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

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

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

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

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

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

Sincerely,

[Signature]

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

Appalachian Regional Healthcare is a not-for-profit health system serving 350,000 residents across Eastern Kentucky and Southern West Virginia. Operating 12 hospitals, multi-specialty physician practices, home health agencies, HomeCare Stores and retail pharmacies, ARH is the largest provider of care and single largest employer in southeastern Kentucky and the third largest private employer in southern West Virginia.

The ARH system employs more than 5,000 people and has a network of more than 600 active and courtesy medical staff members representing various specialties. ARH is firmly committed to its mission of improving the health and promoting the well-being of all people in Eastern Kentucky and Southern West Virginia.

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

Mission

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

Vision

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

Value Statement

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

Appalachian Regional Healthcare contracted with the Community and Economic Development Initiative of Kentucky (CEDIK) in the fall of 2018 to conduct a Community Health Needs Assessment (CHNA) in accordance with the Affordable Care Act (ACA). The Affordable Care Act (ACA), enacted March 23, 2010, added new requirements that hospital organizations must satisfy in order to be described in section 501(c)(3), as well as new reporting and excise taxes.

The IRS requires hospital organizations to complete a CHNA and adopt an implementation strategy at least once every three years. This CHNA was the third prepared by CEDIK for this organization; prior reports were completed in 2013 and 2016. Here is an overview of the CHNA process that CEDIK uses based on the IRS guidelines:
Goal: Increase community awareness of services and improve communication with patients.

Physician and staff communication with patients improved in 2016 through the implementation of HCAPHS surveys so that patient satisfaction could be better monitored. In 2018, this process moved to real-time. Our focus is patient care, discharge readiness and the overall rating of the hospital.

We increased our efforts to promote hospital services and improve community participation through hospital involvement at several Health Fairs, as well as offering weekly education opportunities at the Knox County Farmers Market. The hospital now has a social media presence on Facebook to highlight services and share event information. Hospital administration has become more involved with the Knox County Chamber of Commerce and participated in the 2017 Leadership Tri-County class.

Our hospital has been successful in reducing Emergency Department wait times. We created a multidisciplinary team that meets monthly; as a result the hospital improved patient flow to shorten the time between patient/physician interaction. Between 2016 and 2018, there was a 6% improvement in arrival to admission times, a 15% improvement in arrival to discharge times and a 66% improvement in arrival to physician evaluation times. Our Emergency Department satisfaction scores continue to improve, which indicates that the community perception of the Emergency Department has improved.

Goal: Provide educational programs and support outreach initiatives to increase community health literacy and provide opportunities for prevention education.

The hospital participated in numerous health fairs during the past 3 years. KCEOC, Knox County Health Department, and our Health Fair. We continue to work within our community to become smoke free.

The hospital provides a full time BeneFind Healthcare Specialist to assist anyone needing help with their medical bills.

Sponsored drunk/impaired driving simulator for students of Knox Central High School.

Our greatest success...

...has been the ability to bring Specialists into the community.
So many patients in our community have difficulty traveling for many reasons; bringing these providers into the area has improved access to advanced care for many people.
Improve access to comprehensive, quality health care services.

Our hospital has committed to increased efforts around drug rehabilitation and treatment. Our facility participates in Knox County UNITE activities. In the last three years, we have served on a Community Forum panel on drug abuse/opioid crisis in Knox County, and presented a program at a UNITE meeting on the drug crisis in Knox County.

We have had great success in increasing community access to Specialists. Our hospital has added a second general surgeon to our staff. Currently we have visiting specialists in cardiology, oncology and orthopedics. Barbourville ARH opened a Rural Health Clinic in Bell County with 9 providers including pediatrics, oncology, cardiology, general surgery, and gastroenterology. Additionally, our hospital partnered with UK GYN Oncology to establish a telehealth program at the Bell County clinic.

Ribbon cutting at the new Rural Health Clinic in Bell County, Kentucky.

Our hospital 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 Barbourville ARH.

