McDowell
ARH Hospital

2019 Community Health Needs Assessment

Appalachian Regional Healthcare

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www.arh.org/mcdowell
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.
Goal: Provide education and resources to the community about current drug-related issues.

Research data has been collected over the past year to monitor our progress and success in helping our community with the drug epidemic. **We have shown a significant decrease in overdose rates in our Emergency Department over the past year and an increase in distribution of information/education available to our patients, community, and families.**

Hospital administration attended a conference in Atlanta that focused on various substance abuse related initiatives that were new and/or already in practice to combat the opioid epidemic. Upon returning from this conference a resource packet was developed with education and available treatment options to be given to patients and their family and friends that may have need of these services.

Goal: Provide caregiver education for families of Alzheimer’s patients.

**We hosted quarterly community forums in conjunction with the UK Sanders-Brown Center on Aging, UK Healthcare and the Alzheimer’s Association, concerning various dementia and Alzheimer’s topics.**

The sessions have developed into mini support group meetings with those in attendance, and have proved to be very helpful for caregivers of patients with dementia.

Forum flyers are also shared with our local Advisory Council, during health fairs at senior citizens centers, schools and community events.

**A word from our Clinic Administrator...**

“I am very proud of our clinic staff for providing education and vaccinations during the recent Hepatitis A outbreak. The staff was concerned about getting the vaccine themselves, so they developed a mobile ‘Vaccine on Wheels' unit, and were able to vaccinate those employees who wanted the vaccine, in their areas of work. We then vaccinated community members at local health fairs and drive through events and even provided vaccines to residents at a local health and rehabilitation center.”
Goal: Provide health education to the community and encourage healthy lifestyles at health fairs, school events and community outreach events.

We hosted various health fair events throughout the community (schools, senior citizens centers, local churches, community festivals and outreach events, etc.) where we shared information on healthy lifestyles, cardiovascular and diabetes education, preventative cancer screenings and current health topics of concern, such as HIV and hepatitis.

Goal: Increase advertisement of after-hours access at our clinics.

We increased advertisement for our Wayland Family Care Clinic, advertising our new provider and her scheduled hours.

We advertised the new Clinic After Hours schedule via radio ads, shared the hours with our local Advisory Council, the Floyd County Early Childhood Council and the District Early Intervention Committee county-wide meetings.

A McDowell ARH Hospital employee shares information about services and resources with community members in Floyd County.

McDowell ARH 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 McDowell ARH.

Russ Barker
Community CEO, McDowell ARH
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:
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Introduction

McDowell ARH Hospital

McDowell ARH Hospital, a 25-bed critical access facility, has been designated as one of the iVantage HEALTHSTRONG Top 100 Critical Access Hospitals (CAH) in the United States for quality of care and ranking in the top quartile of patient satisfaction. This designation as a HEALTHSTRONG Hospital (determined through comprehensive and objective assessment of hospital performance) provides us with an immediate opportunity to differentiate our hospital from peers and local competitors, creates a source of accomplishment among staff, and sends a powerful message to our community.

McDowell ARH Hospital enjoys a solid reputation of excellence as a patient-oriented and community-centered healthcare provider. Our service to our patients spans the entire continuum of care.

Services

- Bone Densitometry
- Clinics
- Digital Mammography
- Echocardiography
- Emergency Care
- HomeCare Store
- Home Health Services
- Laboratory
- MRI
- Occupational Therapy
- Physical Therapy
- Rehabilitation Therapy
- Respiratory Therapy
- Senior Care
- Speech - Language Therapy
- Surgery
- Swing Beds
- Ultrasound
A Portrait of the Community Served by McDowell ARH Hospital

- McDowell is located in Floyd County, Kentucky.
- Floyd County Schools is the school district created to serve the public education needs of Floyd County, Kentucky. The district has 13 schools serving a total of about six thousand students.
- Many educational opportunities are available in Floyd County such as Big Sandy Community & Technical College, Morehead State University, Lindsey Wilson College, and Sullivan University.
- Mountain Arts Center, Jenny Wiley Amphitheater, East Kentucky Science Center and Planetarium and the Ranier Racing Museum are among some of the recreational interest points in Floyd County.

