

# 2022 Community Health Needs Assessment

# **Morgan County ARH Hospital**

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



Community and Economic Development Initiative of Kentucky **cedik.ca.uky.edu** 





### Dear Community Member:

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

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

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

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

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

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

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

Sincerely,

Hollie Phillips, MHA

President and Chief Executive Officer Appalachian Regional Healthcare, Inc

Hollie Phillys

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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

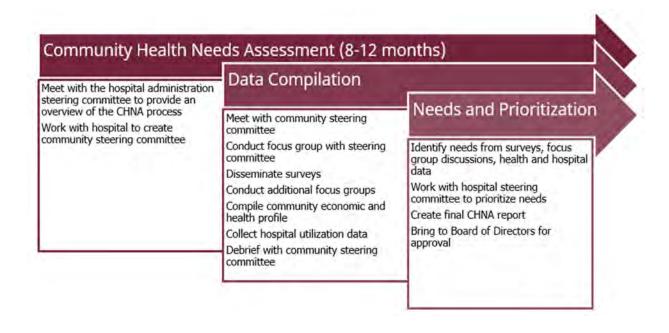


### **CHNA Process**

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 Morgan 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:





# Morgan County ARH

# 2019 community health needs... addressed!

Goal: Increase comfort and familiarity with telehealth in the community to increase use/access to specialty services and provide more information in written and in person formats to inform residents of medical services and specialties available within their local resources.

Morgan County ARH has added Telehealth Service lines, including inpatient cardiology services, tele-ICU services, and inpatient and outpatient teleneurology services in the Morgan County ARH Family Health Clinic. The clinics also added Primary Care virtual visits as an appointment type for our patients to be seen via FaceTime, Zoom, and ARH's Patient Portal. Additionally, team members from Morgan County ARH attended both the 2021 Annual Sorghum Festival and Campton's Annual 2021 Swift Silver Mine Festival, where we educated the community and provided educational materials on the variety of Healthcare services Morgan County ARH offers. In 2020 Morgan County ARH's Radiology and Physical Therapy departments attended a career fair for middle school and high school students at the Morgan County Wellness Center. Also, in 2020, Morgan County also offered CPR classes to the general public and attended various career fairs at local colleges and high schools.

In 2021, Morgan County participated in "Cookies & Cocoa with Santa," which was a drive thru community events where Morgan County ARH gave out hot cocoa and cookies while offering both a picture with Santa and COVID-19 vaccinations. Lastly, we created a "Referral Resource Book" for our Ambulatory Clinic Providers to use as a quick reference guide for local referrals.

Goal: Utilize telehealth to tangentially provide more access to care, and assist with destignatization.

Maintained partnership to provide crisis behavioral health services in our emergency department.

We are still actively recruiting a Licensed Clinical Social Worker or Psychiatric FNP to help identify need and coordinate care options.

### From our CEO...

While our attention over the past few years was often redirected towards overcoming a global pandemic, it only amplified our focus on providing specialty services here at home, resulting in cardiology and neurology services being made available in our hospital and clinics. Goal: Increase the awareness of healthy eating and lifestyle choices on health and increase awareness of personal numbers for blood pressure via screenings.

Morgan County ARH team members attended both the 2021 Annual Sorghum Festival and Campton's 2021 Annual Swift Silver Mine Festival, where we educated the community and provided educational materials on the variety of Healthcare services Morgan County ARH offers. In 2020 Morgan County ARH's Radiology and Physical Therapy departments attended a career fair for middle school and high school students at the Morgan County Wellness Center. Also in 2020, Morgan County also offered CPR classes to the general public and attended various career fairs at local colleges and high schools. Morgan County ARH Rehab Department also offered water aerobics at the city pool.





Morgan County ARH staff demonstrates how x-rays work to students.

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 Morgan County ARH.

Katherine Carter Morgan County ARH Community CEO

# Community Served by Morgan ARH

Morgan County ARH determined its defined service area for this Community Health Needs Assessment as Morgan County, KY by reviewing inpatient discharge data by county of residence in years 2020 and 2021. In 2020, sixty-five percent (65%) of Morgan ARH inpatients originated from Morgan County and in 2021, fifty-nine percent (59%) of inpatients served were residents of Morgan County. These figures come from the Kentucky Hospital Association's market assessment data.

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

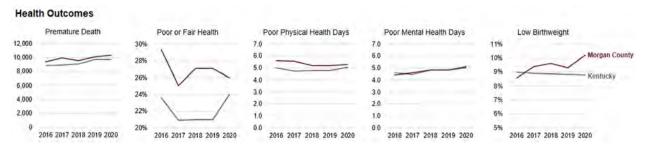
Last, we present recent data on invasive cancer incidence from the Kentucky Cancer Registry.

