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

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

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

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

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

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

Sincerely,

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

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

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

Mission

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

Vision

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

Value Statement

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

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

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

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

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

Needs and Prioritization
- Identify needs from surveys, focus group discussions, health and hospital data
- Work with hospital steering committee to prioritize needs
- Facilitate discussion about implementation strategies
- Create final CHNA report
- Bring to Board of Directors for approval
Goal: Increase patient satisfaction and compliance with referral recommendations to ARH specialists and services.

We have hired a LPN who has taken on the role of patient care navigator in the Patient Centered Medical Home (PCMH) model. We are in the final stages of obtaining PCMH certification. We have our final check-in scheduled in April 2019.

We have also added a scorecard for providers where we are able to track a number of performance improvement standards on each provider. We have added a rapid response flu and strep machine in the clinic lab that has decreased patient wait times for results.

Goal: Increase community participation in educational programs by 25% by increasing the frequency and delivery methods.

We have broadened our spectrum of health fairs available to the public and are focusing on physically bringing our events off campus and into communities.

In 2018 we had a focused health fair on the opioid epidemic. Community members were able to receive narcan training and get free doses to take home.

Goal: Improve access to comprehensive, quality healthcare services.

Telemedicine services now offered.
In 2018, ARH partnered with University of Kentucky on a new telehealth initiative. This gives emergency department doctors the capability to do a consult with the patient and a pediatric or adult emergency medicine provider at the University of Kentucky.

Morgan County ARH has hired a cardiologist who is able to see patients four days a week.

A word from our Clinic Administrator...

"The best thing about progress is there is always more to be made. We are proud of how we've addressed the past needs of our community, but look forward to doing even more. Serving the community is what ARH clinics are all about."
Goal: Improve access to comprehensive, quality healthcare services. (continued)

We have added services, including stress testing and nuclear imaging.

**We have increased availability of appointments and increased access to physicians.** In 2016, Morgan County ARH on-boarded two new family medicine physicians. In 2018, we on-boarded one internal medicine physician. In 2019, we on-boarded an APRN family medicine provider.

*Morgan County ARH employees share information about services and resources with community members in Morgan County.*

*Morgan County 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 Morgan ARH.

Jamey Locke
Community CEO, Morgan County ARH
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Introduction

Morgan County ARH Hospital

Morgan County ARH Hospital is a Critical Access Hospital that enjoys a reputation of excellence as a patient-oriented and community-centered facility. Our hospital features all private rooms and offers a complete line of services combined with friendly staff who will treat you just like family.

Services

- Cardiac Stress Testing
- Clinics
- Emergency
- HomeCare Store
- Home Health
- Imaging
- Pharmacy
- Rehabilitation Therapy
- Respiratory Services
- Senior Care
- Sleep Lab
- Swing Beds
A Portrait of the Community Served by Morgan County ARH Hospital

- Morgan County, nicknamed the “Jewel of Eastern Kentuck”, was formed on December 7, 1822 from portions of Bath County and Floyd County. It was named for Daniel Morgan, a distinguished general in the American Revolutionary War.
- Cave Run Lake is a popular recreation destination within a one hour driving distance.
- The Daniel Boone National Forest includes land from across 21 counties including Morgan County.
- Morgan County is home to Morgan County High School, Morgan County Middle School, Morgan Central Elementary, Wrigley Elementary, East Valley Elementary, Ezel Elementary, Morgan County Area Technology Center and Woodsbend Youth Development Center.