Charles Lovell Jr.
Barbourville ARH Community CEO
clovell@arh.org
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>9</td>
</tr>
<tr>
<td>2. The Assessment Process</td>
<td>11</td>
</tr>
<tr>
<td>3. Secondary Data Exploration: Community, Economic, and Health Profiles</td>
<td>12</td>
</tr>
<tr>
<td>4. Hospital Utilization Data</td>
<td>14</td>
</tr>
<tr>
<td>5. The Community Steering Committee</td>
<td>17</td>
</tr>
<tr>
<td>6. Community Feedback</td>
<td>19</td>
</tr>
<tr>
<td>7. Survey Results</td>
<td>22</td>
</tr>
<tr>
<td>8. Prioritization of Identified Health Needs</td>
<td>25</td>
</tr>
<tr>
<td>9. Implementation Strategy</td>
<td>26</td>
</tr>
<tr>
<td>10. Next Steps</td>
<td>28</td>
</tr>
<tr>
<td>11. Appendix</td>
<td>29</td>
</tr>
<tr>
<td>Secondary Data Sources</td>
<td></td>
</tr>
<tr>
<td>Survey</td>
<td></td>
</tr>
<tr>
<td>12. Approval</td>
<td>36</td>
</tr>
</tbody>
</table>
Introduction

Barbourville ARH Hospital

Barbourville ARH Hospital, formerly Knox County Hospital, is a member of the 12 hospital ARH system. A modern, 25-bed critical access hospital, Barbourville ARH features private rooms and baths.

At Barbourville ARH Hospital you’ll discover comprehensive health services including Nuclear Medicine, Surgical Services, Physical Therapy, Spiral C.T., Mammography services, MRI services, and a fully staffed 24-hour Emergency Room.

Services

- Dietary
- Emergency Department
- Laboratory
- Imaging
- Respiratory Therapy
  - Arterial blood gases and analysis
  - Oxygen Therapy
  - Capillary Heel Stick
  - Pulse Oximetry
  - IPPB Therapy
  - Mechanical Ventilation
  - Chest Physiotherapy
  - Incentive Spirometry
  - Pulmonary Screen Testing
A Portrait of the Community Served by Barbourville ARH Hospital

- Barbourville is a city located in Knox County, Kentucky.
- Union College and the Appalachian Children’s Home are located in Barbourville. The Knox Appalachian School is a public school serving the needs of the children committed to the Appalachian Children’s Home.
- Other schools in Barbourville include Central Elementary School, G. R. Hampton Elementary School, Jesse D. Lay Elementary School, Knox County Middle School, Knox Central High School, Dewit Elementary, Girdler Elementary, Flat Lick Elementary, Lynn Camp Schools.
- Each year in early October, Barbourville hosts the Daniel Boone Festival, commemorating the pioneer who explored the area in 1775.
- Barbourville Water Park, Dr. Thomas Walker State Park, and Thompson Park and RV camping are among popular points of recreational interest.
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>Knox County</th>
<th>Kentucky</th>
<th>National Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 Population Estimate</td>
<td>31,227</td>
<td>4,454,189</td>
<td>323,127,513</td>
</tr>
<tr>
<td>Percent Population Change, 2010-2017</td>
<td>-2.1%</td>
<td>2.6%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Percent of Population under 18 years</td>
<td>23.3%</td>
<td>22.7%</td>
<td>22.80%</td>
</tr>
<tr>
<td>Percent of Population 65 year and older</td>
<td>16.9%</td>
<td>16.0%</td>
<td>15.20%</td>
</tr>
<tr>
<td>Percent of Population Non-Hispanic White</td>
<td>95.8%</td>
<td>84.6%</td>
<td>61.3%</td>
</tr>
<tr>
<td>Percent of Population African American</td>
<td>1.3%</td>
<td>8.1%</td>
<td>12.4%</td>
</tr>
<tr>
<td>Percent of Population Hispanic</td>
<td>1.2%</td>
<td>3.7%</td>
<td>17.8%</td>
</tr>
<tr>
<td>Percent of Population other Race</td>
<td>2.9%</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>Knox County</th>
<th>Kentucky</th>
<th>National Benchmark*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median HH Income, Not Hispanic/Latino</td>
<td>$26,142</td>
<td>$48,744</td>
<td>n/a</td>
</tr>
<tr>
<td>Graduation Rate of 9th Grade Cohort in 4 Years</td>
<td>89.0%</td>
<td>89.2%</td>
<td>83.0%</td>
</tr>
<tr>
<td>Percentages of Ages 25-44 with Some Post-Secondary College</td>
<td>40.0%</td>
<td>60.3%</td>
<td>65.0%</td>
</tr>
<tr>
<td>Percent of Unemployed Job-Seeking Population 16 Years and Older</td>
<td>7.9%</td>
<td>5.0%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Percent of Children in Poverty</td>
<td>47.0%</td>
<td>24.4%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Percent of Children Qualifying for Free or Reduced Lunches</td>
<td>68.0%</td>
<td>59.4%</td>
<td>52.0%</td>
</tr>
<tr>
<td>Percent of Single-Parent Households</td>
<td>44.0%</td>
<td>34.6%</td>
<td>34.0%</td>
</tr>
<tr>
<td>Violent Crime Rate per 100,000 population</td>
<td>74</td>
<td>215</td>
<td>380</td>
</tr>
<tr>
<td>Injury Death Rate per 100,000 population</td>
<td>106</td>
<td>88</td>
<td>65</td>
</tr>
<tr>
<td>Firearm Fatalities Rate per 100,000 population</td>
<td>18</td>
<td>15</td>
<td>11</td>
</tr>
</tbody>
</table>