Population	Morgan County	Kentucky	US Overall
2019 Population	13309	4,467,673	328,239,523
Percent of Population under 18 years	17.8%	22.4%	22.3%
Percent of Population 65 year and older	17.4%	16.8%	16.5%
Percent of Population Non-Hispanic Black	4.8%	8.2%	13.4%
Percent of Population American Indian & Alaska Native	0.3%	0.3%	1.3%
Percent of Population Asian	0.7%	1.6%	5.9%
Percent of Population Native Hawaiian/Other Pacific Islander	0.0%	0.1%	0.2%
Percent of Population Hispanic	1.0%	3.9%	18.5%
Percent of Population Non-Hispanic White	92.2%	84.1%	60.1%
Percent of Population not Proficient in English	0%	1.0%	8.3%
Percent of Population Female	42.6%	50.7%	50.8%
Percent of Population Rural	100%	41.6%	14%

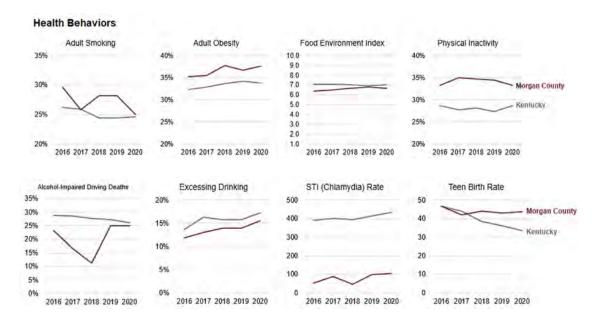
Health Outcomes	Morgan County	Kentucky	US Overall
Years of Potential Life Lost Rate	9485	9505	6900
Percent Fair or Poor Health	30%	22%	17%
Average Number of Physically Unhealthy Days	6.1	4.6	3.7
Average Number of Mentally Unhealthy Days	5.7	5.0	4.1
Percent Low Birthweight	10%	9%	8%
Health Behaviors			
Percent Adults that are Diabetic	16.1%	13.3%	13%
Percent Adults with Hypertension	46.6%	40.1%	47%
Percent Adults with Tooth Loss	38.7%	22.6%	-
Percent Adults Consuming Recommended Fruit & Vegetable Intake	7.8%	12.1%	12.3%
Percent Smokers	29%	24%	17%
Percent Adults with Obesity	36%	35%	30%
Food Environment Index	6.3	6.9	7.8
Percent Physically Inactive	32%	29%	23%
Percent with Access to Exercise Opportunities	57%	71%	84%
Percent Excessive Drinking	15%	17%	19%
Percent Driving Deaths with Alcohol Involvement	25%	25%	27%
Chlamydia Rate	98.6	436.4	539.9
Teen Birth Rate	42	31	21
Access to Care			
Percent Uninsured	7%	7%	10%
Number of Primary Care Physicians	3	2,895	-
Primary Care Physicians Rate	22	65	-
Primary Care Physicians Ratio	4448:1	1543:1	1320:1
Number of Dentists	4	2,996	-
Dentist Rate	30	67	_
Dentist Ratio	3327:1	1491:1	1400:1
Number of Mental Health Providers	30	10,733	_
Mental Health Provider Rate	225	240	_
Mental Health Provider Ratio	444:1	416:1	380:1

Social & Economic Factors	Morgan County	Kentucky	US Overall
Percent Completed High School	76%	86%	88%
Percent with Some College Education	40%	62%	66%
Number Unemployed	246	89,014	-
Number in Labor Force	4,588	2,072,597	-
Percent Unemployed	5.4%	4.3%	3.7%
80th Percentile Income	\$75,321	\$101,776	-
20th Percentile Income	\$14,290	\$20,248	-
Percent of Children in Poverty	33%	21%	17%
Number of Children in Single-Parent Households	655	265,296	-
Number of Children in Households	2,446	1,005,667	-
Percent of Children in Single-Parent Households	27%	26%	26%
Number of Associations	0	4,732	-
Social Association Rate	0.0	10.6	9.3
Annual Average Violent Crimes	3	9,824	-
Violent Crime Rate	23	222	386
Number of Injury Deaths	46	21,274	-
Injury Death Rate	69	96	72
Physical Environment			
Average Daily PM2.5	8.3	8.7	7.2
Presence of Water Violation	No	n/a	n/a
Percent with Severe Housing Problems	11%	14%	18%
Percent with Severe Housing Cost Burden	10%	11%	14%
Percent with Overcrowding	2%	2%	-
Percent with Inadequate Facilities	0%	1%	-
Percent that Drive Alone to Work	86%	82%	76%
Number of Workers who Drive Alone	3,582	1,949,184	-
Percent with Long Commute - Drives Alone	42%	31%	37%

