

# COMMUNITY HEALTH NEEDS ASSESSMENT 2025-2027



# Acknowledgements

This Community Health Needs Assessment (CHNA) report was prepared for Morgan County ARH by Team Up: A Public Health Academic Practice Collaborative at the University of Kentucky College of Public Health. Team Up works with a variety of health organizations across Kentucky and Appalachia to bridge the gap between academia and practice by forming, encouraging, and sustaining collaborative partnerships. Team Up members Dr. Angela Carman and Mary Elizabeth Pendergrass, MPH contributed to the information in this final report. If you have questions about the assessment process or data collection methodology, contact Mary Elizabeth Pendergrass, Team Up Public Health Policy & Practice Apprentice: [mepe242@uky.edu](mailto:mepe242@uky.edu).

This CHNA report was commissioned and directed by Appalachian Regional Healthcare's Community Development Department. The Community Development Department exists to further the mission of ARH by creating new educational programs, funding opportunities, partnerships and coalitions that better the health and well-being of Appalachians. This department organizes awareness events, educational classes, free health screenings, health-related sponsorships, support groups, presentations, and more each year and tracks all these programs in community benefit.



# Letter to the Community Member

Dear Community Members, Partners, and Stakeholders,

I am honored to present the 2025-2027 Community Health Needs Assessment (CHNA) report for Appalachian Regional Healthcare (ARH).

As the leading healthcare provider in Eastern Kentucky and southern West Virginia, ARH remains deeply committed to improving the health and well-being of our communities. Understanding the most pressing health challenges in our region is critical to our mission, and this report reflects our dedication to addressing these challenges through collaboration, innovation, and action.

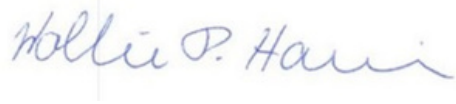
This CHNA is the result of extensive research, data collection, and direct community engagement. Through surveys, focus groups, and partnerships with local organizations, we have identified key health priorities affecting individuals and families. These insights drive our strategic initiatives, ensuring that we provide accessible, high-quality care tailored to the evolving needs of our population.

Rural communities face unique healthcare challenges, particularly in access to services. ARH is committed to expanding medical services, removing barriers to care, and ensuring every community has equal access to quality healthcare.

This report highlights critical health concerns and outlines our strategies for 2025-2027. Real change happens when we work together. We are grateful to everyone who contributed to this assessment—your voices and perspectives are essential in shaping a healthier, better future.

I encourage you to explore this report and join us in our mission to make a lasting impact on the health of our region. Together, we can build a stronger, healthier future — one where every rural community has the access and care it deserves.

Sincerely,



Hollie Harris, MHA  
President and CEO Appalachian Regional Healthcare, Inc.



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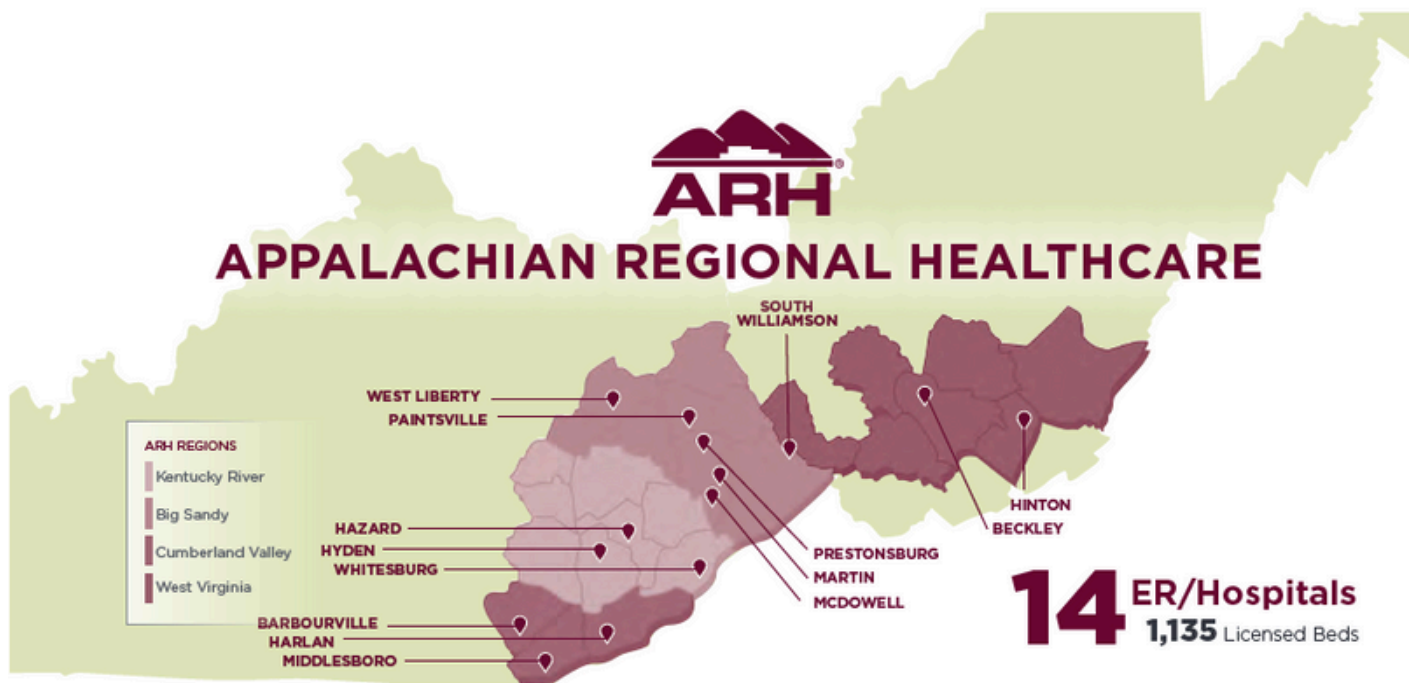
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# Introduction

Appalachian Regional Healthcare (ARH) is a not-for-profit health system operating 14 hospitals in Barbourville, Hazard, Harlan, Hyden, Martin, McDowell, Middlesboro, Paintsville, Prestonsburg, West Liberty, Whitesburg, and South Williamson in Kentucky and Beckley and Hinton in West Virginia, as well as multi-specialty physician practices, home health agencies, home medical equipment stores, retail pharmacies, and medical spas. ARH employs around 6,700 people with an annual payroll and benefits of \$474 million generated into our local economies. ARH also has a network of more than 1,300 providers on staff across its multi-state system. ARH is the largest provider of care, the single largest employer in southeastern Kentucky, and the third-largest private employer in southern West Virginia.

