



Tug Valley ARH Regional Medical Center

2019 Community Health Needs Assessment



Appalachian Regional Healthcare

260 Hospital Drive | South Williamson, KY 41503 | (606) 237-1700
www.arh.org/tugvalley

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,

A handwritten signature in blue ink, appearing to read 'JL Grossman', with a stylized flourish at the end.

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.

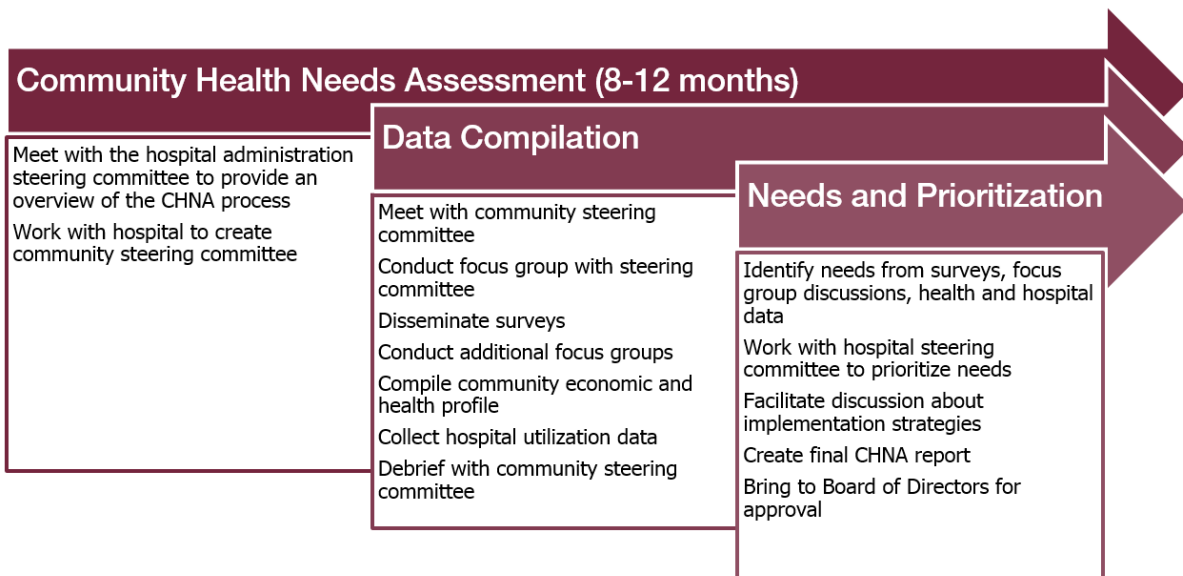
Value Statement

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:



Tug Valley ARH Regional Medical Center



2016 community health needs... addressed!

✓ Goal: Utilize telemedicine to increase access to specialty care.

The endocrinology telemedicine program began January 2019 with Beckley ARH. This program allows for patients to be seen in a timely fashion and the location is within a couple of miles of the hospital. Previously, it took anywhere from 4-6 weeks to get an appointment with an endocrinologist.

We are working towards a OB/GYN oncology telemedicine program in partnership with the University of Kentucky, with a projected start in Spring 2019.

✓ Goal: Increase marketing efforts and capacity of after-hours clinic.

Tug Valley ARH established an after-hours clinic at the medical mall location and that clinic is now open until 8pm nightly. Availability of after-hour services was promoted through ARH's marketing efforts in the community.

✓ Goal: Increase specialist health services in our community.

Since 2016, Tug Valley ARH has hired four full time specialty positions, including an urologist, neurologist, pulmonologist, and cardiologist.

As mentioned above, telemedicine opportunities with endocrinology and OB/GYN oncology are underway.

We are excited to expand these specialist services as they will help keep patients close to home.

Our greatest Success...

Tug Valley ARH Regional Medical Center has worked diligently to communicate and educate our community about our services. We have continued to recruit specialists and looked at ways to meet our community's needs with telemedicine services. We will continue to explore ways to enhance our service lines and provide access to our community.

✓ Goal: Improve communication with patients, family members and the community.

A Facebook page for Tug Valley ARH Regional Medical Center has been established and has been a useful tool to communicate with the public.



Tug Valley ARH employees support the "Hearts and Hoops" event at Williamson Health Wellness Center.

Tug Valley 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 Tug Valley ARH.

