Hazard ARH
Regional Medical Center

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.
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.
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: Increase community health literacy.

Over the past four years, we have held monthly lunch and learn programs open to the public on topics such as colorectal cancer, breast cancer, lung cancer, depression, cardiac issues, vascular issues, nutrition, diabetes, dermatology, orthopedics and many others. We have an average attendance of 50, with as many as 125 at some of the programs.

We opened a Community Education Center at the ARH Medical Mall that includes three iPad stations with different health apps, a television for review, reading area and health information pamphlets that are updated on a regular basis.

Our cancer center provides smoking cessation classes and the medical center is involved in the local diabetes coalition and the local wellness coalition that includes several counties.

Goal: Work to improve communication with patients, family members and the community.

The Hazard ARH Regional Medical Center has been involved with or sponsored over 250 events in the past three years and screened well over 15,000 people -- including over 6,000 students in over 20 different schools. Depending on the event, the free diagnostic screenings include blood pressure, cholesterol/glucose, pulse ox, grip strength, as well as skin cancer and bone density screenings. These events were held in 6 different counties in our service area.

There are several ARH employees involved in the Chamber of Commerce, local Rotary club and Lions’ club, as well as festivals in the area where free screenings are offered.

Our Patient Satisfaction Coordinator provides weekly updates on service excellence scores to departments. The departments have dedicated bulletin boards to keep their employees informed about their progress. Incentives are given to the areas that continue to improve their scores.

Our greatest success...

We have has been involved with or sponsored 250 events in the past three years and screened more than 15,000 people -- including over 6,000 students in more than 20 different schools.
Goal: Improve access for dermatology, ENT and pediatric care.

Additional pediatricians have been recruited by a local private practice provider.

Goal: Increase physical fitness opportunities for Hazard ARH and UK employees.

The Hazard ARH Regional Medical Center, in partnership with the UK Center for Excellence in Rural Health, opened an exercise room in the medical center for all employees.

Zumba classes, yoga classes, and POUND classes are now offered in the Joe Craft Tower.

Employees can participate in a weekly Weight Watcher's program. Currently, employees are participating in a weight loss competition.

A 2018 "Survivor" themed community event that Hazard ARH Regional Medical Center sponsored.

Our medical center 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 Hazard ARH.

Dan Stone
Hazard ARH Community CEO
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Introduction

Hazard ARH Regional Medical Center

Hazard ARH Regional Medical Center is a 358-bed, acute-care hospital with an adjacent psychiatric hospital. The ARH Psychiatric Center is the State designated acute mental health facility for a 21-county region in Eastern Kentucky. Hazard ARH features a Level II Nursery, Accredited Cancer Center and Accredited Breast Center. Hazard ARH is proud to be the first Eastern Kentucky hospital to join the UK HealthCare/Norton Healthcare Stroke Care Network.

Services

- ARH Cancer Center
- ARH Heart Institute
- Bariatrics
- Behavioral Health
- Accredited Breast Center
- Clinics
- Chemotherapy
- Dermatology
- Emergency
- Gastroenterology
- Heart Care
- Home Health
- HomeCare Store
- Imaging
- Inpatient Detox Program
- Nephrology
- Obstetrics and Gynecology
- Occupational Therapy
- Ophthalmology
- Orthopedics
- Pharmacy
- Physical Therapy
- Physical Medicine and Rehabilitation
- Radiation Therapy
- Rehabilitation Therapy
- Speech-Language Pathology
- Surgery
- Urology
A Portrait of the Community Served by Hazard ARH Regional Medical Center