### 2016-2020 County Health Rankings Data Trends



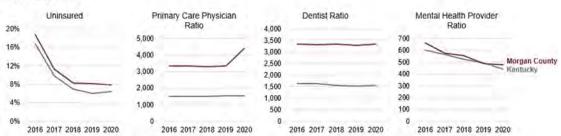
- The middle three variables are based on self-reported data from BRFSS (Behavioral Risk Factor Surveillance System). Self reports of poor or fair health are trending downward for the County.
   Poor physical and mental health days are on an upward trend for the County and state.
- · The County's low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



- Adult smoking in the County is showing an overall downward trend.
- Adult obesity in the County is trending upward, while the trend for physical inactivity is unclear.
- The higher the number on the USDA Food Environment Index (0-10) the better the Food Environment. The five year County trend is moving upward overall.
- 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 is trending upward.
- The County's teen birth rate is slowly trending downward.

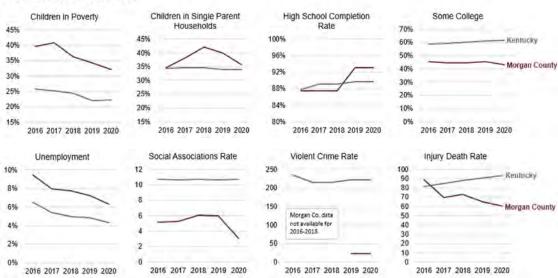
### 2016-2020 County Health Rankings Data Trends, continued





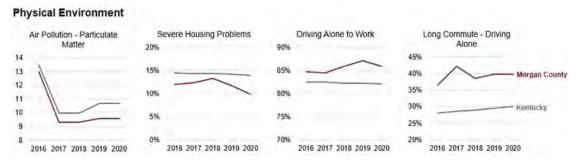
- The County's ratio of primary care physicians and dentists is higher (less providers for population) compared to the state average.
- The County's ratio of mental health providers is slightly higher than the state average and follows the same downward trend.
- · County uninsurance rates are slightly 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 is on a downward trend.
- The County's percent of children in single parent households is higher 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.
- While the unemployment rate is higher in the County compared to the state, the rate of decline mirrors the state trend (keep in mind this is pre-pandemic).
- The County's rate of social associations shows an unclear trend.
- The County's violent crime rate has an unclear five year trend (due to unavailable data) however appears to be much lower than the state.
- The County's injury death rate is trending downward.

### 2016-2020 County Health Rankings Data Trends, continued



- 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 overall downward trend.
- The County population driving alone to work and the population making long commutes driving alone, are trending upward overall.

**Top 10 Invasive Cancer Incidence Rates** 

All Genders, All Races	Morgan County	Crude Rate	Age- adjusted Rate
Total all sites over 5 years (2014-2018)	405	609.7	496.3
Lung & Bronchus	75	112.9	88.6
Prostate (males only)	32	85.1	73.5
Colon & Rectum	46	69.2	55.8
Breast	38	57.2	43.7
Corpus Uteri (females only)	11	38.2	30.6
Urinary Bladder, invasive and in situ	23	34.6	28.8
Melanoma of the Skin	20	30.1	26.1
Testis (males only)	4	26.6	25.3

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 Morgan 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	206
Outpatient Visits	20,230

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

Payer	Discharges
Medicare (Excluding Medicare Managed Care)	95
Medicare Managed Care	36
WellCare of Kentucky Medicaid Managed Care	26
Commercial - Anthem Health Plans of KY HMO Plan	20
Commercial - Anthem Health Plans of KY PPO Plan	9
In State Medicaid	7
Humana Medicaid Managed Care	6
Aetna Better Health of KY Medicaid Managed Care	2
Anthem Medicaid Managed Care	2
Commercial - Humana PPO Plan	1
Commercial - United Healthcare POS Plan	1
Passport Medicaid Managed Care	1

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

Payer	Visits
WellCare of Kentucky Medicaid Managed Care	4436
Medicare (Excluding Medicare Managed Care)	4267
Commercial - Anthem Health Plans of KY PPO Plan	3032
Medicare Managed Care	2496
Commercial - Anthem Health Plans of KY HMO Plan	1229
In State Medicaid	681
Self Pay	582
Humana Medicaid Managed Care	527
Aetna Better Health of KY Medicaid Managed Care	519
Passport Medicaid Managed Care	467
Anthem Medicaid Managed Care	329
Commercial - United Healthcare POS Plan	315
Commercial - Other	282
Other Facility	276
Workers Compensation	188
Commercial - Humana PPO Plan	147
Auto Insurance	121
Care Source KY Commercial Plan	87
Tricare (Champus)	72
Commercial - Aetna Health HMO Plan	44
Commercial - Aetna Health PPO Plan	35
Commercial - Cigna Health & Life FFS Plan	28
VA	23
Wellcare Health Commercial Plan	22
ChampVA	17
Black Lung	5
Out of State Medicaid	3

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

DRG Description	Discharges
Simple pneumonia & pleurisy	56
Respiratory infections & inflammations	31
Heart failure & shock	14
Septicemia	14
Kidney & urinary tract infections	12
Cellulitis	11
Chronic obstructive pulmonary disease	8
Esophagitis, gastroenteritis & miscellaneous digestive disorders	6
Pulmonary edema & respiratory failure	5
Diabetes	5

# 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 Morgan 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.

Morgan County ARH leadership recruited members of the community to serve on the steering committee. CEDIK representatives scheduled and completed the first meeting in November 17, 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 April 12, 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 Morgan County ARH to address over the next three years.

