1.3%
Percent of Population Asian	0.4%	1.6%	5.9%
Percent of Population Native Hawaiian/Other Pacific Islander	0.1%	0.1%	0.2%
Percent of Population Hispanic	1.2%	3.9%	18.5%
Percent of Population Non-Hispanic White	94.0%	84.1%	60.1%
Percent of Population not Proficient in English	0%	1.0%	8.3%
Percent of Population Female	51.0%	50.7%	50.8%
Percent of Population Rural	62.5%	41.6%	14%

Health Outcomes	Bell County	Kentucky	US Overall
Years of Potential Life Lost Rate	14002	9505	6900
Percent Fair or Poor Health	35%	22%	17%
Average Number of Physically Unhealthy Days	6.9	4.6	3.7
Average Number of Mentally Unhealthy Days	6.6	5.0	4.1
Percent Low Birthweight	10%	9%	8%
Health Behaviors			
Percent Adults that are Diabetic	20.2%	13.3%	13%
Percent Adults with Hypertension	60.3%	40.1%	47%
Percent Adults with Tooth Loss	37.6%	22.6%	-
Percent Adults Consuming Recommended Fruit & Vegetable Intake	12.1%	12.1%	12.3%
Percent Smokers	33%	24%	17%
Percent Adults with Obesity	39%	35%	30%
Food Environment Index	4.9	6.9	7.8
Percent Physically Inactive	35%	29%	23%
Percent with Access to Exercise Opportunities	84%	71%	84%
Percent Excessive Drinking	12%	17%	19%
Percent Driving Deaths with Alcohol Involvement	21%	25%	27%
Chlamydia Rate	226.8	436.4	539.9
Teen Birth Rate	57	31	21
Access to Care			
Percent Uninsured	7%	7%	10%
Number of Primary Care Physicians	13	2,895	-
Primary Care Physicians Rate	49	65	-
Primary Care Physicians Ratio	2044:1	1543:1	1320:1
Number of Dentists	15	2,996	-
Dentist Rate	58	67	-
Dentist Ratio	1735:1	1491:1	1400:1
Number of Mental Health Providers	7	10,733	-
Mental Health Provider Rate	27	240	-
Mental Health Provider Ratio	3719:1	416:1	380:1

Social & Economic Factors	Bell County	Kentucky	US Overall
Percent Completed High School	70%	86%	88%
Percent with Some College Education	43%	62%	66%
Number Unemployed	543	89,014	-
Number in Labor Force	8,452	2,072,597	-
Percent Unemployed	6.4%	4.3%	3.7%
80th Percentile Income	\$56,293	\$101,776	-
20th Percentile Income	\$11,060	\$20,248	-
Percent of Children in Poverty	41%	21%	17%
Number of Children in Single-Parent Households	1,538	265,296	-
Number of Children in Households	5,678	1,005,667	-
Percent of Children in Single-Parent Households	27%	26%	26%
Number of Associations	26	4,732	-
Social Association Rate	9.8	10.6	9.3
Annual Average Violent Crimes	47	9,824	-
Violent Crime Rate	170	222	386
Number of Injury Deaths	185	21,274	-
Injury Death Rate	138	96	72
Physical Environment			
Average Daily PM2.5	9.8	8.7	7.2
Presence of Water Violation	No	n/a	n/a
Percent with Severe Housing Problems	20%	14%	18%
Percent with Severe Housing Cost Burden	18%	11%	14%
Percent with Overcrowding	2%	2%	-
Percent with Inadequate Facilities	1%	1%	-
Percent that Drive Alone to Work	79%	82%	76%
Number of Workers who Drive Alone	7,364	1,949,184	-
Percent with Long Commute - Drives Alone	32%	31%	37%