Tim A. Hatfield

Community CEO, Tug Valley ARH Regional Medical Center

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Introduction

Tug Valley ARH Regional Medical Center

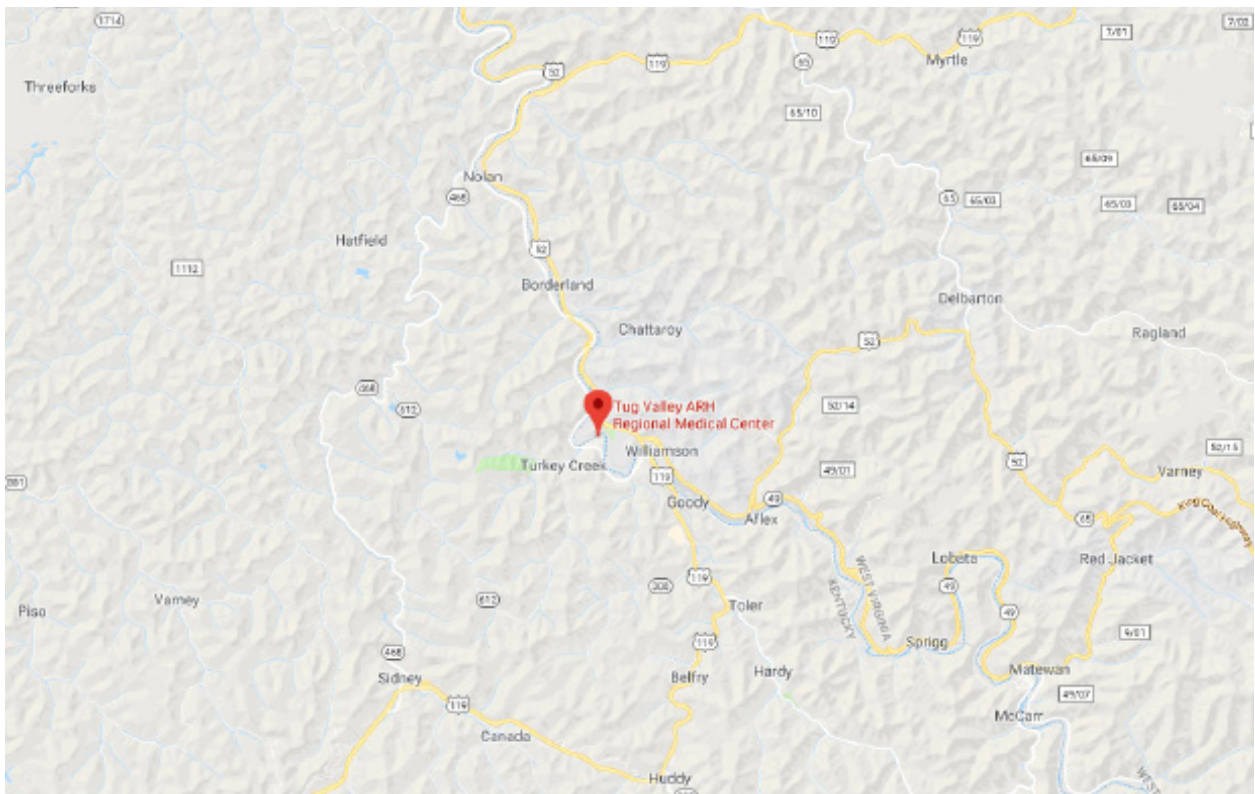
The Tug Valley ARH Regional Medical Center is your community health services provider. We enjoy a solid reputation of excellence as a patient-oriented and community-centered healthcare provider. Our service to you spans the entire continuum of care. Plus, we are continually working to add new physicians and services.

Services

- Cancer Care
- Clinics
- Ear, Nose and Throat
- Emergency
- Endocrinology Telemedicine
- Heart Care
- Home Health
- HomeCare Stores
- Imaging
- Laboratory
- Neurology
- Obstetrics and Gynecology
- Ophthalmology
- Orthopedics
- Pediatrics
- Pharmacy
- Physical Medicine & Rehabilitation
- Rehabilitation Therapy
- Skilled Nursing
- Surgery
- Urology

A Portrait of the Community Served by Tug Valley ARH Regional Medical Center

- Pike is Kentucky's easternmost county; it is also the state's largest county in terms of land area (789 square miles). Its county seat is Pikeville. The county was founded in 1821.
- Other cities in Pike County include Elkhorn City, Coal Run Village, and South Williamson.
- Secondary and elementary education is provided by the Pike County and the Pikeville Independent public school systems. Pike County is home to the University of Pikeville and a campus of the Big Sandy Community and Technical College, which is a member of the Kentucky Community and Technical College System.