ARH has always responded to the changing demands of rural healthcare. From building and acquiring new facilities, investing in medical technology, providing health education and support, and creating innovative community partnerships, we continue to meet the health needs of our Appalachian communities. As an ARH hospital, Morgan County ARH is committed to these same goals for our service area. This CHNA report will outline the facility's efforts in meeting health improvement objectives from the last CHNA cycle, assessing current health needs, and creating new implementation plans for 2025-2027.



# ARH Mission

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

# ARH Vision

ARH will be the premier destination for quality care, a driver of advancement and development, and a leader in health for the communities we serve.

# ARH Values

- Trust
- Innovation
- Collaboration
- Compassion
- Service

## Culture Statement

At Appalachian Regional Healthcare our culture is defined by who we are – our history, our family, our traditions, and our story. A culture that embodies the resilient spirit of Appalachia.

SERVICE is our foundation; we honor our communities everyday by delivering healthcare that changes lives and an environment that promotes well-being for all.

TRUST is our core; every action is rooted in honesty, empathy, and integrity; fostering connections with one another, with our patients, and with our communities.

COMPASSION drives our purpose; It's not just treating people but how we treat each other that sets us apart. Enriching the collective strength of our team by bringing together a global workforce to provide local care.

COLLABORATION is our strength; we are one family taking care of all families. Committed to fostering an inclusive team full of unique perspectives, experiences, and talents at every level that enhances our service.

INNOVATION is our compass; we adapt the way we work and advance the way we care. Providing unique solutions to exceed the healthcare needs of the patients of our region.

# Community Health Needs Assessment Process

## Introduction to CHNA

Provisions in the Affordable Care Act (ACA) of 2010 require tax-exempt (non-profit) hospitals to conduct a Community Health Needs Assessment (CHNA) and develop a CHNA Implementation Plan at least every three years. The regulations for the CHNA include defining the hospital's service area, compiling demographics and analysis of health indicators; taking into account input from the broader community as served by the hospital facility.

The ACA requires that the CHNA must be made available to the public and must include input from individuals with special knowledge or expertise in public health. Accordingly, ARH contracted with experts from the UK College of Public Health to ensure equitable stakeholder representation and public health expertise throughout the CHNA process and final report.

## Process

The Community Health Needs Assessment is a cyclical process that involves creating community steering committees, collecting primary and secondary health data, creating community profiles, prioritizing the greatest health needs for a geographical area, and creating a plan to meet those needs.



Over a three-year span, hospital facilities work to create healthier communities through programs and initiatives as guided by the CHNA. Prior to the start of a new CHNA cycle, facilities track and report on implementation successes (new health and wellness programs created, health care access improved, community members engaged, etc.).

### Primary Data

Collecting primary data, or new data collected directly from the community, is a key part of the CHNA process. This type of data provides two valuable contributions:

1. Self-reported data about the health needs and strengths of community members
2. More engagement of the community in the process

Perhaps as important as a thorough data set, gathering local data provides opportunities for the community to be engaged through the community health needs assessment process and to ensure that the community members' voices are heard. Engagement at this stage can lead to stronger community support and involvement throughout the community health improvement efforts.

Primary data was collected in this CHNA through community surveys, focus groups, and key informant interviews.

<b>Method</b>	<b>Description</b>
Community Surveys	A traditional approach to gathering community input. Can include: written, telephone, web-based, or in-person.
Focus Groups	A traditional approach to gathering community input. Can include: written, telephone, web-based, or in-person.
Key Informant Interviews	In-depth one-on-one discussions to gather input from representative community members. Can be done with key community leaders or residents representing specific sub-populations.

## Secondary Data

Secondary data is data that is collected by other entities and provides information on health status and demographics. Examples include vital statistics, censuses, reports from government agencies (such as the CDC), or information collected through studies and other organizations (such as County Health Rankings).

## Steering Committees

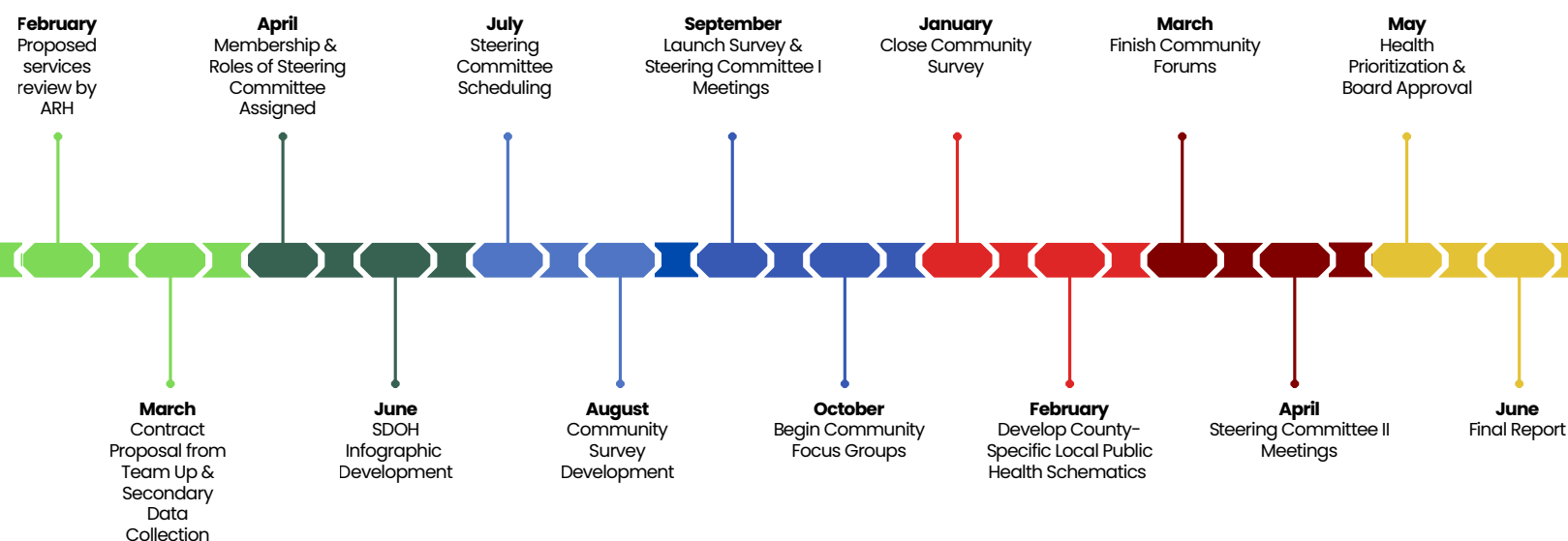
Community Health Needs Assessment (CHNA) steering committees are groups of key stakeholders assembled to guide the planning, development, and implementation of the CHNA process for non-profit hospitals. These committees typically include representatives from public health agencies, local government, community organizations, healthcare providers, academic institutions, and members of the community, especially those who serve or represent medically underserved, low-income, or minority populations.

