

COMMUNITY HEALTH NEEDS ASSESSMENT

2023-2025



Livingston Hospital

DEACONESS KENTUCKY PARTNER

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

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

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





Livingston Hospital

DEACONESS KENTUCKY PARTNER

Livingston Hospital has spent more than 65 years providing high-quality healthcare to the residents of Livingston and Crittenden counties, as well as the surrounding areas. Our mission at Livingston Hospital is to provide personalized, high quality healthcare, responsive to the needs of the community through careful stewardship.

In compliance with the Affordable Care Act, all not-for-profit hospitals are required to develop a report on the medical and health needs of the communities they serve every three years. The 2022 Community Health Needs Assessment (CHNA) demonstrates the desire for individual and community health improvement needs and provides a plan on how Livingston Hospital will respond to such needs. The CHNA results reflect data collected from reputable national, state, and local data sources along with data collected from local surveys and focus groups conducted in our service area.

Thank you for the confidence you place in Livingston Hospital everyday and, together, we will strive to improve the health and well-being to the residents of Livingston and Crittenden counties, as well as the surrounding areas. TOGETHER we can make our communities healthier for every one of us.

Sincerely,

Shane Whittington
Chief Executive Officer
Livingston Hospital

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Introduction

Established in 1954 as the Salem Community Medical Building, Inc. by the Salem Lions Club and a group of civic and community-minded citizens, the hospital was built to support Dr. Roscoe Faulkner in his efforts to meet the health care needs of the residents of Livingston, Crittenden and Lyon counties. More than 65 years later, Livingston Hospital is a licensed 25-bed Critical Access Hospital with a solid reputation and rich history of providing high quality, compassionate care to the people of the surrounding communities.

The hospital is supported by exceptional medical staff, dedicated employees and friendly volunteers who help ensure that we are offering inpatient and outpatient services needed to keep care close to home.

In January 2022, Livingston Hospital entered into an affiliation agreement with Deaconess Health System, Evansville, IN, to manage and provide additional support for services, and we look forward to the enhancements this partnership will bring to our hospital and our patients.

MISSION

To provide personalized, high quality healthcare, responsive to the needs of the community through careful stewardship.

VISION

To partner with our patients on their individual health needs so that our overall community will be healthier.

CORE VALUES

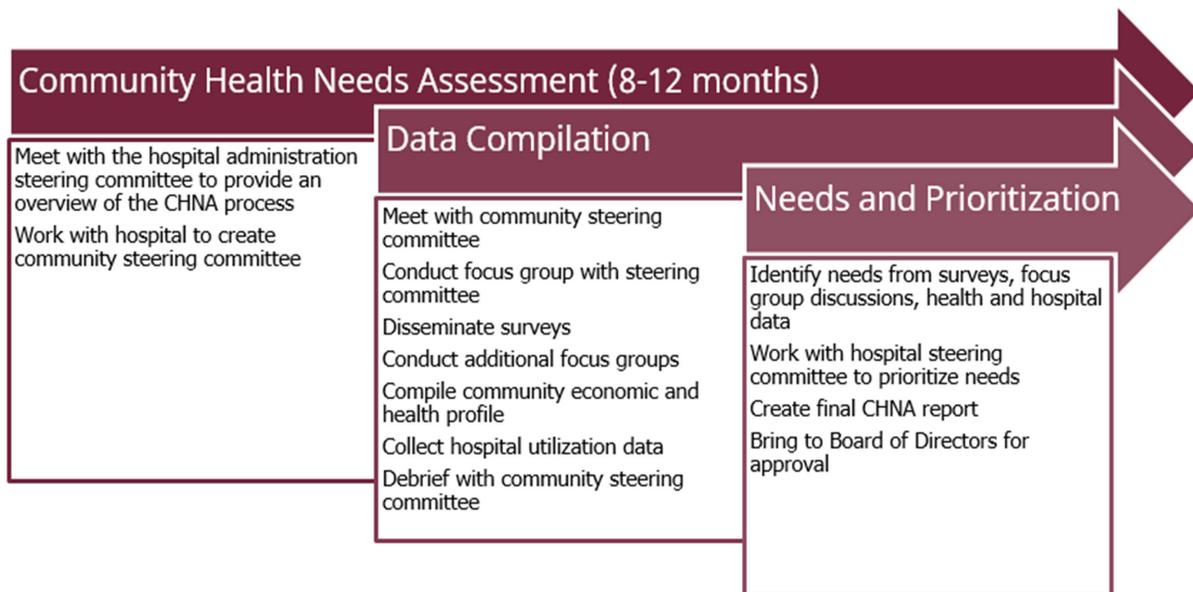
The following values are important to us as we work toward completion of our mission: Integrity, Compassion, Accountability, Respect, and Excellence.

CHNA Process

Livingston Hospital contracted with the Community and Economic Development Initiative of Kentucky (CEDIK) in the summer of 2022 to conduct a Community Health Needs Assessment (CHNA) 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 location; 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:



Livingston Hospital & Healthcare Services



2019 community health needs... addressed!

- ✓ **Goal: Increase access to mental health services, specifically related to 1) anxiety and stress in both youth and adults, and 2) marketing for geriatric mental health services provided by Senior Care.**

Livingston Hospital and Healthcare Services (LHHS) has added a full time mental health provider for youth and adults in all three rural health clinics, and is adding a new clinic in Marion for a full time mental health provider.

The hospital is working with Deaconess Cross Point and Baptist Health Deaconess in Madisonville for inpatient psychiatric access.

We have rebranded our Senior Care Program with a new name and logo and increased marketing for Senior Care Program by sending monthly newsletter and placing ads in the local newspaper.

- ✓ **Goal: Increase marketing and community outreach related to diabetes.**

Livingston Hospital and Healthcare services has provided outreach to the community regarding diabetes in a variety of ways in the last three years. A Registered Dietitian consults with patients at rural health clinics to provide education on diabetes and has partnered with a local pharmacy to provide diabetes education in diabetes classes.

LHHS has participated in community health fairs as well.

From our CEO...

"In January 2022, Livingston Hospital became a partner of Deaconess. As communication between Livingston Hospital & Healthcare Services and Deaconess began, it became apparent that a partnership with Deaconess would benefit our organization, employees, patients and community.

The mutual goal of this affiliation is to keep a local focus on quality healthcare right here in Livingston County– with local decision-making.

