AWP 3.0

HEALTH REPORT

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About AWP

The purpose of the Athens Wellbeing Project (AWP) is to provide comprehensive data from a representative sample of households on our unique needs and assets in Athens-Clarke County. Launched in 2016, the AWP is championed by the Athens Area Community Foundation. Three rounds of survey data collection have been completed-- version 1.0 in Fall 2016, version 2.0 in Fall 2018/Winter 2019, and version 3.0 in Fall 2021/Winter 2022--with the intent of building a longitudinal dataset across time.

AWP data provide information across all domains of life in our community. These include:

- **Lifelong Learning**
- **Health**
- **Housing**
- **Community Safety**
- **Civic Vitality**

The AWP is pioneering an unprecedented collaboration of community leaders, using a data collection approach that is representative of our community. The research design and community participation incorporates vulnerable populations providing unique opportunities to understand wellbeing across all groups in our county.

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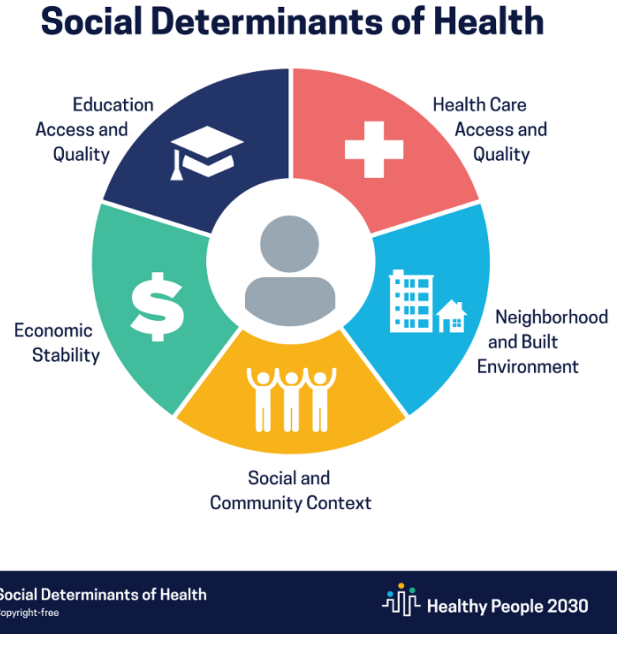
INTRODUCTION

Understanding Health

To understand health in our community, and to work towards improving wellbeing, we must look at multiple dimensions of individual and family life. Health outcomes are critical to examine and are presented in the "health needs" section of this report, but health is composed of many different components. To help us define, understand, and measure health at Athens Wellbeing Project, we use a Social Determinants of Health Framework (SDOH). SDOH is a framework that helps us understand how health is determined and can be used to motivate the examination of other aspects of health and healthcare in addition to health outcomes. This approach incorporates healthcare access, healthcare utilization, health behaviors, and supply of providers on the health of families in our community, in addition to other factors that includes (but is not limited to) the neighborhood and built environment, housing, education, and social capital.

Health is linked to income and education, which is also inextricable from health insurance coverage. The intersectionality of these characteristics is important to examine when trying to understand health needs. Athens-Clarke County is a community that has high levels of poverty and need, but also significant wealth and resources. Systematic disparity cuts across all domains of life for low income families, racial and ethnic minorities, and those with a high school education or less. Poverty and health disparity falls disproportionately on children and older adults--which is important to consider given that over 40% of our population has school-aged children in the household and many Athens residents are older adults. Finally, while healthcare access is a function of many factors, a primary consideration is transportation. While most respondents rely on a personal vehicle for transportation, many respondents use multiple sources of transportation in addition to personal vehicles, including public transportation (bus system), taxis or Uber/Lyft, or bicycles. Seventeen percent of low income residents rely on the bus as their primary transportation--which can make accessing healthcare and other services a challenge.

The figure to the right presents a simple model of the determinants of health. In the following sections, we will examine aspects of social determinants (e.g.socioeconomic status), health insurance coverage, healthcare access, healthcare utilization, health behaviors, and supply-side data on healthcare providers. Each of these areas has distinct yet interconnected effects on health and health outcomes. As we broaden our understanding of what health means, we are better able to address disparities across our community to improve wellbeing over time.