- Cities in Perry County include Hazard (the county seat), Buckhorn, and Vicco.
- The local newspaper is the Hazard Herald, and the local tv stations include WYMT-TV and WKHA-TV.
- Public transportation is provided by LKLP Community Action Partnership with demand-response service and scheduled service in Hazard, and connecting to Hindman, Hyden, and Whitesburg.
- The county has two public school districts, Perry County schools, and Hazard Independent schools. The county also has two private schools.
- Perry County is home to Hazard Community and Technical College.
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>Perry County</th>
<th>Kentucky</th>
<th>National Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 Population Estimate</td>
<td>26,553</td>
<td>4,454,189</td>
<td>323,127,513</td>
</tr>
<tr>
<td>Percent Population Change, 2010-2017</td>
<td>-7.5%</td>
<td>2.6%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Percent of Population under 18 years</td>
<td>22.8%</td>
<td>22.7%</td>
<td>22.80%</td>
</tr>
<tr>
<td>Percent of Population 65 year and older</td>
<td>16.4%</td>
<td>16.0%</td>
<td>15.20%</td>
</tr>
<tr>
<td>Percent of Population Non-Hispanic White</td>
<td>95.5%</td>
<td>84.6%</td>
<td>61.3%</td>
</tr>
<tr>
<td>Percent of Population African American</td>
<td>1.5%</td>
<td>8.1%</td>
<td>12.4%</td>
</tr>
<tr>
<td>Percent of Population Hispanic</td>
<td>1.0%</td>
<td>3.7%</td>
<td>17.8%</td>
</tr>
<tr>
<td>Percent of Population other Race</td>
<td>3.0%</td>
<td>7.2%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Percent of the Population not Proficient in English</td>
<td>0.1%</td>
<td>1.0%</td>
<td>4%</td>
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</table>
### Social and Economic Factors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Perry County</th>
<th>Kentucky</th>
<th>National Benchmark*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median HH Income, Not Hispanic/Latino</td>
<td>$31,574</td>
<td>$48,744</td>
<td>n/a</td>
</tr>
<tr>
<td>Graduation Rate of 9th Grade Cohort in 4 Years</td>
<td>92.0%</td>
<td>89.2%</td>
<td>83.0%</td>
</tr>
<tr>
<td>Percentages of Ages 25-44 with Some Post-Secondary College</td>
<td>54.0%</td>
<td>60.3%</td>
<td>65.0%</td>
</tr>
<tr>
<td>Percent of Unemployed Job-Seeking Population 16 Years and Older</td>
<td>10.5%</td>
<td>5.0%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Percent of Children in Poverty</td>
<td>39.0%</td>
<td>24.4%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Percent of Children Qualifying for Free or Reduced Lunches</td>
<td>72.0%</td>
<td>59.4%</td>
<td>52.0%</td>
</tr>
<tr>
<td>Percent of Single-Parent Households</td>
<td>35.0%</td>
<td>34.6%</td>
<td>34.0%</td>
</tr>
<tr>
<td>Violent Crime Rate per 100,000 population</td>
<td>105</td>
<td>215</td>
<td>380</td>
</tr>
<tr>
<td>Injury Death Rate per 100,000 population</td>
<td>130</td>
<td>88</td>
<td>65</td>
</tr>
<tr>
<td>Firearm Fatalities Rate per 100,000 population</td>
<td>25</td>
<td>15</td>
<td>11</td>
</tr>
</tbody>
</table>