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

Indicator (2017)	Pike County	Kentucky	National Level
2017 Population Estimate	58,883	4,454,189	323,127,513
Percent Population Change, 2010-2017	-9.4%	2.6%	5.3%
Percent of Population under 18 years	20.6%	22.7%	22.80%
Percent of Population 65 year and older	18.2%	16.0%	15.20%
Percent of Population Non-Hispanic White	96.8%	84.6%	61.3%
Percent of Population African American	0.8%	8.1%	12.4%
Percent of Population Hispanic	1.0%	3.7%	17.8%
Percent of Population other Race	2.4%	7.2%	8.5%
Percent of the Population not Proficient in English	0.1%	1.0%	4%

Social and Economic Factors

Indicator	Pike County	Kentucky	National Benchmark*
Median HH Income, Not Hispanic/Latino	\$32,986	\$48,744	n/a
Graduation Rate of 9th Grade Cohort in 4 Years	92.0%	89.2%	83.0%
Percentages of Ages 25-44 with Some Post-Secondary College	47.0%	60.3%	65.0%
Percent of Unemployed Job-Seeking Population 16 Years and Older	10.8%	5.0%	4.9%
Percent of Children in Poverty	42.0%	24.4%	20.0%
Percent of Children Qualifying for Free or Reduced Lunches	67.0%	59.4%	52.0%
Percent of Single-Parent Households	33.0%	34.6%	34.0%
Violent Crime Rate per 100,000 population	37	215	380
Injury Death Rate per 100,000 population	118	88	65
Firearm Fatalities Rate per 100,000 population	18	15	11

Health Behaviors

Indicator	Pike County	Kentucky	National Benchmark*
Percent Adult Smokers	22.0%	24.5%	17.0%
Percent Obese Adults with BMI ≥ 30	40.0%	33.7%	28.0%
Percent Physically Inactive Adults	35.0%	28.1%	23.0%
Percent of Adult Excessive Drinking	12.0%	15.8%	18.0%
Motor Vehicle Mortality Rate	29	17	11
Chlamydia Rate Newly Diagnosed per 100,000 Population	187.2	395	478.8
Teen Birth Rate Ages 15-19 per 1,000 Population	50	38	27

**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

	Indicator	Pike County	Kentucky	National Benchmark*
	Years of Potential Life Lost Rate	12,800	9,047	6,700
	Percent of Population in Fair/Poor Health	27.0%	21.3%	16.0%
	Physically Unhealthy Days	5.6	4.8	3.7
	Mentally Unhealthy Days	5.1	4.8	3.8
	Percent of Live Births with Low Birth Weight	11.0%	8.9%	8.0%
	Percent of Population who are Diabetic	17.0%	12.8%	10.0%
	HIV Prevalence Rate	32	180	362
	Child Mortality Rate	70	58.5	50

Physical Environment

	Indicator	Pike County	Kentucky	National Benchmark*
	Average Daily Density of Air Pollution - PM 2.5	9.7	10.3	8.7
	Presence of Drinking Water Violations	Yes	Yes	Yes
	Percentage of Severe Housing Problems with at least one of the following: Overcrowding, High Housing Cost, or Lack of Kitchen or Plumbing Facilities	14.0%	14.4%	19.0%
	Percentage of Workforce Driving Alone to Work	84.0%	82.2%	76.0%
	Percentage of Workforce Commuting Alone for More than 30 Minutes	35.0%	29.0%	35.0%

Hospital Utilization Data

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

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

County of Origin	Discharges	Total Charges	Average Charges
Mingo - WV	1,433	32,904,831	22,962
Pike - KY	940	21,522,209	22,896
Martin - KY	107	2,202,345	20,583
Logan - WV	51	781,964	15,333
Unknown	18	540,803	30,045
Wayne - WV	10	200,820	20,082
Wyoming - WV	5	101,680	20,336

Table: Hospital Inpatient Payer Mix, 1/1/17 - 12/31/17

	Payer	Discharges	Total Charges	Average Charges
	Medicare (Excluding Medicare Managed Care)	1,082	\$27,659,390	\$25,563
	Out of State Medicaid	587	\$11,129,878	\$18,961
	Medicare Managed Care	242	\$6,243,150	\$25,798
	WellCare of Kentucky Medicaid Managed Care	152	\$2,797,276	\$18,403
	Black Lung	104	\$2,450,241	\$23,560
	Blue Cross Blue Shield	82	\$1,844,031	\$22,488
	Commercial - Other	62	\$1,317,976	\$21,258
	Commercial - HMO	55	\$816,967	\$14,854

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

	County of Origin	Visits	Total Charges	Average Charges
	Mingo - WV	26,206	61,692,259	2,354
	Pike - KY	23,235	47,719,777	2,054
	Martin - KY	1,464	3,823,658	2,612
	Logan - WV	819	1,933,251	2,361
	Wayne - WV	278	635,431	2,286
	Unknown	143	402,130	2,812
	Floyd - KY	88	195,393	2,220
	Wyoming - WV	74	215,282	2,909
	Lawrence - KY	49	137,855	2,813
	Johnson - KY	43	89,905	2,091

