



2022 Community Health Needs Assessment

Tug Valley ARH Regional Medical Center

260 Hospital Dr, South Williamson, KY 41503 | Phone: (606) 237-1700

more health



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www.arh.org

This Community Health Needs Assessment (CHNA) report was prepared for Tug Valley 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 Tug Valley ARH Regional Medical Center 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 cursive script that reads "Hollie Phillips".

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

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Introduction

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

MISSION

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

VISION

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

VALUES

- Trust
- Innovation
- Collaboration
- Compassion
- Service

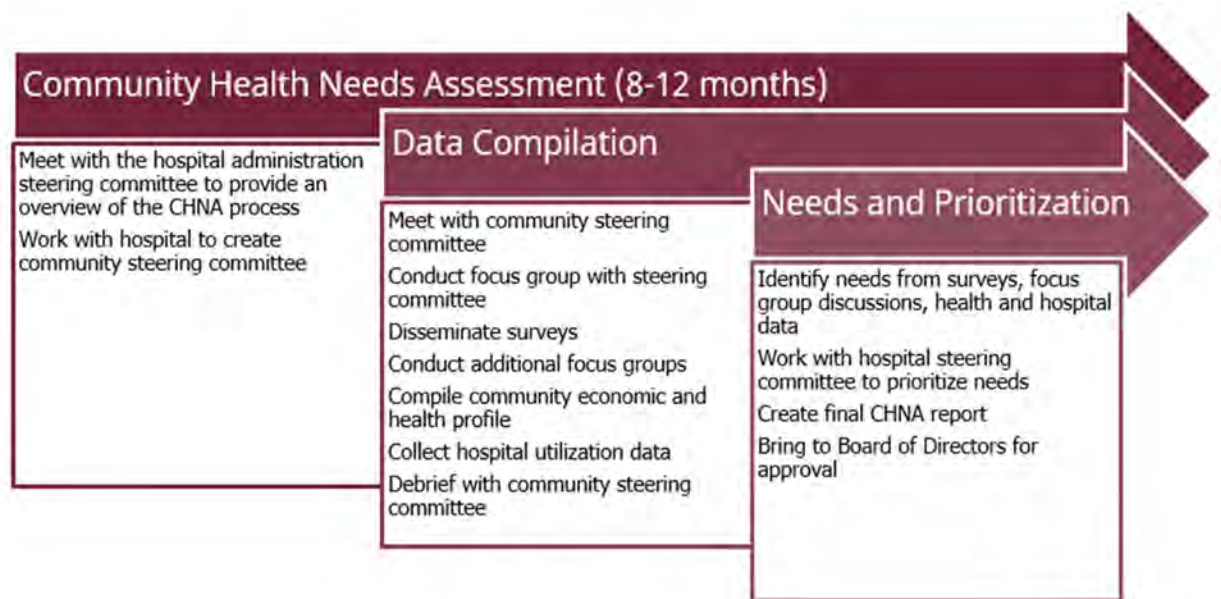


CHNA Process

Appalachian Regional Healthcare contracted with the Community and Economic Development Initiative of Kentucky (CEDIK) in the fall of 2021 to conduct a Community Health Needs Assessment (CHNA) for Tug Valley 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:



Tug Valley ARH Regional Medical Center



2019 community health needs... addressed!

- ✓ **Goal:** Expanding the hours of operation and adding a Saturday Clinic to meet the community's needs, and resolve concerns related to PEIA insurance.

An after hours clinic was opened in the Tug Valley ARH Professional Office Building in spring 2019. Extended hours were until 10:00pm and open on Saturday.

A private practice physician also opened an urgent care clinic on-site that provided after hours and weekend access. This site was closed during the height of the COVID-19 pandemic.

While Tug Valley ARH is the closest health care facility to Mingo County, WV state employees could not use our facilities. **After considerable effort, we are now a participating provider for West Virginia and accessible, affordable care for West Virginians.**

Tug Valley ARH increased access to care by becoming affiliated with UK Markey Cancer Center, providing patients access to Markey's cancer specialists, genetic testing services, and educational opportunities. The hospital also received Commission on Cancer accreditation and affiliation with Norton Healthcare/UK Healthcare Stroke Care Network in 2021. **For the past two years, Tug Valley ARH has provided opportunities for free cancer screenings**, including Mamms Day Out, a free mammogram event for women that are uninsured or underinsured, and registrations for free FIT tests for colon cancer. A Low-Dose CT Lung Cancer Screening program has also been implemented system-wide.

- ✓ **Goal:** Work with medical staff and the Ladies Auxiliary to set up a transportation program.

The Oncology Patient Care Navigator arranges transportation for Oncology patients using available resources, including a gas card program created by Tug Valley ARH. Funds are raised throughout the year to pay for the gas cards. The hospital also provides transportation when possible for patients that have no transportation to return home after discharge, either by using ambulance transports or Sandy Valley transportation. The hospital received \$885 in transportation donations in FY20.

From our CEO...

We listened to our community's need for expanded specialty services and access to telemedicine. Healthcare is now more accessible and convenient for patients that need everything from primary care to neurology, close to home. We're also extremely proud of our new affiliations and accreditations, which better the care we can provide to our communities, build partnerships with other organizations, and grow our service lines.

