Beckley ARH Hospital

2019 Community Health Needs Assessment
This Community Health Needs Assessment (CHNA) Implementation Strategy was prepared for Appalachian Regional Healthcare by the Community and Economic Development Initiative of Kentucky (CEDIK) at the University of Kentucky.

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: melody.nall@uky.edu or (859) 218-5949.

University of Kentucky
College of Agriculture, Food and Environment
Community and Economic Development Initiative of Kentucky
cedik.ca.uky.edu
Dear ARH Service Area Resident,

Thank you for your interest in the 2018-2019 ARH Community Health Needs Assessment (CHNA). The data reflected in this report was collected from surveys, focus groups, and key informant interviews conducted in your local ARH community. These results are being reported along with an update about how we utilized the results from our previous needs assessment from three years ago. The unique design of this CHNA permits an examination of the diverse aspects of each of our 12 ARH communities.

The assessment results from each ARH community demonstrate the desire for individual and community health improvement. These results provide valuable information that will be used by ARH for planning purposes, service improvements and community outreach. Special thanks to the CHNA Community Steering Committees in each of our 12 communities for giving of their valuable time and guiding this community health needs assessment process.

ARH in partnership with our communities will use this assessment to identify respective health concerns, measure the impact of current public health efforts and guide the appropriate use of local resources. We also hope that together, we can improve the health and well-being of the residents of Eastern Kentucky and Southern West Virginia.

Sincerely,

Joseph L. Grossman
ARH President and Chief Executive Officer
Appalachian Regional Healthcare

Appalachian Regional Healthcare is a not-for-profit health system serving 350,000 residents across Eastern Kentucky and Southern West Virginia. Operating 12 hospitals, multi-specialty physician practices, home health agencies, HomeCare Stores and retail pharmacies, ARH is the largest provider of care and single largest employer in southeastern Kentucky and the third largest private employer in southern West Virginia. The ARH system employs more than 5,000 people and has a network of more than 600 active and courtesy medical staff members representing various specialties. ARH is firmly committed to its mission of improving the health and promoting the well-being of all people in Eastern Kentucky and Southern West Virginia.

Today we operate hospitals in Barbourville, Harlan, Hazard, Hyden, McDowell, Martin, Middlesboro, Morgan County, South Williamson and Whitesburg, Kentucky, and Beckley and Summers County, West Virginia. ARH has always responded to the changing demands of rural healthcare. Over the years, we have built and acquired new facilities as well as invested in new technology and medical capabilities.

Mission

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

Vision

To provide unparalleled experience as the most trusted home for healthcare.

Value Statement

Patient and family experience is our number one priority.
CHNA Background

Appalachian Regional Healthcare contracted with the Community and Economic Development Initiative of Kentucky (CEDIK) in the fall of 2018 to conduct a Community Health Needs Assessment (CHNA) in accordance with the Affordable Care Act (ACA). The Affordable Care Act (ACA), 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 third prepared by CEDIK for this organization; prior reports were completed in 2013 and 2016. Here is an overview of the CHNA process that CEDIK uses based on the IRS guidelines:

- **Community Health Needs Assessment (8-12 months)**
  - Meet with the hospital administration steering committee to provide an overview of the CHNA process
  - Work with hospital to create community steering committee

- **Data Compilation**
  - Meet with community steering committee
  - Conduct focus group with steering committee
  - Disseminate surveys
  - Conduct additional focus groups
  - Compile community economic and health profile
  - Collect hospital utilization data
  - Debrief with community steering committee

- **Needs and Prioritization**
  - Identify needs from surveys, focus group discussions, health and hospital data
  - Work with hospital steering committee to prioritize needs
  - Facilitate discussion about implementation strategies
  - Create final CHNA report
  - Bring to Board of Directors for approval
Goal: Improve communication with patients.

RHYTHMS employee group was implemented in May 2018 to increase staff and patient engagement. This group ensures that parallel communication is going out about patient messaging/engagement to staff. RHYTHMS implements creative ways to motivate staff in different areas including frequent rounds, bedside reporting and expressing patient appreciation.

Frequent rounds to address patient safety, needs and concerns is introduced in nursing orientation, audited by nurse managers, and reinforced in annual competency fairs and in leadership goals.

Records in One (electronic medical records) began at Beckley ARH on February 1, 2019. A patient portal will be available in the near future.

Goal: Increase our public relations efforts.

Facebook pages (including instant messaging capabilities) and Instagram accounts created/maintained daily for Beckley ARH Hospital and Rejuvenation Center Beckley. All free screenings/special offers, public health fairs and outreach events, as well as trending health issues, are promoted via social media outlets.

Press releases are done pre-event and sent to all local media (radio, television, newspaper) about health fairs, outreach events and special health screenings/offers. Local media outlets approach public relations staff on a regular basis to facilitate interviews about healthcare and related issues.

Goal: Provide expanded cancer care.

$1 million dollar investment in a state-of-the-art, 10-bay Infusion Suite.

ARH Oncology Associates at Southern West Virginia Clinic is now staffed with 3 board certified oncologists/hematologists.

Established a patient assistance fund to help oncology patients with travel and other costs incurred when undergoing treatment.

Our greatest success...

...We were proud to hear at a Beckley-Raleigh County Chamber of Commerce Board meeting that in the last two years Beckley ARH Hospital has come to be recognized as the face of healthcare in this community.

– Rocky Massey, CCEO, Beckley ARH Hospital
Goal: Provide community education opportunities on the benefits of a healthy lifestyle.

Educational programs and lunch & learn events offered monthly through Well I'll Bee program.

Clinical services (specialty, family practice and primary care) expanded in outlying areas including Beaver, Oak Hill and Harper Road.