## Health Behaviors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Knox County</th>
<th>Kentucky</th>
<th>National Benchmark*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Adult Smokers</td>
<td>29.0%</td>
<td>24.5%</td>
<td>17.0%</td>
</tr>
<tr>
<td>Percent Obese Adults with BMI &gt;= 30</td>
<td>43.0%</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>12.0%</td>
<td>15.8%</td>
<td>18.0%</td>
</tr>
<tr>
<td>Motor Vehicle Mortality Rate</td>
<td>24</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>Chlamydia Rate Newly Diagnosed per 100,000 Population</td>
<td>377.4</td>
<td>395</td>
<td>478.8</td>
</tr>
<tr>
<td>Teen Birth Rate Ages 15-19 per 1,000 Population</td>
<td>65</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 were not made available by County Health Rankings.
## Health Outcomes

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Knox County</th>
<th>Kentucky</th>
<th>National Benchmark*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years of Potential Life Lost Rate</td>
<td>12,700</td>
<td>9,047</td>
<td>6,700</td>
</tr>
<tr>
<td>Percent of Population in Fair/Poor Health</td>
<td>28.0%</td>
<td>21.3%</td>
<td>16.0%</td>
</tr>
<tr>
<td>Physically Unhealthy Days</td>
<td>5.8</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>10.0%</td>
<td>8.9%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Percent of Population who are Diabetic</td>
<td>16.0%</td>
<td>12.8%</td>
<td>10.0%</td>
</tr>
<tr>
<td>HIV Prevalence Rate</td>
<td>34</td>
<td>180</td>
<td>362</td>
</tr>
<tr>
<td>Child Mortality Rate</td>
<td>100</td>
<td>58.5</td>
<td>50</td>
</tr>
</tbody>
</table>

## Physical Environment

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Knox 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>No</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>17.0%</td>
<td>14.4%</td>
<td>19.0%</td>
</tr>
<tr>
<td>Percentage of Workforce Driving Alone to Work</td>
<td>85.0%</td>
<td>82.2%</td>
<td>76.0%</td>
</tr>
<tr>
<td>Percentage of Workforce Commuting Alone for More than 30 Minutes</td>
<td>25.0%</td>
<td>29.0%</td>
<td>35.0%</td>
</tr>
</tbody>
</table>
Hospital Utilization Data