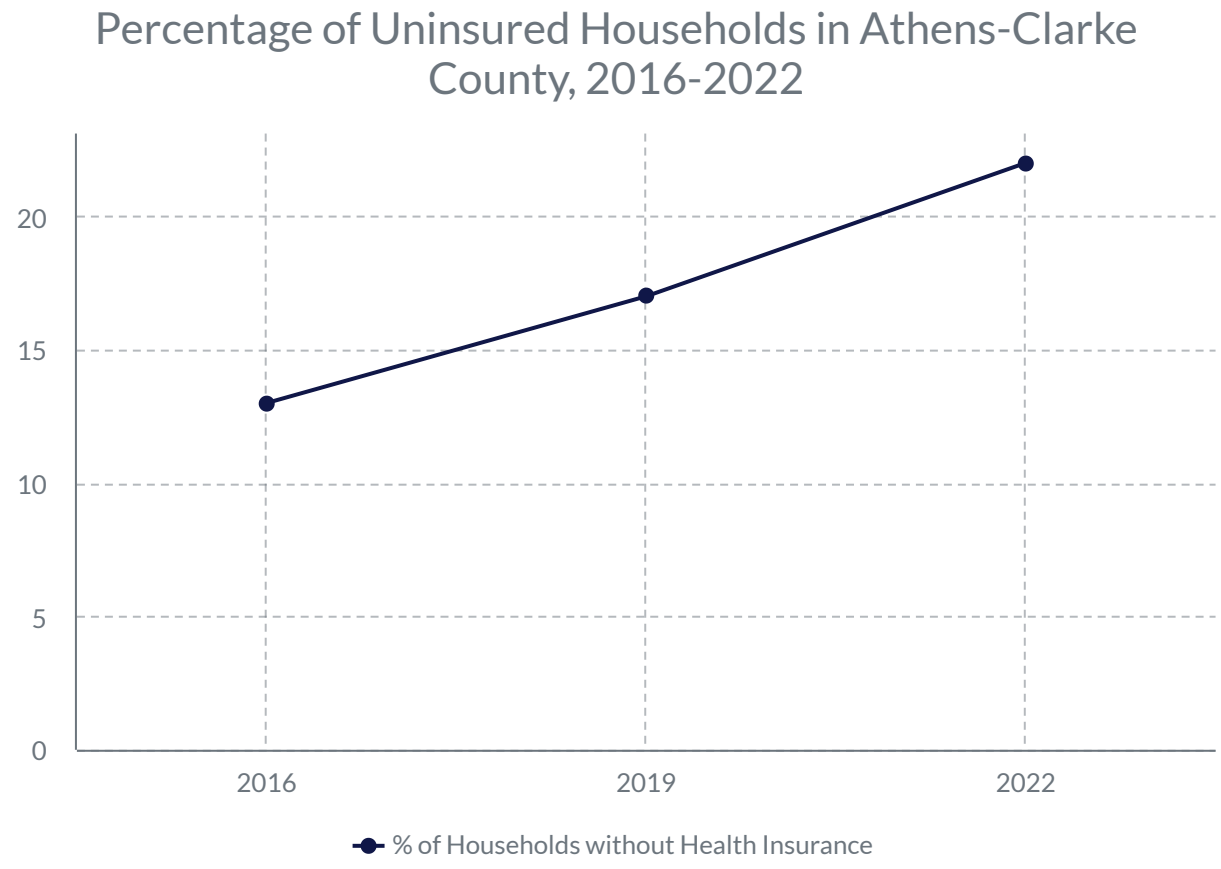
HEALTHCARE ACCESS

Complexity of Healthcare Access

Healthcare access is complex. It includes some of the social determinants of health such as transportation and health insurance coverage, in addition to physical and mental ability and willingness to go to healthcare providers. Access is also a function of knowledge of service providers, and stigma of pursuing healthcare or treatment (especially for behavioral health). One of the greatest factors determining healthcare access, however, is affordability. While insurance coverage significantly assists patients in affording their care, it does not always guarantee access to care. Cost burdens of deductibles, co-pays, and co-insurance are prohibitive for many patients who are on a budget--especially older adults and low income families.

The AWP 2.0 estimates show that 81% of our population had health insurance coverage in 2018. This is a statistically significant decrease from the 2016 data, when 87% of families had coverage. Across income categories, over 87% of households are employed. Though levels of employment remained steady across income levels, likelihood of having health coverage decreased incrementally as income decreased. Families who are low income and employed were significantly less likely to have health and dental insurance through their job, and thus were less likely to have access to the healthcare they need. Survey respondents were asked about whether they were able to access the mental health care, dental care, and substance use disorder treatment (if needed) in the last 12 months.

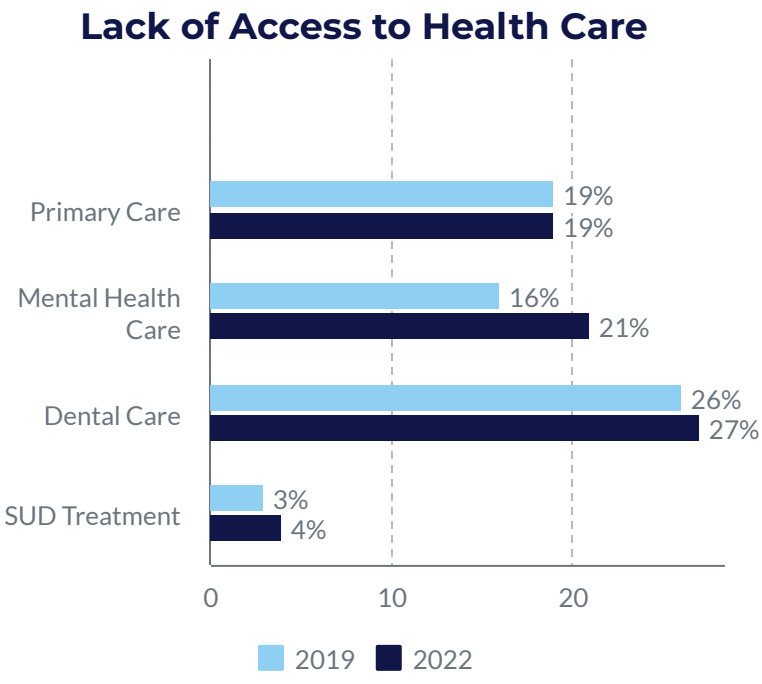
Figure 1. Insurance Coverage in Athens, AWP 1.0 through 3.0.



http://athenswellbeingproject.org/

HEALTHCARE ACCESS

Healthcare access is in part a function of having health insurance, but there are other factors that impact access as well. These factors include affordability, acceptance of insurance, supply-side factors such as number of providers and location of providers, and even paid time off from work to attend appointments. In addition to increases in the proportion of families without health insurance, we have seen increases in the proportion of families struggling to access the care they need in the following categories: primary care, mental health care, dental care, and Substance Use Disorder (SUD) treatment. The comparisons between 2019 and 2022 sample data are shown in the figure to the right.



Main Barriers to Healthcare Access

1

BEING UNINSURED

Healthcare insurance coverage has eroded in this community over the last 7 years. **22% of households do not have health insurance.**

2

INSURANCE TURNED AWAY

Many Athenians had their healthcare coverage refused by a doctor's office or clinic. **23% were told by a provider their type of insurance would not be accepted.**

3

CANNOT AFFORD CARE/MEDICAL BILLS

21% of respondents said that they had difficulty paying medical bills in the last three months.

4

SUPPLY ISSUES: NOT ENOUGH PROVIDERS

Athens-Clarke County is a **Health Provider Shortage Area**, particularly for dental and mental health care, and for primary care for low-income patients. There are not enough providers across all three areas of care.

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HEALTHCARE ACCESS

Table 1. Barriers to Mental Health Care Access & Utilization.