## CHNA Timeline

Appalachian Regional Healthcare collaborated with Team Up at the University of Kentucky (UK) College of Public Health in the Summer of 2024 to begin conducting the 2025–2027 Community Health Needs Assessment (CHNA) for Morgan County. See the CHNA process timeline below.

### CHNA Timeline

**2024**



**2025**



# 2022–2024 Implementation Successes

During the 2022 CHNA process, the Morgan County Steering Committee identified the following health needs:

1. Mental Health– youth and adults
2. Substance Use Disorder– resources and recovery
3. Education on healthy lifestyles, disease prevention, and overall wellness
4. Physician Recruitment and Retention

Morgan County ARH set forth goals and strategies to address each of the identified health needs, see these as well as successes below.

## Goal 1



Promote mental health care through partnerships and community education

Since 2022, Morgan County ARH has **increased mental health services and community education** by:

- Reopening the Senior Care Program to provide older adults with quality behavioral healthcare. Along with social interaction and group therapy, participating seniors receive treatment from a multidisciplinary team including a psychiatrist, a therapist, and a registered nurse that develop individualized plans
- Implementing telepsychiatry consultations to enhance accessibility and efficiency of psychiatric care
- Continuing our partnership with Pathways to connect individuals in need of mental health care
- Providing 5 free Mental Health First Aid training sessions for staff from 2023–2024. Mental Health First Aid is an evidence-based, early intervention course that teaches participants about mental health and substance abuse challenges and how to assist those that may need help. Morgan County ARH offered these trainings with the hope that the education would allow staff to better help our patients, but also their families, friends, and neighbors
- Presenting Healthy Relationships programming to Morgan County High School Students, which teaches critical thinking around qualities of healthy and unhealthy relationships, signs of abuse, and communication skills

## Goal 2



Combat Substance Use Disorder and the stigma associated with addiction

Since 2022, Morgan County ARH has **addressed addiction** in our community by:

- Partnering with the KY Department of Public Health to host numerous Safe a Life Roadshow events, in which participants are provided with overdose awareness education, Narcan training and distribution, and referrals to treatment
  - Magoffin Co Health Dept 9/11/23
  - Morgan County Methodist Church 4/26/24
  - Hazel Green Food Pantry 5/24/24
  - Magoffin Co Health Dept 9/9/24
- Sponsored Operation Unite's "Shoot Hoops, Not Drugs" program, which promotes positive activities for local youth while providing education on drug prevention
- Love Your Lungs, an educational program on the dangers of smoking and vaping, was presented to Morgan County Middle School

## Goal 3



Educate the community about healthy lifestyles, disease prevention, and overall wellness; provide free health screenings throughout the community

The facility **partnered with many local employers** to provide education and screening opportunities to their employees.

- Partnered with AppHarvest to provide screenings and education to their greenhouse farming employees throughout 2023, including sessions on diabetes with A1C testing, hydration, lung cancer, heart health, and colon cancer
- Provided Free biometric screenings for employees of Licking Valley RECC, including lab work, BMI, stroke risk assessments, and more
- Hosted stroke education and risk assessments for employees of Morgan County Water District
- Hosted a health fair and screening event for employees of Gateway Community Action Program

Morgan County ARH focused on **diabetes prevention and management** by:

- Implementing monthly diabetes support groups in Morgan County hosted at the local extension office (5 held in 2024)
- Providing diabetes awareness day on-site at the facility with free A1C screenings
- Providing diabetes education at the Magoffin County Senior Center on numerous occasions

Since 2022, our stroke and community development teams have excelled in community **stroke education and screenings.**

- Provided Brain Protectors programming to all elementary school children in Morgan County. This program trains students to recognize the signs of a stroke
- In 2024, implemented “Strike Out Stroke” in partnership with our local little league and “Lets TACO-bout Stroke” cooking classes
- Provided stroke risk assessments/screening events 18 times throughout our community, including events at Sorghum Festival, farmer’s markets, senior centers, and in partnership with St. Claire Regional Medical Center

Morgan County ARH has addressed **food insecurity and nutrition education** by:

- Providing 4 free cooking classes with grocery gift card incentives in partnership with the Morgan County UK Extension Service
- Attending the Morgan County Farmers Market on 3 occasions, providing nutrition and heart health education
- Collaborating with God’s Pantry Food Bank to provide nonperishable food boxes to patients identified as having a need in both the hospital and clinic environment; Distributing on average 20 boxes per month
- Assisting Hazel Green Food Pantry with distribution of meals and food boxes through paid ARH staff time

Morgan County ARH has also hosted **speakers bureau presentations** throughout the community on relevant health topics, including:

- Lung cancer presentations from ARH’s Lung Cancer Screening Program Manager for Morgan County Women’s Club
- Child bone health presentations from ARH Rehab
- Heart health presentations at Farm and Family Day and at Heart Health Day
- Breast cancer educational sessions including Paint it Pink Pumpkin Painting and Pink Ribbon Luncheon, both in October
- Sponsorship of ARH-led water aerobics classes throughout 2022 (county pool has since closed)

## Goal 4

### Recruit and retain providers to Morgan County ARH

In an effort to **recruit new providers and retain staff**, Morgan County ARH has:

- Contracted new Emergency Care providers
- Hosted the CHASE Summer Day Camp in partnership with the Area Health Education Center. This program provides days of hands-on learning for students interested in healthcare careers
- Morgan County ARH has introduced several employee appreciation initiatives to improve staff retention, morale and engagement. These initiatives include an Employee of the Month program, Pay Day Fun Days, an annual holiday party, and group volunteering events



# Community Served by Morgan County ARH

Morgan County ARH defined its service area for this Community Health Needs Assessment by reviewing inpatient hospital discharge data for county of residence. From January 2022–September 2024, the majority of hospital discharges were residents of Morgan County (56.9%), followed by residents of Wolfe County (20.5%).