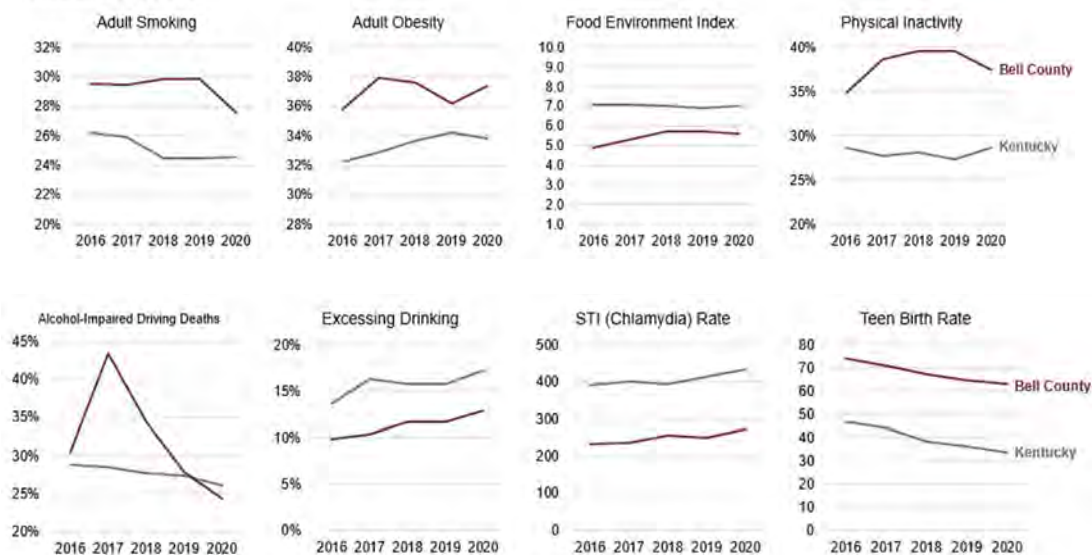
2016-2020 County Health Rankings Data Trends

Health Outcomes



- The middle three variables are based on self-reported data from BRFSS (Behavioral Risk Factor Surveillance System). Self reports of poor physical and mental health days appear to be on an upward trend for the County and state.
- The County's low birthweight percentage is on an upward trend.

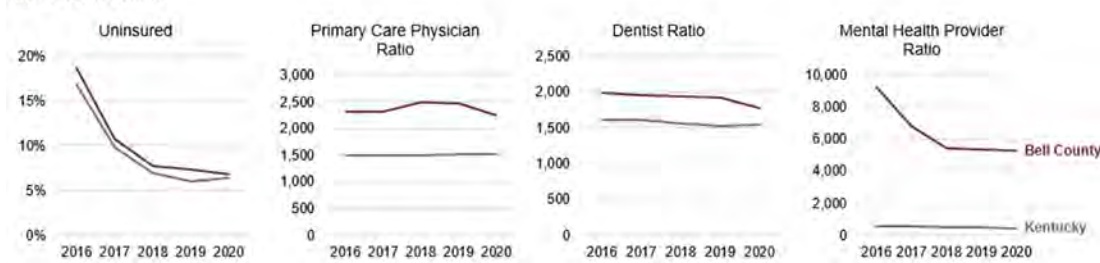
Health Behaviors



- Adult smoking in the County higher than the state, however appears to be on a downward trend.
- Adult obesity in the County is trending upward.
- The higher the number on the USDA Food Environment Index (0-10) the better the Food Environment. The County has an improved score on the index over the five year trend.
- The County's rate of physical inactivity is higher than the state.
- There is an overall 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 slow upward trend.
- The County's teen birth rate is trending downward.

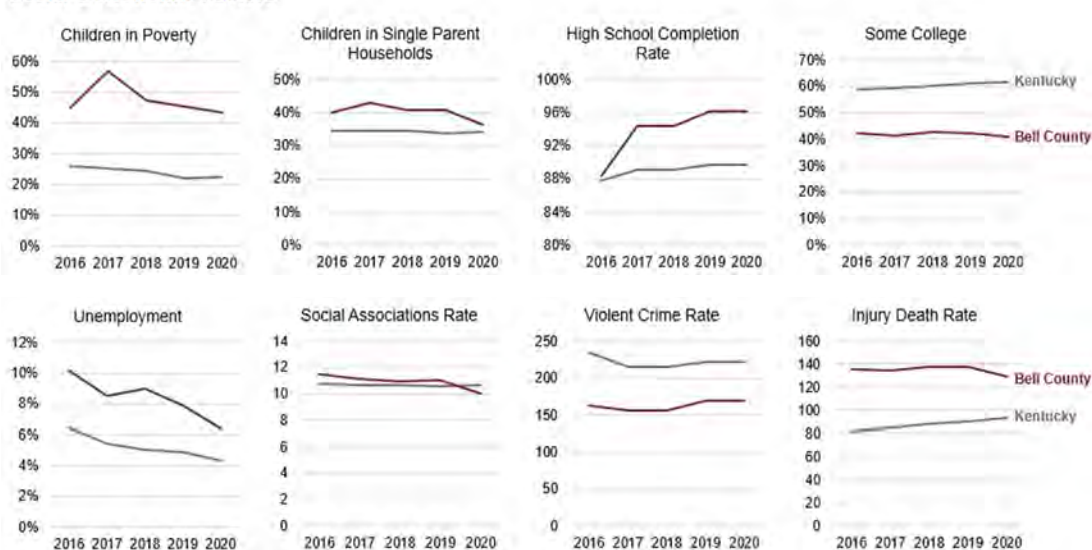
2016-2020 County Health Rankings Data Trends, continued