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

<table>
<thead>
<tr>
<th>County of Origin</th>
<th>Discharges</th>
<th>Total Charges</th>
<th>Average Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knox - KY</td>
<td>628</td>
<td>12,999,702</td>
<td>20,238</td>
</tr>
<tr>
<td>Bell - KY</td>
<td>35</td>
<td>635,554</td>
<td>17,939</td>
</tr>
<tr>
<td>Harlan - KY</td>
<td>25</td>
<td>580,215</td>
<td>22,862</td>
</tr>
<tr>
<td>Whitley - KY</td>
<td>25</td>
<td>464,036</td>
<td>18,290</td>
</tr>
<tr>
<td>Laurel - KY</td>
<td>6</td>
<td>104,159</td>
<td>17,192</td>
</tr>
<tr>
<td>Houston - AL</td>
<td>1</td>
<td>15,514</td>
<td>15,514</td>
</tr>
<tr>
<td>Union - KY</td>
<td>1</td>
<td>13,505</td>
<td>13,505</td>
</tr>
<tr>
<td>Letcher - KY</td>
<td>1</td>
<td>8,653</td>
<td>8,506</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>470</td>
<td>$9,776,593</td>
<td>$20,294</td>
</tr>
<tr>
<td>Medicare Managed Care</td>
<td>48</td>
<td>$1,202,019</td>
<td>$24,688</td>
</tr>
<tr>
<td>Passport Medicaid Managed Care</td>
<td>34</td>
<td>$510,767</td>
<td>$14,729</td>
</tr>
<tr>
<td>Blue Cross Blue Shield</td>
<td>31</td>
<td>$615,379</td>
<td>$19,528</td>
</tr>
<tr>
<td>Commercial - Other</td>
<td>31</td>
<td>$675,104</td>
<td>$21,465</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>Knox - KY</td>
<td>16,695</td>
<td>$28,035,326</td>
<td>$1,679</td>
</tr>
<tr>
<td>Whitley - KY</td>
<td>4,237</td>
<td>$3,041,109</td>
<td>$718</td>
</tr>
<tr>
<td>Bell - KY</td>
<td>780</td>
<td>$1,666,938</td>
<td>$2,137</td>
</tr>
<tr>
<td>Harlan - KY</td>
<td>238</td>
<td>$726,296</td>
<td>$3,052</td>
</tr>
<tr>
<td>Laurel - KY</td>
<td>185</td>
<td>$630,156</td>
<td>$3,406</td>
</tr>
<tr>
<td>Clay - KY</td>
<td>86</td>
<td>$255,236</td>
<td>$2,968</td>
</tr>
<tr>
<td>Claiborne - TN</td>
<td>55</td>
<td>$85,872</td>
<td>$1,561</td>
</tr>
<tr>
<td>Armed Forces APO-FPO-DPO</td>
<td>21</td>
<td>$62,422</td>
<td>$2,972</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>9,544</td>
<td>$15,421,433</td>
<td>$1,616</td>
</tr>
<tr>
<td>Aetna Better Health of KY Medicaid Managed Care 2,308</td>
<td>$3,341,088</td>
<td>$1,448</td>
<td></td>
</tr>
<tr>
<td>Medicare Managed Care</td>
<td>1,901</td>
<td>$2,685,187</td>
<td>$1,413</td>
</tr>
<tr>
<td>Commercial - Other</td>
<td>1,712</td>
<td>$2,530,269</td>
<td>$1,478</td>
</tr>
<tr>
<td>Self Pay</td>
<td>1,558</td>
<td>$2,078,284</td>
<td>$1,334</td>
</tr>
<tr>
<td>Blue Cross Blue Shield</td>
<td>1,509</td>
<td>$2,626,101</td>
<td>$1,740</td>
</tr>
</tbody>
</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>35</td>
<td>$845,911</td>
<td>$23,765</td>
</tr>
<tr>
<td>Respiratory failure</td>
<td>33</td>
<td>$1,057,619</td>
<td>$31,408</td>
</tr>
<tr>
<td>Digestive disorders w/o mcc</td>
<td>33</td>
<td>$396,211</td>
<td>$11,798</td>
</tr>
<tr>
<td>Cellulitis w/o mcc</td>
<td>30</td>
<td>$377,661</td>
<td>$12,250</td>
</tr>
<tr>
<td>Kidney disease</td>
<td>26</td>
<td>$322,938</td>
<td>$11,893</td>
</tr>
<tr>
<td>Pulmonary disease w/o cc/mcc</td>
<td>24</td>
<td>$359,213</td>
<td>$14,610</td>
</tr>
<tr>
<td>Simple pneumonia</td>
<td>24</td>
<td>$474,340</td>
<td>$19,157</td>
</tr>
<tr>
<td>Septicemia w mcc</td>
<td>23</td>
<td>$775,925</td>
<td>$33,042</td>
</tr>
<tr>
<td>Toxic effects of drugs</td>
<td>20</td>
<td>$181,261</td>
<td>$8,843</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.