Regular participation in community events (Women's Expo, Relay for Life, City of Beckley Christmas parade, Caregiver's Conference, Employment Fairs, Chamber of Commerce events) offering free screenings, nutritional and health information, fat vs. muscle display, healthy vs. smoker's lung display, and lung cancer screening information.

Beckley ARH Hospital was asked to facilitate the healthcare portion of a two-day Chamber of Commerce Career Days event for all 8th graders in Raleigh County.

Our hospital conducts a Community Health Needs Assessment every three years. The information this assessment is vital to our mission as we determine ways to continue to improve health and promote well-being for all people in Southern West Virginia. We have changed staff education and procedures. We have added several specialty providers to continue to improve upon and address gaps in service. We continue to grow our presence in the community through outreach and an ever growing list of community partnerships. Thank you for your continued support of Beckley ARH.

Rocky Massey
Community CEO, Beckley ARH Hospital
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Introduction

Beckley ARH Hospital

Beckley ARH Hospital is a not-for-profit, 173-bed, acute-care facility (including 60 psychiatric beds) with a level IV Trauma Center Emergency Room. Beckley ARH Hospital is the second-largest provider in Raleigh County.

Services

- Behavioral Health
- Clinics
- Emergency
- Endocrinology
- ENT
- Gastroenterology
- Heart Care
- HomeCare Store
- Home Health
- Imaging
- Infusion
- Nephrology
- Orthopedic
- Oncology
- Pediatrics
- Pharmacy
- Pulmonary Rehabilitation
- Rehabilitation Therapy
- Rejuvenation Center
- Respiratory Therapy
- Rheumatology
- Sleep Lab
- Surgery
- Urology
- Wound Care
A Portrait of the Community Served by Beckley ARH Hospital

- Beckley is the county seat of Raleigh County, West Virginia. The county was founded in 1850 and is named for Sir Walter Raleigh.
- The New River flows northwestward along the county’s east border. The county terrain consists of wooded hills, carved with drainages. The county has a total area of 609 square miles.
- U.S. Interstates 64 and 77 traverse Raleigh County.
- Beckley is well known for two major tourist attractions: The Beckley Exhibition Coal Mine and Tamarack. The Exhibition Coal Mine is a preserved coal mine that offers daily tours and a history lesson on coal mining in Appalachia.
Assessment Process

The assessment process included collecting secondary data related to the health of the community. Social and economic data as well as health outcomes and providers data were collected from secondary sources to help provide context for the community (see below). In addition, CEDIK compiled hospital utilization data to better understand who was using the facility and for what services (next section). Finally, with the assistance of the Community Steering Committee, input from the community was collected through focus group discussions and surveys.

First we present the demographic, social, economic and health outcomes data that were compiled through secondary sources. These data that follow were retrieved from County Health Rankings February 2019. For data sources see appendix.

Demographics

<table>
<thead>
<tr>
<th>Indicator (2017)</th>
<th>Raleigh County</th>
<th>West Virginia</th>
<th>National Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 Population Estimate</td>
<td>75,022</td>
<td>1,815,857</td>
<td>323,127,513</td>
</tr>
<tr>
<td>Percent Population Change, 2010-2017</td>
<td>-4.9%</td>
<td>-2.0%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Percent of Population under 18 years</td>
<td>21.0%</td>
<td>20.4%</td>
<td>22.80%</td>
</tr>
<tr>
<td>Percent of Population 65 year and older</td>
<td>20.0%</td>
<td>19.4%</td>
<td>15.20%</td>
</tr>
<tr>
<td>Percent of Population Non-Hispanic White</td>
<td>87.4%</td>
<td>92.2%</td>
<td>61.3%</td>
</tr>
<tr>
<td>Percent of Population African American</td>
<td>8.1%</td>
<td>3.6%</td>
<td>12.4%</td>
</tr>
<tr>
<td>Percent of Population Hispanic</td>
<td>1.6%</td>
<td>1.6%</td>
<td>17.8%</td>
</tr>
<tr>
<td>Percent of Population other Race</td>
<td>2.9%</td>
<td>2.6%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Percent of the Population not Proficient in English</td>
<td>1.5%</td>
<td>0.8%</td>
<td>4%</td>
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</table>
### Social and Economic Factors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Raleigh County</th>
<th>West Virginia</th>
<th>National Benchmark*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median HH Income, Not Hispanic/Latino</td>
<td>$42,556</td>
<td>$43,200</td>
<td>n/a</td>
</tr>
<tr>
<td>Graduation Rate of 9th Grade Cohort in 4 Years</td>
<td>83.0%</td>
<td>89.0%</td>
<td>83.0%</td>
</tr>
<tr>
<td>Percentages of Ages 25-44 with Some Post-Secondary College</td>
<td>52.0%</td>
<td>55.0%</td>
<td>65.0%</td>
</tr>
<tr>
<td>Percent of Unemployed Job-Seeking Population 16 Years and Older</td>
<td>6.9%</td>
<td>5.2%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Percent of Children in Poverty</td>
<td>24.0%</td>
<td>24.0%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Percent of Children Qualifying for Free or Reduced Lunches</td>
<td>52.0%</td>
<td>45.0%</td>
<td>52.0%</td>
</tr>
<tr>
<td>Percent of Single-Parent Households</td>
<td>39.0%</td>
<td>34.0%</td>
<td>34.0%</td>
</tr>
<tr>
<td>Violent Crime Rate per 100,000 population</td>
<td>437</td>
<td>330</td>
<td>380</td>
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<tr>
<td>Injury Death Rate per 100,000 population</td>
<td>147</td>
<td>114</td>
<td>65</td>
</tr>
<tr>
<td>Firearm Fatalities Rate per 100,000 population</td>
<td>21</td>
<td>17</td>
<td>11</td>
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</tbody>
</table>