✓ **Goal: Expand access to specialist services.**

Tug Valley ARH has expanded access to specialty services by increasing services on-site and through incorporating telemedicine. Endocrinology and Neurology are now available on-site, and most primary care and specialties offered throughout our system can now be accessed through telemedicine.

Since April 2020, approximately 4,300 telemedicine visits have been completed by ARH in the Tug Valley service area.



Tug Valley ARH Regional Medical Center is an active community partner and supports local organizations.

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 Tug Valley ARH Regional Medical Center.

Jeremy Hall

Tug Valley ARH Regional Medical Center Community CEO

Community Served by Tug Valley ARH

Tug Valley ARH determined its defined service area as Mingo County, WV and Pike County, KY for this Community Health Needs Assessment by reviewing inpatient discharge data by county of residence in years 2020 and 2021. In 2020, sixty-five percent (65%) of Tug Valley ARH inpatients originated from Mingo County, WV and twenty-eight percent (28%) were from Pike County, KY and in 2021, sixty percent (60%) of inpatients served were residents of Mingo County and thirty-two percent (32%) were residents of Pike County. These figures come from the Kentucky Hospital Association's market assessment data.

In this section publicly available data are presented for Pike and Mingo Counties.

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 Pike and Mingo Counties alongside the Kentucky 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 residents.

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

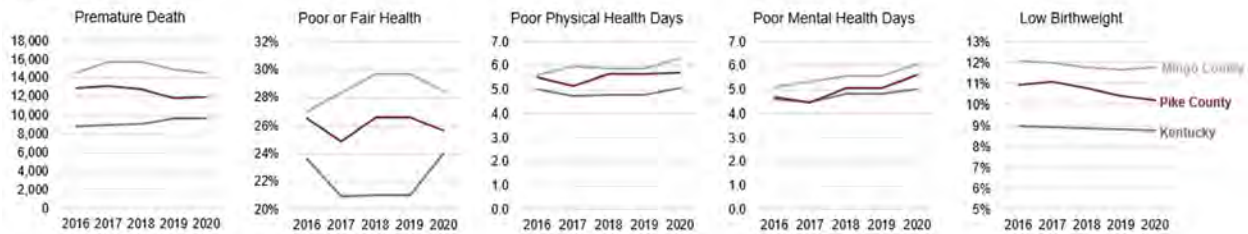
Population	Mingo County	Pike County	Kentucky	US Overall
2019 Population	23,424	57,876	4,467,673	328,239,523
Percent of Population under 18 years	22.4%	20.7%	22.4%	22.3%
Percent of Population 65 year and older	19.8%	19.4%	16.8%	16.5%
Percent of Population Non-Hispanic Black	1.9%	0.7%	8.2%	13.4%
Percent of Population American Indian & Alaska Native	0.1%	0.1%	0.3%	1.3%
Percent of Population Asian	0.3%	0.5%	1.6%	5.9%
Percent of Population Native Hawaiian/Other Pacific Islander	0.0%	0.0%	0.1%	0.2%
Percent of Population Hispanic	0.9%	1.0%	3.9%	18.5%
Percent of Population Non-Hispanic White	95.6%	96.8%	84.1%	60.1%
Percent of Population not Proficient in English	0%	0%	1.0%	8.3%
Percent of Population Female	50.6%	51.2%	50.7%	50.8%
Percent of Population Rural	89.7%	87.8%	41.6%	14%

Health Outcomes	Mingo County	Pike County	Kentucky	US Overall
Years of Potential Life Lost Rate	15136	12032	9505	6900
Percent Fair or Poor Health	33%	30%	22%	17%
Average Number of Physically Unhealthy Days	6.9	6.1	4.6	3.7
Average Number of Mentally Unhealthy Days	7.1	6.1	5.0	4.1
Percent Low Birthweight	12%	11%	9%	8%
Health Behaviors				
Percent Adults that are Diabetic	17.6%	24.2%	13.3%	13%
Percent Adults with Hypertension	15.2%	50.6%	40.1%	47%
Percent Adults with Tooth Loss	-	35.5%	22.6%	-
Percent Adults Consuming Recommended Fruit & Vegetable Intake	6.7%	12.4%	12.1%	12.3%
Percent Smokers	34%	29%	24%	17%
Percent Adults with Obesity	42%	40%	35%	30%
Food Environment Index	6.6	6.9	6.9	7.8
Percent Physically Inactive	46%	38%	29%	23%
Percent with Access to Exercise Opportunities	53%	45%	71%	84%
Percent Excessive Drinking	13%	13%	17%	19%
Percent Driving Deaths with Alcohol Involvement	40%	25%	25%	27%
Chlamydia Rate	62.2	144.4	436.4	539.9
Teen Birth Rate	59	41	31	21
Access to Care				
Percent Uninsured	9%	8%	7%	10%
Number of Primary Care Physicians	4	52	2,895	-
Primary Care Physicians Rate	17	89	65	-
Primary Care Physicians Ratio	5946:1	1123:1	1543:1	1320:1
Number of Dentists	9	45	2,996	-
Dentist Rate	38	78	67	-
Dentist Ratio	2603:1	1286:1	1491:1	1400:1
Number of Mental Health Providers	34	65	10,733	-
Mental Health Provider Rate	145	112	240	-
Mental Health Provider Ratio	689:1	890:1	416:1	380:1