Barbourville ARH Hospital
Community Steering Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claudia Greenwood</td>
<td>Director of Knox County Chamber of Commerce</td>
</tr>
<tr>
<td>Shawn Bingham</td>
<td>KCEOC Community Action Partnership</td>
</tr>
<tr>
<td>Preudia Moses</td>
<td>KCEOC Community Action Partnership</td>
</tr>
<tr>
<td>Corey Chesnut</td>
<td>Market President at Bank</td>
</tr>
<tr>
<td>Bill Hughes</td>
<td>Pastor &amp; RAC representative</td>
</tr>
<tr>
<td>Chris Bowling</td>
<td>Pharmacist</td>
</tr>
<tr>
<td>Monica Clouse</td>
<td>Union College &amp; Co-chair of Local Farmer's Market</td>
</tr>
<tr>
<td>Jay Nolan</td>
<td>The Mountain Advocate</td>
</tr>
<tr>
<td>Cory Smith</td>
<td>Pharmacist</td>
</tr>
<tr>
<td>Mark Moran</td>
<td>Manager Equipment Company</td>
</tr>
<tr>
<td>Brian Hensley</td>
<td>RN, Director Bluegrass Care Navigators</td>
</tr>
<tr>
<td>Scott Lee</td>
<td>Bluegrass Care Navigators</td>
</tr>
</tbody>
</table>
## Barbourville ARH Hospital
### Community Steering Committee, continued

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelia Halter</td>
<td>Retired Teacher, Auxiliary Member</td>
</tr>
<tr>
<td>Jamie Wilder</td>
<td>APRN</td>
</tr>
<tr>
<td>Michael Wynn</td>
<td>Grace Health</td>
</tr>
<tr>
<td>Marisa Greer</td>
<td>Union College</td>
</tr>
<tr>
<td>Delisa Estes</td>
<td>Lay Elementary</td>
</tr>
<tr>
<td>Gina Smith</td>
<td>Knox County Sheriff's Department</td>
</tr>
<tr>
<td>Darya Logan</td>
<td>Lynn Camp</td>
</tr>
<tr>
<td>Rebecca Rains</td>
<td>Knox County Health Department</td>
</tr>
<tr>
<td>Tammy Owens</td>
<td>Knox County Health Department</td>
</tr>
<tr>
<td>Tammy Sutton</td>
<td>Knox County Health Department</td>
</tr>
<tr>
<td>Erin Abner</td>
<td>Knox County Health Department</td>
</tr>
<tr>
<td>Brisja Brewer</td>
<td>Union College</td>
</tr>
<tr>
<td>Cory Smith</td>
<td>Pharmacist</td>
</tr>
</tbody>
</table>
Community Feedback

In order to collect primary data from community residents, focus groups were conducted in Knox County and in the area that Barbourville ARH patients reside. These groups were conducted as separate meetings or in conjunction with other regularly scheduled meetings in the county. Thirty-nine individuals participated in three focus groups. Representation from Union College, students, Knox County Chamber of Commerce, Knox County Health Department, local physicians, 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.