### **Morgan ARH Community Steering Committee**

Representing Organization
Elliot County EMS, Director
Kentucky ASAP, Board Director and Social Worker
Kentucky Homeplace Program, Certified Community Health Worker
Morgan County Public Library, Assistant Director and Youth Services Librarian
Morgan County Fiscal Court, Project Coordinator
Commercial Bank, CEO
Morgan County Health Center, Community Health Nurse
kynect, Workforce Services Director
Morgan County High School, Youth Services Director
Kentucky Housing Corporation, Eviction Diversion Outreach Specialist
Morgan County Schools, Family Resource Coordinator
Mayor of West Liberty

# Community Feedback

In November 2021, members of the Morgan County ARH Community Health Needs Assessment steering committee participated in a focus group. The committee membership includes representation from the health department, Chamber of Commerce, local businesses, local government, Community Action, and schools. The members bring knowledge and expertise to the populations they serve. In addition, three focus groups were conducted with the Gateway Area Development District, Magoffin County teachers and Gateway CAA. Twenty-eight individuals participated in the four focus groups. 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 Morgan County involves more opportunities for the community and access to healthcare.
- The greatest health needs in Morgan County involve chronic diseases, unhealthy behaviors, and access to care. Social determinants of health particular to Morgan 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 Morgan County, the community needs expanded services and education.
- There were positive and negative lasting impacts of COVID-19 on the community.

Finding 1: The community's vision for a healthy Morgan County involves more opportunities for the community and access to healthcare.

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

### **Community opportunities**

- Public transportation, safe sidewalks and walking paths
- Address substance use disorder
- Youth wellness programs and activities
- City Park used more: community walks, bike rides and runs
- Quality drinking water and access to sewers
- Healthy food access and eating
- Zumba, Yoga and Extension education
- Wellness Center
  - Structured events and workouts for all ages

### Access to healthcare

- Access to healthcare providers
- Sign up those eligible for health insurance
- After hours clinic or urgent care clinic
- Annual check-ups, prevention and screenings
- Health education for middle and high school students – hospital taught
- Emphasis on wellness and community embraces wellness education and activities

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

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

### **Unhealthy behaviors**

- Tobacco use
- Vaping
- Poor eating habits
- Grandparents raising grandchildren
- Lack of knowledge of available resources
- Lack of nutrition education and choosing healthy – food & physical activity

### Access to care

- Transportation- medical and food
- Pediatrics and OB limited services
- Urgent care/after hours care
- Lack of dentists and vision/hearing

### **Chronic disease**

- Mental health all ages
- Diabetes
- Obesity adult and child
- Heart disease
- Cancer
- Substance use disorder
- COPD

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

### Housing

Homelessness is an issue. There is a need for quality, affordable, and safe housing for lower to mid income families/individuals in Morgan 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 encouraging more people to enter the workforce and break down other financial barriers 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**

- Transportation needed to medical appointments and essential services
- Access to affordable and quality housing low to middle range needed
- Specialty care orthopedics, pediatrics, obstetrics, gastroenterology
- Health and wellness education in schools
- Ability to speak to a person for scheduling appointments and to discuss bills – especially for seniors
- Sewer expansion and water system improvements
- Hearing aids(evaluation and access to financial assistance to purchase
- EMS improved response time in Magoffin county
- Dental care long wait times for appointments

### **Strengths of System**

- Collaboration/partnerships work well together
- Gateway Community Action
- Hospital in Morgan County and others near by
- Health Department
- Access to clinics have increased primary care
- EMS and Air Evacuation
- 3 pharmacies in area
- County Extension quality education programs
- Broadband in county high speed fiber, opportunity for expanded telemedicine
- Long term care facility located here

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

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

### **Expanded services**

- Promote and expand food access Farmer's Market, Food pantry and Senior Commodity distribution
- Expand Mental health services and expand online appointments
- Reduce stigma for those seeking mental health services and substance use disorder treatment
- Bring health services to schools including vision and hearing
- Medical/health equipment available in the county
- Emergency department decrease wait times, add staff, add urgent care in community, fast track patients
- Calming rooms in schools to assist with student/faculty/staff mental health
- Need full time PE/health teachers in elementary schools