### Health Behaviors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Perry County</th>
<th>Kentucky</th>
<th>National Benchmark*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Adult Smokers</td>
<td>25.0%</td>
<td>24.5%</td>
<td>17.0%</td>
</tr>
<tr>
<td>Percent Obese Adults with BMI &gt;= 30</td>
<td>37.0%</td>
<td>33.7%</td>
<td>28.0%</td>
</tr>
<tr>
<td>Percent Physically Inactive Adults</td>
<td>33.0%</td>
<td>28.1%</td>
<td>23.0%</td>
</tr>
<tr>
<td>Percent of Adult Excessive Drinking</td>
<td>13.0%</td>
<td>15.8%</td>
<td>18.0%</td>
</tr>
<tr>
<td>Motor Vehicle Mortality Rate</td>
<td>32</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>Chlamydia Rate Newly Diagnosed per 100,000 Population</td>
<td>123.2</td>
<td>395</td>
<td>478.8</td>
</tr>
<tr>
<td>Teen Birth Rate Ages 15-19 per 1,000 Population</td>
<td>67</td>
<td>38</td>
<td>27</td>
</tr>
</tbody>
</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>Perry County</th>
<th>Kentucky</th>
<th>National Benchmark*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years of Potential Life Lost Rate</td>
<td>15,700</td>
<td>9,047</td>
<td>6,700</td>
</tr>
<tr>
<td>Percent of Population in Fair/Poor Health</td>
<td>26.0%</td>
<td>21.3%</td>
<td>16.0%</td>
</tr>
<tr>
<td>Physically Unhealthy Days</td>
<td>5.2</td>
<td>4.8</td>
<td>3.7</td>
</tr>
<tr>
<td>Mentally Unhealthy Days</td>
<td>4.8</td>
<td>4.8</td>
<td>3.8</td>
</tr>
<tr>
<td>Percent of Live Births with Low Birth Weight</td>
<td>11.0%</td>
<td>8.9%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Percent of Population who are Diabetic</td>
<td>15.0%</td>
<td>12.8%</td>
<td>10.0%</td>
</tr>
<tr>
<td>HIV Prevalence Rate</td>
<td>87</td>
<td>180</td>
<td>362</td>
</tr>
<tr>
<td>Child Mortality Rate</td>
<td>60</td>
<td>58.5</td>
<td>50</td>
</tr>
</tbody>
</table>

## Physical Environment

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Perry County</th>
<th>Kentucky</th>
<th>National Benchmark*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Daily Density of Air Pollution - PM 2.5</td>
<td>9.4</td>
<td>10.3</td>
<td>8.7</td>
</tr>
<tr>
<td>Presence of Drinking Water Violations</td>
<td>Yes</td>
<td>Yes</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>15.0%</td>
<td>14.4%</td>
<td>19.0%</td>
</tr>
<tr>
<td>Percentage of Workforce Driving Alone to Work</td>
<td>84.0%</td>
<td>82.2%</td>
<td>76.0%</td>
</tr>
<tr>
<td>Percentage of Workforce Commuting Alone for More than 30 Minutes</td>
<td>23.0%</td>
<td>29.0%</td>
<td>35.0%</td>
</tr>
</tbody>
</table>
Hospital Utilization Data

The Tables below provide an overview of Hazard ARH Regional Medical Center’s patients and in particular where they come from, how they pay, and why they visited.

Table: Hospital Inpatient Discharges, 1/1/17 - 12/31/17

<table>
<thead>
<tr>
<th>County of Origin</th>
<th>Discharges</th>
<th>Total Charges</th>
<th>Average Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perry - KY</td>
<td>5,170</td>
<td>189,910,674</td>
<td>36,733</td>
</tr>
<tr>
<td>Knott - KY</td>
<td>1,386</td>
<td>50,895,355</td>
<td>36,721</td>
</tr>
<tr>
<td>Leslie - KY</td>
<td>1,228</td>
<td>43,886,966</td>
<td>35,739</td>
</tr>
<tr>
<td>Breathitt - KY</td>
<td>739</td>
<td>25,791,817</td>
<td>34,901</td>
</tr>
<tr>
<td>Harlan - KY</td>
<td>581</td>
<td>27,339,253</td>
<td>47,056</td>
</tr>
<tr>
<td>Letcher - KY</td>
<td>551</td>
<td>21,414,216</td>
<td>38,864</td>
</tr>
<tr>
<td>Floyd - KY</td>
<td>450</td>
<td>18,572,528</td>
<td>41,272</td>
</tr>
<tr>
<td>Pike - KY</td>
<td>240</td>
<td>7,389,803</td>
<td>30,791</td>
</tr>
<tr>
<td>Clay - KY</td>
<td>217</td>
<td>7,364,488</td>
<td>33,938</td>
</tr>
</tbody>
</table>
### Table: Hospital Inpatient Payer Mix, 1/1/17 - 12/31/17