Social & Economic Factors	Mingo County	Pike County	Kentucky	US Overall
Percent Completed High School	76%	77%	86%	88%
Percent with Some College Education	39%	51%	62%	66%
Number Unemployed	472	1,158	89,014	-
Number in Labor Force	6,894	19,977	2,072,597	-
Percent Unemployed	6.8%	5.8%	4.3%	3.7%
80th Percentile Income	\$72,007	\$77,691	\$101,776	-
20th Percentile Income	\$13,134	\$13,446	\$20,248	-
Percent of Children in Poverty	34%	30%	21%	17%
Number of Children in Single-Parent Households	1,410	3,672	265,296	-
Number of Children in Households	5,421	12,280	1,005,667	-
Percent of Children in Single-Parent Households	26%	30%	26%	26%
Number of Associations	19	41	4,732	-
Social Association Rate	8.0	7.0	10.6	9.3
Annual Average Violent Crimes	66	30	9,824	-
Violent Crime Rate	282	48	222	386
Number of Injury Deaths	170	345	21,274	-
Injury Death Rate	140	116	96	72
Physical Environment				
Average Daily PM2.5	8.7	7.8	8.7	7.2
Presence of Water Violation	Yes	Yes	n/a	n/a
Percent with Severe Housing Problems	10%	14%	14%	18%
Percent with Severe Housing Cost Burden	9%	12%	11%	14%
Percent with Overcrowding	1%	2%	2%	-
Percent with Inadequate Facilities	1%	1	1%	-
Percent that Drive Alone to Work	85%	82%	82%	76%
Number of Workers who Drive Alone	6,671	19,637	1,949,184	-
Percent with Long Commute - Drives Alone	44%	34%	31%	37%

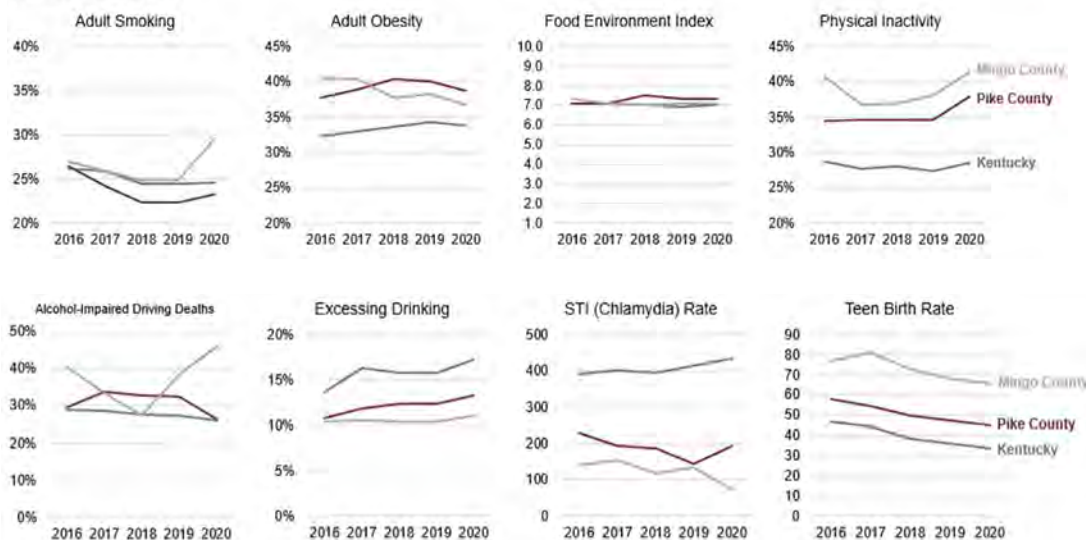
2016-2020 County Health Rankings Data Trends

Health Outcomes



- The middle three variables are based on self-reported data from BRFSS (Behavioral Risk Factor Surveillance System). All three are on an upward trend for both Counties.
- Both County's low birthweight percentages are trending downwards.