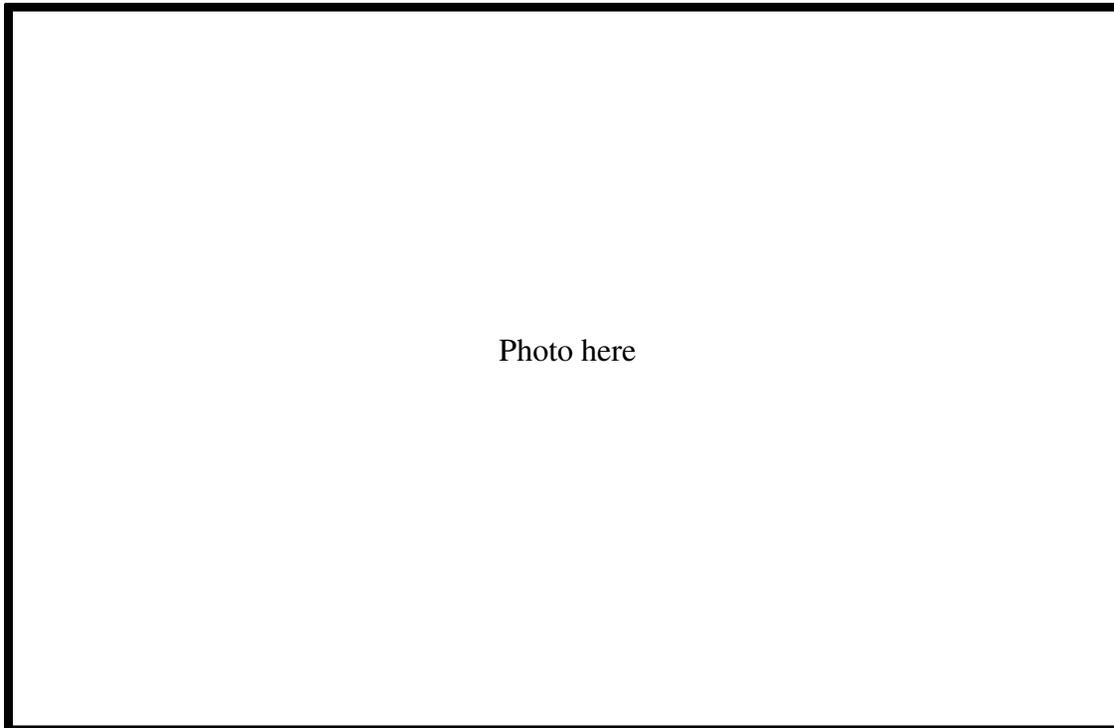
By working closely with Deaconess, we will continue to provide the highest quality care, while diversifying our specialty offerings and assuring personalized care with convenient access and positive patient experiences."

✓ **Goal: Increase marketing and community outreach related to obesity and healthy options.**

LHHS has worked closely with the school system to educate about obesity and healthy options. A Registered Dietitian collaborated with Livingston County School System to educate Allied Health students to be able to figure calorie needs for the faculty and staff. LHHS provided weight loss education to Livingston County School system faculty and staff.

Livingston Hospital worked with other with local partners to provide a weight loss challenge where the registered dietitian met with community members to educate on weight loss tips and meal plans.

LHHS's Registered Dietitian consults with patients at rural health clinics to provide education on weight management.



Quote can be used to describe photo.

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 Livingston Hospital and Healthcare Services.

Shane Whittington
Livingston Hospital and Healthcare Services CEO

Community Served by Livingston Hospital

Livingston Hospital determined its defined service area for this Community Health Needs Assessment by reviewing 2021 discharge data by county of residence. In 2021, 44% of Livingston Hospital inpatients originated from Livingston County, and another 41% of inpatients were from Crittenden County. Outpatient origination for Livingston Hospital included residents from Livingston (47%) and Crittenden (36%). These percentages determine the community defined for this CHNA includes Livingston and Crittenden Counties.

In this section publicly available data are presented for Livingston and Crittenden 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 October 2022.

Next, to provide more context to the ongoing health of the community, we present five year data trends (2016-2020) for Livingston 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 Livingston County residents.

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

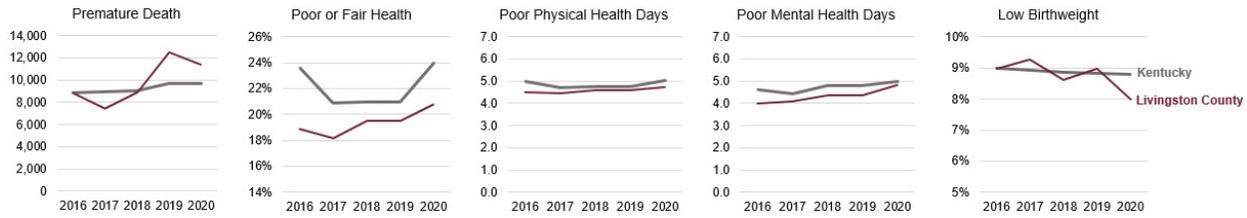
Population	Crittenden County	Livingston County	Kentucky	US Overall
2020 Estimate of Total Population	8,847	9,041	4,477,251	331,449,281
Percent of Population under 18 years	22.6%	19.9%	22.4%	22.2%
Percent of Population 65 year and older	21.4%	23.4%	17.2%	16.8%
Percent of Population Black	1.0%	0.5%	8.3%	13.6%
Percent of Population American Indian & Alaska Native	0.5%	0.6%	0.3%	1.3%
Percent of Population Asian	0.2%	0.4%	1.7%	6.1%
Percent of Population Native Hawaiian/Other Pacific Islander	0.1%	0.1%	0.1%	0.3%
Percent of Population Hispanic	1.4%	2.4%	4.0%	18.9%
Percent of Population Non-Hispanic White	95.7%	94.8%	83.9%	59.3%
Percent of Population not Proficient in English	0.4%	0.0%	1.0%	8.3%
Percent of Population Female	49.6%	50.7%	50.7%	50.5%
Percent of Population Rural	70.8%	95.4%	41.6%	14%

Health Outcomes	Crittenden County	Livingston County	Kentucky	US Overall
Years of Potential Life Lost Rate	11,746	9,049	9993	7,300
Percent Fair or Poor Health	25%	24%	22%	17%
Average Number of Physically Unhealthy Days	5.3	5.3	5.0	3.9
Average Number of Mentally Unhealthy Days	5.7	5.6	5.5	4.5
Percent Low Birthweight	7%	7%	9%	8%
Health Behaviors				
Percent Adults that are Diabetic	11.6%	15.7%	13%	13%
Percent Adults with Hypertension	54.1%	52.9%	41%	47%
Percent Adults with Tooth Loss	26.6%	30.6%	23%	-
Percent Adults Consuming Recommended Fruit & Vegetable Intake	9.5%	4.4%	10%	12.3%
Percent Smokers	26%	27%	25%	16%
Percent Adults with Obesity	37%	38%	36%	32%
Food Environment Index	7.6	7.1	6.6	7.8
Percent Physically Inactive	36%	34%	32%	26%
Percent with Access to Exercise Opportunities	16%	40%	66%	80%
Percent Excessive Drinking	16%	16%	18%	20%
Percent Driving Deaths with Alcohol Involvement	8%	29%	25%	27%
Chlamydia Rate	159.0	206.7	468.1	551
Teen Birth Rate	39	32	29	19
Access to Care				
Percent Uninsured	8%	8%	8%	11%
Number of Primary Care Physicians	4	3	2,908	-
Primary Care Physicians Rate	45	33	65	-
Primary Care Physicians Ratio	2202:1	3065:1	1536:1	1310:1
Number of Dentists	1	1	2,948	-
Dentist Rate	11	11	66	-
Dentist Ratio	8847:1	9041:1	1519:1	1400:1
Number of Mental Health Providers	1	3	11,544	-
Mental Health Provider Rate	11	33	258	-
Mental Health Provider Ratio	8847:1	3014:1	388:1	350:1