Table: Hospital Outpatient Payer Mix, 1/1/17 - 12/31/17

Payer	Visits	Total Charges	Average Charges
Medicare (Excluding Medicare Managed Care)	14,566	\$34,626,440	\$2,377
Out of State Medicaid	12,596	\$28,301,787	\$2,247
WellCare of Kentucky Medicaid Managed Care	6,099	\$11,272,951	\$1,848
Blue Cross Blue Shield	3,831	\$8,347,650	\$2,179
Medicare Managed Care	3,715	\$8,622,435	\$2,321
Commercial - HMO	2,658	\$6,835,696	\$2,572
Commercial - Other	2,159	\$4,527,605	\$2,097
Self Pay	1,648	\$3,660,260	\$2,221
Humana Medicaid Managed Care	1,204	\$2,301,473	\$1,912
Anthem Medicaid Managed Care	1,185	\$2,276,823	\$1,921
Passport Medicaid Managed Care	1,181	\$2,244,335	\$1,900

Table: Hospital Inpatient Diagnosis Related Group, 1/1/17 - 12/31/17

DRG Description	Discharges	Total Charges	Average Charges
Pulmonary disease w mcc	256	\$6,342,868	\$24,777
Pulmonary disease w cc	221	\$4,369,236	\$19,770
Pulmonary disease w/o cc/mcc	142	\$2,219,313	\$15,629
Heart failure	130	\$3,916,740	\$30,129
Newborn care	111	\$402,287	\$3,624
Respiratory failure	88	\$2,440,144	\$27,729
Septicemia w mcc	78	\$2,720,299	\$34,876
Digestive disorders w/o mcc	74	\$1,385,034	\$18,717
Kidney disease	69	\$1,200,371	\$17,397
Normal delivery	65	\$658,705	\$10,134

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.

Tug Valley ARH Regional Medical Center Community Steering Committee

Name	Organization
Jackie Cole	Pike County Health Dept & Food Inspector
Vivian Livingood	Mayor/Gilbert
Bill Ball	Owner, Appalachian First Response Ambulance Service
Paula Kay Maynard	Mingo County Schools
Duanne Thompson	Manager, Community Trust Bank
David Farley	Former Educator
Dr. Joshua Leonard	Local Dentist
Martha Coleman	Mountain Comprehensive Care
Sherri Murphy	Williamson Housing/Family Resource Coordinator
Alexis Batausa	Cooperative Extension
Jill Maynard	Belfry Elementary

Community Feedback

In order to collect primary data from community residents, focus groups were conducted in Pike County and in the area that Tug Valley ARH patients reside. These groups were conducted as separate meetings or in conjunction with other regularly scheduled meetings in the county. Forty-two individuals participated in three focus groups.

Representation from the Pike County – Belfry Family Resource Center Directors, Pike County Health Department, Williamson Wellness Center, Mingo County Family Resource Network and other underserved populations in the service area were invited to share their thoughts, opinions and health care needs. Below is an aggregated list of ideas generated from all focus groups.

Resident's vision for a healthy community

- Access to healthy foods for all
- Public transportation
- Recreation opportunities – affordable, activities for youth, health parks
- Adequate and affordable housing
- Education
- Internet and broadband
- Healthy economy – jobs, workforce
- Effective communication between community resources and those in need
- Culture of health and wellness – mental, physical and spiritual
- Effective community leaders – vision, responsibility and responsiveness
- Accessible healthcare – affordable medications and health insurance



What are the most significant health needs in Pike and Mingo counties?

- Drug use – opioids, meth and heroin
- Grandparents raising grandchildren due to opioid crisis
- Young children taking care of siblings
- Lack of elder care
- Public housing
- Health education
- Social stigma of area
- Lack of affordable healthcare
- Insurances not accepted by ARH (PEIA)
- Access to healthy and affordable foods
- Lack of groceries and fresh foods
- Obesity
- Diabetes
- Hepatitis A
- Tobacco use, smoking and vaping
- Lack of dental care
- Mental health – limited resources, not enough providers for children
- Prescriptions not covered by insurance

What is your perception of the current health care system including hospital, health department, clinics, physicians, EMS & other essential services* in Pike and Mingo Counties? (*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 Pike and Mingo counties

- “Better now than it’s ever been”
- Health department classes offered
- Diabetes, smoking cessation, weight loss
- Williamson Wellness Center
- “Not enough places like WWC...activities for everyone, everyone is welcome”
- “Best dentist I ever had”
- Works to address social determinants of health
- Farmer’s Market in Williamson and a mobile market that made 48 stops last year

Opportunities for improving the health care system in Pike and Mingo counties

- Transportation is a barrier for many
- Insurance is not accepted
- Specialists needed – orthopedics, neurology, cardiology, dermatology, nephrology
- Need for urgent care and extended hours
- Lack of primary care providers
- Traveling to other hospitals
- Lack of collaboration with other organizations and agencies
- Cost
- Not enough free activities for recreation
- Add the ability of Mingo County public employees to have insurance accepted at Tug Valley ARH

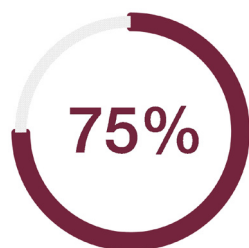
What can be done to better meet health needs of residents in Pike and Mingo counties?