Secondary data for Morgan County are presented in this section. Data are presented at the County, State, and National level (where possible). These data come from a variety of sources listed below each table, and serve as indicators for social, economic, and health conditions in Morgan County. An infographic containing data on the Social Determinants of Health can be located in Appendix A.

## Population

Population	Morgan Co	Kentucky	US Overall
Population, 2024	14,300	4,588,372	340,110,988
Percent of Population Under 18 Years	18.3%	22.5%	21.7%
Percent of Population 65 Years+	17.9%	17.8%	17.7%
Percent of Population White	92.2%	86.7%	75.3%
Percent of Population Non-Hispanic Black	5%	8.8%	13.7%
Percent of Population American Indian & Alaska Native	.3%	.3%	1.3%
Percent of Population Asian	1%	1.8%	6.4%
Percent of Population Native Hawaiian/Other Pacific Islander	.1%	.1%	.3%
Percent of Population Hispanic or Latino	3.4%	5.0%	19.5%
Two or More Races	1.4%	2.3%	3.1%
Percent of Population Female	41.9%	50.4%	50.5%

Source: US Census, 2024 QuickFacts



## Social and Economic Factors

Social and Economic Factors	Morgan Co	Kentucky	US Overall
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Percent Completed High School	81%	89%	89%
Bachelor's Degree or Higher	17.6%	27%	35%
Percent Unemployed	5.1%	4.2%	3.6%
Percent of People in Poverty	24.7%	16.4%	11.1%
Children in Poverty	27%	20%	16%
Number of Children in Single Parent Households	19%	25%	25%
Median Household Income	\$44,600	\$61,100	\$77,700
Violent Crime Rate (per 100,000)	42.6	225.6	255.2
Child Care Cost Burden	29%	25%	28%
Food Insecurity Rate	19%	16%	14%

Source: US Census, 2024 QuickFacts, County Health Rankings (2025), U.S. News and World Report

## Health Behaviors

Heath Behaviors	Morgan Co	Kentucky	US Overall
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Percent Adult Smoking	24%	18%	13%
Percent Adults with Obesity	39%	38%	34%
Percent of Physically Inactive Adults	31%	25%	23%
Adults (>65) with all Teeth Lost	24.8%		12.6%
Percent of Adults Receiving Flu Vaccination in the Last Year	32%	46%	48%
Teen Birth Rate (per 1,000)	44	24	16
Sexually Transmitted Infections per 100,000	177.1	406.8	495.0
Percent Excessive Drinking	15%	15%	19%
Number of Child Victims of Substantiated Abuse	46	17,917	-
Births to Mother who Smoked During Pregnancy	25.5%	12.6%	5%
Percent Driving Deaths with Alcohol Involvement	18%	26%	26%
Suicides Per 100,000 Population	16	18	14

Source: County Health Rankings (2025), CDC Places: Local Data for Better Health, KIDS Count Data Center (2020-2022) (2013)

## Health Outcomes

Heath Outcomes	Morgan Co	Kentucky	US Overall
Life Expectancy (years)	73	73	77
Percent Adults with Diabetes	13%	13%	10%
Percent Adults with Hypertension	39.1%	-	29.6%
Adults with current Asthma	11.6%	-	9.9%
Percent Fair to Poor Health	28%	20%	17%
Avg Number of Physically Unhealthy Days	5.5	4.5	3.9
Avg Number of Mentally Unhealthy Days	5.5	5.0	5.1
Percent Low Birth Weight	9%	9%	8%
Percent with a Disability, under Age 65	17%	13%	9%

Source: US Census, 2024 QuickFacts, County Health Rankings (2025), CDC Places Local Data for Better Health

## Access to Care

Access to Care	Morgan Co	Kentucky	US Overall
Primary Care Physicians	13,820:1	1,600:1	1,330:1
Mental Health Providers	410:1	320:1	300:1
Dentists	3,530:1	1,500:1	1,360:1
Preventable Hospital Stays per 100,000	2,888	3,336	2,666
Mammography Screening Rates	34%	43%	44%
Percent Uninsured	9%	7%	10%

Source: County Health Rankings (2025)

## Physical Environment

### Physical Environment                      Morgan Co    Kentucky                      US Overall

Severe Housing Problems	13%	13%	17%
Severe Housing Cost Burden	11%	12%	15%
Driving Alone to Work	80%	78%	70%
Long Commute to Work – Driving Alone	46%	31%	37%
Broadband Access	82%	87%	90%
Access to Parks	12%	29%	51%
Homeownership	78%	68%	65%
Air Pollution – Particulate Matter	7.3	8.0	7.3

Source: County Health Rankings (2025)

## Invasive Cancer Incidence Rates

### Age-Adjusted Rate per 100,000                      Morgan Co    Kentucky                      US Overall

<b>Total all sites (2017-2021)</b>	480.4	513.7	444.4
Lung and Bronchus	79.5	84.5	53.1
Breast (Female)	129.2	129.2	129.8
Colon and Rectum	57.0	45.9	36.4
Urinary Bladder	29.7	21.7	18.8
Kidney and Renal Pelvis	22.7	21.4	17.3
Melanoma of the Skin	20.9	28.2	22.7

Source: National Cancer Institute: State Cancer Profiles

# Hospital Utilization Data

The following data demonstrates the county of residence and payer mix of Morgan County ARH inpatient hospital discharges from January 2022– September 2024.