Map created with Google Maps, 2019
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>Floyd County</th>
<th>Kentucky</th>
<th>National Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 Population Estimate</td>
<td>36,271</td>
<td>4,454,189</td>
<td>323,127,513</td>
</tr>
<tr>
<td>Percent Population Change, 2010-2017</td>
<td>-8.1%</td>
<td>2.6%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Percent of Population under 18 years</td>
<td>22.0%</td>
<td>22.7%</td>
<td>22.80%</td>
</tr>
<tr>
<td>Percent of Population 65 year and older</td>
<td>17.8%</td>
<td>16.0%</td>
<td>15.20%</td>
</tr>
<tr>
<td>Percent of Population Non-Hispanic White</td>
<td>97.0%</td>
<td>84.6%</td>
<td>61.3%</td>
</tr>
<tr>
<td>Percent of Population African American</td>
<td>1.0%</td>
<td>8.1%</td>
<td>12.4%</td>
</tr>
<tr>
<td>Percent of Population Hispanic</td>
<td>0.8%</td>
<td>3.7%</td>
<td>17.8%</td>
</tr>
<tr>
<td>Percent of Population other Race</td>
<td>2.0%</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>
</tr>
</tbody>
</table>
### Social and Economic Factors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Floyd County</th>
<th>Kentucky</th>
<th>National Benchmark*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median HH Income, Not Hispanic/Latino</td>
<td>$31,133</td>
<td>$48,744</td>
<td>n/a</td>
</tr>
<tr>
<td>Graduation Rate of 9th Grade Cohort in 4 Years</td>
<td>94.0%</td>
<td>89.2%</td>
<td>83.0%</td>
</tr>
<tr>
<td>Percentages of Ages 25-44 with Some Post-Secondary College</td>
<td>49.0%</td>
<td>60.3%</td>
<td>65.0%</td>
</tr>
<tr>
<td>Percent of Unemployed Job-Seeking Population 16 Years and Older</td>
<td>10.9%</td>
<td>5.0%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Percent of Children in Poverty</td>
<td>38.0%</td>
<td>24.4%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Percent of Children Qualifying for Free or Reduced Lunches</td>
<td>78.0%</td>
<td>59.4%</td>
<td>52.0%</td>
</tr>
<tr>
<td>Percent of Single-Parent Households</td>
<td>37.0%</td>
<td>34.6%</td>
<td>34.0%</td>
</tr>
<tr>
<td>Violent Crime Rate per 100,000 population</td>
<td>50</td>
<td>215</td>
<td>380</td>
</tr>
<tr>
<td>Injury Death Rate per 100,000 population</td>
<td>127</td>
<td>88</td>
<td>65</td>
</tr>
<tr>
<td>Firearm Fatalities Rate per 100,000 population</td>
<td>22</td>
<td>15</td>
<td>11</td>
</tr>
</tbody>
</table>

### Health Behaviors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Floyd County</th>
<th>Kentucky</th>
<th>National Benchmark*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Adult Smokers</td>
<td>26.0%</td>
<td>24.5%</td>
<td>17.0%</td>
</tr>
<tr>
<td>Percent ObeseAdults with BMI &gt;= 30</td>
<td>38.0%</td>
<td>33.7%</td>
<td>28.0%</td>
</tr>
<tr>
<td>Percent Physically Inactive Adults</td>
<td>37.0%</td>
<td>28.1%</td>
<td>23.0%</td>
</tr>
<tr>
<td>Percent of Adult Excessive Drinking</td>
<td>12.0%</td>
<td>15.8%</td>
<td>18.0%</td>
</tr>
<tr>
<td>Motor Vehicle Mortality Rate</td>
<td>25</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>Chlamydia Rate Newly Diagnosed per 100,000 Population</td>
<td>167.9</td>
<td>395</td>
<td>478.8</td>
</tr>
<tr>
<td>Teen Birth Rate Ages 15-19 per 1,000 Population</td>
<td>69</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>Floyd County</th>
<th>Kentucky</th>
<th>National Benchmark*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years of Potential Life Lost Rate</td>
<td>13,700</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>5.6</td>
<td>4.8</td>
<td>3.7</td>
</tr>
<tr>
<td>Mentally Unhealthy Days</td>
<td>5.4</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>47</td>
<td>180</td>
<td>362</td>
</tr>
<tr>
<td>Child Mortality Rate</td>
<td>70</td>
<td>58.5</td>
<td>50</td>
</tr>
</tbody>
</table>