- Promote current hospital and community services
- More primary care physicians
- Health education
- Community health workers
- Diabetes classes
- Community engagement with preventative care focus
- Hospital sponsored events with screenings
- Drug treatment – rehab facility, integrated services to assist substance users, long-term recovery options
- Population health approach to improving the community's health
- Transportation
- Urgent care
- School nurses
- School based clinics
- Extended hours/after-hours care
- Economic development
- Utilize telemedicine – schools and clinics

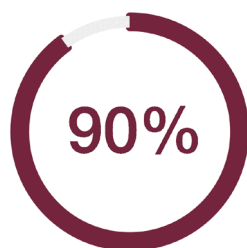
Tug Valley ARH

Winter 2018 Survey Results

1,651 Surveys*



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



Respondents have a family doctor.

70% visit their family doctor regularly.



Households are currently without health insurance.

Routine health care accessed by respondents:

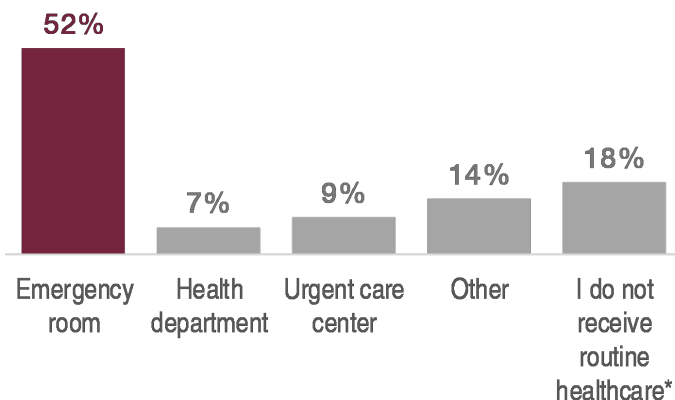
Routine physical	848
Mammogram	444
Pap smear	335
Prostate-Specific Antigen (PSA) test	127
Colonoscopy	279

* 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.



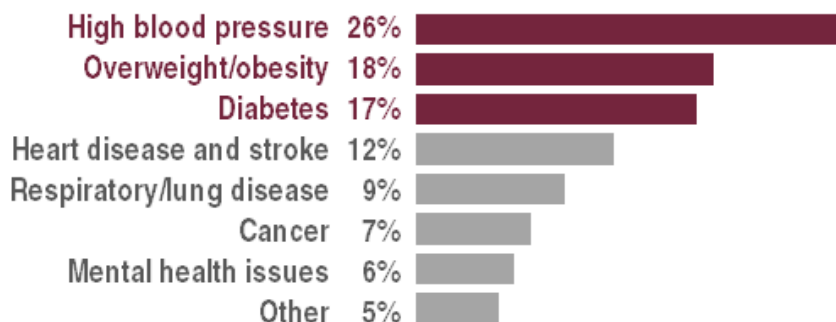
Appalachian Regional Healthcare

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

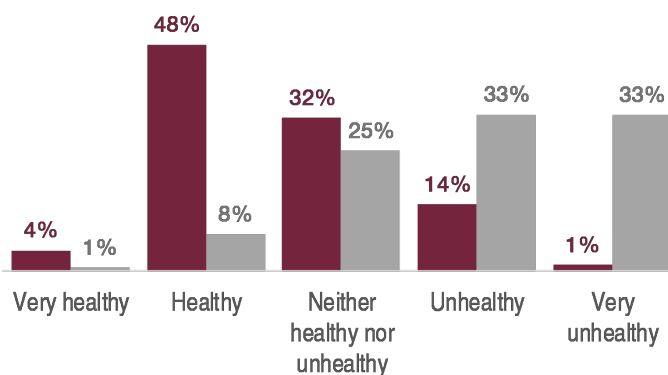


*No transportation (29%), can't afford it (22%), can't take off from work (18%), no appointment available (13%), no specialist in my community (10%).