## Inpatient Hospital Discharges- Patient Origin

Patient County	Inpatient Discharges	% of Total
Morgan-KY	277	56.9%
Wolfe-KY	100	20.5%
Elliott-KY	46	9.4%
Magoffin-KY	37	7.6%
Menifee-KY	11	2.3%
Rowan-KY	5	1.0%
Boyd-KY	3	0.6%
Breathitt-KY	2	0.4%
Carter-KY	1	0.2%
Pike-KY	1	0.2%
Johnson-KY	1	0.2%
Bath-KY	1	0.2%
Lawrence-KY	1	0.2%
<b>Total</b>	<b>487</b>	<b>100%</b>

## Inpatient Hospital Discharges- Payer Mix

Payer Type	Inpatient Discharges	% of Total
Medicare (Excluding Medicaid Managed Care)	162	33.3%
Medicare Managed Care	112	23.0%
Commercial-Anthem Health Plans of KY HMO Plan	71	14.6%
WellCare of Kentucky Medicaid Managed Care	58	11.9%
Commercial- Anthem Health Plans of KY PPO Plan	16	3.3%
In State Medicaid	15	3.1%
Aetna Better Health of KY Medicaid Managed Care	13	2.7%
Humana Medicaid Managed Care	11	2.3%
Tricare (Champus)	8	1.6%
Passport Medicaid Managed Care	5	1.0%
Anthem Medicaid Managed Care	5	1.0%
Commercial-Other	3	0.6%
Self-Pay	2	0.4%
United Healthcare Medicaid Managed Care	2	0.4%
Commercial- Humana PPO Plan	2	0.4%
Commercial- Aetna Health HMO Plan	1	0.2%
Other Facility	1	0.2%
<b>Total</b>	<b>487</b>	<b>100%</b>



# Organizing Community Partners

Collaboration among organizations is an essential component of the CHNA process and community health improvement plan. One tool that can be utilized to map organizations that may influence health in the community is the Local Public Health Schematic. The Team Up team collaborated with local residents and members of the Steering Committee to produce a local public health schematic, custom to Morgan County. An overview of this schematic can be seen below, see Appendix B for a larger font version.

## The Local Public Health System: Morgan County, Kentucky



# Morgan County CHNA Steering Committee

Community Health Needs Assessment (CHNA) steering committees typically include representatives from public health agencies, local government, community organizations, healthcare providers, academic institutions, and members of the community, especially those who serve or represent medically underserved, low-income, or minority populations. The steering committee plays an essential role in the CHNA process by providing expert input, aiding in community survey and focus group data collection, interpreting community results, and formulating an effective implementation plan.

Steering committee members were recruited by Morgan County ARH leadership in late summer of 2024. On September 11, 2024, the group gathered to discuss the CHNA process, provide their view of health needs for clients they serve, and plan survey dissemination and focus groups. On March 24, 2025, and after months of data collection, the Steering Committee met again for their final meeting (image below). The group reviewed data and collaboratively recommended priority health needs for Morgan County ARH to address.



# Morgan County CHNA Steering Committee

## Steering Committee Members

Name	Organization Represented
Aneisha Horn	ARH-Morgan
Allie Archer	ARH-Morgan
Heather Samons	ARH-Morgan
Amanda Nichols	New Vision Recovery Center
Amy Wright	New Vision Recovery Center
Laura Vest	Morgan County High School, YSC
Theresa Bruns	Morgan Co. DCBS
Ashley Cantrell	Gateway District Health
Eric Pelfrey	Lion-Morgan Co Magistrate
Tonya Hinton	West Liberty Nursing
Tabatha Mann	West Liberty Nursing
Kristy Murphy	Gateway Community Action
Nicky Stacy	Hazel Green Food Project
John Ison	Ison Insurance Agency, Inc.
Sarah Fannin	Morgan Co. Ext/Ag
Kim Lane	Morgan Co. Ext-4H Youth Development
Laura Vest	MCHS YSC Coordinator

# Community Focus Groups

After the initial steering committee meeting, 4 focus groups were held to gain valuable feedback from community members and residents. Community members were asked questions regarding health challenges, barriers to accessing healthcare, health behaviors, and community highlights. Discussion in focus groups is fairly free flowing and open-ended, with Team Up staff noting recurring themes and the most pressing issues brought forth by participants.

Morgan County ARH hosted forums with:

- Gateway Community Action Program
  - Staff who represent low-income and underserved populations
- New Vision Recovery Center
  - Those in SUD recovery and staff who work with them
- Morgan County ARH Local Advisory Council
  - Community stakeholders such as business owners and local leaders
- Kentucky River Health Consortium- Wolfe
  - Participants representing organizations that work to better the health and wellness of people in the Morgan County service area

## **Sample Focus Group Discussion Questions**

**"What are your community's biggest health challenges?"**

**"Why do you think people in your community don't go to the doctor?"**

**"Are there barriers to accessing healthcare in your community?"**

**"What health behaviors do you see in your community that concern you?"**

**"What other concerns do you have?"**

# Focus Group Results

A qualitative thematic analysis was performed utilizing community forum responses. Recurring challenges and themes were isolated by each forum question (see table 2) and the resulting key findings are presented below:

## \* QUESTION 1: COMMUNITY HEALTH CHALLENGES

### Finding 1.1: Basic Needs

- Lack of transportation
- Barriers to transit provided through organizations
- Lack of public options
- Not enough well-paying jobs
- Food insecurity
- Kinship families
- Education access and quality (HS graduation)
- Access to computer
- Poverty

### Finding 1.2: Chronic & Preventable Disease

- Lack of focus on preventive services
- STIs- lack of education and stigma
- Lack of access to specialists
- Dental
- Lung cancer
- Diabetes
- Tobacco use

*"My dentist is older than I am, and I'm pretty old."*

## \* QUESTION 2: BARRIERS TO HEALTHCARE

### Finding 2.1: Social Determinants of Health Barriers

- Lack of childcare
- Cultural attitudes about going to the doctor
- Lack of education & health literacy
- Kinship families
- Transportation
- Lack of insurance
- Cost of care