<table>
<thead>
<tr>
<th>Payer</th>
<th>Discharges</th>
<th>Total Charges</th>
<th>Average Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare (Excluding Medicare Managed Care)</td>
<td>4,861</td>
<td>$213,821,286</td>
<td>$43,987</td>
</tr>
<tr>
<td>WellCare of Kentucky Medicaid Managed Care</td>
<td>2,667</td>
<td>$77,161,600</td>
<td>$28,932</td>
</tr>
<tr>
<td>Medicare Managed Care</td>
<td>1,020</td>
<td>$45,763,080</td>
<td>$44,866</td>
</tr>
<tr>
<td>In State Medicaid</td>
<td>593</td>
<td>$19,425,586</td>
<td>$32,758</td>
</tr>
<tr>
<td>Blue Cross Blue Shield</td>
<td>521</td>
<td>$17,378,376</td>
<td>$33,356</td>
</tr>
<tr>
<td>Passport Medicaid Managed Care</td>
<td>298</td>
<td>$8,070,322</td>
<td>$27,082</td>
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<tr>
<td>Anthem Medicaid Managed Care</td>
<td>283</td>
<td>$8,495,485</td>
<td>$30,019</td>
</tr>
<tr>
<td>Humana Medicaid Managed Care</td>
<td>263</td>
<td>$7,673,245</td>
<td>$29,176</td>
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<tr>
<td>Commercial - HMO</td>
<td>221</td>
<td>$6,781,146</td>
<td>$30,684</td>
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</tbody>
</table>

### Table: Hospital Outpatient Visits, 1/1/17 - 12/31/17

<table>
<thead>
<tr>
<th>County of Origin</th>
<th>Visits</th>
<th>Total Charges</th>
<th>Average Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perry - KY</td>
<td>73,355</td>
<td>$202,289,614</td>
<td>$2,758</td>
</tr>
<tr>
<td>Knott - KY</td>
<td>15,113</td>
<td>$52,895,945</td>
<td>$3,500</td>
</tr>
<tr>
<td>Leslie - KY</td>
<td>10,326</td>
<td>$37,439,299</td>
<td>$3,626</td>
</tr>
<tr>
<td>Breathitt - KY</td>
<td>7,887</td>
<td>$25,862,268</td>
<td>$3,279</td>
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<tr>
<td>Letcher - KY</td>
<td>5,530</td>
<td>$24,061,708</td>
<td>$4,351</td>
</tr>
<tr>
<td>Floyd - KY</td>
<td>2,519</td>
<td>$13,642,549</td>
<td>$5,416</td>
</tr>
<tr>
<td>Harlan - KY</td>
<td>1,819</td>
<td>$14,781,718</td>
<td>$8,126</td>
</tr>
<tr>
<td>Clay - KY</td>
<td>1,292</td>
<td>$5,045,276</td>
<td>$3,905</td>
</tr>
</tbody>
</table>
### Table: Hospital Outpatient Payer Mix, 1/1/17 - 12/31/17

<table>
<thead>
<tr>
<th>Payer</th>
<th>Visits</th>
<th>Total Charges</th>
<th>Average Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare (Excluding Medicare Managed Care)</td>
<td>39,044</td>
<td>$128,722,803</td>
<td>$3,297</td>
</tr>
<tr>
<td>WellCare of Kentucky Medicaid Managed Care</td>
<td>31,297</td>
<td>$98,157,635</td>
<td>$3,136</td>
</tr>
<tr>
<td>Medicare Managed Care</td>
<td>12,700</td>
<td>$41,349,331</td>
<td>$3,256</td>
</tr>
<tr>
<td>Blue Cross Blue Shield</td>
<td>11,365</td>
<td>$38,416,566</td>
<td>$3,380</td>
</tr>
<tr>
<td>Commercial - HMO</td>
<td>7,578</td>
<td>$19,984,297</td>
<td>$2,637</td>
</tr>
<tr>
<td>Humana Medicaid Managed Care</td>
<td>3,412</td>
<td>$11,036,889</td>
<td>$3,235</td>
</tr>
<tr>
<td>Passport Medicaid Managed Care</td>
<td>3,067</td>
<td>$9,499,160</td>
<td>$3,097</td>
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<tr>
<td>Anthem Medicaid Managed Care</td>
<td>2,733</td>
<td>$10,594,920</td>
<td>$3,877</td>
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<tr>
<td>In State Medicaid</td>
<td>2,429</td>
<td>$4,908,892</td>
<td>$2,021</td>
</tr>
<tr>
<td>Commercial - Other</td>
<td>2,254</td>
<td>$8,311,342</td>
<td>$3,687</td>
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### Table: Hospital Inpatient Diagnosis Related Group, 1/1/17 - 12/31/17