Resident’s vision for a healthy community

- Drug free community
- Treatment facilities for addiction
- Economic health – jobs, hire-able workforce
- School nurses and in-school clinics
- Affordable public transportation
- Access to healthy foods
- Health education through health department
- No litter
- Health coalition
- More active lifestyles
- Increase in access to care
- Recreation for youth

What are the most significant health needs in Knox County?

- Substance abuse- drugs, tobacco, vaping
- Dental care
- Homelessness
- Transportation
- Diabetes
What are the most significant health needs in Knox County? (continued)

- Lack of access to affordable healthy foods
- Hepatitis
- COPD
- Access to specialists
- Mental health – access to care, stigma associated
- Heart disease
- Poverty
- Sexual abuse/neglect
- Limited affordable housing
- Traveling for care – prenatal care
- Reduction in immunizations
- High blood pressure
- Childhood cancer
- Lack of knowledge on resources

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

- Hospital reputation is improving
- ARH working to bring in more services
- Health department working on disease prevention
- Physicians on-site at hospital
- Community recognizes quality of providers

Opportunities for improving the health care system in Knox County

- Perception of high staff turnover
- Need for aftercare
Opportunities for improving the health care system in Knox County (continued)

- EMS – retaining EMT’s
- Room for collaboration with other groups
- Health department is under utilized
- Lack of knowledge on resources
- Patients traveling for care – due to lack of specialty care at ARH, or negative connotation associated with hospital

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

- Financial literacy aid
- Collaboration/communication with community partners
- Detox unit in hospital
- Better communication on resources and services- linking people to resources
- Community wellness events
- Focusing on prevention at a young age
- Transportation
- Vaping intervention
- Patient education on health – health literacy, navigating the health care system, nutrition education

Community Survey

To gather Knox County resident feedback, Barbourville ARH collaborated with the Knox County Health Department to create a survey. Over 900 respondents completed the “Knox County Community Health Needs Assessment Survey.” The survey was implemented in paper and electronic format. The respondents were asked questions about their health care habits and challenges, and also about the health care needs of the community. The survey ended with a section on demographics. The survey is included in the Appendix. A summary of the survey results can be found on the next page.
Barbourville ARH

Winter 2018 Survey Results

907 Surveys*

89% Households are satisfied with their ability to access healthcare services in their county.

89% Respondents have a family doctor. 78% visit their family doctor regularly.

22% Households are currently without health insurance.

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

- Emergency room: 18%
- Health department: 9%
- Urgent care center: 23%
- Other: 17%
- I do not receive routine healthcare*: 33%

*Can’t afford it (27%), no appointment available (22%), can’t take off from work (16%), no transportation (5%), no specialist in my community (2%)

Top three health challenges households face:

- High blood pressure: 22%
- Overweight/obesity: 19%
- Diabetes: 14%
- Heart disease and stroke: 10%
- Cancer: 10%
- Mental health issues: 9%
- Respiratory/lung disease: 8%
- Other: 6%
- HIV/AIDS/STDs: 2%

Routine health care accessed by respondents:

- Routine physical: 506
- Mammogram: 173
- Pap smear: 249
- Prostate-Specific Antigen (PSA) test: 35
- Colonoscopy: 87

* 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).

- Very healthy: 11%
- Healthy: 4%
- Neither healthy nor unhealthy: 17%
- Unhealthy: 21%
- Very unhealthy: 33%
- Very unhealthy: 41%

- Very healthy: 9%
- Healthy: 2%
- Neither healthy nor unhealthy: 41%
- Unhealthy: 5%
Hospitals* visited in the last 24 months by households:

- Pineville: 3%
- Middlesboro: 4%
- Other: 5%
- London: 12%
- Lexington: 12%
- Barbourville ARH: 31%
- Corbin: 33%

*Why another hospital?
Service I needed was not available (24%), insurance requires me to go elsewhere (23%), physician referred me (15%), I prefer larger hospitals (11%).