1	Could not afford the cost	53%
2	Did not know where to go	29%
3	Insurance does not pay enough for mental health treatment	22.3%
4	Insurance does not cover mental health treatment	19.4%
5	Afraid the mental health provider would not keep information confidential	9%
6	Concerned you might be admitted to a psychiatric hospital or might have to take medicine	8.2%
7	Concerned that getting treatment would have a negative effect on your job	8.2%
8	Concerned about stigma, or what others would think of you in treatment	7.4%

Table 2. Barriers to Substance Use Disorder (SUD) Treatment.

1	Not ready to stop using alcohol and/or drugs	34%
2	No health coverage & could not afford the cost	32%
3	Had health coverage and still could not afford the cost	26%
4	No program that offered the kind of treatment desired	22%
5	Did not know where to go	17.4%
6	Concerned about stigma, or what others would think of you in treatment	16%
7	No transportation	15%
8	Concerned that getting treatment would have a negative effect on your job	15%
9	Treatment program desired had no openings	8%

HEALTHCARE UTILIZATION

Use of Healthcare in Our Community

Healthcare utilization was captured by asking several questions about whether respondents had trouble finding a doctor in the last twelve months, with a follow up question on whether they ultimately found a physician after having trouble. In the full sample, approximately 19% of households had trouble finding a doctor. Among these households, approximately 70% indicated that they did ultimately find a provider. Households were also asked if their insurance had been refused by a provider in the last 12 months. In the full sample, 23% of households experienced insurance refusal (up from 20% in 2019). Among low income households, this increased to over 30% of families having their insurance refused by a provider.

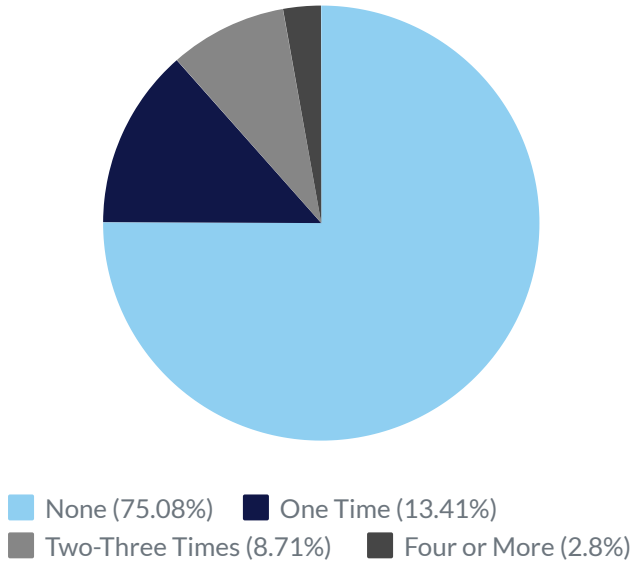
Families with children were asked whether their children had a child well visit in the last 12 months, which is the clinical standard of care for children. Between AWP 2.0 and AWP 3.0, we saw a fifty percent increase in the proportion of families who did not have a child well check in the last 12 months--in AWP 2.0 2019 survey data, 10% of families with children had not received a child well check in the last 12 months; in AWP 3.0 2022 data, 15% of families with children had not received a child well check in the last 12 months.

Emergency Department Utilization

The survey also asked about Emergency Department (ED) utilization in the last twelve months. Both the frequency of ED use and the reason for use was captured separately for adults and children in the household. Families were asked to select the reason for their ED use and were allowed to choose more than one reason. Among adults, 25% of households had at least one ED visit in the last 12 months. Among those that had a visit, ***12% indicated that they rely on the ED as their sole source of primary care.*** Only 2.8% of households had four or more ED visits, the overwhelming majority of households with a visit had only one in the last 12 months. Common reasons for going to the ED included other providers not being open (31%) and the ED being the closest provider in proximity (20%).

Figure 2. Emergency Department Utilization in 2022, AWP 3.0.

Emergency Department Utilization: Number of Times in the ED in the Last 12 Months.



HEALTH OUTCOMES

Prevalence of Disease

Chronic conditions are measured by asking whether there is anyone in the household with the conditions listed in the following table. The overwhelming majority (78%) of households have at least one chronic condition present among household members, leaving only 22% without chronic conditions. The most common conditions among Athens households include anxiety, depression, high blood pressure, high cholesterol, obesity, and asthma. Many of these conditions are common comorbidities, meaning that when one is present, additional conditions are also likely.

Table 3. Prevalence of Household Chronic Conditions.

High Blood Pressure	31%
High Cholesterol	22%
Anxiety	38%
Depression	32%
AUD or SUD	6.5%
Asthma	19%
Obesity	19%
Cancer	10%
Other Mental Health Disorders	9%
Chronic Pain	13.2%
Heart Disease	6%
Arthritis	14%
Diabetes	13.3%
No Chronic Conditions Present in Household	22%

BEHAVIORAL HEALTH

Behavioral Health Crisis

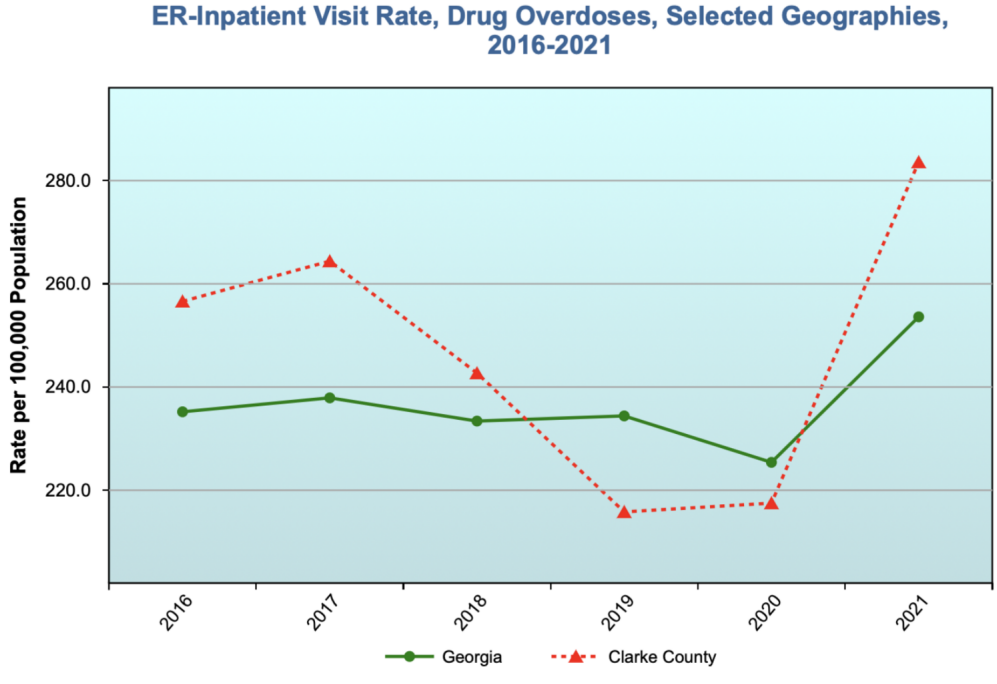
Behavioral health is the umbrella term for both mental health issues and substance use disorders (drug and/or alcohol disorders). One of the most pressing areas of concern in our community's health is behavioral health. The social isolation and decrease in healthcare utilization during the global pandemic exacerbated mental illness and SUDs already present, and caused new illness. Compounding factors also include decreases in insurance coverage and healthcare access, provider shortages, and the grief associated with losing loved ones.