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>Morgan County</th>
<th>Kentucky</th>
<th>National Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 Population Estimate</td>
<td>13,188</td>
<td>4,454,189</td>
<td>323,127,513</td>
</tr>
<tr>
<td>Percent Population Change, 2010-2017</td>
<td>-5.3%</td>
<td>2.6%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Percent of Population under 18 years</td>
<td>18.7%</td>
<td>22.7%</td>
<td>22.80%</td>
</tr>
<tr>
<td>Percent of Population 65 year and older</td>
<td>16.0%</td>
<td>16.0%</td>
<td>15.20%</td>
</tr>
<tr>
<td>Percent of Population Non-Hispanic White</td>
<td>92.9%</td>
<td>84.6%</td>
<td>61.3%</td>
</tr>
<tr>
<td>Percent of Population African American</td>
<td>4.3%</td>
<td>8.1%</td>
<td>12.4%</td>
</tr>
<tr>
<td>Percent of Population Hispanic</td>
<td>1.1%</td>
<td>3.7%</td>
<td>17.8%</td>
</tr>
<tr>
<td>Percent of Population other Race</td>
<td>2.8%</td>
<td>7.2%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Percent of the Population not Proficient in English</td>
<td>0.0%</td>
<td>1.0%</td>
<td>4%</td>
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</table>
### Social and Economic Factors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Morgan County</th>
<th>Kentucky</th>
<th>National Benchmark*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median HH Income, Not Hispanic/Latino</td>
<td>$34,783</td>
<td>$48,744</td>
<td>n/a</td>
</tr>
<tr>
<td>Graduation Rate of 9th Grade Cohort in 4 Years</td>
<td>88.0%</td>
<td>89.2%</td>
<td>83.0%</td>
</tr>
<tr>
<td>Percentages of Ages 25-44 with Some Post-Secondary College</td>
<td>45.0%</td>
<td>60.3%</td>
<td>65.0%</td>
</tr>
<tr>
<td>Percent of Unemployed Job-Seeking Population 16 Years and Older</td>
<td>7.8%</td>
<td>5.0%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Percent of Children in Poverty</td>
<td>36.0%</td>
<td>24.4%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Percent of Children Qualifying for Free or Reduced Lunches</td>
<td>72.0%</td>
<td>59.4%</td>
<td>52.0%</td>
</tr>
<tr>
<td>Percent of Single-Parent Households</td>
<td>42.0%</td>
<td>34.6%</td>
<td>34.0%</td>
</tr>
<tr>
<td>Violent Crime Rate per 100,000 population</td>
<td>N/A</td>
<td>215</td>
<td>380</td>
</tr>
<tr>
<td>Injury Death Rate per 100,000 population</td>
<td>73</td>
<td>88</td>
<td>65</td>
</tr>
<tr>
<td>Firearm Fatalities Rate per 100,000 population</td>
<td>19</td>
<td>15</td>
<td>11</td>
</tr>
</tbody>
</table>

### Health Behaviors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Morgan County</th>
<th>Kentucky</th>
<th>National Benchmark*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Adult Smokers</td>
<td>28.0%</td>
<td>24.5%</td>
<td>17.0%</td>
</tr>
<tr>
<td>Percent Obese Adults 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>35.0%</td>
<td>28.1%</td>
<td>23.0%</td>
</tr>
<tr>
<td>Percent of Adult Excessive Drinking</td>
<td>14.0%</td>
<td>15.8%</td>
<td>18.0%</td>
</tr>
<tr>
<td>Motor Vehicle Mortality Rate</td>
<td>13</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>Chlamydia Rate Newly Diagnosed per 100,000 Population</td>
<td>45.1</td>
<td>395</td>
<td>478.8</td>
</tr>
<tr>
<td>Teen Birth Rate Ages 15-19 per 1,000 Population</td>
<td>44</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>Morgan County</th>
<th>Kentucky</th>
<th>National Benchmark*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years of Potential Life Lost Rate</td>
<td>9,500</td>
<td>9,047</td>
<td>6,700</td>
</tr>
<tr>
<td>Percent of Population in Fair/Poor Health</td>
<td>27.0%</td>
<td>21.3%</td>
<td>16.0%</td>
</tr>
<tr>
<td>Physically Unhealthy Days</td>
<td>5.2</td>
<td>4.8</td>
<td>3.7</td>
</tr>
<tr>
<td>Mentally Unhealthy Days</td>
<td>4.8</td>
<td>4.8</td>
<td>3.8</td>
</tr>
<tr>
<td>Percent of Live Births with Low Birth Weight</td>
<td>10.0%</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>148</td>
<td>180</td>
<td>362</td>
</tr>
<tr>
<td>Child Mortality Rate</td>
<td>N/A</td>
<td>58.5</td>
<td>50</td>
</tr>
</tbody>
</table>

### Physical Environment

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Morgan 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>9.3</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>13.0%</td>
<td>14.4%</td>
<td>19.0%</td>
</tr>
<tr>
<td>Percentage of Workforce Driving Alone to Work</td>
<td>86.0%</td>
<td>82.2%</td>
<td>76.0%</td>
</tr>
<tr>
<td>Percentage of Workforce Commuting Alone for More than 30 Minutes</td>
<td>39.0%</td>
<td>29.0%</td>
<td>35.0%</td>
</tr>
</tbody>
</table>
Hospital Utilization Data