### Health Behaviors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Raleigh County</th>
<th>West Virginia</th>
<th>National Benchmark*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Adult Smokers</td>
<td>23.0%</td>
<td>25.0%</td>
<td>17.0%</td>
</tr>
<tr>
<td>Percent Obese Adults with BMI &gt;= 30</td>
<td>37.0%</td>
<td>36.0%</td>
<td>28.0%</td>
</tr>
<tr>
<td>Percent Physically Inactive Adults</td>
<td>31.0%</td>
<td>28.0%</td>
<td>23.0%</td>
</tr>
<tr>
<td>Percent of Adult Excessive Drinking</td>
<td>10.0%</td>
<td>12.0%</td>
<td>18.0%</td>
</tr>
<tr>
<td>Motor Vehicle Mortality Rate</td>
<td>13</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>Chlamydia Rate Newly Diagnosed per 100,000 Population</td>
<td>253.1</td>
<td>261.4</td>
<td>478.8</td>
</tr>
<tr>
<td>Teen Birth Rate Ages 15-19 per 1,000 Population</td>
<td>53</td>
<td>36</td>
<td>27</td>
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</table>

*National Benchmarks indicate the 90th percentile at the national level
“n/a” denotes where national benchmarks where not made available by County Health Rankings.
### Health Outcomes

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Raleigh County</th>
<th>West Virginia</th>
<th>National Benchmark*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years of Potential Life Lost Rate</td>
<td>12,000</td>
<td>10,500</td>
<td>6,700</td>
</tr>
<tr>
<td>Percent of Population in Fair/Poor Health</td>
<td>25.0%</td>
<td>24.0%</td>
<td>16.0%</td>
</tr>
<tr>
<td>Physically Unhealthy Days</td>
<td>5.5</td>
<td>5.2</td>
<td>3.7</td>
</tr>
<tr>
<td>Mentally Unhealthy Days</td>
<td>5.6</td>
<td>5.2</td>
<td>3.8</td>
</tr>
<tr>
<td>Percent of Live Births with Low Birth Weight</td>
<td>11.0%</td>
<td>9.0%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Percent of Population who are Diabetic</td>
<td>14.0%</td>
<td>14.0%</td>
<td>10.0%</td>
</tr>
<tr>
<td>HIV Prevalence Rate</td>
<td>179</td>
<td>113</td>
<td>362</td>
</tr>
<tr>
<td>Child Mortality Rate</td>
<td>80</td>
<td>60</td>
<td>50</td>
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</table>

### Physical Environment

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Raleigh County</th>
<th>West Virginia</th>
<th>National Benchmark*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Daily Density of Air Pollution - PM 2.5</td>
<td>8.8</td>
<td>9.6</td>
<td>8.7</td>
</tr>
<tr>
<td>Presence of Drinking Water Violations</td>
<td>No</td>
<td>n/a</td>
<td>Yes</td>
</tr>
<tr>
<td>Percentage of Severe Housing Problems with at least one of the following: Overcrowding, High Housing Cost, or Lack of Kitchen or Plumbing Facilities</td>
<td>10.0%</td>
<td>11.0%</td>
<td>19.0%</td>
</tr>
<tr>
<td>Percentage of Workforce Driving Alone to Work</td>
<td>82.0%</td>
<td>82.0%</td>
<td>76.0%</td>
</tr>
<tr>
<td>Percentage of Workforce Commuting Alone for More than 30 Minutes</td>
<td>27.0%</td>
<td>33.0%</td>
<td>35.0%</td>
</tr>
</tbody>
</table>
Hospital Utilization Data

The Tables below provide an overview of Beckley ARH Hospital’s patients, where they come from and how they pay.

Table: Hospital Inpatient Discharges, 1/1/18 - 12/31/18

<table>
<thead>
<tr>
<th>County of Origin</th>
<th>Discharges</th>
<th>Total Charges</th>
<th>Average Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raleigh, WV</td>
<td>3,485</td>
<td>$79,087,245</td>
<td>$22,694</td>
</tr>
<tr>
<td>Fayette, WV</td>
<td>1,045</td>
<td>$24,176,584</td>
<td>$23,135</td>
</tr>
<tr>
<td>Wyoming, WV</td>
<td>685</td>
<td>$16,022,976</td>
<td>$23,391</td>
</tr>
<tr>
<td>Unknown</td>
<td>306</td>
<td>$7,639,205</td>
<td>$24,965</td>
</tr>
<tr>
<td>Summers, WV</td>
<td>246</td>
<td>$5,774,585</td>
<td>$23,474</td>
</tr>
<tr>
<td>Greenbrier, WV</td>
<td>150</td>
<td>$2,902,459</td>
<td>$19,350</td>
</tr>
<tr>
<td>Mercer, WV</td>
<td>143</td>
<td>$2,674,558</td>
<td>$18,703</td>
</tr>
<tr>
<td>McDowell, WV</td>
<td>59</td>
<td>$1,157,140</td>
<td>$19,613</td>
</tr>
<tr>
<td>Nicholas, WV</td>
<td>46</td>
<td>$1,352,388</td>
<td>$29,400</td>
</tr>
<tr>
<td>Monroe, WV</td>
<td>44</td>
<td>$926,878</td>
<td>$21,065</td>
</tr>
<tr>
<td>Boone, WV</td>
<td>22</td>
<td>$297,423</td>
<td>$13,519</td>
</tr>
<tr>
<td>Logan, WV</td>
<td>20</td>
<td>$398,368</td>
<td>$19,918</td>
</tr>
<tr>
<td>Kanawha, WV</td>
<td>18</td>
<td>$317,249</td>
<td>$17,625</td>
</tr>
<tr>
<td>Mingo, WV</td>
<td>16</td>
<td>$416,656</td>
<td>$26,041</td>
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</tbody>
</table>
### Table: Hospital Inpatient Payer Mix, 1/1/18 - 12/31/18