We are arguably in the midst of a behavioral health crises. Indicators help illustrate the point, including drug overdose deaths, misuse of prescription drugs, drug and mental health-related emergency room visits, and the inability to access mental health and substance use disorder treatment when needed. The following data show some of these outcomes and present data across time when possible to show the stark increases in adverse outcomes for behavioral health in Athens-Clarke County, particularly since the onset of the pandemic.

Misuse of Prescription Drugs

The rise of the opioid crisis has equated to loss of years in life expectancy in the United States. Much of the problem comes from misuse and abuse of prescription drugs, which can lead to substance use disorder, overdose, and death. The AWP survey asked households if they had ever, even once, used a prescription differently than it had been prescribed. Over 12% of households indicated that they had misused prescription drugs.

Figure 3. Drug Overdose ER Visit Rate, 2016-2021. Source: Georgia Department of Public Health OASIS.



BEHAVIORAL HEALTH

**Figure 4. Mental Disorder ER Visit Rate, 2002-2021.
Source: Georgia Department of Public Health OASIS.**

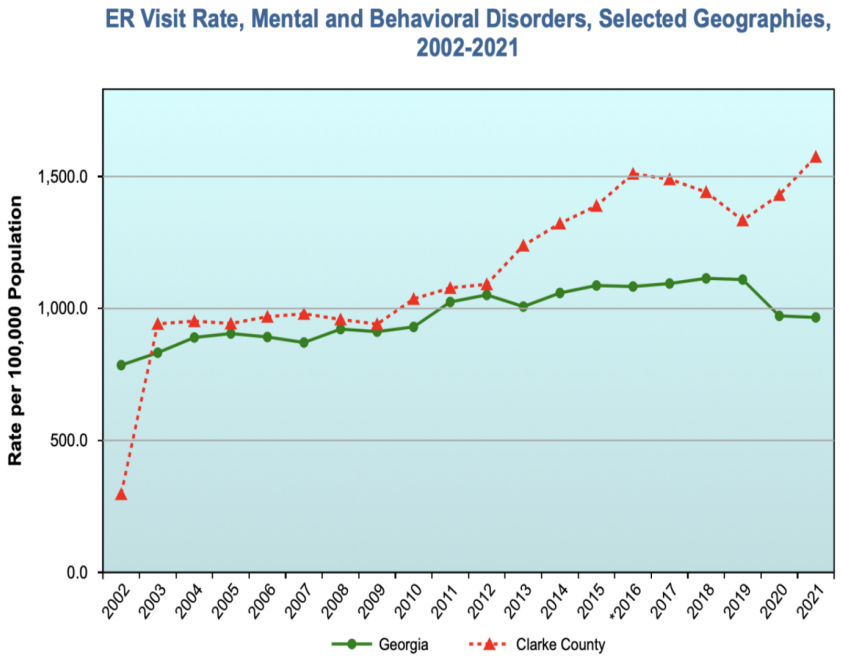
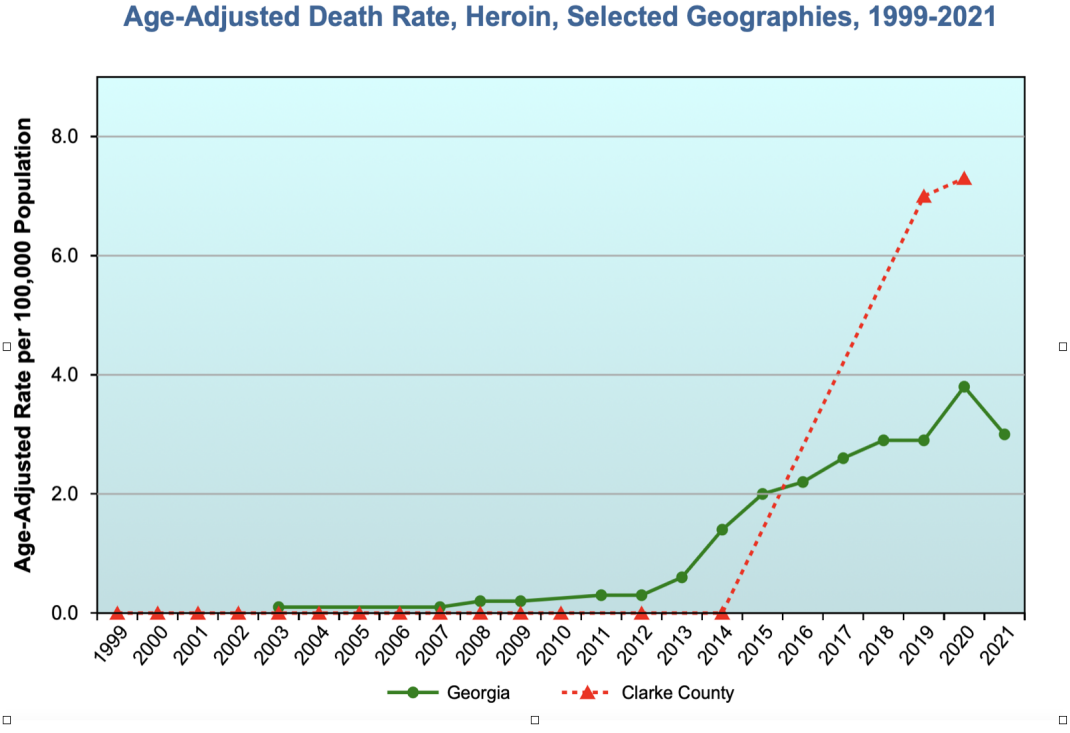
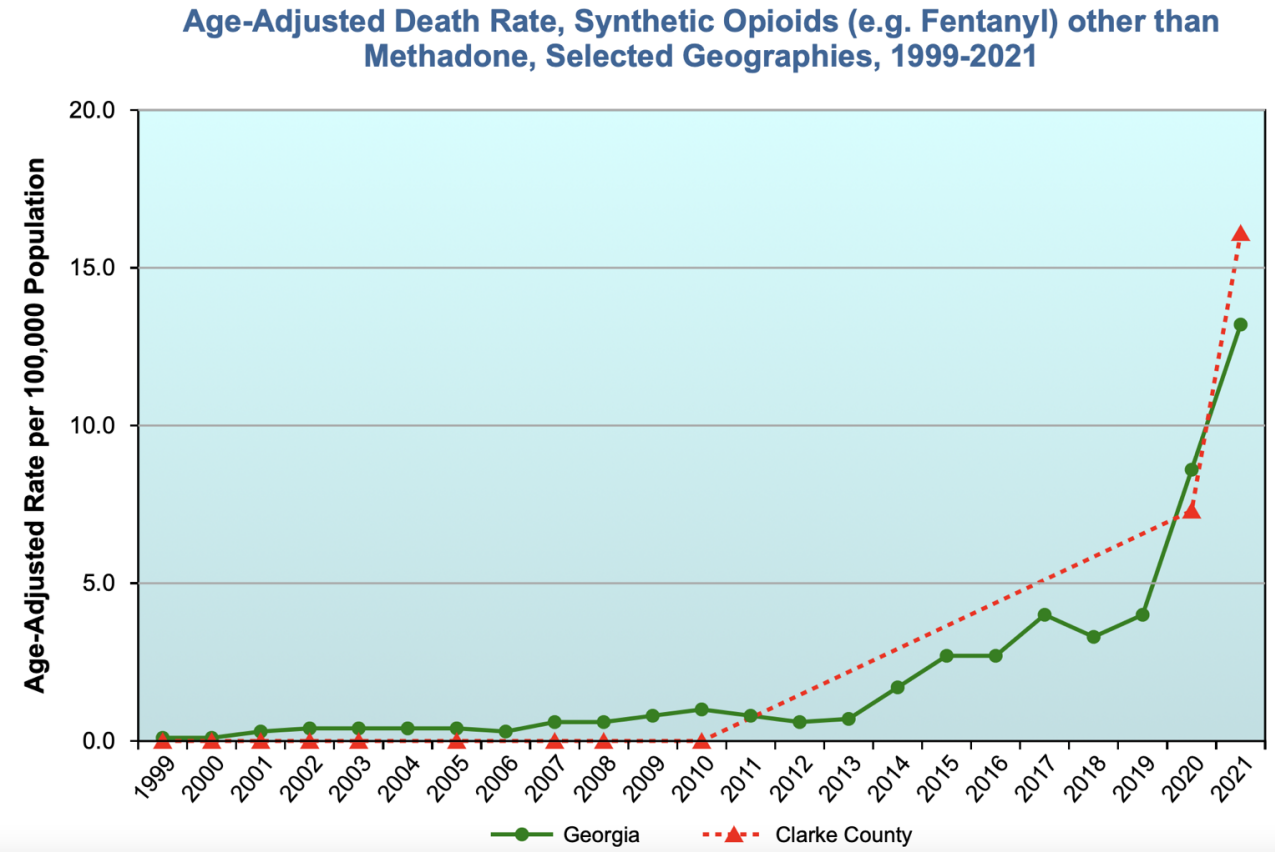


**Figure 5. Heroin Death Rate, 1999-2021.
Source: Georgia Department of Public Health OASIS.**



BEHAVIORAL HEALTH

Figure 6. Synthetic Drugs Death Rate, 1999-2021.
Source: Georgia Department of Public Health OASIS.



SPECIAL SUPPLEMENT: COVID19

COVID19 & the Behavioral Health Connection

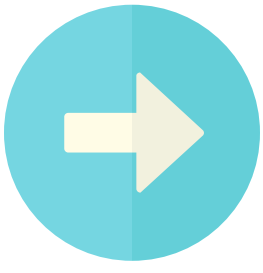