## Physical Environment

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Floyd 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>9.7</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>87.0%</td>
<td>82.2%</td>
<td>76.0%</td>
</tr>
<tr>
<td>Percentage of Workforce Commuting Alone for More than 30 Minutes</td>
<td>34.0%</td>
<td>29.0%</td>
<td>35.0%</td>
</tr>
</tbody>
</table>
Hospital Utilization Data

The Tables below provide an overview of McDowell ARH Hospital’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>Floyd - KY</td>
<td>305</td>
<td>4,004,018</td>
<td>13,128</td>
</tr>
<tr>
<td>Knott - KY</td>
<td>29</td>
<td>297,479</td>
<td>10,258</td>
</tr>
<tr>
<td>Pike - KY</td>
<td>7</td>
<td>88,811</td>
<td>12,687</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>12,900</td>
<td>6,450</td>
</tr>
<tr>
<td>Fayette - KY</td>
<td>1</td>
<td>10,030</td>
<td>10,030</td>
</tr>
<tr>
<td>Marion - OH</td>
<td>1</td>
<td>9,157</td>
<td>9,157</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>197</td>
<td>$2,443,377</td>
<td>$12,403</td>
</tr>
<tr>
<td>WellCare of Kentucky Medicaid Managed Care</td>
<td>66</td>
<td>$801,993</td>
<td>$12,151</td>
</tr>
<tr>
<td>Medicare Managed Care</td>
<td>22</td>
<td>$295,006</td>
<td>$13,409</td>
</tr>
<tr>
<td>Humana Medicaid Managed Care</td>
<td>13</td>
<td>$86,642</td>
<td>$6,665</td>
</tr>
<tr>
<td>Black Lung</td>
<td>10</td>
<td>$244,429</td>
<td>$24,443</td>
</tr>
</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>Floyd - KY</td>
<td>19,693</td>
<td>36,333,700</td>
<td>1,845</td>
</tr>
<tr>
<td>Knott - KY</td>
<td>1,812</td>
<td>3,612,654</td>
<td>1,994</td>
</tr>
<tr>
<td>Pike - KY</td>
<td>269</td>
<td>578,680</td>
<td>2,151</td>
</tr>
<tr>
<td>Johnson - KY</td>
<td>151</td>
<td>160,188</td>
<td>1,061</td>
</tr>
<tr>
<td>Unknown</td>
<td>72</td>
<td>196,151</td>
<td>2,724</td>
</tr>
<tr>
<td>Magoffin - KY</td>
<td>64</td>
<td>105,353</td>
<td>1,646</td>
</tr>
<tr>
<td>Perry - KY</td>
<td>61</td>
<td>154,306</td>
<td>2,530</td>
</tr>
<tr>
<td>Letcher - KY</td>
<td>56</td>
<td>62,807</td>
<td>1,122</td>
</tr>
<tr>
<td>Martin - KY</td>
<td>30</td>
<td>69,198</td>
<td>2,307</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>WellCare of Kentucky Medicaid Managed Care</td>
<td>7,821</td>
<td>$12,907,504</td>
<td>$1,650</td>
</tr>
<tr>
<td>Medicare (Excluding Medicare Managed Care)</td>
<td>6,968</td>
<td>$14,365,703</td>
<td>$2,062</td>
</tr>
<tr>
<td>Medicare Managed Care</td>
<td>1,468</td>
<td>$2,335,390</td>
<td>$1,591</td>
</tr>
<tr>
<td>Blue Cross Blue Shield</td>
<td>1,253</td>
<td>$1,906,609</td>
<td>$1,522</td>
</tr>
<tr>
<td>Commercial - HMO</td>
<td>952</td>
<td>$1,355,324</td>
<td>$1,424</td>
</tr>
<tr>
<td>Humana Medicaid Managed Care</td>
<td>951</td>
<td>$2,096,273</td>
<td>$2,204</td>
</tr>
<tr>
<td>Passport Medicaid Managed Care</td>
<td>618</td>
<td>$1,033,854</td>
<td>$1,673</td>
</tr>
<tr>
<td>Anthem Medicaid Managed Care</td>
<td>535</td>
<td>$904,055</td>
<td>$1,690</td>
</tr>
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</table>