<table>
<thead>
<tr>
<th>DRG Description</th>
<th>Discharges</th>
<th>Total Charges</th>
<th>Average Charges</th>
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</thead>
<tbody>
<tr>
<td>Psychoses</td>
<td>1,065</td>
<td>$40,071,396</td>
<td>$37,626</td>
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<tr>
<td>Septicemia w mcc</td>
<td>646</td>
<td>$33,626,412</td>
<td>$52,053</td>
</tr>
<tr>
<td>Alcohol/drug abuse or dependence</td>
<td>499</td>
<td>$7,285,129</td>
<td>$14,599</td>
</tr>
<tr>
<td>Pulmonary disease w mcc</td>
<td>383</td>
<td>$12,881,573</td>
<td>$33,633</td>
</tr>
<tr>
<td>Heart failure</td>
<td>308</td>
<td>$11,210,986</td>
<td>$36,399</td>
</tr>
<tr>
<td>Respiratory failure</td>
<td>286</td>
<td>$11,672,987</td>
<td>$40,815</td>
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<tr>
<td>Pulmonary disease w cc</td>
<td>263</td>
<td>$6,213,453</td>
<td>$23,625</td>
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<tr>
<td>Kidney disease</td>
<td>207</td>
<td>$4,900,504</td>
<td>$23,674</td>
</tr>
<tr>
<td>Septicemia w/o mcc</td>
<td>201</td>
<td>$5,586,319</td>
<td>$27,793</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.

Hazard ARH Regional Medical Center

Community Steering Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sallie Martin</td>
<td>Retired Resource Center Director, Tourism Board Assistant</td>
</tr>
<tr>
<td>Kevin Vermillion</td>
<td>County Judge Office and InVision Hazard</td>
</tr>
<tr>
<td>Marsha Bishop</td>
<td>Representing Mayor’s Office</td>
</tr>
<tr>
<td>Mike Hughes</td>
<td>Education and Perry Promise Grant</td>
</tr>
<tr>
<td>Bill McIntosh</td>
<td>Judge’s Office and Community Economic Development</td>
</tr>
<tr>
<td>Nikki Begley</td>
<td>Medical Representative from VA Nursing Home</td>
</tr>
<tr>
<td>Leatha Patterson</td>
<td>Retired Teacher and Community Leader</td>
</tr>
<tr>
<td>Rhonda Williams</td>
<td>Senior Citizen Center Director</td>
</tr>
<tr>
<td>Emma Davidson</td>
<td>Kentucky River District Health Department</td>
</tr>
<tr>
<td>Susan Kincaid</td>
<td>Kentucky River District Health Department</td>
</tr>
<tr>
<td>Sharon King</td>
<td>LKLP-Hazard</td>
</tr>
<tr>
<td>John Epperson</td>
<td>Berea College PFE</td>
</tr>
<tr>
<td>Liz Jones</td>
<td>LKLP-Leslie/Hazard</td>
</tr>
</tbody>
</table>
Community Feedback

In order to collect primary data from community residents, focus groups and a key informant interview were conducted in Perry County and in the area that Hazard ARH patients reside. Focus groups were conducted as separate meetings or in conjunction with other regularly scheduled meetings in the county. Forty-five individuals participated in four focus groups. Representation from the Perry County Kiwanis, Perry County Chamber of Commerce, Perry County Senior Citizens Center, Perry Promise Neighborhood, and 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

- No diabetes
- No obesity
- Public transportation
- Better nutrition
- Access to affordable healthy foods
- Education on how to prepare healthy foods
- Mental health resources
- Jobs
- No substance abuse – alcohol, drugs, tobacco
- No vaping
- More recreation for youth and adults – outdoor activities, greater access to programs, emphasis on physical wellness
What are the most significant health needs in Perry County?