The Tables below provide an overview of Morgan County 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>Morgan - KY</td>
<td>17,879</td>
<td>33,098,375</td>
<td>1,851</td>
</tr>
<tr>
<td>Wolfe - KY</td>
<td>4,100</td>
<td>7,589,073</td>
<td>1,851</td>
</tr>
<tr>
<td>Magoffin - KY</td>
<td>1,352</td>
<td>2,752,923</td>
<td>2,036</td>
</tr>
<tr>
<td>Elliott - KY</td>
<td>890</td>
<td>1,728,459</td>
<td>1,942</td>
</tr>
<tr>
<td>Menifee - KY</td>
<td>629</td>
<td>1,558,540</td>
<td>2,478</td>
</tr>
<tr>
<td>Rowan - KY</td>
<td>339</td>
<td>635,011</td>
<td>1,873</td>
</tr>
<tr>
<td>Breathitt - KY</td>
<td>201</td>
<td>334,270</td>
<td>1,663</td>
</tr>
<tr>
<td>Johnson - KY</td>
<td>102</td>
<td>240,250</td>
<td>2,355</td>
</tr>
<tr>
<td>Carter - KY</td>
<td>101</td>
<td>205,097</td>
<td>2,031</td>
</tr>
<tr>
<td>Lawrence - KY</td>
<td>66</td>
<td>150,576</td>
<td>2,281</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>62</td>
<td>$988,641</td>
<td>$15,946</td>
</tr>
<tr>
<td>Medicare Managed Care</td>
<td>18</td>
<td>$280,904</td>
<td>$15,606</td>
</tr>
<tr>
<td>WellCare of Kentucky Medicaid Managed Care</td>
<td>12</td>
<td>$197,185</td>
<td>$16,432</td>
</tr>
<tr>
<td>Humana Medicaid Managed Care</td>
<td>8</td>
<td>$125,997</td>
<td>$15,750</td>
</tr>
<tr>
<td>Blue Cross Blue Shield</td>
<td>3</td>
<td>$34,004</td>
<td>$11,335</td>
</tr>
<tr>
<td>Commercial - Other</td>
<td>3</td>
<td>$47,840</td>
<td>$15,947</td>
</tr>
<tr>
<td>Other Facility</td>
<td>3</td>
<td>$70,304</td>
<td>$23,435</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>Morgan - KY</td>
<td>17,879</td>
<td>33,098,375</td>
<td>1,851</td>
</tr>
<tr>
<td>Wolfe - KY</td>
<td>4,100</td>
<td>7,589,073</td>
<td>1,851</td>
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<tr>
<td>Magoffin - KY</td>
<td>1,352</td>
<td>2,752,923</td>
<td>2,036</td>
</tr>
<tr>
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<td>890</td>
<td>1,728,459</td>
<td>1,942</td>
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<td>629</td>
<td>1,558,540</td>
<td>2,478</td>
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<tr>
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<td>339</td>
<td>635,011</td>
<td>1,873</td>
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<tr>
<td>Breathitt - KY</td>
<td>201</td>
<td>334,270</td>
<td>1,663</td>
</tr>
<tr>
<td>Johnson - KY</td>
<td>102</td>
<td>240,250</td>
<td>2,355</td>
</tr>
<tr>
<td>Carter - KY</td>
<td>101</td>
<td>205,097</td>
<td>2,031</td>
</tr>
<tr>
<td>Lawrence - KY</td>
<td>66</td>
<td>150,576</td>
<td>2,281</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>Simple pneumonia w mcc</td>
<td>14</td>
<td>$283,800</td>
<td>$20,271</td>
</tr>
<tr>
<td>Septicemia w mcc</td>
<td>12</td>
<td>$187,499</td>
<td>$15,625</td>
</tr>
<tr>
<td>Simple pneumonia w/o mcc</td>
<td>9</td>
<td>$188,543</td>
<td>$20,949</td>
</tr>
<tr>
<td>Respiratory failure</td>
<td>7</td>
<td>$145,625</td>
<td>$20,804</td>
</tr>
<tr>
<td>Pulmonary disease w mcc</td>
<td>7</td>
<td>$79,962</td>
<td>$11,423</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>7,465</td>
<td>$15,157,249</td>
<td>$2,030</td>
</tr>
<tr>
<td>WellCare of Kentucky Medicaid Managed Care</td>
<td>6,322</td>
<td>$11,538,087</td>
<td>$1,825</td>
</tr>
<tr>
<td>Blue Cross Blue Shield</td>
<td>3,271</td>
<td>$4,542,015</td>
<td>$1,389</td>
</tr>
<tr>
<td>Medicare Managed Care</td>
<td>3,131</td>
<td>$5,998,386</td>
<td>$1,916</td>
</tr>
<tr>
<td>Commercial - HMO</td>
<td>950</td>
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<td>$1,466</td>
</tr>
<tr>
<td>Humana Medicaid Managed Care</td>
<td>769</td>
<td>$1,736,032</td>
<td>$2,258</td>
</tr>
<tr>
<td>Passport Medicaid Managed Care</td>
<td>735</td>
<td>$1,360,680</td>
<td>$1,851</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.