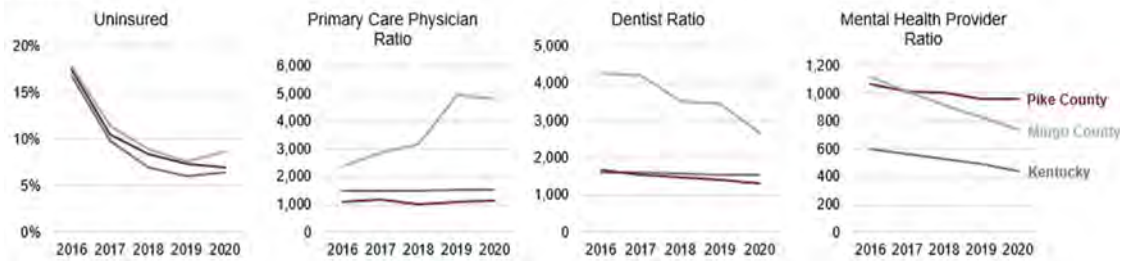
Health Behaviors



- Adult smoking in Pike County is lower than the state and on a downward trend overall. For Mingo County adult smoking, the five year trend is unclear.
- Adult obesity in Pike County is trending upward overall, while Mingo County adult obesity is trending downward overall.
- The higher the number on the USDA Food Environment Index (1-10) the better the Food Environment. Both Counties have a fairly consistent five year trend.
- For both Counties, the rate of physical inactivity is higher than the state, and appears to have an upward trend.
- Alcohol-impaired driving deaths: in Pike County, the overall trend seems to be following the state, while in Mingo County there has been a lot of year-to-year change with an upward trend overall.
- The data for excessive drinking in both Counties are trending upward.
- STI infections in both Counties are on a downward trend overall.
- Both County's teen birth rates are trending downward.

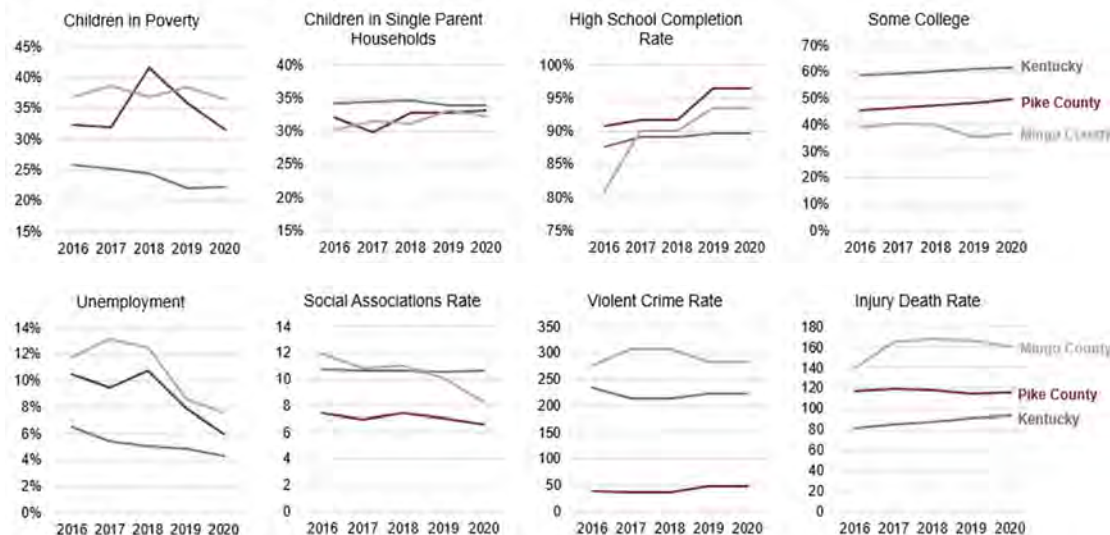
2016-2020 County Health Rankings Data Trends, continued

Access to Care



- Pike County's ratio of primary care physicians and dentists is lower (more providers for population) compared to the state average. Pike County has a higher ratio of mental health providers (less providers) compared to the state average.
- Mingo County's increasing ratio of primary care physicians (less providers) is much higher than Pike County or the state. Mingo County also has a much higher ratio of dentists and a high ratio of mental health providers per population, however both five year trends are showing increases in providers.
- Both County's uninsurance rates follow the state trend.

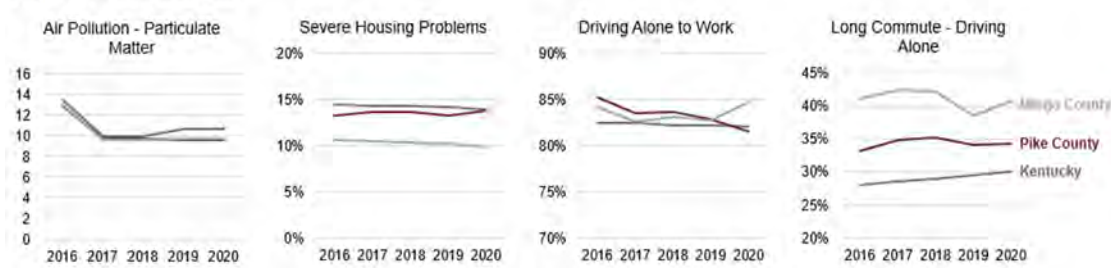
Social & Economic Factors



- The year-to-year shifts in children in poverty make it difficult to pinpoint an overall trend.
- Children in single parent households appears to be trending upward for both Counties.
- Pike and Mingo County high school completion rates are above the state average.
- Percent of the County population with some college education is on a steady upward trend for Pike County; for Mingo County the data are less conclusive.
- While the unemployment rate is higher in both Counties compared to the state, the rate of decline has accelerated (pre-pandemic).
- Pike County's rate of social associations is lower than the state and has an overall downward trend; Mingo County data also show an overall downward five year trend.
- Pike County's violent crime rate is lower than the state average and the injury death rate is higher than the state; both have a steady five year trend. Mingo County has higher violent crime and injury death rates, and the five year trend for both rates are not conclusive.