- Mental health - lack of providers
- Obesity
- Diabetes
- Community uninformed about resources available
- Cancers - lung, colon, breast
- Substance abuse - drugs, alcohol, tobacco
- Vaping
- Lung disease
- Heart disease
- Access to care - having to travel to see a doctor, transportation to and from appointments, walkable services or aging population
- Dialysis
- Homelessness
- Mis-education on issues - vaccinations
- Lack of specialists - ear, nose, and throat, lung, bone

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

- Quality services at the hospital and more are being added
- Good ambulance service
- Health department well utilized - vaccinations, wellness checks, TB tests, classes, etc.
- Many resources and physicians available
- Wonderful hospice
- Good care, community appreciates staff and their hard work
Opportunities for improving the health care system in Perry County

- Simplifying billing process
- Stigma around local care
- Perception that the hospital is understaffed (nursing shortage)
- Public transportation
- Long wait times
- Can be difficult to get an appointment
- Using ER as primary care clogs up system
- Limited services/traveling for care
- Endocrinology, dermatology, ear, nose, and throat

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

- Community center with health education, recreation opportunities, fitness classes, etc.
- Communication about community and hospital resources that are available
- Homeless shelter
- Jobs in community
- Health education - diabetes, nutrition, smoking cessation classes
- Collaboration between hospital and other community groups
- Support for grandparents raising grandchildren
- Family and consumer science classes in schools
- Preventative screenings at community events
- Drug treatment center - long term treatment
- Education on drugs
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. One interview was held and below is a summary of the responses. These highlight 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 Perry County (related to health)?

- Diabetes
- Heart disease
- Cancer
- Hypertension
- Arthritis
- Substance abuse - drugs and alcohol
- Tobacco use is still a problem but seeing a decrease

Strengths of health care system in Perry County

- Connecting patients to resources
- Availability of services
- Community has taken ownership of health providers that care about region

Barriers to health care or living healthy in Perry County

- Perception that the system is overwhelmed
- Transportation
- Lack of knowledge of resources
- Competition over grant monies

What could be done to better meet Perry County residents health needs?

- Patient navigators and community health workers
- Health coalition groups, such as Kentucky River Health Consortium
Households are satisfied with their ability to access health care services in their county.

Respondents have a family doctor. 71% visit their family doctor regularly.

Households are currently without health insurance.

Routine health care accessed by respondents:

- Routine physical: 212
- Mammogram: 110
- Pap smear: 100
- Prostate-Specific Antigen (PSA) test: 23
- Colonoscopy: 47

Top three health challenges households face:

- High blood pressure: 18%
- Overweight/obesity: 14%
- Diabetes: 12%
- Cancer: 12%
- Mental health issues: 10%
- Other: 9%
- Respiratory/lung disease: 9%
- Heart disease and stroke: 8%
- HIV/AIDS/STDs: 6%

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

- Emergency room: 5%
- Health department: 4%
- Urgent care center: 14%
- Other*: 41%
- I do not receive routine healthcare*: 36%

*Can’t take off from work (22%), can’t take afford it (19%), no specialist in my community (10%), no appointment available (8%), no transportation (2%).

**Other responses include primary care center and clinic.

* 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.
Hospitals* visited in the last 24 months by households:

- Jackson: 1%
- Pikeville: 9%
- Other: 9%
- Lexington: 21%
- Hazard ARH: 61%

*Why another hospital?
Physician referred me (28%), service I needed was not available (24%), I prefer larger hospitals (6%), insurance requires me to go elsewhere (5%).