Access to Care



- The County's ratio of dentists and mental health providers is lower (more providers for population) compared to the state average. The County has a higher ratio of primary care physicians compared to the state average.
- County uninsurance rates are on par with the state.

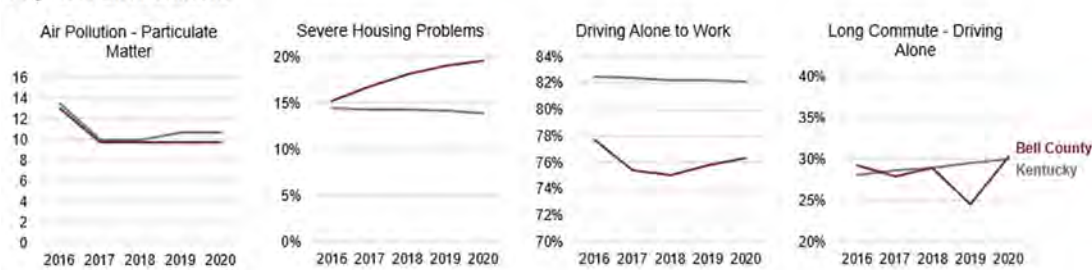
Social & Economic Factors



- The County has a higher percentage of children in poverty compared to the state.
- The County's percent of children in single parent households is higher than the state and has a downward 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 is on an upward trend, however is lower than the state.
- The County's injury death rate shows an unclear trend.

2016-2020 County Health Rankings Data Trends, continued

Physical Environment



- Air pollution in the County is lower than the state, and follows the state's five year trend.
- The County's severe housing problems has an upward trend.
- The County population driving alone to work and population making long commutes driving alone have unclear trends.

Top 10 Invasive Cancer Incidence Rates

<i>All Genders, All Races</i>	Bell County	Crude Rate	Age- adjusted Rate
Total all sites over 5 years (2014-2018)	856	629.7	467.9
Lung and Bronchus	194	142.7	101.1
Breast	99	72.8	53.9
Colon & Rectum	91	66.9	52
Prostate (males only)	43	64.6	47.6
Melanoma of the Skin	40	29.4	22.9
Corpus Uteri (females only)	38	27.9	20.7
Non-Hodgkin Lymphoma	33	47.5	36.6
Kidney and Renal Pelvis	31	22.8	16
Pancreas	29	21.3	16.5
Urinary Bladder, invasive & in situ	26	19.1	14.4

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 Middlesboro 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	1,275
Outpatient Visits	52,392

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

Payer	Discharges
Medicare (Excluding Medicare Managed Care)	422
WellCare of Kentucky Medicaid Managed Care	285
Commercial - Anthem Health Plans of KY PPO Plan	106
Medicare Managed Care	90
Out of State Medicaid	86
Commercial - Anthem Health Plans of KY HMO Plan	65
In State Medicaid	48
Humana Medicaid Managed Care	39
Passport Medicaid Managed Care	33
Self Pay	28
Anthem Medicaid Managed Care	22
Aetna Better Health of KY Medicaid Managed Care	10
Tricare (Champus)	8
Commercial - United Healthcare POS Plan	7
Commercial - Humana PPO Plan	5
Other Facility	5
Commercial - Aetna Health HMO Plan	4