2016-2020 County Health Rankings Data Trends, continued

Physical Environment



- Air pollution in both Counties are on par with the state trend.
- Mingo County's percentage of population with severe housing problems has a slow downward trend, while Pike County's five year trend is consistent.
- Pike County population driving alone to work appears to be on a downward trend, while the data for the Mingo County population is inconclusive. Both County populations making long commutes driving alone are higher than the state.

Top 10 Invasive Cancer Incidence Rates

<i>All Genders, All Races</i>	Pike County	Crude Rate	Age- adjusted Rate
Total all sites over 5 years (2014-2018)	2215	732.4	558
Lung & Bronchus	478	158.1	114.3
Prostate (Males only)	151	102	76.2
Breast	245	81	62.8
Colon & Rectum	227	75.1	57.8
Corpus Uteri (Females only)	84	54.4	40.4
Urinary bladder, invasive and in situ	102	33.7	24.7
Melanoma of the Skin	88	29.1	23.9
Kidney and Renal Pelvis	85	28.1	22.3
Miscellaneous	84	27.8	21.4
Non-Hodgkin Lymphoma	76	25.1	19.9

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 Tug Valley 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	1,965
Outpatient Visits	44,331

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

Payer	Discharges
Medicare (Excluding Medicare Managed Care)	751
Out of State Medicaid	431
Medicare Managed Care	269
WellCare of Kentucky Medicaid Managed Care	98
Commercial - Anthem Health Plans of KY PPO Plan	87
Self Pay	52
Commercial - Other	44
Aetna Better Health of KY Medicaid Managed Care	33
Commercial - Aetna Health HMO Plan	31
Workers Compensation	24
Humana Medicaid Managed Care	21
Black Lung	19
VA	18
Commercial - Anthem Health Plans of KY HMO Plan	15
Passport Medicaid Managed Care	15
Other Facility	14
In State Medicaid	12
Anthem Medicaid Managed Care	9

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

Payer	Visits
Medicare (Excluding Medicare Managed Care)	10514
Out of State Medicaid	10158
Commercial - Anthem Health Plans of KY PPO Plan	5609
Medicare Managed Care	5282
WellCare of Kentucky Medicaid Managed Care	3492
Commercial - Other	1886
Self Pay	1043
Aetna Better Health of KY Medicaid Managed Care	851
Humana Medicaid Managed Care	761
In State Medicaid	715
Anthem Medicaid Managed Care	647
Passport Medicaid Managed Care	644
Commercial - Aetna Health HMO Plan	511
Commercial - Aetna Health PPO Plan	493
Commercial - Anthem Health Plans of KY HMO Plan	340
Workers Compensation	338
Tricare (Champus)	197
Commercial - United Healthcare POS Plan	181
Commercial - PPO	142
Auto Insurance	130
Other Facility	98
Commercial - Cigna Health & Life FFS Plan	65
VA	64
Care Source KY Commercial Plan	57
Commercial - Humana PPO Plan	38
ChampVA	35
Black Lung	32
Wellcare Health Commercial Plan	8

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

DRG Description	Discharges
Chronic obstructive pulmonary disease	375
Simple pneumonia & pleurisy	177
Heart failure & shock	165
Septicemia	138
Respiratory infections & inflammations	104
Kidney & urinary tract infections	78
Normal newborn	74
Vaginal delivery	71
Cesarean section	59
Esophagitis, gastroenteritis & miscellaneous digestive disorders	50

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 Pike and Mingo County populations 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.

Tug Valley ARH leadership recruited members of the community to serve on the steering committee. CEDIK representatives scheduled and completed the first meeting in October 28, 2021, to introduce the assessment process and to share the role of a committee member. The committee reconvened March 8, 2022 and completed a focus group concerning health needs in the defined service area. A final steering committee meeting was held April 5, 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 Tug Valley ARH to address over the next three years.

Tug Valley ARH Community Steering Committee

Name	Representing Organization
Paula Vaughan	Chief Nursing Officer
Sabrina Runyon	Mingo County Schools, Director
Donna Todd	Coalfield Community Action Partnership Headstart/Early Headstart
Jill Maynard	Belfry Elementary, Principal
Rocco Massey	Tug Valley ARH, Assistant Administrator
Alexis Bat	Wellness Center
Karen Browning	Community Action, Children's Program Director
Christie Tilley	Mingo County Schools, Coordinator of Parent Involvement
Vanessa Phillips	KY Power, VP of Southern WV Active Youth Center, Admin. Associate
Dave Farley	Mingo County Board
Dr. Josh Lewis	

Community Feedback

In March 2021, members of the Tug Valley 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 government, and Pike and Mingo County schools. The members bring knowledge and expertise to the populations they serve. In addition, three focus groups were conducted with Belfry High School teachers, Nursing Students, and AEP. Twenty-nine individuals participated in the four focus groups. One key informant interview was completed in Spring 2022. Below is a summary of the responses that highlight the results of the conversations that identify strengths of the community and the healthcare system, challenges/barriers in the broader healthcare system and opportunities for improving the health of the community.