From March 2020 through the time data collection completed for the AWP 3.0 survey in February 2022, almost a million Americans had lost their lives to COVID19. Local deaths in Athens-Clarke County are tracked by the Georgia Department of Public Health, but data on those experiencing the loss of a loved one and the grief that ensues from that loss were nonexistent before the AWP 3.0 survey.

To understand the impact of COVID19-related loss and other types of loss, we measured whether a respondent household had experienced the loss of a close family member or friend in the two years prior to taking the survey (2020 & 2021). We then also asked of those that had experienced a loss, whether the loss was due to the COVID19 virus. We found almost **half** (49%) of households had experienced a loss of a close friend or family member in the last two years. Of those, 41% of those losses were directly due to the virus. The effect of these losses cannot be overstated--and it is important to remember that many, if not most, of the households that experienced a loss were denied the ability to grieve together in community through funerals and other memorial gatherings that typically take place when a loved one dies.

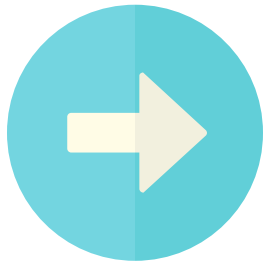
Taking the prevalence of loss and death together with the decrease in social gatherings with family and friends, we can see a direct connection to the increase in anxiety and depression shown in the behavioral health and health outcomes sections above. The three year period (2020-2022) of the pandemic took a toll on thousands of households in our community, with loss of life and decreases in overall health for those who experienced COVID19 and have not fully recovered, in addition to the grief and isolation experienced by everyone during this time.