Social & Economic Factors	Crittenden County	Livingston County	Kentucky	US Overall
Percent Completed High School	85%	86%	87%	89%
Percent with Some College Education	46%	57%	63%	67%
Number Unemployed	203	266	134,249	-
Number in Labor Force	3,663	3,534	2,019,899	-
Percent Unemployed	5.5%	7.5%	6.6%	8.1%
80th Percentile Income	\$87,091	\$87,402	\$104,503	-
20th Percentile Income	\$20,649	\$20,660	\$21,076	-
Percent of Children in Poverty	27%	20%	19%	16%
Number of Children in Single-Parent Households	533	326	263,236	-
Number of Children in Households	2005	1,991	1,003,381	-
Percent of Children in Single-Parent Households	27%	16%	26%	25%
Number of Associations	14	13	4,722	-
Social Association Rate	15.9	14.1	10.6	9.2
Annual Average Violent Crimes	8	6	9,824	-
Violent Crime Rate	82	59	222	386
Number of Injury Deaths	46	46	22,424	-
Injury Death Rate	103	100	101	76
Physical Environment				
Average Daily PM2.5	9.3	9.5	8.7	7.5
Presence of Water Violation	No	No	n/a	n/a
Percent with Severe Housing Problems	12%	10%	14%	17%
Percent with Severe Housing Cost Burden	11%	8%	11%	-
Percent with Overcrowding	1%	2%	2%	-
Percent with Inadequate Facilities	0%	1%	1%	-
Percent that Drive Alone to Work	77%	81%	81%	75%
Number of Workers who Drive Alone	3,477	3,793	1,962,584	-
Percent with Long Commute - Drives Alone	31%	33%	30%	37%

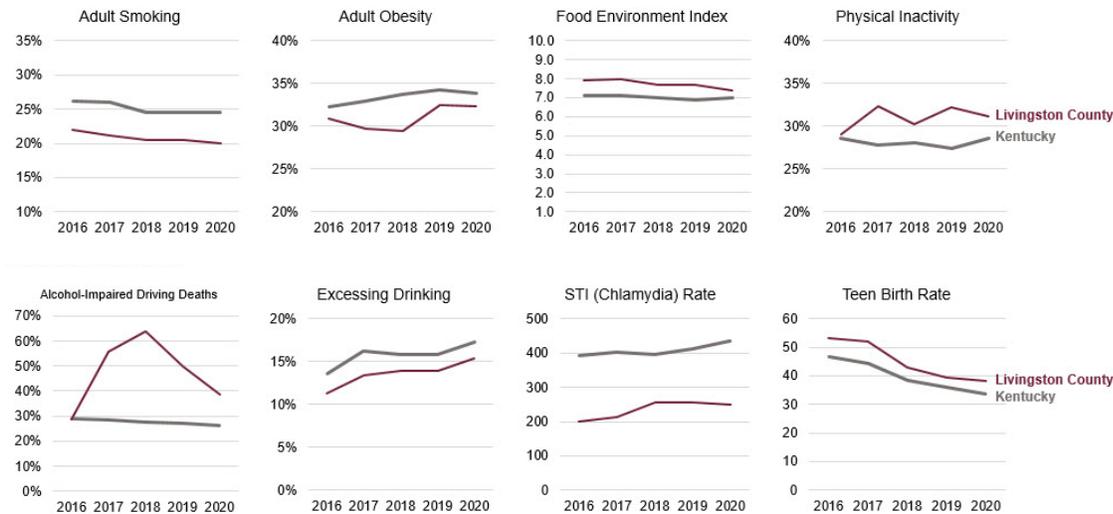
2016-2020 County Health Rankings Data Trends

Health Outcomes



- The middle three variables are based on self-reported data from BRFSS (Behavioral Risk Factor Surveillance System). The County trends for poor health days are close to the state average, while the self ratings of poor/fair health are lower for the County relative to the state.
- The County’s low birthweight is on a downward trend.

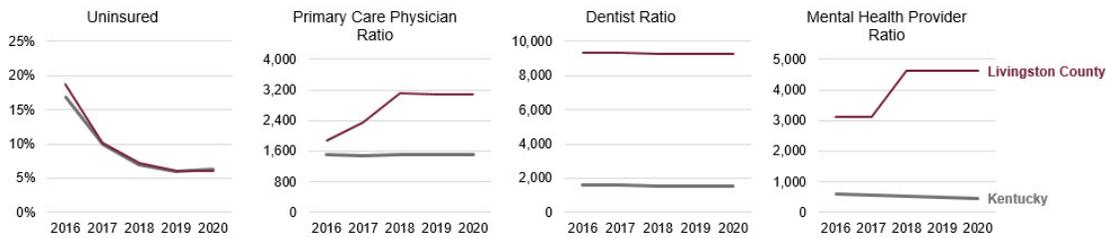
Health Behaviors



- Adult smoking in the County is lower than the state and on a downward trend.
- Adult obesity and physical inactivity in the County is trending upward overall.
- The higher the number on the USDA Food Environment Index (0-10) the better the Food Environment. The County has a higher score than the state average.
- There is an overall upward trend in alcohol-impaired driving deaths.
- There is an upward trend of excessive drinking in the County.
- The County’s STI rate is trending much lower than the state average.
- The County’s teen birth rates are trending downward.

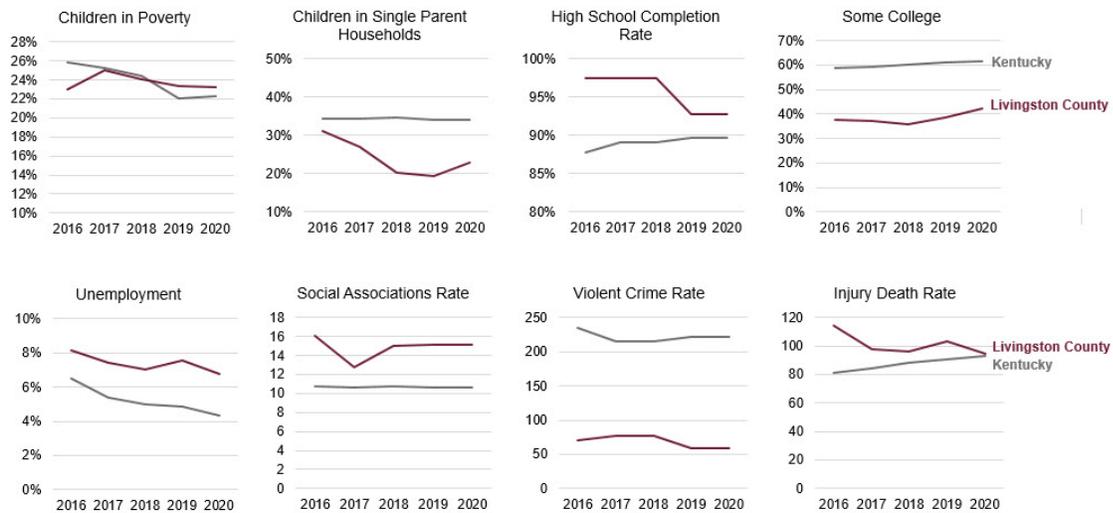
2016-2020 County Health Rankings Data Trends, continued