Focus Group Findings

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

- The community's vision for a healthy Pike/Mingo County involves community engagement, healthy lifestyles, and access to healthcare.
- The greatest health needs in Pike/Mingo County involve chronic diseases, healthy choices and opportunities, and access to care. Social determinants of health particular to Pike/Mingo 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 Pike/Mingo 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 Pike/Mingo County involves community engagement, healthy lifestyles, and access to healthcare.

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

Community engagement	Healthy lifestyles	Access to health care
<ul style="list-style-type: none"> • Economic development – more well-paying jobs • Working population • No borders – everyone working together • Public transportation – especially for seniors • Community events – BBQ's, picnics, carnivals, activities for youth 	<ul style="list-style-type: none"> • Reduced or no substance use • Farmer's Market – available fresh foods • Walkable community with opportunities for exercise • Health education – managing chronic diseases: diabetes, heart disease, hypertension 	<ul style="list-style-type: none"> • Substance use treatment • Mental health providers and treatment • Community that is stigma free for those that need mental health or substance use treatment • Dental health care and education • Preventative health care • Free health clinic

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

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

Healthy Choices & Opportunities

- Drug addiction
- Smoking/vaping
- Better food choices & nutrition
- Access & cost of food
- Physical inactivity

Access to care

- Primary care
- Drug rehab
- Suicide prevention
- Preventative health care
- Transportation – food, medical care & essential services
- Rising costs – food, gas
- In home care for seniors
- Specialty care – endocrinology, oncology, radiation for cancer, arthritis care, sleep clinics

Chronic disease

- Substance use disorder
- Obesity – adult and child
- Diabetes
- Heart disease
- Hypertension
- Mental health
- Lung disease
- Cancer

Social determinants of health particular to Pike & Mingo Counties that impact the greatest health needs in the community are:

Physical Environment/Transportation

Transportation to and from essential services, including healthcare is a barrier for people. This includes the need of safe walking and biking trails for community members to use.

Economic Security

The community is in need of economic development regarding encouraging more people to enter the workforce doing jobs with a living wage combat poverty and the sense of hopelessness in the area.

Community Safety

The area would benefit from emergency preparedness measures. Child abuse and neglect is a concern for students when not in school. The decline of students' mental health over the course of the pandemic is a public safety issue.

Quality & Access of Health Education

Community members need health education to live healthier, which includes understanding a healthy diet.

Quality of Healthcare System

Physician retention, lack of primary care, as well as staffing shortages and staff burnout impacts healthcare system in 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

- Communication/collaboration about resources available
- Urgent care/walk in clinic
- Mental health – more providers (psychologists and therapists have full patient loads)
- SMART recovery groups and meetings
- OB not at Tug Valley
- Lack of insurance
- Health literacy – do not know how to navigate a diagnosis
- Need care navigators at hospital
- Transportation to see specialists
- No transportation to pick up food at distribution sites
- Only one gym – need more opportunities and affordable
- Expand yoga and Zumba classes
- Community/recreation center in Mingo County with pool
- Wait list long on low-income housing (Up to 4 years)
- More quality, low-income housing
- Radiation treatment for cancer patients to reduce travel
- Bring specialists to the area
- Decrease ER wait times

Strengths of System

- Organizations work together – hospital and Health Department
- Dental clinic at Williamson Health and Wellness
- Medical mall at ARH – women’s health and family health
- Food pantries
- Senior centers
- Extension office
- After hours clinics
- Tug Valley Roadrunner’s Club
- Good people in health care – overworked and not enough of them
- Mobile units – dental health, crisis units for SUD and mental health

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

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

Healthcare approach

- Recruit and retain more primary care providers
- ARH – attention and services for autism and parents
- ARH – add pulmonary rehab to the existing PT clinic
- More options for in-home care for seniors
- Support groups – diabetes, autism, dementia
- Affordable home care – light housekeeping, bathing, etc (qualify for services)
- Lack of advertising about what services/resources are available
- Bring back health education classes/post COVID
- Bring service providers to hospital
- Diabetes support groups
- Healthy living groups / education or workshop / Different topics
- Support networks for SUD and mental health
- Transportation

Community approach

- Healthy cooking classes – portions and carb counting, how to prepare food
- Gardening educations
- Homeless shelter and outreach
- Cheaper farmers markets, voucher program
- Need trustworthy handyman service or support for home needs
- Volunteer programs that help with housing repairs, lawn care
- Community center that is well advertised has activities like bingo, crafts, etc.
- Use of Farm-to-Table by local restaurants
- Gyms and wellness centers (only options are more than 45 minutes away)
- Recreation for youth
- Walkable communities
- Affordable event venues
- Public transportation
- Walking clubs
- Community centers
- Free legal clinics
- Using TV, radio and in-person for health education

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

- Kids love coming to school now
- Communities came together – more partners working together
- Learned about resources available ex. Food banks
- Schools talked more with families while providing food boxes and resources
- Appreciate life and what we have
- Appreciate available health care in community
- Free vaccinations and COVID testing
- Families connecting more – family dinners and more time together
- Remote work – work from home
- Extra income from stimulus
- Shopping online and pickup

Negatives

- Misinformation
- Mental health – depression, anxiety, isolation
- Increased drug use
- Long COVID symptoms and health effects – cognitive and physical effects
- Children – delays in education and development with missed in person school
- Children and mental health – concerned about parents and grandparents health and uncertain future
- Unhealthy households – more abuse, not able to go to “safe place at school”
- Nurse’s burnout
- Isolation/long term patients went over a year without seeing touching family
- Elderly deteriorated
- Inflation
- Grief from losing loved ones to COVID
- Food shortages

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 an administrator in a health facility. A summary of their responses is below.