Moving into the next phase of pandemic recovery, it is important that our healthcare and social service providers are supported in providing the services needed to improve access and utilization of services that will assist in the healing process of the families that need help. In addition to the hardships experienced by families in our community, providers also struggled during this period because of the demands of their work and the risk associated with providing services during the pandemic (especially in the period before vaccines and other therapeutics were available).

Findings from an AWP Behavioral Health Needs Assessment conducted in 2021 found that burnout among healthcare providers was a significant challenge in Athens-Clarke County. Providers experienced fatigue and high levels of work-related stress that were beyond what they typically experienced because of the intense levels of need seen in their patients. Acknowledgment of the intense stress on both the family/patient side and the provider/supply side is important as we move toward addressing behavioral health needs in this post-pandemic period.



49%
Lost a loved one



41%
Loss due to COVID

HEALTH BEHAVIORS

Are Athens residents making healthy choices?

Health behaviors are integrally linked to health outcomes. The AWP survey captured several dimensions of such behavior, including: smoking, nutrition and dietary habits, misuse of prescription drugs, and aspects of social capital (e.g. frequency of interaction with friends and loved ones). Overall, there has been little change in smoking behavior since 2015. Nutrition continues to be a major concern--especially in regard to hunger and food insecurity. The degree of social isolation experienced by many individuals in our community was concerning in 2018 with the AWP 2.0 data; this isolation has increased dramatically over the course of the last three years, mainly due to the COVID19 pandemic.

Tobacco Consumption

One of the greatest public health challenges in our society is tobacco consumption. Smoking causes cancer and premature death, yet persists at alarming rates in our population. In Clarke County, AWP data show that 21% of households in the full sample and 25% of low income households report having a smoker in the home. Additional concerns arise from the prevalence of e-cigarettes which have increased in popularity, especially among adolescents.

Nutrition

Lack of adequate nutrition is linked to myriad adverse health outcomes, including chronic conditions such as diabetes and obesity. In our community, one in ten families (10%) has gone hungry in the last 30 days and one in four (25%) families cannot afford to consistently eat balanced meals. Hunger has been most recently defined by the USDA as "the uneasy or painful sensation caused by lack of food. It is not directly measured but considered 'an individual-level physiological condition that may result from food insecurity.'"Food insecurity is defined as "households struggling to acquire adequate food for one or more household members because they had insufficient money and other resources for food." Hunger is the physical sensation; food insecurity is an economic condition. Both of these problems significantly affect nutrition and health outcomes in Athens-Clarke County families.

Exercise

Part of living a healthy lifestyle includes exercise, ideally several times a week for at least 30 minutes per day. In AWP 3.0, we measured household exercise habits by asking how many days in the past seven days the respondent had exercised with some level of rigor (enough to breathe hard or break a sweat) for at least 20 minutes per day. We found the average respondent had exercised three days in the previous week.

Social Capital

Loneliness and social isolation have direct implications for physical and mental health. When we are connected to friends, family, and loved ones, we are healthier and happier. In the AWP 2.0 survey (2018-2019 data), almost half of respondents indicated that they did not see family or friends outside of work on a weekly basis. By 2022, that had increased to over 56%. Social isolation increased significantly between 2.0 and 3.0 data collection periods, in large part due to the COVID19 pandemic.

ATHENS
WELLBEING PROJECT

THANK YOU TO OUR INSTITUTIONAL PARTNERS

ATHENS AREA Community Foundation

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APPENDIX

A. Glossary

B. Methods

C. Demographics

D. 3.0 Survey Instrument

GLOSSARY

HEALTH REPORT TERMS

AUD alcohol use disorder: medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences[1]

Disease Prevention: the process of preventing the occurrence of disease or arresting its progress and reducing its consequences once established. Primary prevention is directed towards preventing the initial occurrence of a disorder. Secondary and tertiary prevention seek to arrest or retard existing disease and its effects through early detection and appropriate treatment, or to reduce the occurrence of relapses and the establishment of chronic conditions[2]

Federal Poverty Level: a measure of income issued every year by the Department of Health and Human Services (HHS) that is used to determine your eligibility for certain programs and benefits, including savings on Marketplace health insurance, and Medicaid and CHIP coverage[3]

Health: A state of complete physical, social, and mental well-being and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the object of living, and is a positive concept emphasizing social and personal resources as well as physical capabilities[4]

Health Disparity: preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations[5]

Health Inequity: particular types of health disparities that stem from unfair and unjust systems, policies, and practices and limit access to the opportunities and resources needed to live the healthiest life possible[6]

Incidence: the frequency with which something occurs[7]

Inpatient Care: when someone is admitted to the hospital to stay overnight, whether briefly or for an extended period of time. Physicians keep these patients at the hospital to monitor them more closely[8]

Morbidity: The number of cases of an illness, injury or condition within a given time, usually one year. It is also the ratio of sick persons to well persons in a defined population[9]

Mortality: The proportion of deaths in a defined population[9]

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GLOSSARY

HEALTH REPORT TERMS

Needs Assessment: an assessment that identifies the strengths and resources available in the community to meet the needs of children, youth, and families. The assessment focuses on the capabilities of the community, including its citizens, agencies, and organizations. It provides a framework for developing and identifying services and solutions and building communities that support and nurture children and families[10]

Outpatient Care: any service or treatment that doesn't require hospitalization[11]

Population Health: The health outcomes of a group of individuals, including the distribution of such outcomes within the group. Crucial to the concept of population health is the idea that most cases in a population come from individuals with an average level of exposure (rather than high-risk groups). A small change at a population level yields a greater impact on population health and well-being than an intervention on high-risk groups[12]

Public Health: all organized efforts of society to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases[12]

Prescription (RX): an order for medicine which a doctor writes, and which is given to a pharmacist to prepare and administer the medicine[13]

Prescription drug: a medicine that is only available with a doctor's written instruction

Prevalence: the proportion of a population who have a specific characteristic in a given time period[14]

Preventative Care: routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems[15]

Primary Care: the provision of integrated, accessible health care services by physicians and their health care teams who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community[16]