Households that have used a hospital in the past 24 months.

How far respondents have to travel to see a specialist. 48% would be willing to use telehealth services for specialty care.

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

- Surgery: 9% (91%)
- Orthopedics: 8% (92%)
- Oncology (Cancer Care): 100%
- Obstetrics/Gynecology: 4% (96%)
- Cardiology: 22% (78%)

Top three most important factors for a healthy community:

- Low crime/safe neighborhood: 17%
- Good school systems: 15%
- Easy access to healthcare: 15%
- Good jobs/healthy economy: 13%
- Clean environment: 10%
- Low disease rate: 8%
- Affordable housing: 6%
- Transportation: 4%
- Community activities and events: 4%
- Parks and recreation: 3%
- Access to internet/technology: 2%
- Diverse community: 2%

Residents that think the county meets these factors.
Top three most risky behaviors:

- Alcohol abuse 19%
- Prescription drug use 19%
- Drug abuse 19%

Top three most important "health problems":

- Cancer 20%
- Alcohol/drugs 11%
- Diabetes 10%

The three most important things our community can do to have a positive effect on health:

- More substance abuse prevention and treatment 18%
- Nutrition education/access to healthy foods 13%
- More jobs 11%

Respondent rating of the barriers to health care:

- Cost/expenses 25%
- Lack of insurance 23%
- Health knowledge 13%
- Transportation 10%
- Doctor office hours 9%
- Health benefits 9%
- Failure to accept insurance 7%
- Lack of childcare 3%

The most important thing our community can do to have a positive effect on the opioid crisis:

- Provide more court-appointed treatment 28%
- Open more treatment facilities 24%
- Provide more substance abuse prevention education/services 24%
- Provide transportation to treatment 14%
- Provide naloxone (to treat overdoses) 3%

Respondent rating of population that needs the most help with access to health care:

- Low-income families 28%
- Elderly 22%
- Children/infants 16%
- Uninsured 15%
- Physically/mentally disabled 8%
- Young adults 5%
- Other 3%
- Minority groups 1%
- Immigrants/refugees 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

Substance Abuse

Goal: To help reduce the number of substance use/abuse related overdoses and deaths.

- Increase participation in UNITE meetings with the hope of getting more community members involved.
- Attend National Rx Drug and Heroin Summit to gain insight from experts especially those in rural communities.
- Host community health fairs.
- Educate elementary school students on the consequences of drug use.
- Work with Union College athletes to schedule school visits to speak about healthy lifestyles.
- Work with Boy’s and Girl’s Club.
- Possibly bringing the “impaired driving simulator” to our local schools again.
- Participate in the KHA Opioid Stewardship Program.

Community Partners: Knox County Health Department, Knox County Schools, UNITE.

Prevention Education – Vaping

Goal: Educate elementary and middle school students on the dangers of vaping via handouts, community health fairs, UNITE Clubs at local schools.

- Share statistics on what substances are in the vaping materials, how addictive they can be and the long term effects.
- Speak with UNITE Clubs at local schools.
- Provide information at local UNITE meetings.

Community Partners: Knox County Schools, UNITE Clubs.

Prevention Education – Hepatitis A, B, C

Goal: Reduce the transmission of Hepatitis A, B, and C.

- Educate the public on how the 3 different types of Hepatitis are transmitted.
- Promote some type of good hand hygiene.
Implementation Strategy, continued

- Increase awareness in our community of the syringe exchange program at Knox County Health Department
- Work with our local schools to educate students on the transmission of Hep B via body fluid exchange, unsafe sex practices.
- Develop a brochure on how the 3 types of Hepatitis are transmitted.

Community Partners: Knox County Schools, Knox County Health Department, Gilead grant resources.

**Obesity**

Goal: To help our community to become a healthier community.

- Promote healthier food choices for both children and adults.