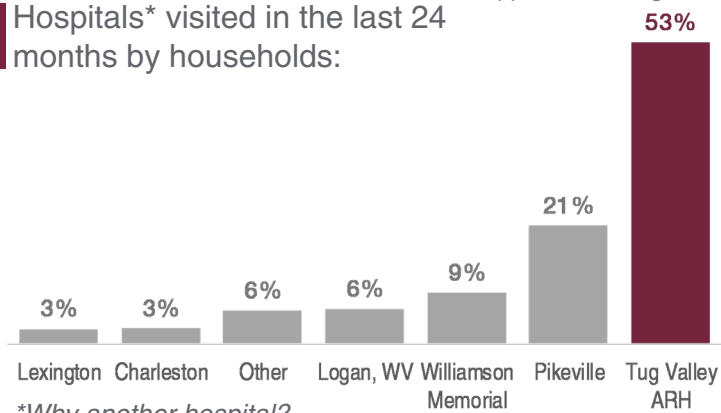
Top three health challenges households face:



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

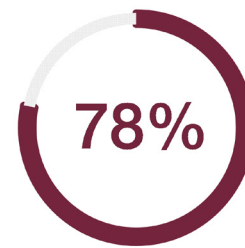


Hospitals* visited in the last 24 months by households:



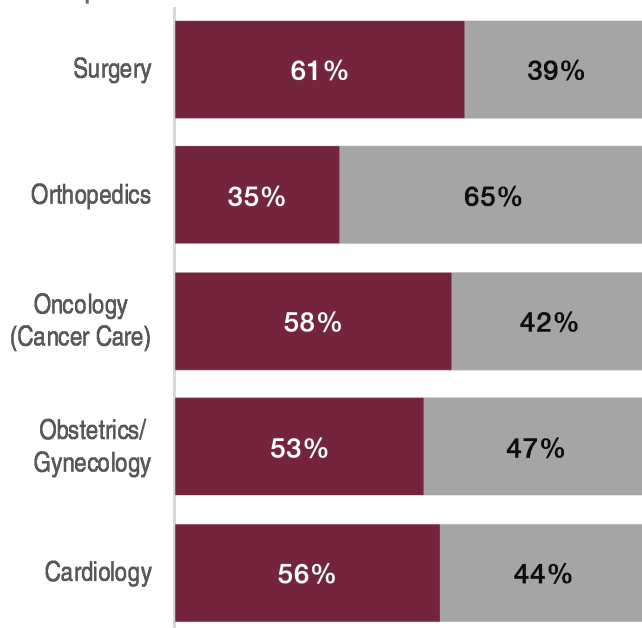
*Why another hospital?

Physician referred me (60%), service I needed was not available (19%), I prefer larger hospitals (6%), insurance requires me to go elsewhere (4%).

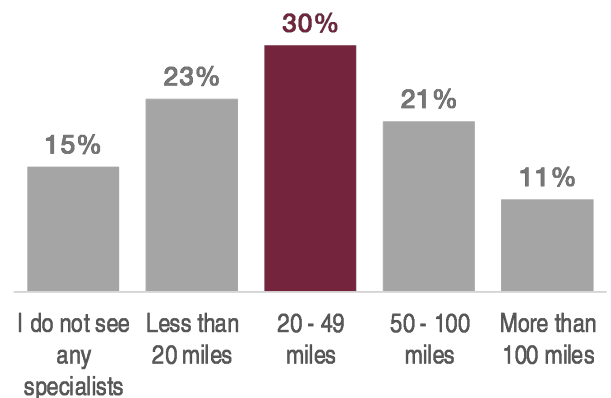


Households that have used a hospital in the past 24 months.

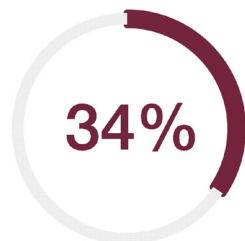
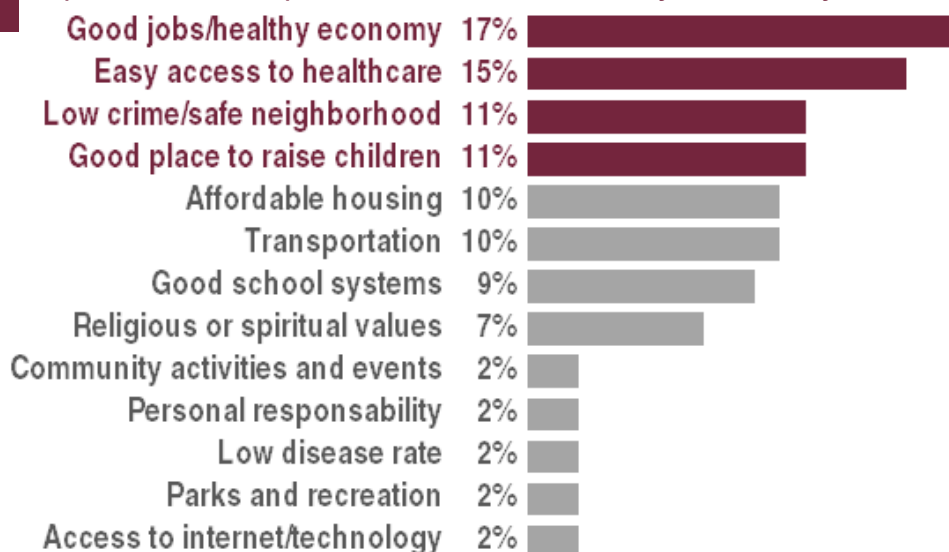
Households who have used specialty services at an ARH hospital or at another hospital in the past 24 months:



How far respondents have to travel to see a specialist. 43% would be willing to use telehealth services for specialty care.



Top three most important factors for a healthy community:



Residents that think the county meets these factors.

Prioritization of Identified Health Needs

To facilitate prioritization of identified health needs, a ranking process was used.

Health needs were ranked based on five factors:

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

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

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

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



Implementation Strategy

Expand Access to Healthcare

Goal: Expanding the hours of operation and adding a Saturday Clinic to meet the community's needs, and resolve concerns related to PEIA insurance.

- Evaluate the location and hours for an extended after-hours clinic.
- Begin a campaign with PEIA to reach all of the PEIA covered lives related to ARH being in the network.
- Create a more assessable opportunity for healthcare, which will lead to more prevention and early detection.

Community Partners: Mingo County Board of Education, Mingo County State and County Employees, PEIA Insurance.

Transportation

Goal: Work with medical staff and the Ladies Auxiliary to set up a transportation program.

- Establish a transportation fund to pay for taxi services for patients needing to come for chemo care and for acute patients getting discharged with no means of transportation.
- Work with medical staff and the Ladies Auxiliary to set up this transportation program.

Community Partners: Future businesses will be contacted to partner with shortly, medical staff, Ladies Auxiliary, employees and key business LAC members.

Implementation Strategy, continued

Increase Access to Specialists

Goal: Expand access to specialist services.

- Expand our endocrinology telemedicine services.
- Explore expanding other telemedicine specialty services.
- Begin ID program once every two weeks beginning in late summer 2019.

Community Partners: Local and regional physicians.

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

Demographics

Indicator (2017)	Mingo County	West Virginia	National Level
2017 Population Estimate	24,127	1,815,857	323,127,513
Percent Population Change, 2010-2017	-10.1%	-2.0%	5.3%
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Social and Economic Factors

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Graduation Rate of 9th Grade Cohort in 4 Years	94.0%	89.0%	83.0%
Percentages of Ages 25-44 with Some Post-Secondary College	35.0%	55.0%	65.0%
Percent of Unemployed Job-Seeking Population 16 Years and Older	8.6%	5.2%	4.9%
Percent of Children in Poverty	39.0%	24.0%	20.0%
Percent of Children Qualifying for Free or Reduced Lunches	50.0%	45.0%	52.0%
Percent of Single-Parent Households	33.0%	34.0%	34.0%
Violent Crime Rate per 100,000 population	282	330	380
Injury Death Rate per 100,000 population	166	114	65
Firearm Fatalities Rate per 100,000 population	15	17	11

Health Behaviors

Indicator	Mingo County	West Virginia	National Benchmark*
Percent Adult Smokers	25%	25%	17.0%
Percent Obese Adults with BMI ≥ 30	38.0%	36.0%	28.0%
Percent Physically Inactive Adults	38.0%	28.0%	23.0%
Percent of Adult Excessive Drinking	10.0%	12.0%	18.0%
Motor Vehicle Mortality Rate	28	17	11
Chlamydia Rate Newly Diagnosed per 100,000 Population	134.4	261.4	478.8
Teen Birth Rate Ages 15-19 per 1,000 Population	68	36	27

**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

Indicator	Mingo County	West Virginia	National Benchmark*
Years of Potential Life Lost Rate	14,858	10,473	6,700
Percent of Population in Fair/Poor Health	30%	24%	16.0%
Physically Unhealthy Days	5.9	5.2	3.7
Mentally Unhealthy Days	5.6	5.2	3.8
Percent of Live Births with Low Birth Weight	12.0%	9.0%	8.0%
Percent of Population who are Diabetic	18.0%	14.0%	10.0%
HIV Prevalence Rate	38	113	362
Child Mortality Rate	81	61	50