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

Payer	Visits
Medicare (Excluding Medicare Managed Care)	14670
WellCare of Kentucky Medicaid Managed Care	12084
Commercial - Anthem Health Plans of KY PPO Plan	7587
Medicare Managed Care	4998
Commercial - Anthem Health Plans of KY HMO Plan	2187
Humana Medicaid Managed Care	1750
Out of State Medicaid	1513
Anthem Medicaid Managed Care	1308
In State Medicaid	1137
Passport Medicaid Managed Care	1120
Self Pay	1016
Aetna Better Health of KY Medicaid Managed Care	656
Commercial - Other	387
Commercial - Humana PPO Plan	374
Tricare (Champus)	336
Workers Compensation	303
Commercial - United Healthcare POS Plan	264
Commercial - Aetna Health HMO Plan	204
Auto Insurance	162
Commercial - Cigna Health & Life FFS Plan	91
Other Facility	70
VA	58
Commercial - Aetna Health PPO Plan	46
ChampVA	31
Care Source KY Commercial Plan	23
Black Lung	8
Commercial - PPO	5
Wellcare Health Commercial Plan	4

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

DRG Description	Discharges
Septicemia	152
Normal newborn	81
Vaginal delivery	77
Respiratory infections & inflammations	71
Cesarean section	68
Simple pneumonia & pleurisy	56
Neonate w other significant problems	51
Heart failure & shock	50
Diabetes	48
Full term neonate w major problems	28

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 Bell 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.

Middlesboro ARH leadership recruited members of the community to serve on the steering committee. CEDIK representatives scheduled and completed the first meeting in November 9, 2021 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 May 3, 2022, for the report of survey and focus group 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 Middlesboro ARH to address over the next three years.

Middlesboro ARH Community Steering Committee

Name	Representing Organization
Edith Kelly	Retired/Former HR Director at Smithfield Packing Company, Inc.
Pamela Greene	Retired Educator/ARH Manager
Melissa Robbins	Middlesboro Nursing Home and Rehabilitation, Administrator
Dr. Elizabeth Douglas	ARH Primary Care Physician and Lincoln Memorial College- DeBusk College of Osteopathic Medicine Faculty Member
Dr. Melissa Humfleet	Southeast Kentucky Community and Technical College, Nursing Program Coordinator
Teresa Cox-Mink, RN	Air Evacuation, Senior Program Director
Steven Schneider	Social Security Administration, Director
Joyce Rucker	Hearthside Bank, Loan Officer
Farra Shoffner	Middlesboro Middle School, Family Resource Center Coordinator
Eric Martin	Cooperative Christian Ministries, Director
Pamela Sulfridge	University of Kentucky, Health Education Coordinator
Rev. Chuck Shroll	Middlesboro United Methodist Church, Pastor
Liz Gilbert	Middlesboro Housing Authority
Bonnie Partin	Family Pride Counseling LPCC

Community Feedback

In November 2021, members of the Middlesboro ARH Community Health Needs Assessment steering committee participated in a focus group. The committee membership includes representation from the health department, Chamber of Commerce, Behavioral Health, faith community, local government, and schools. The members bring knowledge and expertise to the populations they serve. In addition, three focus groups were conducted with the Covenant United Methodist Church, Middlesboro High School students, and Middlesboro EMS and Chamber of Commerce. Fifty-four individuals participated in the four focus groups.

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 Bell County involves community vitality, healthy living, and access to healthcare.
- The greatest health needs in Bell County involve chronic diseases, health behaviors, and access to care/support. Social determinants of health particular to Bell 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 Bell County, there should be a healthcare approach and a community approach.
- There were positive and negative lasting impacts of COVID-19 on the community.

Finding 1: The community’s vision for a healthy Bell County involves community vitality, healthy living, and access to healthcare.

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

Community vitality

- Better jobs/wages
- Encourage entrepreneur spirit
- Vibrant economy
- More job opportunities for youth under 18
- Public transportation
- Safe community, including safe walking paths/sidewalks
- Available activities or resources for youth
- Levitt Amp contributes to community arts and music
- Affordable and safe housing

Healthy living

- Reduced substance use
- More availability of affordable gyms for working out
- Access to healthy food and reduce food insecurity
- Enroll those eligible for insurance for healthcare
- Support for grandparents raising grandchildren
- Foster greater participation in faith community and incorporate health education and screenings into faith community events

Access to health care

- Substance use recovery and treatment available
- Specialty care
- Transportation
- Improved use of EMS services
- Health screening availability
- Assisted living for elderly
- Primary care providers

Finding 2: The greatest health needs in Bell County involve chronic diseases, health behaviors, and access to care/support. Social determinants of health particular to Bell County heavily impact the community’s view of the greatest health needs.