### Education

- Extension office education on healthy foods and preparing healthy foods in schools and in the community
- Education health insurance, Medicare and available coverage
- After school health education programming for after school meal programs

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**

- Technology changed work remote work, new communication models
- Telehealth visits expanded hope it continues
- Health Department reached more adults re: vaccines when they came in for COVID vaccine
- Businesses shifted to online sales pivot in how they do business
- For some, chance to slow down and reevaluate what is important
- Increased funding senior food program and other senior services
- Increased hygiene hand washing

### **Negatives**

- Long term health effects of COVID heart and others
- Mental health loss of loved ones, isolation, anxiety
- Worker shortages
- Division among residents on views about COVID, vaccine, masks, etc.
- Financial effects

## **Key Informant Interview**

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 community educator. A summary of their responses is below.

### **Challenges Faced by Residents**

- Mental health is an issue in the community. It's impacting children and adults. Stigma keeps people from accessing the limited services that are currently available.
- There is a lack of knowledge of what services are available, including services through telehealth.
- Access to healthy and nutritious foods is limited for community members. Many live in food deserts. The high cost of health food and lack of education on how to prepare healthy foods are also barriers.
- Substance use, including prescription drugs, opioids, meth, heroin, tobacco, and alcohol is an issue. Young people are vaping.
- The community needs safe and well lit walking conditions.
- Transportation to services is an issue.

### **Opportunities to Better the Healthcare System**

- There needs to be more mental health services, including trainings for teachers and others who work closely with youth.
- Education on mental health including reducing the stigma and providing parents with information and support would be helpful.
- More specialists, including cardiac and diabetic care, on a rotating schedule would benefit patients.
- Health education on preventative care and healthy lifestyles. This includes audiences like local farmers who are normally missed by these types of services.

### **Strengths of the Community Healthcare System**

- The hospital and clinics are available in the community which keeps people from having to travel far.
- Specialists do come to the community, though there is a need for more.
- The Health Department and ARH partner together to host events for the community.

# Morgan ARH Survey Results WINTER 2022

### **Respondent Demographics**

249 Respondents



# Respondents are female.

Additional responses: Male (21%), Prefer not to answer (1%).

### Respondents by age group:

18-24	4%
25-39	25%
40-54	28%
55-64	22%
65-69	9%
70 or older	12%



# Respondents are white.

Additional responses: Asian/Pacific Islander (1%), Hispanic (0.5%), Other (1%).

# Respondents by educational attainment:

College or above	52%
High School	30%
Technical school	12%
Other	6%



# Respondents are living in their own home/apartment.

Additional responses: Living with family (parent(s), guardian, grandparents or other relatives) (27%), Staying with someone I know (2%).

### Respondents by employment status:

Employed full-time	53%
Retired	22%
Unemployed	13%
Employed part-time	3%
Student	0%
Other	10%

### Where respondents go for routine healthcare:



Go to a Physician's office or their family doctor. Respondents also use these options:

Emergency Room	15%
Urgent Care	2%
Health Department	2%
Do not receive routine healthcare	3%
Other	5%
Clinic, specialist	

### **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	17%
Inconvenient Physician hours	13%
Cannot take off work	9%
Cannot afford it	5%
Fear/anxiety	3%
Poor Physician attitude/communication	9%
Other responses: No insurance (1%), No transportation (0.3%), Lack of childcare (2%). Another 4% of responses	

identified additional barriers: long wait time to schedule appointment, insurance not accepted, expensive.

### **Transportation to healthcare:**



Travel 20 miles or more to see a specialist.

### Respondents chose from these options:

Less than 20 miles	16%
20-49 miles	21%
50-100 miles	58%
Do not receive routine healthcare	3%

92% of respondents use their own vehicle, while 7% travel in a friend/family vehicle.

# The top three health challenges respondent households face:

High blood pressure	21%
Overweight/obesity	14%
Arthritis/joint pain	14%
Diabetes	13%
Mental health issues	9%
Heart disease and stroke	7%
Respiratory/lung disease	5%
Tobacco use/vaping	5%
Asthma	4%
Cancer	4%
Substance use disorder (alcohol/drugs)	1%
Other	4%
Autoimmune disease, kidney disease, Multiple Sclerosis	



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

### Respondent household eligibility:

Medicare	34%
Medicaid	18%
Public Housing Assistance	0%
SNAP (Food stamp program)	10%
VA	5%
Commercial/private insurance	32%

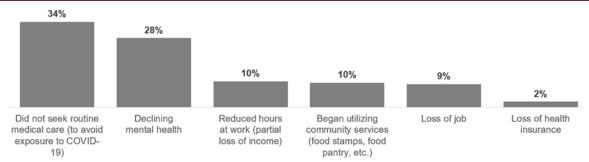


Respondents used video calls (telemedicine) to see a provider in the last 12 months.