### 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>
</tr>
</thead>
<tbody>
<tr>
<td>Pulmonary disease w mcc</td>
<td>41</td>
<td>$663,783</td>
<td>$16,190</td>
</tr>
<tr>
<td>Kidney disease</td>
<td>26</td>
<td>$244,400</td>
<td>$9,400</td>
</tr>
<tr>
<td>Cellulitis w/o mcc</td>
<td>26</td>
<td>$305,772</td>
<td>$11,760</td>
</tr>
<tr>
<td>Pulmonary disease w/o cc/mcc</td>
<td>24</td>
<td>$259,195</td>
<td>$10,800</td>
</tr>
<tr>
<td>Heart failure</td>
<td>18</td>
<td>$191,502</td>
<td>$10,639</td>
</tr>
<tr>
<td>Heart failure w mcc</td>
<td>16</td>
<td>$346,228</td>
<td>$21,639</td>
</tr>
<tr>
<td>Septicemia w mcc</td>
<td>15</td>
<td>$239,024</td>
<td>$15,935</td>
</tr>
<tr>
<td>Simple pneumonia</td>
<td>14</td>
<td>$210,998</td>
<td>$15,071</td>
</tr>
<tr>
<td>Pulmonary disease w cc</td>
<td>12</td>
<td>$186,646</td>
<td>$15,554</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.

McDowell ARH Hospital

Community Steering Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greta Thornsberry</td>
<td>Principal, Floyd Central High School</td>
</tr>
<tr>
<td>Rhonda Meade</td>
<td>US Postal Service</td>
</tr>
<tr>
<td>Libby Hall</td>
<td>Crossroads Foundation, Founder</td>
</tr>
<tr>
<td>Roy Harlow</td>
<td>Pastor, Graceway Methodist Church</td>
</tr>
<tr>
<td>Phyllis Honshell</td>
<td>Mayor, Wayland</td>
</tr>
<tr>
<td>Russell Bentley</td>
<td>Retired Businessman</td>
</tr>
<tr>
<td>John Hunt</td>
<td>Sheriff, Floyd Co.</td>
</tr>
<tr>
<td>Thursa Sloan</td>
<td>Floyd Co. Public Health Director</td>
</tr>
<tr>
<td>Rachel Willoughby</td>
<td>Mtn. Comp. Care</td>
</tr>
<tr>
<td>Stacie Moore</td>
<td>Dentist</td>
</tr>
<tr>
<td>Allen Lafferty</td>
<td>Transtar Ambulance Service</td>
</tr>
<tr>
<td>Elmer Hamilton</td>
<td>Branch Manager, US Bank</td>
</tr>
</tbody>
</table>
McDowell ARH Hospital
Community Steering Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leslie DeRossett-Fannin</td>
<td>District Wide Counselor, Floyd Co. Schools</td>
</tr>
<tr>
<td>Gary Mitchell</td>
<td>Pastor, Martin Church of Christ</td>
</tr>
<tr>
<td>Joyce Mitchell</td>
<td>Floyd Co. Housing Authority</td>
</tr>
<tr>
<td>Sister Kathleen Weigand</td>
<td>Former Director, St. Vincent Mission</td>
</tr>
<tr>
<td>Robbie Williams</td>
<td>Floyd Co. Businessman, County Judge Elect</td>
</tr>
</tbody>
</table>
Community Feedback

In order to collect primary data from community residents, focus groups and key informant interviews were conducted in Floyd County and in the area that McDowell ARH patients reside. The focus groups were conducted as separate meetings or in conjunction with other regularly scheduled meetings in the county. Forty-nine individuals participated in three focus groups. Representation from the Floyd County Fitness and Nutrition Coalition, Graceway United Methodist Church, Floyd County School System, local providers 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

- Affordable transportation
- Access to care – specialists, dental and eye care
- Education on available resources
- Affordable housing
- No smoking or vaping
- Health literacy
- Nutrition Education
- Access to affordable fresh foods
- Healthy economy/jobs
- Opportunities for entertainment and recreation
- Mental health resources
- Fitness opportunities
- YMCA
- Walkable community
What are the most significant health needs in Floyd County?