### Finding 2.2: Lack of Resources

- Busy physicians contribute to long wait times
- Not enough providers
- Lack of mental health resources
- Lack of after-hours care on weekends



# Focus Group Results

## \* QUESTION 3: HEALTH BEHAVIORS

### Finding 3.1: Substance Use

- Smoking
- Smoking during pregnancy
- Chewing tobacco
- Vaping (adults & youth)
- Lack of needle exchange program
- Drug use & overdose
- DUI
- Ramifications of addiction (kinship care, unemployment)

### Finding 3.2: Diet, Physical Activity, and Obesity

- Fast food
- Lack of grocery stores
- Lack of exercise
- Healthy resources not being utilized (wellness center, etc.)
- Lack of activities for teens
- Sedentary lifestyle

*"I feel certain that we as a society have not yet seen the ramifications of electronifying our children."*

## \* QUESTION 4: ADDITIONAL CONCERNS

### Finding 4.1: Additional Resources Needed

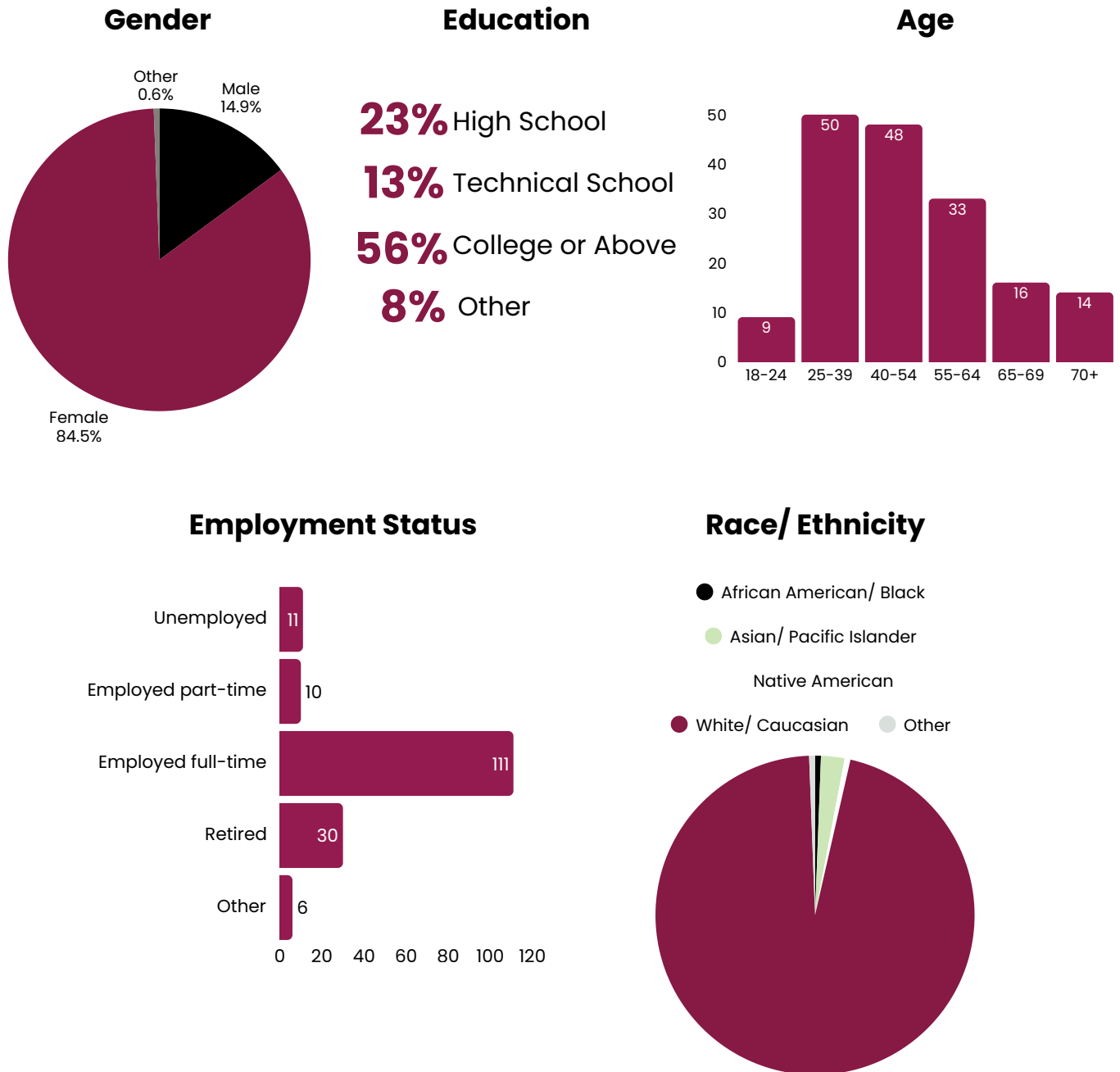
- Farmer's market
- Expand telehealth
- More transportation options
- Substance use program for women
- More activities & events
- Reduce substance use stigma
- Harm reduction services
- Medical liason for communication & navigation
- Health literacy education
- Re-entry services

# Community Survey Results

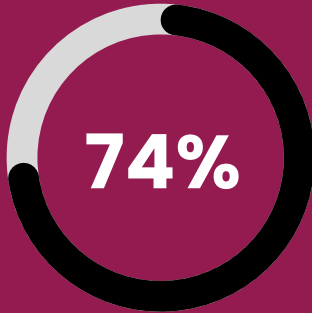
The community survey was developed and distributed online and via paper at various community events from October 2024–January 2025. Responses are anonymous. For the full survey instrument, see Appendix C.