Access to Care



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

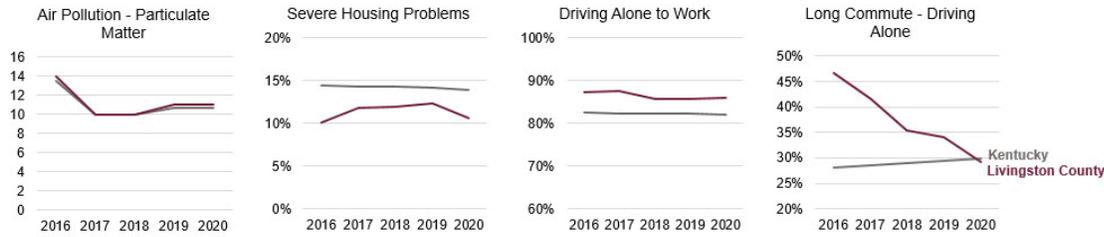
Social & Economic Factors



- The County has a higher percentage of children in poverty compared to the state and appears to be on a downward trend.
- The County has an overall downward trend in the percent of children in single parent households.
- County high school completion rates are above the state average, and percent of the County population with some college education is trending upwards.
- The unemployment rate is higher in the County compared to the state.
- The County’s rate of social associations is on a downward trend (again, pre-pandemic).
- The County’s injury death rate is trending downward.
- The violent crime rate in the County is much lower than the state average.

2016-2020 County Health Rankings Data Trends, continued

Physical Environment



- Air pollution in the County mirrors the state’s five year trend.
- The County’s severe housing problems has an overall steady trend.
- The County population driving alone to work and making long commutes driving alone are both on a downward trend.

Top 10 Invasive Cancer Incidence Rates

<i>All Genders, All Races</i>	Livingston County	Crude Rate	Age-adjusted Rate
Total all sites over 5 years (2015-2019)	386	837.2	546.2
Lung and Bronchus	80	173.5	105.6
Prostate (males only)	38	167.8	99.4
Colon & Rectum	38	82.4	51.3
Breast	35	75.9	50.3
Melanoma of the Skin	22	47.7	40.5
Kidney and Renal Pelvis	19	41.2	28.5
Thyroid	16	34.7	29.7
Pancreas	16	34.7	24
Non-Hodgkin Lymphoma	15	32.5	21.3
Miscellaneous	15	32.5	20.2

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 Livingston Hospital's patients and in particular how they pay, and why they visited.

Hospital Usage, 1/1/2021 - 12/31/2021

Patient Status	Total
Inpatient Discharges	472
Outpatient Visits	9,293

Hospital Inpatient Payer Mix, 1/1/2021 - 12/31/2021

Payer	
Commercial	82
Medicare (Excluding Medicare Manage Care)	248
Medicare Manage Care	103
Humana Medicaid Manage Care	2
Wellcare Medicaid Manage Care	19
Anthem Medicaid Manage Care	1
Aetna Medicaid Manage Care	3
Medicaid	11
Self-Pay	3

Hospital Outpatient Payer Mix, 1/1/2021 - 12/31/2021

Payer	Visits
Commercial	2,771
Medicare (Excluding Medicare Manage Care)	2,830
Medicare Manage Care	1,418
Humana Medicaid Manage Care	173
Wellcare Medicaid Manage Care	910
Anthem Medicaid Manage Care	334
Aetna Medicaid Manage Care	386
Medicaid	353
Self-Pay	118

Hospital Inpatient Diagnosis Related Group, 1/1/2021 - 12/31/2021

DRG Description	Discharges
Esophagitis, gastroenteritis & miscellaneous digestive disorders	25
Respiratory infections & inflammations	22
Kidney & urinary tract infections	21
Chronic obstructive pulmonary disease	19
Signs & symptoms	16
Simple pneumonia & pleurisy	15
Pulmonary embolism	14
Chronic obstructive pulmonary disease	11
Chronic obstructive pulmonary disease	11
Heart failure & shock	10

Community Steering Committee

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

These committee members represent organizations and agencies that serve the Livingston 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.

Livingston Hospital leadership recruited members of the community to serve on the steering committee. CEDIK representatives scheduled and completed the first meeting August 4th, 2022 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 November 30th, 2022, for the report of survey and focus group results along with selected secondary health data to inform and guide the prioritization process of the identified health needs. This resulted in the community steering committee making recommendations on the priority health needs for Livingston Hospital to address over the next three years.

Livingston Hospital Community Steering Committee

Name	Representing Organization
Jaycey Clark	Pennyrile District Health Department
Tyler Coleman	Farmers Bank
Charlie Day	First United Bank
Tonya Driver	Crittenden County Schools
Stephanie Henson	Livingston County Schools
Clay Hughes	Air Evac
David Meinschein	Livingston County Schools
Tiffany Newcome	Community Member
Jenny Orange	Pennyrile District Health Department
Wanda Paris	Community Member
Chuck Shockley	First United Bank

Community Feedback

The first meeting of the community steering committee was held August 4th, 2022, and members of the LHHS Community Health Needs Assessment steering committee participated in a focus group to discuss health needs, strengths of the current health care system and opportunities for improving health care services as well as additional community health related activities. The committee membership includes representation from the Livingston County Health Department, Chamber of Commerce, Livingston County Schools, business owners and Livingston County EMS. The members bring knowledge and expertise to the populations they serve. Four additional focus groups were conducted with the Livingston County Chamber of Commerce and with youth from Crittenden and Livingston County high schools. Seventy-five individuals participated in five focus groups. What follows is a summary of the responses that highlight the results of the conversations that identify strengths of the community and the healthcare system, challenges/barriers in the broader healthcare system and opportunities for improving the health of the community.



Focus Group Findings

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

- A shared community vision for a healthy Livingston County involves community engagement, healthy lifestyles, and access to care.
- The greatest health needs as identified by residents in Livingston County include chronic diseases, increasing opportunities for healthy choices, and increased access to care. The social determinants of health (SDoH) particular to Livingston County impact the greatest health needs.
- The perception of the current healthcare system in Livingston County exhibits the opinion that the local healthcare system is valued and hosts a variety of services, but there is a need for expanding access and increasing quality of services.
- To address the greatest health needs in Livingston County, both a healthcare approach and a community approach should be implemented.