<table>
<thead>
<tr>
<th>Payer</th>
<th>Discharges</th>
<th>Total Charges</th>
<th>Average Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare A B Inpatient</td>
<td>2,721</td>
<td>$72,961,474</td>
<td>$26,814</td>
</tr>
<tr>
<td>WV Medicaid Unicare Managed Care</td>
<td>631</td>
<td>$9,794,669</td>
<td>$15,522</td>
</tr>
<tr>
<td>Medicare Humana/PPS</td>
<td>407</td>
<td>$11,692,924</td>
<td>$28,730</td>
</tr>
<tr>
<td>AETNA Better Health of WV</td>
<td>393</td>
<td>$6,868,397</td>
<td>$17,477</td>
</tr>
<tr>
<td>Health Plan MCO</td>
<td>252</td>
<td>$5,014,790</td>
<td>$19,900</td>
</tr>
<tr>
<td>West Virginia Medicaid</td>
<td>217</td>
<td>$4,895,627</td>
<td>$22,560</td>
</tr>
<tr>
<td>Highmark BC WVA PPO443</td>
<td>210</td>
<td>$4,546,272</td>
<td>$21,649</td>
</tr>
<tr>
<td>WV Family Health</td>
<td>195</td>
<td>$4,560,112</td>
<td>$23,385</td>
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### Table: Hospital Outpatient Visits, 1/1/18 - 12/31/18

<table>
<thead>
<tr>
<th>County of Origin</th>
<th>Visits</th>
<th>Total Charges</th>
<th>Average Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raleigh, WV</td>
<td>46,460</td>
<td>$91,128,394</td>
<td>$1,961</td>
</tr>
<tr>
<td>Fayette, WV</td>
<td>12,116</td>
<td>$24,481,142</td>
<td>$2,021</td>
</tr>
<tr>
<td>Wyoming, WV</td>
<td>7,364</td>
<td>$15,623,112</td>
<td>$2,122</td>
</tr>
<tr>
<td>Unknown</td>
<td>4,168</td>
<td>$13,078,875</td>
<td>$3,138</td>
</tr>
<tr>
<td>Summers, WV</td>
<td>2,537</td>
<td>$7,414,863</td>
<td>$2,923</td>
</tr>
<tr>
<td>Mercer, WV</td>
<td>1,193</td>
<td>$3,284,989</td>
<td>$2,754</td>
</tr>
<tr>
<td>Nicholas, WV</td>
<td>1,005</td>
<td>$2,540,862</td>
<td>$2,528</td>
</tr>
<tr>
<td>Greenbrier, WV</td>
<td>949</td>
<td>$2,661,884</td>
<td>$2,805</td>
</tr>
<tr>
<td>McDowell, WV</td>
<td>540</td>
<td>$1,551,265</td>
<td>$2,873</td>
</tr>
</tbody>
</table>
### Table: Hospital Outpatient Payer Mix, 1/1/18 - 12/31/18

<table>
<thead>
<tr>
<th>Payer</th>
<th>Visits</th>
<th>Total Charges</th>
<th>Average Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare A B - B only Outpatient</td>
<td>32,130</td>
<td>$57,677,551</td>
<td>$1,795</td>
</tr>
<tr>
<td>WV Medicaid Unicare Managed Care</td>
<td>6,761</td>
<td>$16,244,054</td>
<td>$2,403</td>
</tr>
<tr>
<td>Medicare Humana/PPS</td>
<td>6,427</td>
<td>$11,458,721</td>
<td>$1,783</td>
</tr>
<tr>
<td>Highmark BC WVA PPO443</td>
<td>4,161</td>
<td>$9,949,654</td>
<td>$2,391</td>
</tr>
<tr>
<td>AETNA Better Health of WV</td>
<td>3,768</td>
<td>$10,388,050</td>
<td>$2,757</td>
</tr>
<tr>
<td>WV Family Health</td>
<td>3,540</td>
<td>$10,418,394</td>
<td>$2,943</td>
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<td>ARH Employees</td>
<td>3,054</td>
<td>$6,178,024</td>
<td>$2,023</td>
</tr>
<tr>
<td>PEIA/Healthsmart</td>
<td>2,624</td>
<td>$6,062,275</td>
<td>$2,310</td>
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<tr>
<td>Health Plan MCO</td>
<td>2,445</td>
<td>$5,534,285</td>
<td>$2,264</td>
</tr>
<tr>
<td>WV Medicaid</td>
<td>2,322</td>
<td>$5,741,459</td>
<td>$2,473</td>
</tr>
</tbody>
</table>
The Community Steering Committee

The Community Steering Committee is a vital part to the CHNA process. These individuals represent organizations and agencies from the service area and in particular, the individuals who were willing to volunteer enabled the hospital to get input from populations that were often not engaged in conversations about their health needs. CEDIK provided a list of potential agencies and organizations that would facilitate broad input.

The Community Steering Committee met twice as a group. At the first meeting, hospital representatives welcomed and expressed appreciation to committee members for assisting with the CHNA process. In order to allow open discussion, hospital representatives then excused themselves to allow the focus group to be conducted. At the second and final committee meeting, hospital representatives joined the conversation to hear the data results.