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GLOSSARY

HEALTH REPORT TERMS

Social Determinants of Health: the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks[17]

SUD substance use disorder: a mental disorder that affects a person's brain and behavior, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol, or medications[18]

Systematic disparity: a social or economic condition that's considered unfair and unequal[19]

Treatment (TX): something that health care providers do for their patients to control a health problem, lessen its symptoms, or clear it up[20]

Wellbeing: encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose, and is determined by social, economic, and environmental conditions[21]

Wellness: the optimal state of health of individuals and groups that includes the realization of the fullest potential of an individual physically, psychologically, socially, spiritually, and economically, and the fulfillment of one's role expectations in the family, community, place of worship, workplace, and other settings[22]

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Appendix B: METHODS

1

SURVEY DEVELOPMENT

The survey instrument was developed by the research team in conjunction with all institutional stakeholders. The instrument was specifically designed to collect information not available from other secondary data sources. Where available, validated measures from other nationally-representative surveys (e.g. National Housing Survey) were utilized to ensure validity and the ability to compare Clarke-County to those sources.

2

DATA COLLECTION

Online and paper surveys were available for respondents. The survey instrument was made available in both English and Spanish. Stratified random sampling of single family homes and a census of vulnerable populations were conducted. Selected families received several rounds of hand-written postcards notifying them of selection. Neighborhood Leaders, in partnership with Family Connections-Communities In Schools also assisted with community events and increasing survey responses. Email follow-ups were also sent to all families in Clarke County School District to increase responses. For homeless and transitional families, social service agencies serving those families assisted with data collection. A total of 3,997 households responded.

3

DATA ANALYSIS

Once data were collected, they were cleaned and coded for analysis. The unit of analysis is the household. Sample weights were created by the research team to increase representativeness of the sample. The resulting sample has a margin of error of +/-2%. Additional variables for analysis were created (e.g. a poverty measure using income and household size). Descriptive statistics were generated for each Athens Wellbeing Project Domain. Housing statistics are presented in this report.

4

INTERPRETATION

The data presented in this report are descriptive in nature. Measures are presented for the full sample and by sub-categorization of additional strata or subpopulations as appropriate. AWP data are meant to be used in conjunction with other existing data sources--both primary and secondary, qualitative and quantitative--in order to ascertain the most comprehensive understanding possible of outcomes of interest and general levels of wellbeing in our community. Where possible, data visualizations are used for ease of interpretation.

The primary audience for this report are the hospital systems (Piedmont Athens Regional and St. Mary's Healthcare System, as well as the local Hospital Authority board and other healthcare providers and public health stakeholders. However, all community members and organizations are encouraged to use the data and findings from this report to better understand health and healthcare in Athens-Clarke County.

Appendix C: COUNTY DEMOGRAPHICS

Community Characteristics

Athens-Clarke County is a diverse community with significant variation in income, education, health access and outcomes, housing, and civic participation. A demographic overview of population characteristics is provided for two reasons: 1) this information is useful for descriptive context; and 2) AWP recognizes and promotes understanding of the intersectionality of domains across all aspects of life in our community. In order to demonstrate the complementary nature of AWP to existing secondary data, the demographics presented here are from the U.S. Census Bureau's County Quick Facts. Population estimates presented below represent July 2021 data.

Census Quick Facts: Clarke County, GA

Estimated total population (2021):

128,711 people

50,284 households

4.7% under 5 years

16.8% under 18 years

12.1% over 65 years

$40,363 median household income

$25,343 yearly per capita income

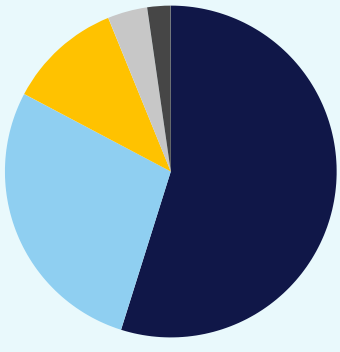
14.8% speak a language other than English at home

Of adults aged 25 and over,

89.5% have graduated high school

45.4% have a Bachelor's degree or higher

24.6% persons in poverty



Race & Ethnicity

- White, not Hispanic or Latino (55.3%)
- Black or African American (28.1%)
- Hispanic or Latino (11.2%)
- Asian (3.9%)
- Two or more races (2.3%)

AWP 3.0 SURVEY INSTRUMENT

PLEASE completely fill in the appropriate bubble, like this ●. If you make a mistake, mark through the incorrect bubble like this ⊗.

54. Has anyone in your household (including yourself) ever been told by a doctor, nurse or other health professional that they had any of the following health conditions? Please select all that apply.

- ○ Cancer
- ○ Diabetes
- ○ Hypertension or high blood pressure
- ○ Arthritis or rheumatism
- ○ High cholesterol
- ○ Asthma
- ○ Heart disease
- ○ Obesity
- ○ Depression
- ○ Anxiety
- ○ Other mental health disorder (e.g., bipolar, schizophrenia)
- ○ Alcohol use disorder
- ○ Opioid use disorder
- ○ Other drug use disorder (e.g., cocaine, methamphetamine)
- ○ Chronic pain
- ○ No one in my household (including myself) has any of the health conditions listed above

55. During the past 12 months, how many times have you gone to a hospital emergency room about your own health? This includes emergency room visits that resulted in a hospital admission.

- ○ None → **Please skip to question #58 on page 12**
- ○ 1
- ○ 2-3
- ○ 4 or more

56. Thinking about your most recent emergency room visit, did you go to the emergency room either at night or on the weekend?

- ○ Yes
- ○ No

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Not all questions used in the analysis are listed here. To view the complete survey instrument, visit our website at athenswellbeingproject.org.

AWP 3.0 SURVEY INSTRUMENT

PLEASE completely fill in the appropriate bubble, like this ●. If you make a mistake, mark through the incorrect bubble like this ⊗.