Finding 1: A shared community vision for a healthy Livingston County involves community engagement, healthy lifestyles, and access to care.

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

Community engagement

- Awareness of currently available resources.
- Annual health fairs led by hospital for community, including free screenings.
- Community gardens at the park for more access to healthy foods.
- Community events, including 5ks, parades, etc.

Healthy lifestyles

- Healthier food choices.
- Swim classes.
- Trails added to city park.
- Mental health awareness.
- Improved student relationships.
- More parental involvement.
- Stress reduction for students.

Access to care

- Emergency and protection services (EMS, fire, law enforcement).
- Parks and recreation.
- Senior center – health education and screenings.
- Local health department.
- Exercise opportunities.
- In county treatment for mental health and substance use disorder.
- Access to fresh and healthy foods.
- Reliable internet and broadband access.

Finding 2: The greatest health needs as identified by residents in Livingston County include chronic diseases, increasing opportunities for healthy choices, and increased access to care. The social determinants of health (SDoH) particular to Livingston County impact the greatest health needs.

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

Chronic Diseases

- Substance use disorder including drugs and alcohol.
- Cancers – kidney, breast, colon.
- Depression, anxiety, and other mental health conditions.
- Obesity
- Dementia

Healthy Choices & Opportunities

- Tobacco use, including smoking and vaping.
- Sexual health.
- Not much access to physical fitness opportunities.

- Health literacy and education.
 - How to develop healthy relationships with food.
- Need for a coordinated effort to address substance use and its ripple effects on community.
- Resources for young parents.

Access to Care

- Lack of providers, community is looking for more MDs.
- Pediatric care.
- Few EMS opportunities (only 2 transport vehicles).

- Urgent care and trauma care.
- Cost of care causes some to postpone treatment with devastating results.
- Few mental health resources.
- Few treatment options for mental health and substance use.
- Not much awareness about current community resources.
- Autism assistance in schools and for parents.
- Access to immunizations.
- Childcare.
- Senior care and activities.
- Support for caregivers.

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

Physical Environment/Transportation

Transportation to and from essential services, particularly those located outside of the county, including healthcare is a barrier for vulnerable residents. Treatment for issues identified as great needs, including mental health and substance use, can only be found outside of the county.

Economic Security/Poverty

The community needs economic development regarding recruiting businesses to provide more jobs with a living wage to combat poverty and the sense of hopelessness in the area. Many cannot take off work to receive medical care and feel as though the lack of opportunity in the area causes many young people to leave.

Quality & Access to Health Education

Community members need health education to live healthier lives, which includes understanding a healthy diet and coping skills to combat mental health issues. There are some resources available, but many people do not know about them or how to access them.

Finding 3: The perception of the current healthcare system in Livingston County exhibits the opinion that the local healthcare system is valued and hosts a variety of services, but there is a need for expanding access and increasing quality of services.

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

Opportunities for System

- Expand care.
 - Pediatrics.
 - Dentistry and orthodontics.
- Increased marketing for all educational opportunities.
 - Shadowing programs.
 - Promote Medical Explorers Program.
 - Partner with HOSA students to assist with community health screenings.
- More funding to improve and update infrastructure hospital
- Have more options for community members uncomfortable with apps and other technology
- Long EMS response times (related to size of county and location of EMS)
- Promote current services and walk-in clinic
- Improve communication between provider and patient
- Increase community engagement

Strengths of System

- Kind staff makes community members feel welcome and cared for.
- Medical Explorers Program is a good opportunity for students.
- Hospital is a strong community partner and is visible at community events.
 - Works well with school and UK Extension.
- Patient Portal is helpful.
- Facility can do testing for procedures being done at other facilities saving travel time.
- Short ER wait time.
- Personalized service and care.
- Walk-in clinic.
- Air evacuation.
- Improved behavioral health resources.
- Quality long term care available at Salem/ Spring Lake nursing home.

Finding 4: To address the greatest health needs in Livingston County, both a healthcare approach and a community approach should be implemented.

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

Healthcare Approach

- Health education and health literacy classes for community.
 - Wellness days at schools focusing on student specific issues like mental health and vaping.
 - Nutrition education.
- Life skills courses, including financial literacy for families and students.
- Hospital partnering more with schools for career information and job shadowing.
- Opportunities for CAN program.

- Expanded services.
 - Orthopedics.
 - Physical therapy.
- Addiction and mental health treatment available in county.
- New health department facility.
- Raise awareness and market current services.

Community Approach

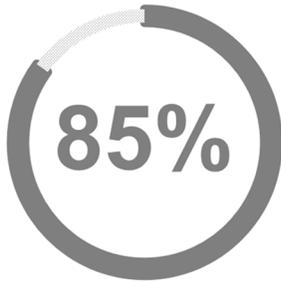
- More opportunities and entertainment for youth.
- Security in park and other public spaces to make them feel safer to residents.
- Swim classes.
- Small group led teen education.
- More parks and community spaces.
- Meeting people where they are by limiting barriers to resources.

Livingston Hospital Survey Results

FALL 2022

Respondent Demographics

135
Respondents



Respondents are female.

Additional responses: Male (15%).



Respondents are white.

Additional responses: Other (1%).



Respondents are living in their own home/apartment.

Additional responses: Living with family (parent(s), guardian, grandparents or other relatives) (18%).

Respondents by age group:

18-24	0%
25-39	22%
40-54	48%
55-64	20%
65-69	3%
70 or older	7%

Respondents by educational attainment:

College or above	74%
High School	20%
Technical school	5%
Other	1%

Income level of respondents:

\$0-\$24,999	5%
\$25,000-\$49,999	14%
\$50,000-\$74,999	18%
\$75,000-\$99,999	22%
\$100,000 or more	26%
Prefer not to answer	14%

Respondents by employment status:

Employed full-time	71%
Retired	16%
Unemployed	2%
Employed part-time	6%
Student	0%
Other	5%

Where respondents go for routine healthcare:

While 90% of respondents have a primary care provider,



regularly visit their primary care provider for a check-up.

Respondents also use these options:

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

**Barriers to receiving healthcare identified: lack of providers, cannot take off work, cannot afford it, no appointment available*

Access to healthcare:



Travel 20 miles or more to see a specialist.

Respondents chose from these options:

Less than 20 miles	33%
20-49 miles	38%
50-100 miles	22%
More than 100 miles	6%
I do not see any specialists	1%

97% of respondents use their own vehicle, while 3% travel in a friend/family vehicle.



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

3% of households surveyed do not have health insurance.



Of the 82% of respondents that have reliable internet access at home, the respondents that would be willing to use telemedicine.