## Respondent Demographics

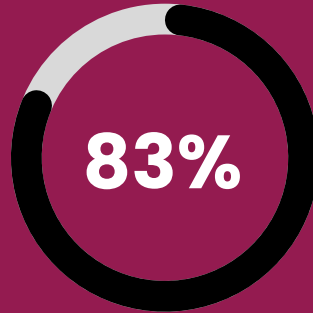
*n=170*



# Community Survey Results



**Are satisfied with the ability to access healthcare services in Morgan County.**

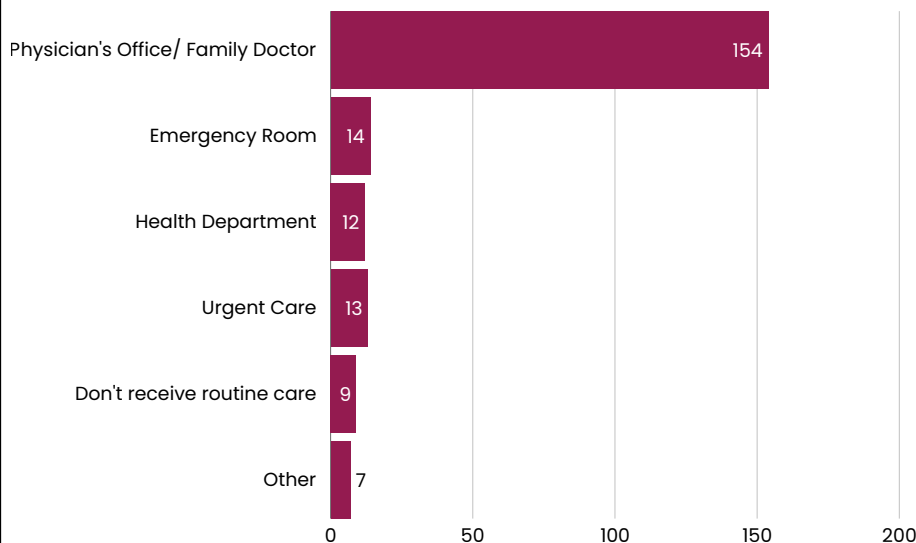


**Regularly receive preventive services such as vaccinations, screenings, and checkups.**



**Have delayed healthcare due to lack of money or insurance.**

## Where do you go to receive routine healthcare?

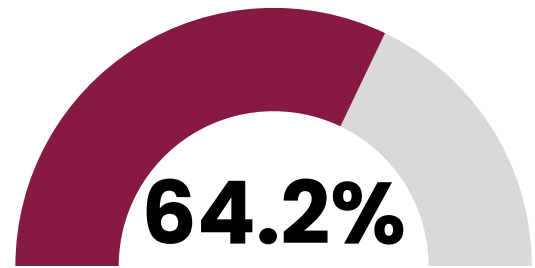
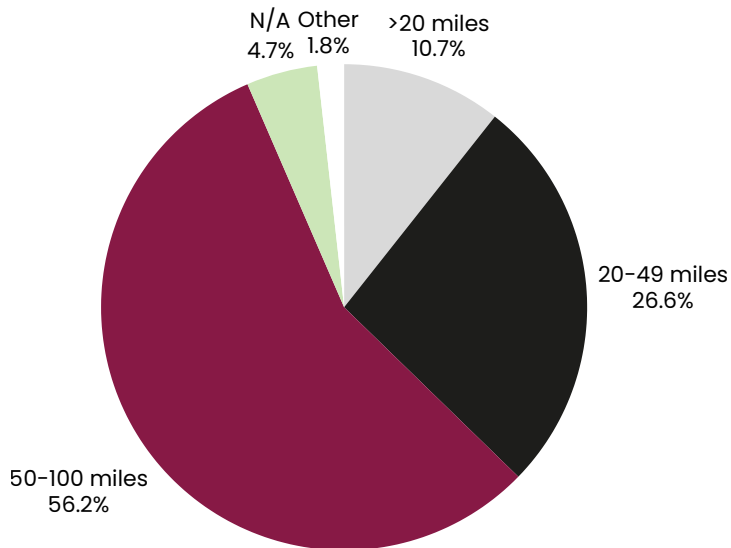


## Top 5 barriers to receiving routine healthcare:

1. No barriers
2. Only visit the doctor when something is seriously wrong
3. Physician hours of operation
4. Fear/ anxiety
5. Months long wait times