**Beckley ARH Hospital**

**Community Steering Committee**

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bill O'Brien</td>
<td>Concord University</td>
</tr>
<tr>
<td>Al Martine</td>
<td>Bluefield State</td>
</tr>
<tr>
<td>Lee Leftwich</td>
<td>Muster Project</td>
</tr>
<tr>
<td>Paul Seamann</td>
<td>Jan-Care Ambulance</td>
</tr>
<tr>
<td>Lynda Jensen</td>
<td>Women's Resource Center</td>
</tr>
<tr>
<td>Lisa Shrewsberry</td>
<td>Middle School Teacher, Raleigh County Board of Education</td>
</tr>
<tr>
<td>Terri Tilley</td>
<td>Raleigh County Commission on Aging</td>
</tr>
<tr>
<td>Debbie Williams</td>
<td>Raleigh County FRN</td>
</tr>
<tr>
<td>Carri Strunk</td>
<td>New River Health</td>
</tr>
<tr>
<td>Steve O'Field</td>
<td>Brian's Safehouse, Rainelle Medical Center</td>
</tr>
<tr>
<td>Tracy King</td>
<td>FMRS Health Systems</td>
</tr>
</tbody>
</table>
Community Feedback

In order to collect primary data from community residents, focus groups and key informant interviews were conducted in Raleigh County and in the area that Beckley ARH patients reside. The focus groups were conducted as separate meetings or in conjunction with other regularly scheduled meetings in the county. Thirty-nine individuals participated in three focus groups. Representation from the Raleigh County Prevention Coalition, Concord University, Muster Project, Women’s Resource Center, Raleigh County Commission on Aging, the Raleigh County Family Resource Network and other underserved populations in the service area were invited to share their thoughts, opinions and health care needs. Below is an aggregated list of ideas generated from all focus groups.

Focus Groups

Resident’s vision for a healthy community

- Jobs
- Infrastructure to support active lifestyles
- Culture that values health
- Access to dental care
- Resource directory
- Medication education
- Better quality homeless shelter
- “Take it to them” health care
- Treatment/sober living facilities
- Available healthy foods
- Diversity
- Access and inclusion
- Transportation
- Safe community
- More community partnerships
Resident’s vision for a healthy community, cont.

- Opportunities for children and youth to be active
- High quality education
- Social spaces
- Quality and affordable housing
- Housing for mental health treatment

What are the most significant health needs in Raleigh County?

- Substance abuse – alcohol, drugs, tobacco
- Social isolation and despair
- Mental health – bullying in schools, high suicide rates in middle school aged children, stigma, lack of providers
- Food insecurity
- Diabetes
- Emergency department – too expensive
- Community is not walkable
- Support for grandparents raising grandchildren
- Cancer
- Immunizations for children
- Services for the aging population – no facilities for adults/seniors, Alzheimer’s, diabetes, COPD, heart disease treatments for elderly
- Lack of health care in rural areas
- Obesity
- Transportation
- Traveling for health care to specialty services

What is your perception of the current health care system including hospital, health department, clinics, physicians, EMS and other essential services* in Raleigh County?

(*Essential services include public utilities, access to healthy food, access to housing, etc.)

Responses sorted into strengths and opportunities for improvement in the health care system.
Strengths of the health care system in Raleigh County

- Current infrastructure of health care system is appreciated
- Health department offering harm reduction
- Services are split between the two hospitals and there is not a lot of duplication
- Positive comments about oncology services

Opportunities for improving the health care system in Raleigh County

- Improved communication
- Perception that health care system is fragmented, competitive and hard to navigate
- Need for more women’s care
- Lack of inclusivity of LGBTQ+ population
- Providers seem jaded with repeat substance users
- ARH could assist with a needle exchange
- Nursing and specialist shortage
- Fear of going to doctor because of cost
- Traveling outside of community for care

What can be done to better meet health needs of residents in Raleigh County?

- Hospitals working with homeless shelters
- Pediatric dentistry
- Incorporate communication between groups – coordinated care through hospitals, physicians, pharmacists
- Community involvement in health
- Health education
- Awareness of resources available
- Transitional living facilities
- Competition between health care providers creates gaps
- Kid crisis line
- Mental health – services at schools, reduce stigma, more providers
Key Informant Interviews
As a mechanism to examine needs that surfaced in focus group discussions, the hospital leadership and the steering committee provided contact information for potential key informant interviews to be conducted. Two interviews were held and below is a summary of their responses highlighting the strengths of the community, challenges/barriers in the broader health care system and opportunities for improving the community’s health.

Most significant or common needs in Raleigh County (related to health)?
- Obesity and the health issues that stem from obesity – diabetes
- Lack of fresh foods and vegetables, food deserts, lack of time to invest in health food preparations
- Physical and social isolation
- Opioids – impacting workforce, not enough treatment facilities, high overdose death rates
- Lack of health education
- Unaffordable health insurance – gaps in Medicaid services
- Heart disease
- Smoking
- Vaping
- Long ER wait times

Strengths of health care system in Raleigh County
- Strong organization
- Raleigh County Community Action Council
- Wide variety of services
- Strong EMS service

Barriers to health care or living healthy in Raleigh County
- Transportation
- Finances
- Access to information/knowledge on what resources are available
- Mistrust of hospital – patients traveling to other hospitals for care
- Perception that if you have health insurance the quality of care will be better
What could be done to better meet Raleigh County residents health needs?

- Second chance employment opportunities
- Better communication between agencies
- Cost shifting issues with insurance
- More accessible health care – mobile physician unit
- Lower cost dental care
- Hospital delivering services to patients
- Specialty services – geriatrics, pediatrics
- Public transportation
Beckley ARH
Winter 2018 Survey Results

520 Surveys*

63%
Households are satisfied with their ability to access health care services in their county.