# Specialty care services respondents are willing to use telemedicine:

Mental/Behavioral Health	17%
Dermatology	14%
Cardiology	13%
Gastroenterology	12%
Endocrinology	10%
Urology	9%
Pediatrics	8%
Pulmonology	7%
Oncology	7%
Nephrology	4%

### Respondent household impacts due to COVID-19 pandemic:



Respondents identified another 6% of impacts due to COVID-19: isolation, could not work, increased stress.

# The top three most important factors for a healthy community:

Easy to access healthcare	16%
Good jobs/healthy economy	15%
Low crime/safe neighborhood	13%
Good school systems	12%
Good place to raise children	10%
Religious/spiritual values	9%
Affordable housing	7%
Personal responsibility	5%
Community activities and events	3%
Transportation	3%
Low disease rate	2%
Parks and recreation	2%
Excellent race relationships	1%
Diverse community	1%

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

Weight loss	23%
Eating healthy	21%
Mental health/Depression	11%
High blood pressure	11%
Cancer prevention	8%
Heart disease	8%
Emergency preparedness	8%
Tobacco cessation	4%
Substance use disorder	
(alcohol and/or drugs)	3%
Using my medications correctly	1%

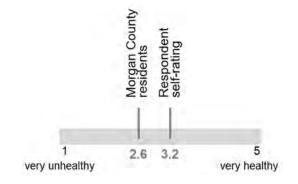


Respondents think Morgan County meets the above factors for a healthy community.

# The top three risky behaviors seen most in the community:

Drug abuse	26%
Being overweight/having poor eating habits and lack of exercise	25%
Tobacco Use	18%
Prescription drug use	14%
Alcohol use	12%
Unsafe sex	2%
Dropping out of school	2%

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





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

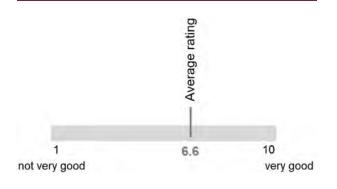


Respondents would recommend their local ARH hospital to friends and family.



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

# Respondent rating of their ARH facility in Morgan County:



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

Service I needed was not available	51%
My doctor referred me to another hospital	19%
I prefer larger hospitals	6%
My insurance required me	
to go somewhere else	2%
Other	22%

# What factors influence your health choices?

Family	21%
Listening to physicians and other	
healthcare providers	19%
Spouse/Partner/Significant other	16%
Weather (seasonal variation)	10%
Friends	9%
Public health recommendations/	
guidelines (e.g. CDC)	9%
Community	5%
Access to parks/walking trails	4%
Other people around me	3%
Social media	3%

# Where do you get most of your healthcare information?

Doctor/healthcare provider	44%
Internet	24%
Friends/family	10%
Radio/television	6%
Social media	4%
Local hospital website	3%
Newspaper/magazines	3%
Health Department	3%
Library	2%
I do not access health information	1%

### Prioritization of Identified Health Needs

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

### **Prioritized Needs**

- 1. Mental health youth and adults
- Substance use disorder resources and recovery
- 3. Education healthy lifestyle, prevention and wellness
- 4. Physician recruitment and retention

# 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.

Morgan 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, Morgan 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. Morgan ARH CHNA Survey
- C. Board Approval

# 2021 Secondary Data Sources

			Years of
Population		Source	Data
2019 Population	Total Population	Census Population Estimates	2019
Under 18 years	Percent of Population 18 years of age	Census Population Estimates	2019
65 years and older	Percent of Population 65 and older	Census Population Estimates	2019
Non-Hispanic Black	Percent of Population Non-Hispanic Black	Census Population Estimates	2019
American Indian & Alaska Native	Percent of Population American Indian & Alaska Native	Census Population Estimates	2019
Asian	Percent of Population Asian	Census Population Estimates	2019
Native Hawaiian/Other Pacific Islander	Percent of Population Native Hawaiian/Other Pacific Islander	Census Population Estimates	2019
Hispanic	Percent of Population Hispanic	Census Population Estimates	2019
Non-Hispanic White	Percent of Population Non-Hispanic White	Census Population Estimates	2019
Not Proficient in English	Percent of Population not Proficient in English	American Community Survey, 5-year estimates	2015-2019
Female	Percent of Population Female	Census Population Estimates	2019
Rural	Percent of Population Rural	Census Population Estimates	2010
Health Outcomes			
Premature death	Years of potential life lost before age 75 per 100,000 population (age-ad-justed).	National Center for Health Statistics - Mortality Files	2017-2019
Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted).	Behavioral Risk Factor Surveillance System	2018
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	Behavioral Risk Factor Surveillance System	2018
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (ageadjusted).	Behavioral Risk Factor Surveillance System	2018
Low birthweight	Percentage of live births with low birthweight (< 2,500 grams).	National Center for Health Statistics - Natality files	2013-2019