Challenges Faced by Residents

- Chronic diseases like diabetes, obesity, and hypertension are health issues in the area.
- Transportation to essential services and medical care is a barrier.
- There is a lack of trust in some providers who are seen as “outsiders.”
- The cost of healthy food keeps many from a healthy diet.
- There needs to be increased access to mental health and addiction services.
- There is a gap in care for referrals and availability of long term care. This impacts younger populations and the elderly.

Opportunities to Better the Healthcare System

- Transportation for non-emergency medical care.
- More access points for care throughout the county.
- Education and awareness of mental health to reduce the stigma.
- Mental health services available through telehealth would benefit the community.
- Internet access for community members to take advantage of telehealth.

Strengths of the Community Healthcare System

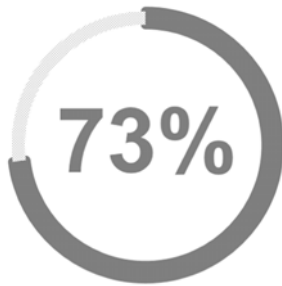
- There is a thorough healthcare system in Pike County including two hospitals, five nursing facilities, and an in person hospital rehabilitation program available through ARH.
- The Health Department is very involved in the community and has a great director.

Tug Valley ARH Survey Results

WINTER 2022

Respondent Demographics

428
Respondents



**Respondents
are female.**

*Additional responses:
Male (27%)*

Respondents by age group:

18-24	2%
25-39	15%
40-54	34%
55-64	28%
65-69	11%
70 or older	10%

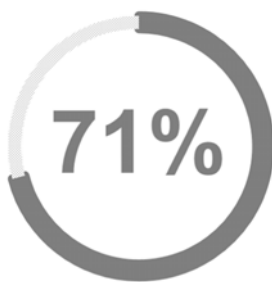


**Respondents
are white.**

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

Respondents by educational attainment:

College or above	54%
High School	35%
Technical school	7%
Other	4%



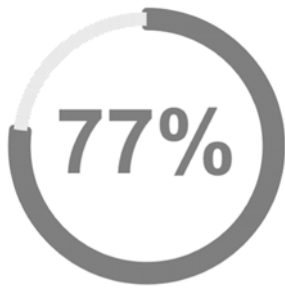
**Respondents
are living in
their own home/
apartment.**

*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	46%
Retired	27%
Unemployed	12%
Employed part-time	4%
Student	1%
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	11%
Urgent Care	5%
Health Department	1%
Do not receive routine healthcare	2%
Other	4%
<i>Lab, Morgantown, Clinic</i>	

Barriers that keep respondents from receiving routine healthcare:

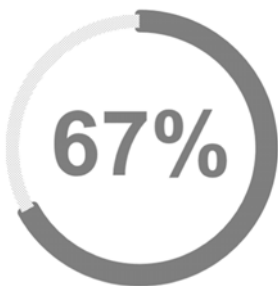


Do not have barriers that
keep them from receiving
routine healthcare.

Respondents identified these barriers:

Only visit doctor when something is seriously wrong	16%
Inconvenient Physician hours	7%
Cannot take off work	5%
Cannot afford it	6%
Fear/anxiety	5%
Poor Physician attitude/communication	6%
<i>Other responses: No insurance (2%), No transportation (3%), Lack of childcare (1%). Another 6% of responses identified additional barriers: no specialist, long distance, insurance/co-pay</i>	

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	30%
50-100 miles	37%
Do not receive routine healthcare	2%

89% of respondents use their own vehicle, while 10% travel in a friend/family vehicle.

The top three health challenges respondent households face:

High blood pressure	22%
Arthritis/joint pain	17%
Diabetes	12%
Overweight/obesity	12%
Mental health issues	7%
Heart disease and stroke	7%
Respiratory/lung disease	7%
Tobacco use/vaping	4%
Asthma	3%
Cancer	3%
Substance use disorder (alcohol/drugs)	1%
Other	6%

Heart disease, lack of exercise



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

Respondent household eligibility:

Medicare	40%
Medicaid	23%
Public Housing Assistance	1%
SNAP (Food stamp program)	11%
VA	2%
Commercial/private insurance	23%

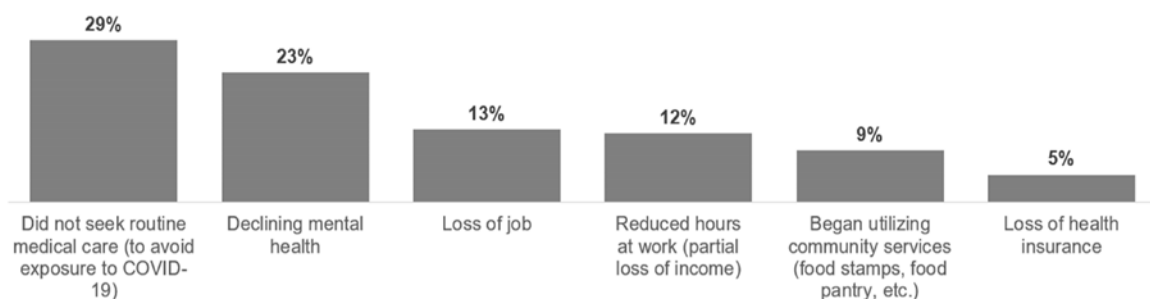


Respondents used video calls (telemedicine) to see a provider in the last 12 months.