84%
Respondents have a family doctor. 77% visit their family doctor regularly.

21%
Households are currently without health insurance.

Routine health care accessed by respondents:

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine physical</td>
<td>351</td>
</tr>
<tr>
<td>Mammogram</td>
<td>186</td>
</tr>
<tr>
<td>Pap smear</td>
<td>169</td>
</tr>
<tr>
<td>Prostate-Specific Antigen (PSA) test</td>
<td>32</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>71</td>
</tr>
</tbody>
</table>

* Not all survey respondents answered every question. Respondents = total number of responses for each question; Households = questions where respondents were asked if “anyone in their household” were impacted.

Where respondents who do not have a family doctor go most often for healthcare:

- I do not receive routine healthcare: 42%
- Emergency room: 14%
- Health department: 2%
- Urgent care center: 19%
- Other: 24%

Top three health challenges households face:

- High blood pressure: 24%
- Overweight/obesity: 18%
- Diabetes: 14%
- Mental health issues: 12%
- Other: 10%
- Heart disease and stroke: 8%
- Respiratory/lung disease: 8%
- Cancer: 6%

Respondent’s rating of their personal health (red bar) and the overall health of the people in this county (gray bar):

- Very healthy: 9%
- Healthy: 54%
- Neither healthy nor unhealthy: 27%
- Unhealthy: 28%
- Very unhealthy: 2%
- Unhealthy: 8%
- Very healthy: 12%

*Can’t afford it (37%), can’t take off from work (21%), no specialist in my community (8%), no appointment available (6%), no transportation (2%).
Hospitals* visited in the last 24 months by households:

*Why another hospital?
Physician referred me (34%), service I needed was not available (22%), I prefer larger hospitals (10%), insurance requires me to go somewhere else (6%).

Households who have used specialty services at an ARH hospital or at another hospital in the past 24 months:

How far respondents have to travel to see a specialist. 63% would be willing to use telehealth services for specialty care.

Top three most important factors for a healthy community:

Residents that think the county meets these factors.
Prioritization of Identified Health Needs

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on five factors:

1) The ability of Appalachian Regional Healthcare to evaluate and measure outcomes.
2) The number of people affected by the issue or size of the issue.
3) The consequences of not addressing this problem.
4) Prevalence of common themes.
5) The existence of hospital programs which respond to the identified need.

Health needs were then prioritized taking into account their overall ranking, the degree to which Appalachian Regional Healthcare can influence long-term change, and the impact of the identified health needs on overall health.

Appalachian Regional Healthcare convened as a system and within each individual facility to develop the implementation strategy after priorities were discussed.

Appalachian Regional Healthcare will continue to work with the community to execute the implementation plan and realize the goals that have been positioned to build a healthier community – a healthier Kentucky and West Virginia.
Implementation Strategy

**Heart Disease (prevention and treatment)**

Goal: Reduce number of deaths and delays of treatment of emergency or emergent heart attacks.

- Submit application and complete process for Certificate of Need for emergency or emergent PCI.
- Prevention will include health fairs and educational events that encourage wellness visits, screenings, and educational information regarding obesity, smoking, heart disease, inactivity and hypertension.

Community Partners: JanCare, Best Ambulance, Valley College, United Way, FMRS, local school systems, Heath Department, Fayette, Raleigh and Wyoming County FRNs.

**Mental Health**

Goal: Reduce stigma, provide early education/intervention in schools, and provide education/intervention regarding SUD, regarding mental health.

- Media training, CEUs for health professionals; PSAs.
- Mental Health Fairs in schools.
- Screening in the ED.
- Intervention to education on services and set up appointment with ID to connect patient with medical treatment.

Community Partners: FMRS, Health Department, radio stations, school systems, SADD programs, WVU Tech, law enforcement, EMS, Women’s Resource Center, FRNs.
Implementation Strategy, continued

Community Education and Outreach

Goal: Increase efforts in the community for education and outreach.

- Well I’ll Bee meetings (monthly) to focus on wellness.
- High schools, community events and health fairs to focus on STD/HIV education.
- Lunch and Learns to discuss services available at ARH.
- Promote community collaborations through health fairs, community event participation and supporting community initiatives.

Community Partners: EMS, nursing homes, funeral homes, agencies, SADD, school systems, FRNs, Valley College, health departments, Chamber of Commerce, JanCare, Best Ambulance, Women’s Resource Center, WVU Tech, utilization of our providers as SME’s.
Next Steps

This Implementation Strategy will be rolled out over the next three years, from Fiscal Year 2020 through the end of Fiscal Year 2022.

Appalachian Regional Healthcare 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 2022, Appalachian Regional Healthcare will review the implementation strategy and report on the success experienced through the collaborative efforts of improving the health of the community.
## Appendix

Sources for all secondary data used in this report:

### Demographics

<table>
<thead>
<tr>
<th>Indicator (2017)</th>
<th>Original Source</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>Census Population Estimates</td>
<td>2017</td>
</tr>
<tr>
<td>Percent of Population under 18 years</td>
<td>Census Population Estimates</td>
<td>2017</td>
</tr>
<tr>
<td>Percent of Population 65 year and older</td>
<td>Census Population Estimates</td>
<td>2017</td>
</tr>
<tr>
<td>Percent of Population African American</td>
<td>Census Population Estimates</td>
<td>2017</td>
</tr>
<tr>
<td>Percent of Population Hispanic</td>
<td>Census Population Estimates</td>
<td>2017</td>
</tr>
<tr>
<td>Percent of Population other Race</td>
<td>Census Population Estimates</td>
<td>2017</td>
</tr>
<tr>
<td>Percent of Population Not Proficient in English</td>
<td>American Community Survey 5-year Estimates</td>
<td>2013-2017</td>
</tr>
<tr>
<td>All &quot;National Level&quot; Demographics</td>
<td>U.S. Census QuickFacts</td>
<td>2017</td>
</tr>
</tbody>
</table>