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

Chronic diseases

- Obesity – adult and child
- Diabetes
- Cancer
- Arthritis
- Mental health
- Substance Use Disorder/Addiction
- Cardiovascular disease

Health behaviors

- Tobacco use & Vaping
- Alcohol and drug use
- Unhealthy food choices or lack of healthy foods
- Physical inactivity – adults and youth
- Shift to culture of health

Access to care/support

- More telehealth
- Mental health providers for all ages
- Retain physicians
- Diabetes educator
- Transportation
- More affordable housing
- Support for homeless and aging populations
- Support for grandparents raising grandchildren

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

Food Insecurity

Children are particularly vulnerable to food insecurity when away from school. There is a need for nutrition information and education on preparing healthy meals.

Housing

Homelessness is an issue. There is a need for quality, affordable, and safe housing for lower to mid income families/individuals in Bell County. Expanded housing opportunities, including more public housing, assisted living for seniors and second chance housing would benefit the community.

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 and workforce training to combat poverty in the area.

Childcare

There is a current shortage of affordable childcare available in the community.

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

- More specialists
- More doctors as providers vs. nurse practitioners
- Having our nurses stay in the area
- Over worked providers and staff
- Too many patients per provider
- Daily census at hospital to reduce transfers out
- Quality of care increased at all facilities
- People are traveling outside of the county for care
- Long wait times at ER
- Reach and educate community about hospital and services available
- Figuring out ways to overcome past negative perceptions about our hospital
- Get nurses back on the floor caring for patients
- Improve Emergency Department
- Increased food access

- Services for the homeless population
- Better education for the students considering healthcare careers
- Prevention mindset
- Building our community infrastructure, reputation, educational system, etc.
- More internal/external exercise programs for the beginners

Strengths of System

- CEO/Hospital does a great job reaching out and working in the community
- RTEC
- Bluegrass Transit
- Health Department offers a van ride for \$1, not publicized
- Healthcare system is growing, more facilities, and more physicians
- Access to primary care
- Rehab department
- Professionalism of staff

Finding 4: To better meet health needs in Bell County, there should be a healthcare approach and a community approach.

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

Healthcare approach

- Peer education – trained by hospital
- Trainings for health professionals about referrals and how to reduce stigma
- Debriefs and reboot for EMS staff
- Recruit and retain health care providers including surgeons and anesthesiologists
- Update facilities
- Better technology
- More treatment facilities for mental health and substance use
- More restrictions on substances
- Increase knowledge on services available
- Free needle exchange
- Free HIV/Hepatitis C testing and referrals to treatment
- After hours services
- Improve emergency department
- Gain community trust by reducing physician turnover

Community approach

- Fostering community connections by sponsoring little leagues or supporting seniors
- Education on nutrition and balanced meals
- Health culture shift
- More access to healthy foods at restaurants and grocery stores
- Farmers Market
- Focus on asset-based development – ex. Healthy eating classes
- Increase value of education among community and emphasize trade skills training
- Recovery friendly community – reducing stigma, increased self-help groups without fear of being seen

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

- Community came together and worked together
- Prepped to protect employees and families
- City services continued
- Increased comfort in talking about mental health issues
- People much more aware of health and being sanitary
- “More appreciative of what we have because it can all be taken away”
- Drive through baby showers, finding ways to connect
- Better access to telehealth
- Work from home
- Better work/life balance
- Adaptability
- Virtual church

Negatives

- Closed businesses
- Children missing a year of school
- Apathy
- Rise in mental health issues
- Food insecurity while students were not at school
- Grief of losing loved ones to COVID
- Political division in community
- Medical community didn’t have access to counseling during COVID surges – did not feel supported
- Misinformation
- Long-term COVID health effects
- Job loss

Middlesboro ARH Survey Results

WINTER 2022

Respondent Demographics

544
Respondents

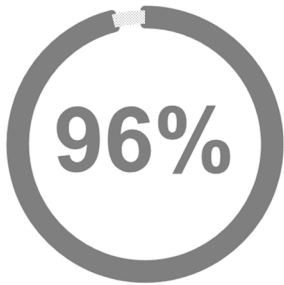


Respondents
are female.