Morgan County ARH Hospital

Community Steering Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda Bradley</td>
<td>County Judge Executive’s office</td>
</tr>
<tr>
<td>Howard Elam Jr.</td>
<td>Banking</td>
</tr>
<tr>
<td>Jim Gazay</td>
<td>Local Emergency Planning Committee</td>
</tr>
<tr>
<td>Esther Cain</td>
<td>Morgan County School Board</td>
</tr>
<tr>
<td>Lynn Lockerman</td>
<td>Morgan County EMS Assistant Director</td>
</tr>
<tr>
<td>Frankie Spencer</td>
<td>Mental Health Professional</td>
</tr>
<tr>
<td>Tamara Montgomery</td>
<td>Morgan County Health Dept.</td>
</tr>
<tr>
<td>Charlene Engle</td>
<td>Gateway</td>
</tr>
<tr>
<td>Jamie Brunk</td>
<td>Ministerial Association</td>
</tr>
<tr>
<td>Tony Perry</td>
<td>Vocational Rehabilitation</td>
</tr>
<tr>
<td>Chassidy Ison</td>
<td>Pathways-Mental Health</td>
</tr>
<tr>
<td>Evan O’Neal</td>
<td>Gateway Community Action Council</td>
</tr>
<tr>
<td>Mike Frish</td>
<td>MCMA Index Community</td>
</tr>
</tbody>
</table>
Community Feedback

In order to collect primary data from community residents, focus groups were conducted in Morgan County and in the area that Morgan County ARH patients reside. These groups were conducted as separate meetings or in conjunction with other regularly scheduled meetings in the county. Twenty-five individuals participated in two focus groups. Representation from the West Liberty Kiwanis Club, Local Emergency Planning Committee, Morgan County Schools Board, Gateway Community Action Council 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

- Resource guide
- Jobs
- Working opportunities for those in recovery
- Access to healthcare and specialists
- Increase usage of Wellness Center
- Medicare to cover wellness centers, recreation opportunities
- Food access
- Drug free community
- Rehab center
- More walkable community
- Prescription assistance program
- Assisted living
- Dialysis locally
- More green spaces
- Not having to travel for specialty care
- Extended hours care
What are the most significant health needs in Morgan County?

- High prescription costs
- Transportation
- Cancer
- Kidney disease and dialysis
- Addiction – need for treatment centers and trained addiction counselors
- Mental health – more resources, stigma
- Diabetes
- Obesity
- Access to healthy foods
- Traveling for specialty care – cardiology, arthritis, urology, pediatrics, oncology, hearing
- “Have good access to care, but not good quality of care”
- Availability of appointments
- Smoking and vaping – need for cessation courses

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

- “You know just about everyone”
- “You couldn’t ask for better care”
- “Lucky to have it”
- “They stayed after the tornado”
- “Brings income into the community”
Opportunities for improving the health care system in Morgan County

- Transportation to and from health services
- High costs
- Traveling outside county to larger facility for care
- Billing is confusing
- Stigma
- People are embarrassed to ask for help

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

- Cancer services/treatments here
- Local dialysis
- Recruiting and retaining specialists
- Refer to physicians within Morgan County
- Home visits to patients
- Preventative care – screenings offered by hospital at community events
- Telehealth for additional services – bring specialists into county for clinics
- More activities to promote wellness
- Needle exchange
- Drug treatment centers
- Life skills and nutrition education
- Knowledge on available resources
- Better marketing for hospital services – Facebook, Mountain TV
Morgan ARH
Winter 2018 Survey Results

491 Surveys*

80%
Households are satisfied with their ability to access health care services in their county.

90%
Respondents have a family doctor. 71% visit their family doctor regularly.

8%
Households are currently without health insurance.

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

<table>
<thead>
<tr>
<th>Emergency room</th>
<th>Health department</th>
<th>Urgent care center</th>
<th>Other**</th>
<th>I do not receive routine healthcare*</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
<td>5%</td>
<td>5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*No appointment available (21%), can’t afford it (21%), no specialist in my community (17%), can’t take off from work (10%), no transportation (1%).