### Social and Economic Factors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Original Source</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Household Income, Non Hispanic/Latino</td>
<td>Small Area Income and Poverty Estimates</td>
<td>2013</td>
</tr>
<tr>
<td>Graduation Rate of 9th Grade Cohort in 4 Years</td>
<td>State sources and the National Center for Education Statistics</td>
<td>Varies</td>
</tr>
<tr>
<td>Percent of Population with Some College Education</td>
<td>American Community Survey 5-year Estimates</td>
<td>2013-2017</td>
</tr>
<tr>
<td>Percent of Unemployed Job-Seeking Population 16 Years and Older</td>
<td>Bureau of Labor Statistics</td>
<td>2017</td>
</tr>
<tr>
<td>Percent of Children in Poverty</td>
<td>Small Area Income and Poverty Estimates</td>
<td>2017</td>
</tr>
</tbody>
</table>
# Social and Economic Factors, continued

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Original Source</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Children Eligible for Free or Reduced Lunch</td>
<td>National Center for Education Statistics</td>
<td>2012</td>
</tr>
<tr>
<td>Percent of Single Parent Households</td>
<td>American Community Survey 5-yr est.</td>
<td>2009-2013</td>
</tr>
<tr>
<td>Violent Crime Rate (per 100,000 population)</td>
<td>Uniform Crime Reporting, Federal Bureau of Investigation</td>
<td>2005-2010</td>
</tr>
<tr>
<td>Injury Death Rate (per 100,000 population)</td>
<td>CDC WONDER mortality data</td>
<td>2013-2017</td>
</tr>
<tr>
<td>Firearm Fatalities Rate (per 100,000 population)</td>
<td>CDC WONDER mortality data</td>
<td>2013-2017</td>
</tr>
</tbody>
</table>

# Health Behaviors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Original Source</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Adults who Smoke Regularly</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2016</td>
</tr>
<tr>
<td>Percent of Adults who are Obese (BMI&gt;30)</td>
<td>CDC Diabetes Interactive Atlas</td>
<td>2015</td>
</tr>
<tr>
<td>Percent of Adults who are Physically Inactive During Leisure Time</td>
<td>CDC Diabetes Interactive Atlas</td>
<td>2015</td>
</tr>
<tr>
<td>Percent of Adults who Drink Excessively (Heavy or Binge)</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2016</td>
</tr>
<tr>
<td>Motor Vehicle Crash Deaths (per 100,000 population)</td>
<td>CDC WONDER mortality data</td>
<td>2011-2017</td>
</tr>
<tr>
<td>STDs: Chlamydia Rate (per 100,000 population)</td>
<td>National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention</td>
<td>2016</td>
</tr>
<tr>
<td>Teen Birth Rate (per 1,000 females ages 15-19)</td>
<td>National Center for Health Statistics – Natality files</td>
<td>2011-2017</td>
</tr>
</tbody>
</table>
## Health Outcomes

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Original Source</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature Death (Years of Potential Life Lost Before Age 75 per 100,000 population)</td>
<td>National Center for Health Statistics</td>
<td>2015-2017</td>
</tr>
<tr>
<td>Percent of Adults Reporting Poor or Fair Health</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2016</td>
</tr>
<tr>
<td>Average Poor Physical Health Days in Past 30 Days</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2016</td>
</tr>
<tr>
<td>Average Poor Mental Health Days in Past 30 Days</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2016</td>
</tr>
<tr>
<td>Percent of Babies Born with Low Birthweight (&lt;2500 grams)</td>
<td>National Center for Health Statistics</td>
<td>2011-2017</td>
</tr>
<tr>
<td>Percent of Adults with Diabetes</td>
<td>National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation</td>
<td>2015</td>
</tr>
<tr>
<td>HIV Prevalence Rate (per 100,000 population)</td>
<td>National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention</td>
<td>2015</td>
</tr>
<tr>
<td>Child Mortality (per 100,000 population)</td>
<td>CDC WONDER mortality data</td>
<td>2017</td>
</tr>
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</table>
# Physical Environment

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Original Source</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Daily Density of Air Pollution - PM 2.5</td>
<td>State-specific sources &amp; EDFacts</td>
<td>2014</td>
</tr>
<tr>
<td>Presence of Drinking Water Violations</td>
<td>Safe Drinking Water Information System</td>
<td>2017</td>
</tr>
<tr>
<td>Percentage of Severe Housing Problems with at least one of the following:</td>
<td>Comprehensive Housing Affordability Strategy (CHAS) data</td>
<td>2011-2015</td>
</tr>
<tr>
<td>Overcrowding, High Housing Cost, or Lack of Kitchen or Plumbing Facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of Workforce Driving Alone to Work</td>
<td>American Community Survey</td>
<td>2013-2017</td>
</tr>
<tr>
<td>Percentage of Workforce Commuting Alone for More than 30 Minutes</td>
<td>American Community Survey</td>
<td>2013-2017</td>
</tr>
</tbody>
</table>
Beckley ARH Community Health Needs Assessment Survey

1. Please tell us your zip code: ________________

2. Are you or anyone in your household satisfied with the ability to access healthcare services in Raleigh County and surrounding counties?
   ○ Yes
   ○ No