- Transportation
- Grandparents raising grandchildren
- Health illiteracy
- Tobacco and vaping
- Mental health – stigma
- Substance abuse
- Hepatitis A, B and C
- Services for elderly
- Homelessness
- Diabetes
- Directing and linking resources
- Uninsured and underinsured
- After-hours care
- Heart disease
- Cancer
- Wellness education (fitness and nutrition)
- Obesity
- Black lung
- Healthy foods
- Access to affordable healthy foods

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

- Healthcare providers are better at tracking prescriptions
- Great veterans clinic
- Healthcare has improved
• Fantastic labs
• Strong community partnerships

Opportunities for improving the health care system in Floyd County
• Lack of EMS county wide
• Nursing shortages
• Need for specialists – OB/GYN, psychiatry, endocrinology, neurology, oncology, pediatrics, pulmonology
• Perception that larger hospitals have better care causing people to travel for care
• Accessibility of appointments
• Cost of insurance/lack of insurance providers
• Need more health education in schools

What can be done to better meet health needs of residents in Floyd County?
• Support for prescriptions/medical supplies
• More specialty services
• Collaboration with other organizations and groups
• Effective communication of services
• Broadband and internet accessibility
• Advertising hospital services
• Public transportation
• Accessible community centers
• Extended hours for clinics

**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 the 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 Floyd County (related to health)?
- Drugs
- Cancers
- Diabetes

Strengths of health care system in Floyd County
- Skilled physicians, nurses, and resource providers
- Greater availability to specialized services
- Large variety of providers
- Quality hospitals
- Caring staff

Barriers to health care or living healthy in Floyd County
- Transportation
- Lack of knowledge about health and healthcare
- Finances

What could be done to better meet Floyd County residents health needs?
- Drug education for community
- Change perception of quality of local services
- Increase availability of services for seniors
- Better market current resources and services offered by ARH
- Support groups
- Quality housing
Households are satisfied with their ability to access healthcare services in their county.

Respondents have a family doctor. 78% visit their family doctor regularly.

Households are currently without health insurance.

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

*No appointment available (22%), can’t afford it (17%), no specialist in my community (17%), can’t take off from work (9%), no transportation (4%).

**Other responses include local clinic and not sick/no need.

Top three health challenges households face:

<table>
<thead>
<tr>
<th>Health Challenge</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure</td>
<td>18%</td>
</tr>
<tr>
<td>Cancer</td>
<td>14%</td>
</tr>
<tr>
<td>HIV/AIDS/STDs</td>
<td>13%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>11%</td>
</tr>
<tr>
<td>Overweight/obesity</td>
<td>11%</td>
</tr>
<tr>
<td>Mental health issues</td>
<td>9%</td>
</tr>
<tr>
<td>Respiratory/lung disease</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
</tr>
<tr>
<td>Heart disease and stroke</td>
<td>7%</td>
</tr>
</tbody>
</table>

Routine health care accessed by respondents:

- Routine physical: 121
- Mammogram: 57
- Pap smear: 39
- Prostate-Specific Antigen (PSA) test: 16
- Colonoscopy: 20

* 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.

Respondent’s rating of their personal health (red bar) and the overall health of the people in this county (gray bar).
Households who have used specialty services at an ARH hospital or at another hospital in the past 24 months:

- **Surgery**: 44% used ARH, 56% used another hospital
- **Orthopedics**: 47% used ARH, 53% used another hospital
- **Oncology (Cancer Care)**: 50% used ARH, 50% used another hospital
- **Obstetrics/Gynecology**: 49% used ARH, 51% used another hospital
- **Cardiology**: 48% used ARH, 52% used another hospital

*Why another hospital?* Service I needed was not available (46%), physician referred me (24%), insurance requires me to go elsewhere (6%), I prefer larger hospitals (4%).

How far respondents have to travel to see a specialist. **32% would be willing to use telehealth services for specialty care.**

- **I do not see any specialists**: 8%
- **Less than 20 miles**: 11%
- **20 - 49 miles**: 27%
- **50 - 100 miles**: 23%
- **More than 100 miles**: 23%

Top three most important factors for a healthy community:

- Easy access to healthcare: 18%
- Good jobs/healthy economy: 18%
- Low crime/safe neighborhood: 15%
- Good place to raise children: 12%
- Good school systems: 11%
- Religious or spiritual values: 7%
- Low disease rate: 4%
- Affordable housing: 4%
- Personal responsibility: 3%
- Community activities and events: 3%
- Access to internet/technology: 2%
- Transportation: 1%
- Parks and recreation: 1%
- Diverse community: 1%
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

Vaping and Tobacco Use

Goal: Educate the community, especially the younger population on the unforeseen health issues of vaping, and reduce the number of people vaping in our area.

- Order educational material to distribute at community health fairs and school events.
- Schedule speaking events at the local schools to address the vaping issue.
- Invite Dr. Moka, Oncologist, and/or a pulmonologist to speak at the school events.

Community Partners: Floyd County Board of Education.