2021 Secondary Data Sources, continued	Sources, continued		Veare of
Health Behaviors		Source	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	actors	Source	Data
Education	High school completion	American Community Survey, 5-year estimates	2015-2019
	Some college	American Community Survey, 5-year estimates	2015-2019
Employment	Unemployment	Bureau of Labor Statistics	2019
Income	Children in poverty	Small Area Income and Poverty Estimates	2019
	Income inequality	American Community Survey, 5-year estimates	2015-2019
Family and Social Support	Children in single-parent households	American Community Survey, 5-year estimates	2015-2019
	Social associations	County Business Patterns	2018
Community Safety	Violent crime	Uniform Crime Reporting - FBI	2014 & 2016
		National Center for Health Statistics - Mortality	
	Injury deaths	Files	2015-2019

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<b>Physical Environment</b>			
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
5			
	Driving alone to work	American Community Survey, 5-year estimates 2015-2019	2015-2019
	Long commute - driving alone	American Community Survey, 5-year estimates 2015-2019	2015-2019

# 2016-2020 County Health Rankings Data Sources

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

2016-2020 County Health Rankings Data Sources, continued

Access to Care		Source	2016 Data	2020 Data
Access to Care	Uninsured	Small Area Health Insurance Estimates	2013	2017
	Primary care physicians	Area Health Resource File/American Medical Association	2013	2017
	Dentists	Area Health Resource File/National Provider Identification file	2014	2018
Mental health providers	Mental health providers	CMS, National Provider Identification	2015	2019
Social & Economic Factors	actors-			
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



### Morgan County 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:	<b>Q4</b> . Are there barriers that keep you from receiving routine healthcare? Select all that apply.
	O No insurance
	O Lack of child care
<b>Q2</b> . Are you or anyone in your household satisfied with the ability to access healthcare services in Morgan County?	O Physician hours of operation (inconvenient times)
	O Fear/anxiety
O Yes	O Poor physician attitudes or communication
O No	<ul> <li>I only visit the doctor when something is seriously wrong</li> </ul>
	O No transportation
Q3. Where do you go to receive routine	O Cannot take off work
healthcare? Select all that apply.	O Cannot afford it
O Physician's office/my family doctor	O Other. Please specify below:
O Emergency room	
O Health department	O No barriers
O Urgent care	<b>Q5</b> . How far do you or anyone in your household
Other. Please specify below:	travel to see a specialist?
	O Less than 20 miles
I do not receive routine healthcare	O 20-49 miles
	O 50-100 miles
	O Other:
	I do not receive routine healthcare

<b>Q6</b> . What do you or anyone in your household use for transportation when traveling for healthcare? Select all that apply.	<b>Q8</b> . Please select the TOP THREE <b>risky behaviors</b> you see <u>most</u> in your community. Select only three.
<ul> <li>My own vehicle</li> <li>Friend/family vehicle</li> <li>Taxi/cab</li> <li>Other. Please specify below:</li> </ul> Q7. Please select the TOP THREE health challenges you or anyone in your household face. Select only three.	<ul> <li>Alcohol use</li> <li>Tobacco use</li> <li>Unsafe sex</li> <li>Prescription drug use</li> <li>Being overweight/having poor eating habits and lack of exercise</li> <li>Dropping out of school</li> <li>Drug abuse</li> <li>Other. Please specify below:</li> </ul>
<ul><li>Cancer</li><li>Diabetes</li></ul>	Q9. Have you or someone in your household delayed healthcare because of lack of money and/o insurance?
<ul> <li>Mental health issues</li> <li>Substance use disorder (alcohol/drugs)</li> <li>High blood pressure</li> <li>Tobacco use/vaping</li> <li>Asthma</li> <li>Arthritis/joint pain</li> </ul>	<ul> <li>Yes</li> <li>No</li> <li>Q10. Are you or members of your household currently eligible for any of the following services? Select all that apply.</li> </ul>
<ul> <li>Heart disease and stroke</li> <li>HIV/AIDS/STDs</li> <li>Overweight/obesity</li> <li>Respiratory/lung disease</li> <li>Other. Please specify below:</li> </ul>	<ul> <li>Medicare</li> <li>Medicaid</li> <li>Public Housing Assistance</li> <li>SNAP (Food stamp program)</li> <li>VA</li> <li>Commercial/private insurance</li> </ul>