The top three health challenges respondent households face:

High blood pressure	24%
Overweight/obesity	23%
Diabetes	14%
Mental health issues	10%
Dental health	9%
Cancer	5%
Respiratory/lung disease	4%
Heart disease and stroke	3%
Substance use disorder	0.4%
Child abuse/neglect	0.4%
HIV/AIDS/STDs	0%
Other	7%

Respondent household eligibility:

Medicare	33%
Medicaid	19%
Public housing assistance	0%
SNAP (Food stamp program)	2%
Commercial/private insurance	46%

Respondent household conditions:

High blood pressure	48%
Diabetes	24%
Mental illness	10%
Cancer	6%

Places respondents purchase fruits and vegetables:

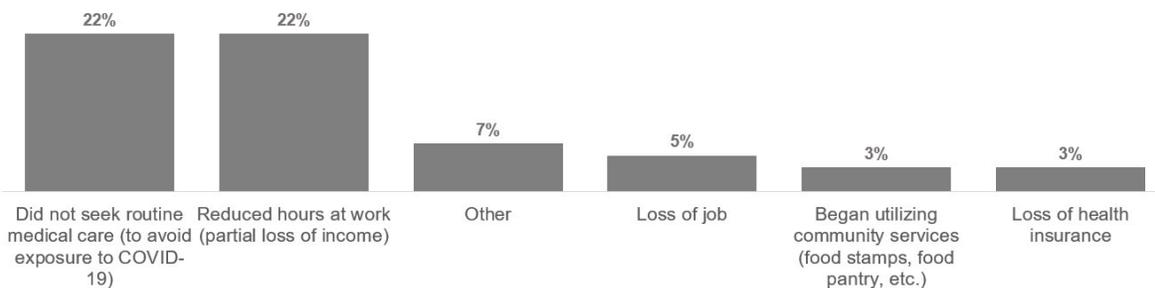
Farmers market/local grower	30%
Small convenience store/gas station	1%
Small retail stores (e.g. Dollar General)	11%
Large retail stores (e.g. Walmart)	54%
Other	4%

Reasons why respondents do not eat AMA daily recommended minimum fruits and vegetables:

Cost	6%
Limited options available	14%
Do not like taste of fruits and vegetables	25%
Lack of access to fruits and vegetables	4%
Lack of knowledge on how to prepare fruits and vegetables	10%
Other	41%

Lack of time, convenience of other foods, picky eaters

Respondent household impacts due to COVID-19 pandemic:

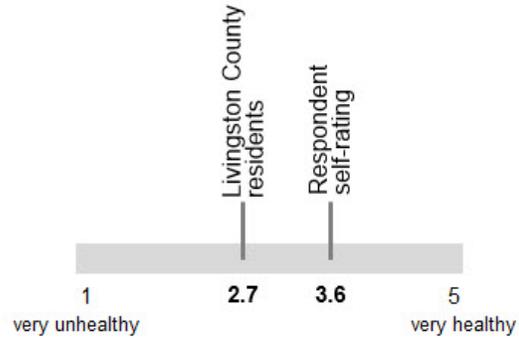


Respondents identified another 7% of impacts due to COVID-19: loss of loved one, long term financial issues, delayed dental care, isolation/anxiety. And 38% reported that they did not experience the survey identified impacts.

The top three risky behaviors seen most in the community:

Drug abuse	21%
Prescription drug misuse	15%
Overweight	14%
Tobacco use	11%
Alcohol abuse	10%
Poor eating habits	10%
Lack of exercise	8%
Unsafe sex	4%
Lack of access to healthy food	4%
Dropping out of school	1%
Other	1%

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



What types of treatment/support have you used for substance use disorders in the past 12 months?

Primary care provider	8%
Counselor/therapist	3%
Psychiatrist/Psychologist	1%
Alcoholics/Narcotics Anonymous	0%
Emergency department	1%
Medication Assisted Treatment (MAT)	0%
Faith based leader/program	1%
Support group	0%
Certified peer support specialist	0%
I have not needed to use treatment or support for substance use disorder	84%
Other	1%

What other drug/alcohol treatment services do you think are needed in the community? Select all that apply.

More mental health counseling services	15%
Life skills training	12%
Job opportunities (jobs for individuals in recovery)	10%
Detoxification treatment (inpatient)	10%
Residential treatment facilities (treatment in a controlled accountable environment)	10%
Skills training and education (GED, vocational, college)	9%
Sober living facilities (accountability program)	8%
Spiritual care (faith based treatment options)	8%
Opportunities for housing (housing for those in recovery and/or homeless)	8%
Medication assisted therapy (medication, used in combination with counseling and behavioral therapies, to treat substance use disorders)	7%
Peer support	3%



Respondent households have used the services of a hospital in the last 12 months.



Respondent households that used the services of Livingston Hospital.



Respondent households that used the services of another hospital.

Respondent satisfaction with overall experience at Livingston Hospital:

Very satisfied	61%
Satisfied	30%
Dissatisfied	4%
Very dissatisfied	5%

Hospital services respondent households used:

Emergency room for life-threatening issue	10%
Emergency room for non-life threatening issue	24%
Outpatient services (radiology, laboratory, therapy, etc.)	53%
Inpatient	13%

Most important qualities while receiving care at a hospital:

Effective treatment	34%
Nursing care	19%
Explanation of diagnosis	17%
Comfort of the hospital/environment	10%
Close to family/home	10%
Physical interaction with patients	8%
Other	2%

What could the hospital do to better meet your health needs?

Educational programs	23%
After-hours access	25%
Outpatient services	27%
Substance Use Disorder (SUD) services	19%
Other	5%

Respondents who used hospital services at other locations:

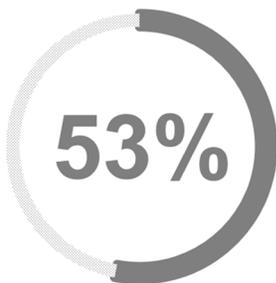
Where they went for services:	
Baptist Health Deaconess Madisonville	20%
Baptist Health Paducah	17%
Mercy Health	17%
Caldwell Medical Center	3%
Crittenden Medical Center	1%
Other	43%
<i>Vanderbilt, St. Vincent Evansville, Deaconess Henderson</i>	

Why they used a different hospital:	
Service I needed was not available	37%
My doctor referred me to another hospital	16%
I prefer larger hospitals	15%
My insurance requires me to go somewhere else	1%
Other	30%
<i>Closer to home, specialist or preferred doctor at another hospital</i>	

Services used in the last 12 months by respondent households:

	At Livingston Hospital	At another facility
Cardiology	9%	91%
Obstetrics/Gynecology	0%	100%
Radiology	83%	17%
Neurology	0%	100%
Psychiatry	20%	80%
Oncology (Cancer Care)	75%	25%
Urology	0%	100%
Orthopedics	5%	95%
Pulmonology (Lung Care)	44%	56%
Pediatrics	6%	94%
Dialysis	0%	100%
Primary Care	71%	29%
Drug/Alcohol Abuse	0%	100%
Outpatient Services (Laboratory, Physical/Occupational/Speech Therapies)	88%	12%
Infusion Therapy	33%	67%
Cardiac Rehabilitation	0%	100%

Respondent experiences and access to mental healthcare:



Respondent households that struggle with mental health issues. *84% have sought treatment.*

Respondent reasons for not seeking treatment:

Embarrassed to ask for help	33%
Treatment not covered by insurance	22%
Not sure where to access treatment	44%
Unable to get an appointment	0%
Lack of transportation to services	0%

Prioritization of Identified Health Needs

CEDIK reviewed findings from the community surveys, focus groups, key informant interviews and county specific secondary health data.