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

<table>
<thead>
<tr>
<th>Specialty Service</th>
<th>Hazard ARH</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>41%</td>
<td>59%</td>
</tr>
<tr>
<td>Oncology (Cancer Care)</td>
<td>55%</td>
<td>45%</td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
<td>41%</td>
<td>59%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>69%</td>
<td>31%</td>
</tr>
</tbody>
</table>

How far respondents have to travel to see a specialist. 45% would be willing to use telehealth services for specialty care.

- I do not see any specialists: 13%
- Less than 20 miles: 18%
- 20 - 49 miles: 21%
- 50 - 100 miles: 40%
- More than 100 miles: 48%

Top three most important factors for a healthy community:

- **Good jobs/healthy economy**: 20%
- **Easy access to healthcare**: 16%
- **Low crime/safe neighborhood**: 11%
- **Good place to raise children**: 9%
- **Good school systems**: 9%
- **Affordable housing**: 5%
- **Low disease rate**: 5%
- **Religious or spiritual values**: 5%
- **Personal responsibility**: 4%
- **Parks and recreation**: 4%
- **Access to internet/technology**: 3%
- **Transportation**: 3%
- **Community activities and events**: 3%
- **Diverse community**: 1%

Residents that think the county meets these factors. 25%
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

**Better Collaboration and Communication**

Goal: To better inform the public about our services, our participation in community events and our impact on the local school systems and our school age children.

- Improve public awareness through social media and local media.
- Produce a newspaper insert with stories and pictures of the schools we have impacted, businesses we have provided free screenings for and local events we have annually attended.
- Encourage the schools to include pictures and stories of our fitness fairs in their newsletters and communications to parents.
- Continue to meet with local coalitions to keep them informed of our activities in the community.

Community Partners: All schools in our service area, wellness coalition, diabetes coalition, Kentucky River Health Consortium, Kids on the Move, Perry Promise.

**High Blood Pressure**

Goal: To make our community aware of the importance of lowering their blood pressure and having a better understanding of their individual health.

- Continue to provide free screenings and education to all of our service area.

Community Partners: Local schools, Local businesses, Kids on the Move, Perry Promise, wellness coalition, school wellness coalitions, Kentucky River Health Consortium.
Implementation Strategy, continued

**Diabetes**

Goal: To encourage our patients and families to be more aware of their glucose and their A1C and what they need to do to enjoy a healthier lifestyle.

- Better education and screenings beginning at early age.

Community Partners: Schools in our service area, Perry Promise, Kids on the Move, wellness coalition, school wellness coalitions, Kentucky River Health Consortium, Perry County Farmers Market, Perry County Diabetes Coalition.

**Drug Use**

Goal: To assist the community in decreasing the drug use, the increasing number of overdoses and the increasing numbers of deaths in the Appalachian region.

- ER, Inpatient Detox.
- KORE GRANT – Recovery Clinic, KORE GRANT – OB, Hepatitis C/HIV testing.
- Support of needle exchange programs for Hepatitis C testing.

Community Partners: ARC, primary care, Mountain Comprehensive Care, Quantum HealthCare, health department, Gilead Sciences, State Department KORE Grant.

**Explanation of priorities that will not be addressed at this time**

- Disconnected youth: There are other community agencies better equipped to address this.
- Access to healthy foods and education: Other community agencies are taking the lead on this.
- Physical activity and education: The schools and the local hiking groups are doing this in our community and we felt we can have a better impact on the other concerns.
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</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>
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<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>
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## 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>
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</tbody>
</table>

## Health Behaviors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Original Source</th>
<th>Year</th>
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</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>
</tbody>
</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: Overcrowding, High Housing Cost, or Lack of Kitchen or Plumbing Facilities</td>
<td>Comprehensive Housing Affordability Strategy (CHAS) data</td>
<td>2011-2015</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>
Perry County 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 Perry County?
   - 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?
   - Hazard
   - Lexington
   - Pikeville
   - Jackson
   - 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>○</td>
<td>○</td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Oncology (Cancer Care)</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Surgery</td>
<td>○</td>
<td>○</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 Perry County?
   - ○ 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 Perry 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
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