*Additional responses:
Male (22%), Prefer not
to answer (4%).*

Respondents by age group:

18-24	5%
25-39	13%
40-54	35%
55-64	26%
65-69	10%
70 or older	11%



Respondents
are white.

*Additional responses:
African American/Black
(2%), Native American (1%).*

Respondents by educational
attainment:

College or above	64%
High School	26%
Technical school	6%
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 (1%).*

Respondents by employment status:

Employed full-time	55%
Retired	23%
Unemployed	9%
Employed part-time	5%
Student	2%
Other	7%

Where respondents go for routine healthcare:



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

Respondents also use these options:

Emergency Room	6%
Urgent Care	12%
Health Department	2%
Do not receive routine healthcare	3%
Other	4%
<i>Clinic, VA, Knoxville</i>	

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	6%
Poor Physician attitude/communication	5%
Fear/Anxiety	4%

Other responses: No insurance (1%), No transportation (1%), Lack of childcare (1%). Another 7% of responses identified additional barriers: long wait times to schedule appointments, high insurance co-pays, and lack of specialists as barriers.

Transportation to healthcare:



Travel 20
miles or more to
see a specialist.

Respondents chose from these options:

Less than 20 miles	26%
20-49 miles	15%
50-100 miles	54%
Do not receive routine healthcare	2%

88% of respondents use their own vehicle, while 11% travel in a friend/family vehicle.

The top three health challenges respondent households face:

High blood pressure	21%
Arthritis/joint pain	16%
Overweight/obesity	13%
Diabetes	12%
Mental health issues	8%
Heart disease and stroke	7%
Cancer	5%
Respiratory/lung disease	4%
Asthma	4%
Tobacco use/vaping	3%
Substance use disorder (alcohol/drugs)	1%
HIV/AIDS/STDs	0.1%
Other	6%
<i>Thyroid issues, epilepsy, multiple sclerosis, depression, sleep disorders, complications from COVID</i>	



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

Respondent household eligibility:

Medicare	30%
Medicaid	21%
Public Housing Assistance	4%
SNAP (Food stamp program)	12%
VA	6%
Commercial/private insurance	27%

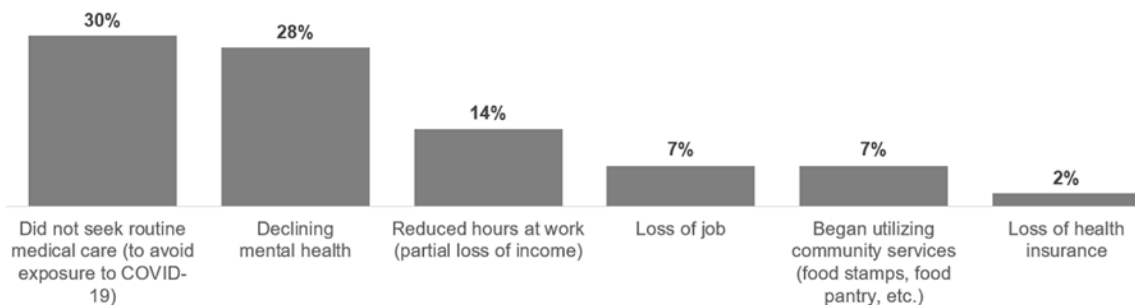


Respondents used video calls (telemedicine) to see a provider in the last 12 months.

Specialty care services respondents are willing to use telemedicine:

Mental/Behavioral Health	20%
Dermatology	15%
Cardiology	12%
Gastroenterology	10%
Endocrinology	9%
Urology	8%
Pediatrics	7%
Oncology	7%
Pulmonology	7%
Nephrology	5%

Respondent household impacts due to COVID-19 pandemic:



Respondents identified another 11% of impacts due to COVID-19: isolation, anxiety, stress, increased workload, unable to see provider.