Specialty care services respondents are willing to use telemedicine:

Mental/Behavioral Health	19%
Dermatology	14%
Cardiology	13%
Endocrinology	10%
Gastroenterology	10%
Pulmonology	8%
Pediatrics	8%
Urology	7%
Nephrology	6%
Oncology	6%

Respondent household impacts due to COVID-19 pandemic:



Respondents identified another 9% of impacts due to COVID-19: isolation from family and friends, loss of loved ones to COVID, overworked/overtime, long-term health effects from COVID

The top three most important factors for a healthy community:

Good jobs/healthy economy	16%
Easy to access healthcare	14%
Low crime/safe neighborhood	14%
Good school systems	13%
Good place to raise children	12%
Religious/spiritual values	8%
Affordable housing	5%
Personal responsibility	5%
Community activities and events	3%
Parks and recreation	3%
Low disease rate	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	25%
Eating healthy	19%
Mental health/Depression	12%
High blood pressure	11%
Heart disease	9%
Cancer prevention	8%
Emergency preparedness	6%
Tobacco cessation	3%
Substance use disorder (alcohol and/or drugs)	3%
Using my medications correctly	2%

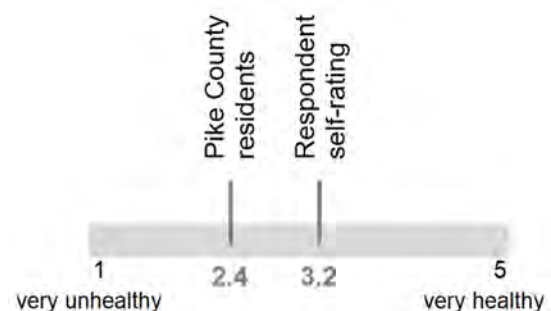


Respondents think Pike County meets the above factors for a healthy community.

The top three risky behaviors seen most in the community:

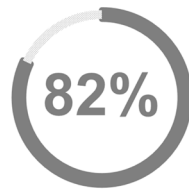
Drug abuse	27%
Being overweight/having poor eating habits and lack of exercise	22%
Tobacco Use	17%
Prescription drug use	16%
Alcohol use	13%
Dropping out of school	2%
Unsafe sex	2%

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





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



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



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

Respondent rating of their ARH facility in Pike County:



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

Service I needed was not available	41%
My doctor referred me to another hospital	28%
I prefer larger hospitals	3%
My insurance required me to go somewhere else	7%
Other	21%
<i>Specialist at another hospital, better hospital/ doctors, closer to home</i>	

What factors influence your health choices?

Family	23%
Listening to physicians and other healthcare providers	21%
Spouse/Partner/Significant other	17%
Friends	9%
Weather (seasonal variation)	9%
Community	6%
Public health recommendations/ guidelines (e.g. CDC)	5%
Other people around me	4%
Access to parks/walking trails	3%
Social media	3%

Where do you get most of your healthcare information?

Doctor/healthcare provider	48%
Internet	22%
Friends/family	10%
Local hospital website	5%
Social media	4%
Radio/television	4%
Health Department	3%
Newspaper/magazines	3%
Library	1%
I do not access health information	1%

Prioritization of Identified Health Needs

Tug Valley 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 Tug Valley 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 Tug Valley ARH for addressing health needs in Pike and Mingo Counties and the hospital service area for the next three years.

Prioritized Needs

1. Access to care
2. Mental health
3. Lack of communication – services provided and community resources
4. Support groups
5. Obesity/Diabetes

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.

Tug Valley 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, Tug Valley 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. Tug Valley 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



Tug Valley 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 Pike 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 Pike 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 Pike County meets the factors you selected in question 13?

- ☐ Yes
- ☐ No

Q15. What could be done in Pike 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 Tug Valley 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 Tug Valley 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:

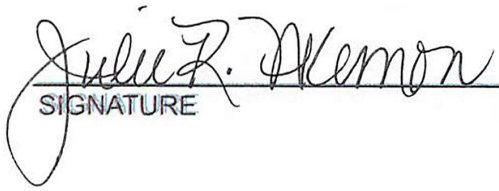
Q31. What is your current employment status?

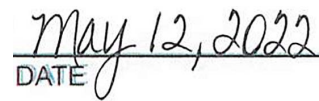
- ☐ Unemployed
- ☐ Employed part-time
- ☐ Employed full-time
- ☐ Retired
- ☐ Student
- ☐ Other. Please specify below:

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