Community Partners: Farmers Market, Knox County Extension Office, Knox County Health Department, KCEOC summer feeding program.

**Cardiovascular Health**

Goal: To help our community better understand the effects of a non-active lifestyle.

- Share statistics and information on the health status of our community to encourage more participation in exercise programs.

Community Partners: Boys and Girls Club, Knox County Schools.

**Resource Education**

Goal: To develop a community resource directory identifying what services are available in our community or within our region.

- Work together with local agencies, organizations to develop a community resource directory identifying what services are available.

Community Partners: KECOC Community Action Partnership, Knox County Health Department, Knox County Chamber, Local Churches, Promise Zone Partnership.
Next Steps

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

Appalachian Regional Healthcare will kick off the implementation strategy by initiating collaborative efforts with community leaders to address each health priority identified through the assessment process.

Periodic evaluation of goals/objectives for each identified priority will be conducted to assure that we are on track to complete our plan as described.

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

Sources for all secondary data used in this report:

## Demographics

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

## Social and Economic Factors

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

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

### Health Behaviors

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Original Source</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature Death (Years of Potential Life Lost Before Age 75 per 100,000 population)</td>
<td>National Center for Health Statistics</td>
<td>2015-2017</td>
</tr>
<tr>
<td>Percent of Adults Reporting Poor or Fair Health</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2016</td>
</tr>
<tr>
<td>Average Poor Physical Health Days in Past 30 Days</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2016</td>
</tr>
<tr>
<td>Average Poor Mental Health Days in Past 30 Days</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2016</td>
</tr>
<tr>
<td>Percent of Babies Born with Low Birthweight (&lt;2500 grams)</td>
<td>National Center for Health Statistics</td>
<td>2011-2017</td>
</tr>
<tr>
<td>Percent of Adults with Diabetes</td>
<td>National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation</td>
<td>2015</td>
</tr>
<tr>
<td>HIV Prevalence Rate (per 100,000 population)</td>
<td>National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention</td>
<td>2015</td>
</tr>
<tr>
<td>Child Mortality (per 100,000 population)</td>
<td>CDC WONDER mortality data</td>
<td>2014-2017</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>2017</td>
</tr>
<tr>
<td>Percentage of Workforce Commuting Alone for More than 30 Minutes</td>
<td>American Community Survey</td>
<td>2017</td>
</tr>
</tbody>
</table>
Knox 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 Knox 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?
   ○ Barbourville
   ○ Middlesboro
   ○ Lexington
   ○ Corbin
   ○ Pineville
   ○ London
   ○ 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:____________________

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

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

17. What other preventive health services do you use?
- ○ Vaccination/ shots
- ○ Yearly lab work
- ○ Breast exam
- ○ Educational programs
- ○ Family planning
- ○ Skin exam
- ○ Support groups

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. When you need health services, how do you get there?
- ○ Personal car
- ○ Ride share
- ○ Ambulance
- ○ R-Tec
- ○ Taxi
- ○ Walk
- ○ Other. Please specify:____________________
18. How would you rate your own personal health?
   - Very healthy
   - Healthy
   - Neither healthy nor unhealthy
   - Unhealthy
   - Very unhealthy

19. How would you rate the overall health of the people in Knox County?
   - Very healthy
   - Healthy
   - Neither healthy nor unhealthy
   - Unhealthy
   - Very unhealthy

20. 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
   ○  ○  ○  ○  ○  ○  ○  ○  ○  ○

21. Would you recommend your local ARH hospital to friends and family?
   - Yes
   - No

22. 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
   - Transportation
   - Parks and recreation
   - Access to internet/technology
   - Health behaviors and lifestyle
   - Clean environment
   - Other. Please specify:__________________

23. Do you think Knox County meets those factors?
   - Yes
   - No
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

5000+ Employees

600+ Providers

11 Home Health Agencies

9 Pharmacies

11 Home Care Stores

12 Hospitals

70+ Clinics

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

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

www.arh.org