Physical Environment

Indicator	Mingo County	West Virginia	National Benchmark*
Average Daily Density of Air Pollution - PM 2.5	9.8	9.6	8.7
Presence of Drinking Water Violations	Yes	n/a	Yes
Percentage of Severe Housing Problems with at least one of the following: Overcrowding, High Housing Cost, or Lack of Kitchen or Plumbing Facilities	10.0%	11.0%	19.0%
Percentage of Workforce Driving Alone to Work	83.0%	82.0%	76.0%
Percentage of Workforce Commuting Alone for More than 30 Minutes	39.0%	33.0%	35.0%

Sources for all secondary data used in this report:

Demographics

Indicator (2017)	Original Source	Year
Total Population	Census Population Estimates	2017
Percent Population Changes, 2010-2017	Census Population Estimates	2017
Percent of Population under 18 years	Census Population Estimates	2017
Percent of Population 65 year and older	Census Population Estimates	2017
Percent of Population Non-Hispanic White	Census Population Estimates	2017
Percent of Population African American	Census Population Estimates	2017
Percent of Population Hispanic	Census Population Estimates	2017
Percent of Population other Race	Census Population Estimates	2017
Percent of Population Not Proficient in English	American Community Survey 5-year Estimates	2013- 2017
All "National Level" Demographics	U.S. Census QuickFacts	2017

Social and Economic Factors

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

Social and Economic Factors, continued

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

Health Behaviors

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

Health Outcomes

Indicator	Original Source	Year
Premature Death (Years of Potential Life Lost Before Age 75 per 100,000 population)	National Center for Health Statistics	2015-2017
Percent of Adults Reporting Poor or Fair Health	Behavioral Risk Factor Surveillance System	2016
Average Poor Physical Health Days in Past 30 Days	Behavioral Risk Factor Surveillance System	2016
Average Poor Mental Health Days in Past 30 Days	Behavioral Risk Factor Surveillance System	2016
Percent of Babies Born with Low Birthweight (<2500 grams)	National Center for Health Statistics	2011-2017
Percent of Adults with Diabetes	National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation	2015
HIV Prevalence Rate (per 100,000 population)	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2015
Child Mortality (per 100,000 population)	CDC WONDER mortality data	2014-2017

Physical Environment

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



Pike 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 Pike 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?
 - ☐ Tug Valley ARH
 - ☐ Pikeville
 - ☐ Williamson Memorial
 - ☐ Logan, WV
 - ☐ Lexington
 - ☐ Charleston
 - ☐ 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?

Specialty Service	At an ARH hospital	At another hospital
Cardiology	<input type="radio"/>	<input type="radio"/>
Obstetrics/Gynecology	<input type="radio"/>	<input type="radio"/>
Oncology (Cancer Care)	<input type="radio"/>	<input type="radio"/>
Orthopedics	<input type="radio"/>	<input type="radio"/>
Surgery	<input type="radio"/>	<input type="radio"/>
Other. Please specify: _____	<input type="radio"/>	<input type="radio"/>

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

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

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

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

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

- ☐ Yes
- ☐ No

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

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

16. How would you rate your own personal health?

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

17. How would you rate the overall health of the people in Pike 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 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

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

20. Do you think Pike 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

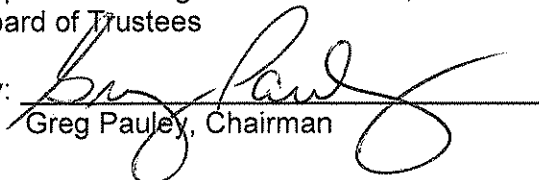
WHEREAS, the Company desires to work in partnership with each of its local communities in addressing these identified issues over the next three years.

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



the **ARH** FAMILY of CARE

LARGEST HEALTHCARE SYSTEM IN EASTERN KENTUCKY

5000⁺
Employees

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

600⁺
Providers

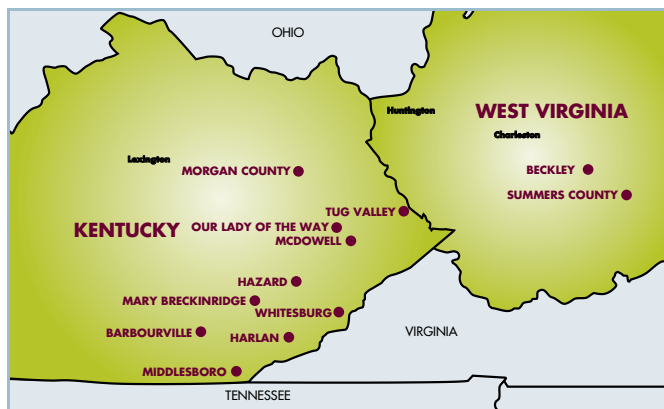
11 
Home Health
Agencies

9 
Pharmacies

11 
Home Care Stores

12 
Hospitals

70⁺
 Clinics




ARH
Appalachian Regional Healthcare

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