57. Which of these apply to your last emergency room visit?

	Yes	No
You didn't have another place to go	○	○
Your doctor's office or clinic was not open	○	○
Your health provider advised you to go	○	○
The problem was too serious for the doctor's office or clinic	○	○
Only a hospital could help you	○	○
The emergency room is your closest provider	○	○
You get most of your care at the emergency room	○	○
You arrived by ambulance or other emergency vehicle	○	○

58. During the past 12 months, did your child/children receive a well-child check-up, that is a general check-up, when they were not sick or injured? **(If you do not have a school-aged or younger child/children, please skip to question #59.)**

○ Yes
○ No

59. During the past 12 months, did you (or someone in your household) have trouble finding a general doctor or provider who would see you?

○ Yes
○ No → **Please skip to question #61**

60. Were you (or someone in your household) able to find a general doctor or provider who could see you?

○ Yes
○ No

61. During the past 12 months, were you (or someone in your household) told by a doctor's office or clinic that they did not accept your health care coverage?

○ Yes
○ No

62. During the past 12 months, was there any time when you (or someone in your household) needed dental care but didn't get it?

○ Yes
○ No

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Not all questions used in the analysis are listed here. To view the complete survey instrument, visit our website at athenswellbeingproject.org.

AWP 3.0 SURVEY INSTRUMENT

PLEASE completely fill in the appropriate bubble, like this ●. If you make a mistake, mark through the incorrect bubble like this ⊗.

63. During the past 12 months, was there any time when you (or someone in your household) needed mental health treatment or counseling but didn't get it?

- ○ Yes
- ○ No → **Please skip to question #65**

64. Which of these statements explains why you (or someone in your household) did not get the mental health treatment or counseling needed? Please select all that apply.

- ○ You couldn't afford the cost.
- ○ You were concerned that getting mental health treatment or counseling might cause your neighbors or community to have a negative opinion of you.
- ○ You were concerned that getting mental health treatment or counseling might have a negative effect on your job.
- ○ Your health insurance does not cover any mental health treatment or counseling.
- ○ Your health insurance does not pay enough for mental health treatment or counseling.
- ○ You did not know where to go to get services.
- ○ You were concerned that the information you gave the counselor might not be kept confidential.
- ○ You were concerned that you might be committed to a psychiatric hospital or might have to take medicine.
- ○ Some other reason(s). (please specify)

_____

65. During the past 12 months, was there any time when you (or anyone in your household) needed treatment or counseling for your/their use of **alcohol or drugs** but didn't get it?

- ○ Yes
- ○ No → **Please skip to question #67 on page 14**

66. Which of these statements explain why you (or someone in your household) did not get the treatment or counseling needed for the use of **alcohol or drugs**? Please select all that apply.

- ○ You had no health care coverage, and you couldn't afford the cost.
- ○ You did have health care coverage, but it didn't cover treatment for alcohol/drugs or didn't cover the full cost.
- ○ You had no transportation to a program, or the programs were too far away, or the hours were not convenient.
- ○ You didn't find a program that offered the type of treatment or counseling you wanted.
- ○ You were not ready to stop using alcohol/drugs.
- ○ There were no openings in the programs.
- ○ You did not know where to go for treatment.
- ○ You were concerned that getting treatment or counseling might cause your neighbors or community to have a negative opinion of you.
- ○ You were concerned that getting treatment or counseling might have a negative effect on your job.
- ○ Some other reason(s). (please specify)

_____

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AWP 3.0 SURVEY INSTRUMENT

PLEASE completely fill in the appropriate bubble, like this ●. If you make a mistake, mark through the incorrect bubble like this ⊗.

67. Have you ever, even once, used **any prescription pain reliever** in any way a doctor did not direct you to use it including: using it without a prescription of your own; using it in greater amounts, more often, or longer than you were told to take it; using it in any other way a doctor did not direct you to use it?

- ○ Yes
- ○ No

68. Does anyone in your household (including yourself) currently use **tobacco products**?

Tobacco products can include cigarettes, cigars, smokeless tobacco (e.g., chewing tobacco, snuff, dip), e-cigarettes or other electronic vaping products, as well as other tobacco products.

- ○ Yes
- ○ No

69. In the past 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

- ○ Yes
- ○ No

70. "We couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you in the last 12 months?

- ○ Often
- ○ Sometimes
- ○ Never true

71. On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard (such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar activities)?

- ○ 0
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7

72. Would you say that in general your health is...

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

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Not all questions used in the analysis are listed here. To view the complete survey instrument, visit our website at athenswellbeingproject.org.

AWP 3.0 SURVEY INSTRUMENT

PLEASE completely fill in the appropriate bubble, like this ●. If you make a mistake, mark through the incorrect bubble like this ⊗.

73. Have you received the COVID-19 vaccine?

- ○ Yes, got one-dose vaccine
- ○ Yes, got first dose of two-dose vaccine
- ○ Yes, got both doses of two-dose vaccine

Please skip to question #76

- ○ No

74. As you may know, an FDA-authorized vaccine for COVID-19 is now available for free to all adults in the U.S. Do you think you will...?

- ○ Get the vaccine as soon as you can
- ○ Wait until it has been available for a while to see how it is working for other people
- ○ Only get the vaccine if you are required to do so for work, school, or other activities
- ○ Definitely not get the vaccine

75. Which of the following, if any, are reasons that you did not get a COVID-19 vaccine? Please select all that apply.

- ○ I am concerned about possible side effects of a COVID-19 vaccine
- ○ I don't know if a COVID-19 vaccine will protect me
- ○ I don't believe I need a COVID-19 vaccine
- ○ My doctor has not recommend it
- ○ I plan to wait and see if it is safe and maybe get it later
- ○ I am concerned about the cost of a COVID-19 vaccine
- ○ I don't trust COVID-19 vaccines
- ○ I don't trust the government
- ○ I don't think COVID-19 is that big of a threat
- ○ It's hard for me to get a COVID-19 vaccine
- ○ I already had COVID-19
- ○ Other (please specify):

_____

76. Have any children (12 to 17 years old) in your household received a COVID-19 vaccine? **(If you do not have a 12 to 17 year old child/children, please skip to question #77.)**

- ○ Yes, got first dose of two-dose vaccine
- ○ Yes, got both doses of two-dose vaccine
- ○ No

77. Has anyone in your household tested positive for COVID-19, or has no one tested positive?

- ○ Someone in my household tested positive
- ○ No one tested positive

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