Drug Use

Goal: Promote the local Needle Exchange Program, provide drug education in the local schools and during community events, and educate and provide resources on mental health and help reduce the negative stigma of addiction.

- Collaborate with Floyd County Health Department on Needle Exchange Program. Educate the community about available services for needle exchange.
- Educate ER patients about Hep. C testing and refer positive cases for treatment.
- Obtain new educational material on opioid addiction and the easy access to prescription medication in home settings, obtain information on addictive behavior and addiction prevention.
- Pursue a local medication disposal event. Inform community of local “DEA Take Back Day.”
- Contact Mountain Comprehensive Care to obtain information on their programs/services.
- Continue Hep C testing in the ER.
- Set up educational opportunities in local schools.
- Set up a community event to discuss addiction/recovery and invite ARC speaker to event, contact local churches to sponsor the event.

Community Partners: Floyd County Health Department, ARH System/Hep. C grant employees, ARH Pharmacists, Prestonsburg Police Department, ARC staff, Dr. LaLonde, Interventional Pain Management.
Implementation Strategy, continued

**Obesity**

Goal: Educate the community/schools on the risks of obesity in adults and children in our area, host fitness fairs in local schools beginning with 2019-2020 school year, promote walking clubs to get people to exercise.

- Work with our medical staff, dietician and local agencies to provide nutritional education and support for community groups, as well as individuals/patients as they meet their personal goals. Stress the importance of monitoring blood pressure, weight, etc. to reduce obesity.

- Stress importance of exercise with kids during fitness fairs to help reduce obesity. Measure each kid’s height/weight to track BMI, check blood pressure, grip strength, pushups, sit ups, sit and reach, etc.

- Schedule fitness fairs in local schools in the fall, then follow up in the spring to track students’ progress (changes in BMI and improvement in strength). Final results will be calculated and shared with the school staff. Any health issues will be shared with school staff as well.

Community Partners: ARH Our Lady of the Way, Floyd County Board of Education, Floyd County Diabetes Coalition.

**Communication to the Public**

Goal: Keep public updated and informed about all current and new services/providers.

- Advertise all new services.

- Update electronic indoor billboard (located by the elevators) with all available services, programs and providers.

Community Partners: Local newspaper, radio and billboard companies.

**Lack of Specialists**

Goal: Recruit more specialists to service our community needs and increase community knowledge of available specialty services in our clinic.

- Work with ARH system recruiting to find specialists (especially an endocrinologist) that would be interested in coming to McDowell a couple of days/month.

Community Partners: Dan Stone, Hazard ARH CCEO, and Charles Lovell, Barbourville ARH CCEO.
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>
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</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>
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<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>
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## Health Behaviors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Original Source</th>
<th>Year</th>
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<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>
<tr>
<td>Indicator</td>
<td>Original Source</td>
<td>Year</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>------------------------------------------------------</td>
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</tr>
<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>
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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>
Floyd 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 Floyd 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?
   ○ McDowell
   ○ Our Lady of the Way
   ○ Highlands
   ○ Pikeville
   ○ Ashland
   ○ Paintsville
   ○ Lexington
   ○ 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>O</td>
<td>O</td>
</tr>
</tbody>
</table>

12. If you went to another hospital than an ARH hospital, please select all that apply as to why:
   - O Service I needed was not available
   - O My physician referred me
   - O My insurance requires me to go somewhere else
   - O I prefer larger hospitals
   - O Other. Please specify:____________________

15. In the past 24 months, have you had a:
   - O Routine physical
   - O Mammogram (Women)
   - O Pap Smear (Women)
   - O PSA (Men)
   - O Colonoscopy

13. How far do you or anyone in your household travel to see a specialist?
   - O Less than 20 miles
   - O 20-49 miles
   - O 50-100 miles
   - O More than 100 miles
   - O I do not see any specialists

16. How would you rate your own personal health?
   - O Very healthy
   - O Healthy
   - O Neither healthy nor unhealthy
   - O Unhealthy
   - O Very unhealthy

14. Would you be willing to utilize telehealth services to reduce travel time for specialty care?
   - O Yes
   - O No

17. How would you rate the overall health of the people in Floyd County?
   - O Very healthy
   - O Healthy
   - O Neither healthy nor unhealthy
   - O Unhealthy
   - O 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)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</tr>
</tbody>
</table>

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 Floyd 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: Greg Pauley, Chairman

A true copy attest:

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

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