The top three most important factors for a healthy community:

Good jobs/healthy economy	16%
Easy to access healthcare	14%
Low crime/safe neighborhood	13%
Good school systems	12%
Good place to raise children	10%
Religious/spiritual values	8%
Affordable housing	7%
Personal responsibility	6%
Community activities and events	3%
Low disease rate	3%
Parks and recreation	3%
Transportation	2%
Diverse community	1%
Excellent race relationships	1%

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

Weight loss	20%
Eating healthy	19%
Mental health/Depression	13%
High blood pressure	11%
Cancer prevention	10%
Heart disease	9%
Emergency preparedness	7%
Tobacco cessation	3%
Substance use disorder (alcohol and/or drugs)	3%
Using my medications correctly	2%

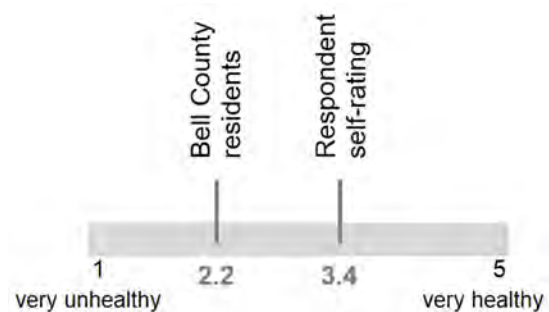


Respondents think Bell County meets the above factors for a healthy community.

The top three risky behaviors seen most in the community:

Drug abuse	29%
Being overweight/having poor eating habits and lack of exercise	19%
Prescription drug use	17%
Tobacco Use	14%
Alcohol use	13%
Dropping out of school	4%
Unsafe sex	3%

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





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

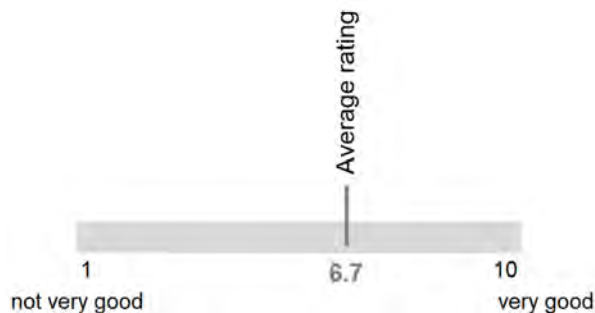


Respondents would recommend their local ARH hospital to friends and family.



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

Respondent rating of their ARH facility in Bell County:



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

Service I needed was not available	36%
My doctor referred me to another hospital	29%
I prefer larger hospitals	7%
My insurance required me to go somewhere else	4%
Other	24%
<i>Better quality of care, closer to home/location, lack of specialists</i>	

What factors influence your health choices?

Listening to physicians and other healthcare providers	21%
Family	21%
Spouse/Partner/Significant other	16%
Friends	10%
Weather (seasonal variation)	8%
Public health recommendations/guidelines (e.g. CDC)	8%
Community	5%
Access to parks/walking trails	4%
Other people around me	4%
Social media	3%

Where do you get most of your healthcare information?

Doctor/healthcare provider	45%
Internet	23%
Friends/family	12%
Social media	5%
Radio/television	4%
Health Department	4%
Local hospital website	3%
Newspaper/magazines	3%
Library	2%
I do not access health information	1%

Prioritization of Identified Health Needs

Middlesboro ARH CHNA steering committee meeting was held in May 2022 to review findings from the community surveys, 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 Middlesboro 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 Middlesboro ARH for addressing health needs in Bell County and the hospital service area for the next three years.

Prioritized Needs

1. Specialty Care
 - Increasing access
 - Utilizing telehealth
2. Preventative Medicine
 - Increased screenings
3. Obesity, obesity related illnesses, and food access
 - Affordable healthy foods, nutrition education
4. Mental health
 - Increasing resources for all ages, decreasing long wait times, reducing the stigma, how mental health relates to substance use

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.

Middlesboro 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, Middlesboro 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. Middlesboro 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



Middlesboro 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 Bell 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 Bell 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 Bell County meets the factors you selected in question 13?

- ☐ Yes
- ☐ No

Q15. What could be done in Bell 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 Middlesboro 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 Middlesboro 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:

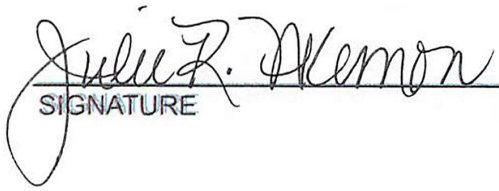
Q31. What is your current employment status?

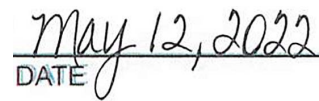
- ☐ Unemployed
- ☐ Employed part-time
- ☐ Employed full-time
- ☐ Retired
- ☐ Student
- ☐ Other. Please specify below:

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