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

1. Magnitude and severity of the problem
2. Need among vulnerable populations
3. Community's capacity and willingness to act on the issue
4. Ability to have a measurable impact on the issue
5. Availability of hospital and community resources
6. Existing interventions focused on the issue
7. Whether the issue is a root cause of other problems
8. Trending health concerns in the community

Additional prioritization criteria can include: the importance of each problem to community members, evidence that an intervention can change the problem, and alignment with an organization.

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 Livingston Hospital for addressing health needs in Livingston County and the hospital service area for the next three years.

Prioritized Needs

1. Mental health - adults and children.
2. Increased specialty care in the county.
3. Marketing/promoting benefits of seeking care locally and available resources in the county.

Needs identified that will not be addressed:

Substance Use Disorder: Livingston Hospital is unable to provide substance use disorder treatment. However, we partner closely with Four Rivers Behavioral Health providers in Livingston County and Pennyroyal Behavioral Health in Crittenden County to provide substance use disorder treatment and counseling services.

Obesity/Nutrition: Livingston Hospital employs a full time registered dietitian who provides outpatient and inpatient individual consults related to nutrition education. The hospital also partners with the Pennyryle District Health Department to provide obesity and nutrition education.

Next Steps

Over the next four months, hospital administration and staff, 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 2023 through the end of Fiscal Year 2025.

Livingston Hospital 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 2025, Livingston Hospital 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. Livingston Hospital CHNA Survey
- C. Board Approval

2022 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	2018-2020
Poor or fair health	Behavioral Risk Factor Surveillance System	2019
Poor physical health days	Behavioral Risk Factor Surveillance System	2019
Poor mental health days	Behavioral Risk Factor Surveillance System	2019
Low birthweight	National Center for Health Statistics - Natality files	2014-2020

2022 Secondary Data Sources, continued

Health Behaviors	Source	Years of Data
Adult diabetes	Behavioral Risk Factor Surveillance System	2018-2020
Adult hypertension	Behavioral Risk Factor Surveillance System	2017-2019
Adult dental health	Behavioral Risk Factor Surveillance System	2016-2018
Food consumption	Behavioral Risk Factor Surveillance System	2017-2019
Adult smoking	Behavioral Risk Factor Surveillance System	2019
Adult obesity	United States Diabetes Surveillance System	2019
Food environment index	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2019
Physical inactivity	United States Diabetes Surveillance System	2019
Percent with Access to Exercise Opportunities	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2021
Excessive drinking	Behavioral Risk Factor Surveillance System	2019
Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2016-2020
Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2019
Teen births	National Center for Health Statistics - Natality files	2014-2020
Access to Care		
Uninsured	Small Area Health Insurance Estimates	2019
Primary Care Physicians	Area Health Resource File/American Medical Association	2019
Dentists	Area Health Resource File/National Provider Identification file	2020
Mental health providers	CMS, National Provider Identification	2021

2022 Secondary Data Sources, continued

Social & Economic Factors	Source	Years of Data
Percentage of adults ages 25 and over with a high school diploma or equivalent.	American Community Survey, 5-year estimates	2016-2020
High school completion	American Community Survey, 5-year estimates	2016-2020
Some college	Bureau of Labor Statistics	2020
Unemployment	Small Area Income and Poverty Estimates	2020
Children in poverty	American Community Survey, 5-year estimates	2016-2020
Income inequality	American Community Survey, 5-year estimates	2016-2020
Ratio of household income at the 80th percentile to income at the 20th percentile.	American Community Survey, 5-year estimates	2016-2020
Children in single-parent households	County Business Patterns	2019
Percentage of children that live in a household headed by a single parent.	Uniform Crime Reporting - FBI	2014 & 2016
Social associations	National Center for Health Statistics - Mortality Files	2016-2020
Number of membership associations per 10,000 population.		
Violent crime		
Number of reported violent crime offenses per 100,000 population.		
Injury deaths		
Number of deaths due to injury per 100,000 population.		
Physical Environment		
Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	Environmental Public Health Tracking Network	2018
Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	Safe Drinking Water Information System	2020
Drinking water violations	Comprehensive Housing Affordability Strategy (CHAS) data	2014-2018
Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	American Community Survey, 5-year estimates	2016-2020
Severe housing problems	American Community Survey, 5-year estimates	2016-2020
Percentage of the workforce that drives alone to work.	American Community Survey, 5-year estimates	2016-2020
Driving alone to work	American Community Survey, 5-year estimates	2016-2020
Among workers who commute in their car alone, the percentage that commute more than 30 minutes.		
Long commute - driving alone		
commute more than 30 minutes.		

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
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	CMS, National Provider Identification	2015	2019
Social & Economic Factors			
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
Unemployment	Bureau of Labor Statistics	2014	2018
Children in poverty	Small Area Income and Poverty Estimates	2014	2018
Children in single-parent households	American Community Survey, 5-year estimates	2010-2014	2014-2018
Social associations	County Business Patterns	2013	2017
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			
Air pollution - particulate matter	CDC WONDER Environmental data, Environmental Public Health Tracking Network	2011	2014
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

We want to better understand your health needs and how the hospital and its partners can better meet those needs. Please take 5-10 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. Do you have a primary care provider?

- Yes
- No

Q3. Do you regularly visit your primary care provider for a check-up?

- Yes
- No

Q4. Where do you or anyone in your household go for routine healthcare such as annual checkups and wellness exams? Select all that apply.

- Provider's office
- Emergency room
- Health department
- Urgent care center
- I do not receive routine healthcare
- Other. Please specify:

Q5. If you answered *I do not receive routine healthcare* to the previous question, please select all that apply as to why:

- No appointment available
- Lack of providers in my community
- No transportation
- Cannot take off work
- Cannot afford it
- Other. Please specify:

Q6. How far do you or anyone in your household travel to see a healthcare specialist?

- Less than 20 miles
- 20 - 49 miles
- 50 - 100 miles
- More than 100 miles
- I do not see any specialists

Q7. Have you or someone in your household used the services of a hospital in the past 12 months?

- Yes
- No

Q8. Did you use the services of Livingston Hospital?

- Yes
- No

Q9. Did you use the services of another hospital?

- Yes
- No

Q10. If you used services at another facility, which hospital did you use?

- Crittenden Community Hospital
- Caldwell Medical Center
- Mercy Health
- Baptist Health Paducah
- Baptist Health Deaconess Madisonville
- Other. Please specify:

Q11. What services did you use?

- Emergency room for life-threatening issue
- Emergency room for non-life threatening issue
- Outpatient services (radiology, laboratory, therapy, etc.)
- Inpatient

Q12. Why did you or someone in your household go to a hospital other than Livingston Hospital?