**Other responses included: clinic/ARH clinic, only go when needed/not sick.

Top three health challenges households face:

- High blood pressure 26%
- Overweight/obesity 16%
- Diabetes 16%
- Heart disease and stroke 13%
- Respiratory/lung disease 10%
- Other 8%
- Mental health issues 7%
- Cancer 5%

Routine health care accessed by respondents:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine physical</td>
<td>294</td>
</tr>
<tr>
<td>Mammogram</td>
<td>142</td>
</tr>
<tr>
<td>Pap smear</td>
<td>147</td>
</tr>
<tr>
<td>Prostate-Specific Antigen (PSA) test</td>
<td>37</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>61</td>
</tr>
</tbody>
</table>

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

* Not all survey respondents answered every question. Respondents = total number of responses for each question; Households = questions where respondents were asked if “anyone in their household” were impacted.
Hospitals* visited in the last 24 months by households:

*Why another hospital?
Service I needed was not available (43%), physician referred me (27%), I prefer larger hospitals (8%), insurance requires me to go elsewhere (4%).

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

Top three most important factors for a healthy community:

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

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

1) The ability of Appalachian Regional Healthcare to evaluate and measure outcomes.

2) The number of people affected by the issue or size of the issue.

3) The consequences of not addressing this problem.

4) Prevalence of common themes.

5) The existence of hospital programs which respond to the identified need.

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

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

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

**Education – Telehealth, Community Knowledge**

Goal: Increase comfort and familiarity with telehealth in the community to increase use/access to specialty services and provide more information in written and in person formats to inform residents of medical services and specialties available within their local resources.

- Demonstrate to organizations, such as Pastors, Kiwanis, Senior Day programs so they can see “hands on.”
- Host community meetings, attend Health Fairs, and other fairs throughout the community with informational material.
- Update a community resource guide for easy access to local services, medical care.
- Educate providers on community desire to seek services locally and provide them a quick reference to make local referral easier.
- Outreach via healthfairs.

Community Partners: Gateway, auxiliary volunteers.

**Mental Health**

Goal: Utilize telehealth to tangentially provide more access to care, and assist with destigmatization.

- Recruitment campaign for Licensed Clinical Social Worker or Psychiatric FNP as fill for vacancy so skills can be used in identifying need and coordinating care options.

Community Partners: School system, sheriff’s departments, other education agencies.
Implementation Strategy, continued

Preventative Care
(Obesity, Hypertension, Diabetes)

Goal: Increase the awareness of healthy eating and lifestyle choices on health and increase awareness of personal numbers for blood pressure via screenings.

- Periodic screenings at Healthfairs.
- Meeting with Senior Citizens groups, Elementary and High School knowledge events.
- Work with Health Department/Diabetes coalition on exercise initiatives, such as “Turtle Walks”.

Community Partners: Morgan County Extension Office, Morgan County Health Department, senior center and school boards, and Kimberly Myers, Nutritionist.

Explanation of priorities that will not be addressed at this time

- Stigma with mental health (often drug related): Tangentially addressing through services education and telehealth.
- Drug Addiction: Extremely limited access to services and stigmatization of this issue are barriers at this time.
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>
</tbody>
</table>

All "National Level" Demographics: U.S. Census QuickFacts 2017

### 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>2014-2015</td>
</tr>
<tr>
<td>Child Mortality (per 100,000 population)</td>
<td>CDC WONDER mortality data</td>
<td>2017</td>
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## Physical Environment

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Original Source</th>
<th>Year</th>
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</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>
Morgan 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 Morgan 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?
   ○ Morgan County
   ○ Morehead
   ○ Lexington
   ○ Ashland
   ○ 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:
- ○ 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. In the past 24 months, have you had a:
- ○ Routine physical
- ○ Mammogram (Women)
- ○ Pap Smear (Women)
- ○ PSA (Men)
- ○ Colonoscopy

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

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

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

### 17. How would you rate the overall health of the people in Morgan County?
- ○ Very healthy
- ○ Healthy
- ○ Neither healthy nor unhealthy
- ○ Unhealthy
- ○ Very unhealthy
18. Overall, how would you rank your local ARH hospital on a scale of 1 to 10, where 1 is “not very good” and 10 is “very good”? (Please check your answer)

1 2 3 4 5 6 7 8 9 10

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

- Good place to raise children
- Low crime/safe neighborhood
- Good school systems
- Easy access to healthcare
- Community activities and events
- Affordable housing
- Low disease rate
- Personal responsibility
- Diverse community
- Good jobs/healthy economy
- Religious or spiritual values
- Transportation
- Parks and recreation
- Access to internet/technology
- Other. Please specify: ____________________________

20. Do you think Morgan 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

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

5000+
Employees

600+
Providers

11
Home Health Agencies

9
Pharmacies

11
Home Care Stores

12
Hospitals

70+
Clinics

Appalachian Regional Healthcare

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www.arh.org