3. Do you have a family doctor?
   ○ Yes
   ○ No

4. If yes, do you visit regularly?
   ○ Yes
   ○ No

5. If no, where do you go most often for healthcare? Please choose all that apply.
   ○ Emergency room
   ○ Health department
   ○ Urgent care center
   ○ Other. Please specify: ________________
   ○ I do not receive routine healthcare

6. If you answered "I do not receive routine healthcare" above, please select all that apply as to why:
   ○ No appointment available
   ○ No specialist in my community
   ○ No transportation
   ○ Cannot take off from work
   ○ Cannot afford it
   ○ Other. Please specify: ________________

7. Have you or someone in your household used the services of a hospital in the past 24 months?
   ○ Yes
   ○ No

8. If yes, where did you visit a hospital?
   ○ Beckley ARH
   ○ Raleigh General
   ○ Bluefield
   ○ Greenbrier
   ○ Morgantown
   ○ Princeton
   ○ Other. Please specify: ________________

9. Please select the top THREE health challenges you or anyone in your household face:
   ○ Cancer
   ○ Diabetes
   ○ Mental health issues
   ○ Heart disease and stroke
   ○ High blood pressure
   ○ HIV/AIDS/STDs
   ○ Overweight/obesity
   ○ Respiratory/lung disease
   ○ Other. Please specify: ________________

10. Are you or anyone in your household without health insurance currently?
    ○ Yes
    ○ No
11. Have you or someone in your household used any of the specialty services below in the past 24 months?

<table>
<thead>
<tr>
<th>Specialty Service</th>
<th>At an ARH hospital</th>
<th>At another hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Oncology (Cancer Care)</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Surgery</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other. Please specify:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. If you went to another hospital than an ARH hospital, please select all that apply as to why:

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

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

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

14. Would you be willing to utilize telehealth services to reduce travel time for specialty care?

- ○ Yes
- ○ No

15. In the past 24 months, have you had a:

- ○ Routine physical
- ○ Mammogram (Women)
- ○ Pap Smear (Women)
- ○ PSA (Men)
- ○ Colonoscopy

16. How would you rate your own personal health?

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

17. How would you rate the overall health of the people in Raleigh County or the county you live in?

- ○ Very healthy
- ○ Healthy
- ○ Neither healthy nor unhealthy
- ○ Unhealthy
- ○ Very unhealthy
18. Overall, how would you rank your local ARH hospital on a scale of 1 to 10, where 1 is “not very good” and 10 is “very good”? (Please check your answer)

1  2  3  4  5  6  7  8  9  10

19. Please select the top THREE most important factors for a “Healthy Community”? Choose only three:

- Good place to raise children
- Low crime/safe neighborhood
- Good school systems
- Easy access to healthcare
- Community activities and events
- Affordable housing
- Low disease rate
- Personal responsibility

- Diverse community
- Good jobs/healthy economy
- Religious or spiritual values
- Transportation
- Parks and recreation
- Access to internet/technology
- Other. Please specify:_______________

20. Do you think your county meets those factors?

- Yes
- No

21. Would you recommend your local ARH hospital to friends and family?

- Yes
- No

22. What is your age?

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

23. What is your gender?

- Male
- Female

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

- High school
- College or above
- Technical school
- Other. Please specify:_______________

25. What is your current employment status?

- Unemployed
- Employed part-time
- Employed full-time
- Retired
- Other. Please specify:_______________
RESOLUTION ADOPTED BY THE
BOARD OF TRUSTEES OF
APPALACHIAN REGIONAL HEALTHCARE, INC.

ARH Community Health Needs Assessment Reports

The following resolution was adopted at the meeting of the Board of Trustees of Appalachian Regional Healthcare, Inc. (the "Company"), on May 10, 2019, and has not been amended or rescinded since that date:

WHEREAS, Appalachian Regional Healthcare, Inc. (the "Company"), has completed the Community Health Needs Assessment process; and

WHEREAS, the Company has presented implementation strategies to address the identified priorities from each ARH community; and

WHEREAS, the Company desires to work in partnership with each of its local communities in addressing these identified issues over the next three years.

NOW, THEREFORE, BE IT RESOLVED:

1. ARH Management is hereby directed to implement the outlined strategies that address the identified needs from the assessment over the next three years.

2. The appropriate facility staff, as directed by the President and CEO, shall work with their respective community partners to complete the various activities outlined in the community needs assessment implementation plans.

3. The officers of the Company, as directed by the President and CEO, subject to all applicable State and Federal laws, are hereby authorized to take such further action and execute such documents as they deem necessary and proper, in their discretion, to carry out the foregoing resolution.

4. These aforesaid authorizations shall be subject to ongoing review by the Board of Trustees, and may be amended from time to time based upon immediacy of need and availability of necessary resources.

The foregoing resolution is adopted by the Board of Trustees of Appalachian Regional Healthcare, Inc. on this the 10th day of May, 2019.

Appalachian Regional Healthcare, Inc.
Board of Trustees

By: [Signature]
Greg Pauley, Chairman

A true copy attest:

[Signature]
Rick King, Esq., Assistant Secretary-Treasurer
LARGEST HEALTHCARE SYSTEM IN EASTERN KENTUCKY

Largest employer in southeastern Kentucky and the third largest private employer in southern West Virginia!

5000+ Employees
600+ Providers

11 Home Health Agencies
11 Home Care Stores
12 Hospitals
9 Pharmacies
70+ Clinics

Appalachian Regional Healthcare

Find us on Facebook:
www.facebook.com/AppalachianRegionalHealthcare

www.arh.org