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

Q13. If you received care at Livingston Hospital how satisfied were you with your overall experience?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

Q14. While receiving care in a hospital, what is the most important to you? **Please mark three.**

- Nursing care
- Comfort of the hospital/environment
- Close to family/home
- Physical interaction with patients
- Explanation of diagnosis
- Effective treatment
- Other

Q15. Have you or someone in your household used any of the services below in the past 12 months? Please mark all that apply.

	At Livingston Hospital	Other Facility
Cardiology	<input type="radio"/>	<input type="radio"/>
Obstetrics/Gynecology	<input type="radio"/>	<input type="radio"/>
Radiology	<input type="radio"/>	<input type="radio"/>
Neurology	<input type="radio"/>	<input type="radio"/>
Psychiatry	<input type="radio"/>	<input type="radio"/>
Oncology (Cancer Care)	<input type="radio"/>	<input type="radio"/>
Urology	<input type="radio"/>	<input type="radio"/>
Orthopedics	<input type="radio"/>	<input type="radio"/>
Pulmonology (Lung Care)	<input type="radio"/>	<input type="radio"/>
Pediatrics	<input type="radio"/>	<input type="radio"/>
Dialysis	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>
Drug/Alcohol Abuse	<input type="radio"/>	<input type="radio"/>
Outpatient Services (Laboratory, Physical Therapy, Occupational Therapy, Speech Therapy)	<input type="radio"/>	<input type="radio"/>
Infusion Therapy	<input type="radio"/>	<input type="radio"/>
Cardiac Rehabilitation	<input type="radio"/>	<input type="radio"/>

Q16. Are you or anyone in your household without health insurance currently?

- Yes
- No

Q17. Have you or anyone in your household delayed healthcare due to lack of money and/or insurance?

- Yes
- No

Q18. Do you or someone in your household receive treatment for any of the following conditions?

- Diabetes
- High blood pressure
- Cancer
- Mental illness
- Drug/alcohol abuse

Q19. Are you or any members of your household currently eligible for any of the services listed below? Select all that apply.

- Medicare
- Medicaid
- Public housing assistance
- SNAP (Food stamp program)

Q20. 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
- Reduced hours at work (partial loss of income)
- Utilized community services (food stamps, food pantry, etc.)
- Did not seek routine medical care (to avoid exposure to COVID-19)
- Long-term COVID-19 related health problems
- Other. Please specify:

-
- None of the above

Q21. Please select the TOP THREE **health challenges** you or anyone in your household face. Select only three.

- Cancer
- Diabetes
- Mental health issues
- Heart disease and stroke
- High blood pressure
- HIV/AIDS/STDs
- Overweight/obesity
- Respiratory/lung disease
- Drugs/alcohol addiction or Substance Use Disorder (SUD)
- Dental health
- Child abuse/neglect
- Other

Q22. What type of treatment and/or support have you used for substance use disorders in the past 12 months? Select all that apply.

- Alcoholics/Narcotics Anonymous
 - Counselor/therapist
 - Emergency department
 - Medication Assisted Therapy (MAT)
 - Certified peer support specialist
 - Primary care provider
 - Psychiatrist/Psychologist
 - Faith based leader/program
 - Support group
 - I have not needed to use treatment or support for substance use disorder
 - Other. Please specify:
-

Q23. Have you or someone in your household delayed care for drug/alcohol addiction (Substance Use Disorder) for any of the following reasons? Select all that apply.

- Cost
 - Transportation
 - Afraid loved one will find out
 - Lack of emotional support/mental health providers
 - Does not apply
 - Other. Please specify:
-

Q24. Do you or anyone in your household struggle with mental health issues such as anxiety, depression, bipolar disorder, schizophrenia, multiple personality disorder, PTSD, substance use disorder, etc.?

- Yes
- No

Q25. If you answered yes to question 24, did you or your householder seek treatment?

- Yes (skip to question 27)
- No

Q26. If you answered no to question 25, what was the reason? Select all that apply.

- Unable to get an appointment
- Treatment not covered by insurance
- Embarrassed to ask for help
- Not sure where to access treatment
- Lack of transportation to services

Q27. How would you rate **own personal health**?

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

Q28. How would you rate the overall **health of your community**?

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

Q29. Please select the TOP THREE **risky behaviors** you see most in your community. Select only three.

- Alcohol abuse
 - Tobacco use
 - Unsafe sex
 - Prescription drug misuse
 - Overweight
 - Poor eating habits
 - Lack of exercise
 - Lack of access to healthy food
 - Dropping out of school
 - Drug abuse
 - Other. Please specify:
-

Q30. What could the hospital do to better meet the community's health needs?

- Educational programs
 - After-hours access
 - Outpatient services
 - Substance Use Disorder (SUD) services
 - Other. Please specify:
-

Q31. What other drug/alcohol treatment services do you think are needed in the community? Select all that apply.

- More mental health counseling services
 - Medication assisted therapy (medication, used in combination with counseling and behavioral therapies, to treat substance use disorders)
 - Residential treatment facilities (treatment in a controlled accountable environment)
 - Detoxification treatment (inpatient)
 - Opportunities for skills training and education (GED, vocational, college)
 - Job opportunities (jobs for individuals in recovery)
 - Spiritual care (faith based treatment options)
 - Life skills training
 - Sober living facilities (accountability program)
 - Peer support
 - Recovery community (sober community)
 - Hepatitis C treatment
 - Other. Please specify:
-

Q32. What other healthcare services do you feel should be provided in your community?

Q33. According to American Heart Association, a person should eat a minimum of 5 servings of fruits and vegetables (2 fruit and 3 vegetables) daily. If you do not eat the minimum recommended servings of fruits and vegetables daily, what are the reasons? Select all that apply.

- Lack of access to fruits and vegetables
- Cost
- Lack of knowledge on how to prepare fruits and vegetables
- Limited options available
- Do not like taste of fruits and vegetables
- Other. Please specify:

Q34. Where do you or others in the community purchase fruits and vegetables? Select all that apply.

- Farmer's market/local grower
- Small convenience store/gas station
- Small retail stores (ex. Dollar General)
- Large retail stores (ex. Walmart, IGA, Save-a-lot, etc.)
- Other. Please specify:

Q35. What is your age?

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

Q36. What is your gender?

- Male
- Female
- Other _____

Q37. What ethnic group do you identify with?

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

Q38. 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, car, homeless camp, abandoned building)
- Living in recovery housing
- Living in a recovery treatment facility
- Living in a hotel or motel
- Staying in an emergency shelter or transitional living program
- Staying with someone I know

Q39. What is the highest level of education you have completed?

- High School/GED
 - Technical school
 - College or above
 - Other. Please specify:
-

Q40. What is your annual household income?

- \$0 - \$24,999
- \$25,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 or more
- Prefer not to answer

Q41. What is your current employment status?

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

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

Approval

This Community Health Needs Assessment was approved by the Livingston Hospital Board on December 15, 2022.



SIGNATURE

12/15/2022

DATE