personal health?	<b>Q14.</b> Do you think Morgan County meets the factors you selected in question 13?
O Very healthy	
O Healthy	O Yes
Neither healthy nor unhealthy	O No
O Unhealthy	
O Very unhealthy	Q15. What could be done in Morgan
Q12. How would you rate the overall health of Morgan County?	County to better meet your health needs?
O Very healthy	
O Healthy	
Neither healthy nor unhealthy	
O Unhealthy	
O Very unhealthy	<del></del>
<ul> <li>Q13. Please select the TOP THREE most important factors for a healthy community.</li> <li>Select only three:</li> <li>Good place to raise children</li> <li>Low crime/safe neighborhood</li> </ul>	Q16. Which health related topics would you be interested in learning more about? Select all that apply.
O Good school systems	O Eating healthy
Easy to access healthcare	O Weight loss
O Community activities and events	O Heart disease
Affordable housing	O Cancer prevention
Low disease rate	Emergency preparedness
<ul><li>Personal responsibility</li><li>Excellent race relationships</li></ul>	O Tobacco cessation
Diverse community	Substance use disorder (alcohol and/or drugs)
Good jobs/healthy economy	
Religious/spiritual values	- полиши посили и оргосологи
O Transportation	O Using my medications correctly
Parks and recreation	O Other. Please specify below:
O Other. Please specify below:	
- Caron roado opodiny bolow.	

<b>Q17</b> . In what ways were you or your family affected by the COVID-19 pandemic? Select all that apply.	<b>Q20</b> . How would you rank Morgan County ARH on a scale of 1 to 10, where 1 is <i>not very good</i> and 10 is <i>very good</i> ? Please circle a number below.
O Loss of job	1 2 3 4 5 6 7 8 9 10
O Loss of health insurance	
O Declining mental health	
O Reduced hours at work (partial loss of income)	<b>Q21.</b> Would you recommend your local ARH hospital to friends and family?
O Began utilizing community services (food stamps, food pantry, etc.)	O Yes
O Did not seek routine medical care (to avoid exposure to COVID-19)	O No
Other. Please specify below:	
O None of the above	<b>Q22.</b> What factors influence your health choices? Select all that apply.
Trong of the above	O Family
	O Friends
<b>Q18</b> . Have you or anyone in your household used ARH hospital services in the past 24	O Spouse/Partner/Significant other
months?	Other people around me
O V	O Community
O Yes O No	<ul> <li>Listening to physicians and other healthcare providers</li> </ul>
Q19. If you used a hospital other	<ul> <li>Public health recommendations/guidelines (example: CDC)</li> </ul>
than Morgan County ARH in the past	O Social media
24 months, why? Select all that apply.	<ul> <li>Access to parks/walking trails</li> </ul>
O Service I needed was not available	O Weather (seasons: Spring, Summer, Fall,
O My doctor referred me to another hospital	Winter)
<ul> <li>My insurance required me to go somewhere else</li> </ul>	Other. Please specify below:
O I prefer larger hospitals	
Other. Please specify below:	

<b>Q23.</b> Where do you get most of your healthcare information? Select all that apply.	<b>Q26.</b> What specialty care services would you be willing to see using video calls (telemedicine)? Select all that apply.	
O Doctor/healthcare provider	O Cardiology	
O Friends/family	O Dermatology	
O Internet	Oncology	
O Health department	O Urology	
O Library	O Nephrology	
O Local hospital website	O Gastroenterology	
O Newspaper/magazines	O Pulmonology	
O Radio/television	O Endocrinology	
O Social media	O Pediatrics	
O I do not access health information	O Mental/Behavioral Health	
Q24. What is your current living situation?  O Living with family (parent(s), guardian.	<b>Q27</b> . What is your age?	
<ul><li>Living with family (parent(s), guardian, grandparents or other relatives)</li></ul>	O 18 - 24	
<ul> <li>Living on your own (apartment or house)</li> </ul>	O 25 - 39	
O Living in a place not meant to be a residence (outside, tent, homeless camp, car, abandoned building)	O 40 - 54	
O Living in recovery housing	O 55 - 64	
O Living in a recovery treatment facility	<ul><li>65 - 69</li><li>70 or older</li></ul>	
<ul> <li>Staying in an emergency shelter or transitional living program</li> </ul>		
O Living in a hotel or motel		
O Staying with someone I know	Q28. What is your gender?	
	O Male	
<b>Q25.</b> Have you used video calls (telemedicine) to see a provider in the last 12 months?	O Female	
	O Other	
O Yes	O Prefer not to answer	
O No		

0	African American/Black	
0	Asian/Pacific Islander	
0	Hispanic/Latino	
0	Native American	
0	White/Caucasian	
0	Other. Please specify below:	
	What is the highest level of education you	
have co	ompleted?	
0	High School	
0	Technical school	
0	College or above	
0	Other. Please specify below:	
<b>Q31</b> . V	Vhat is your current employment status?	
0	Unemployed	
0	Employed part-time	
0	Employed full-time	
0	Retired	
0	Student	
0	Other. Please specify below:	Thank you for taking the time to participate in this survey.
		<del>-</del>

**Q29**. What ethnic group do you identify with?

# **Approval**

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

SIGNATURE

May 12, 2022