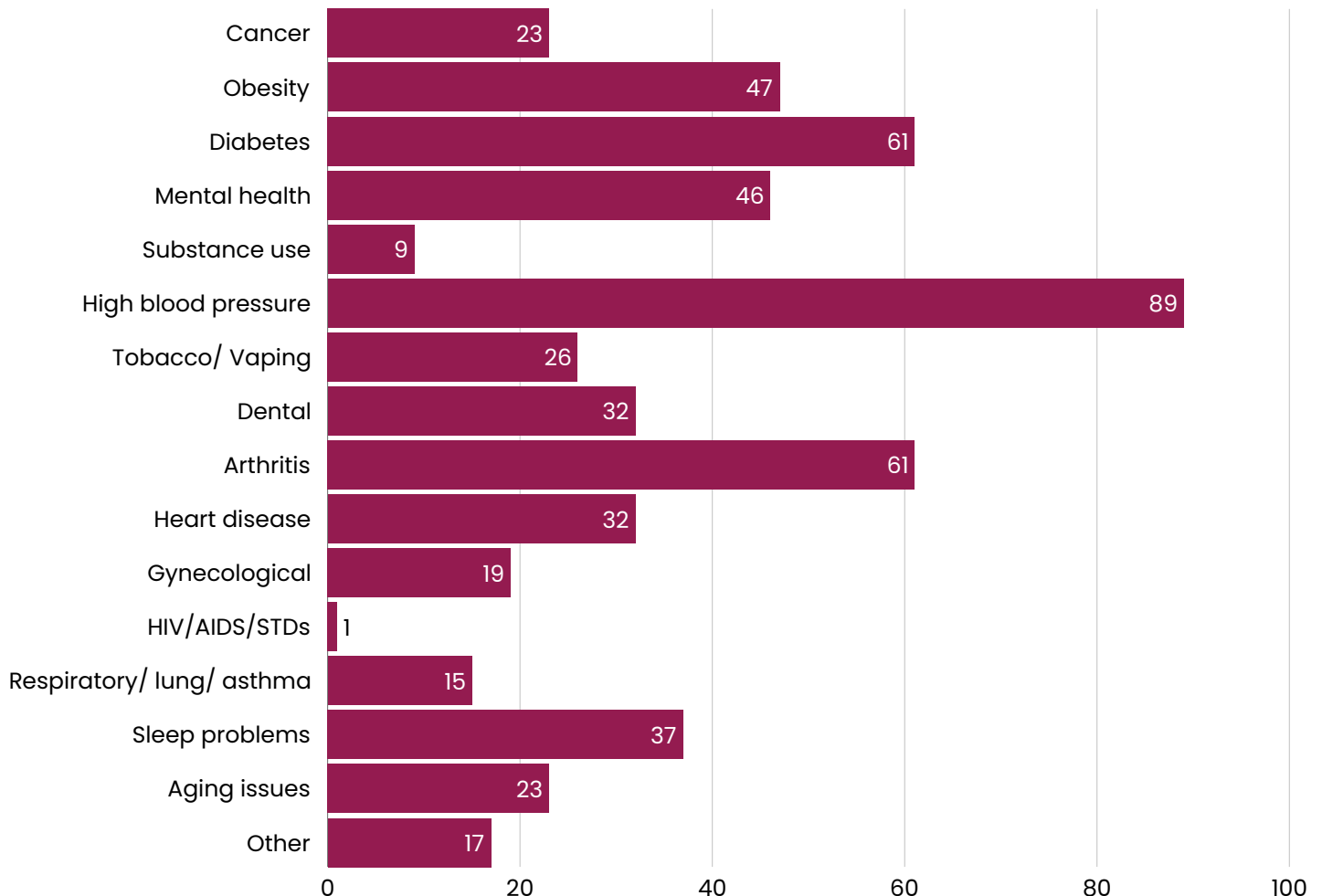
# Community Survey Results

**How far do you or your household travel to see a specialist?**



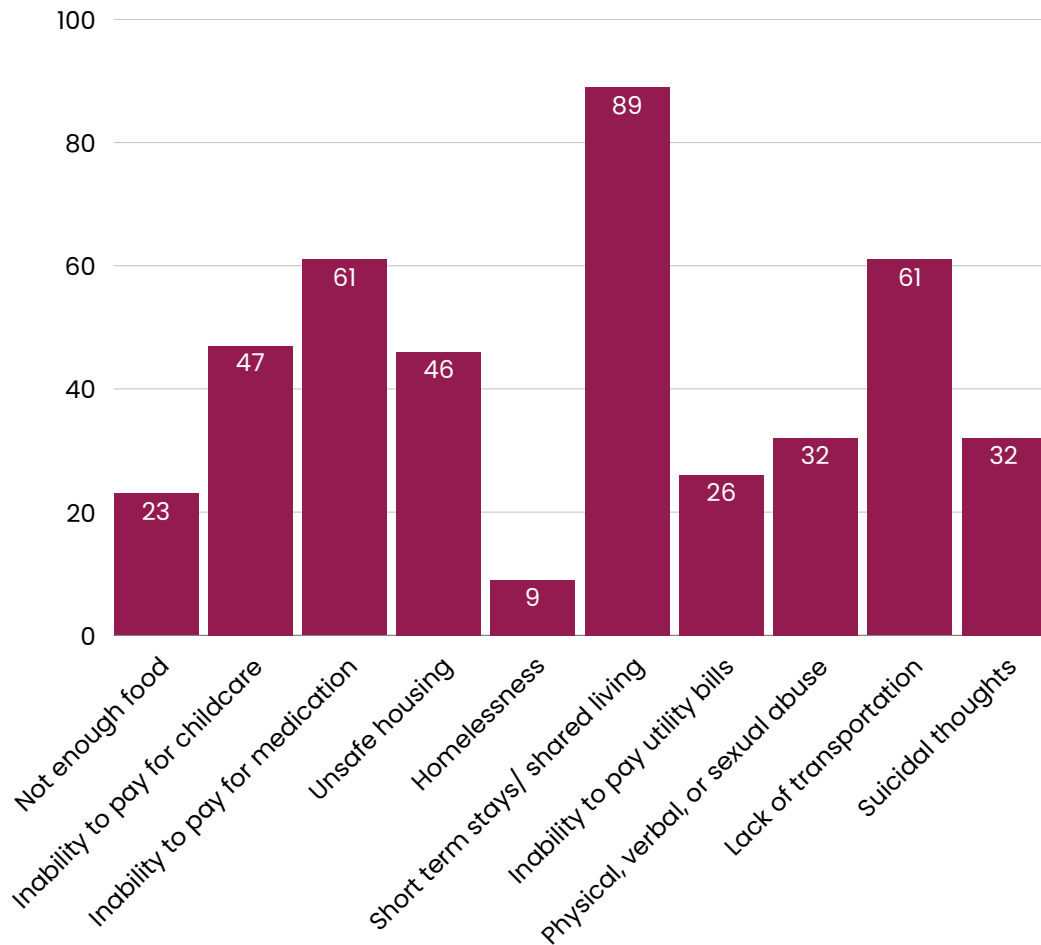
**Are satisfied with the availability of mental health services in Morgan County.**

**Top 3 health challenges you/ your household face:**



# Community Survey Results

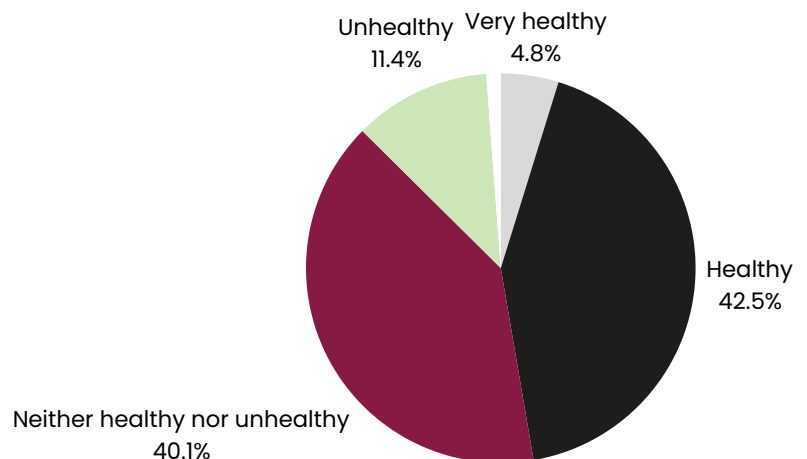
Have you or your household faced any of these issues in the past year?



How would you rate your overall health?

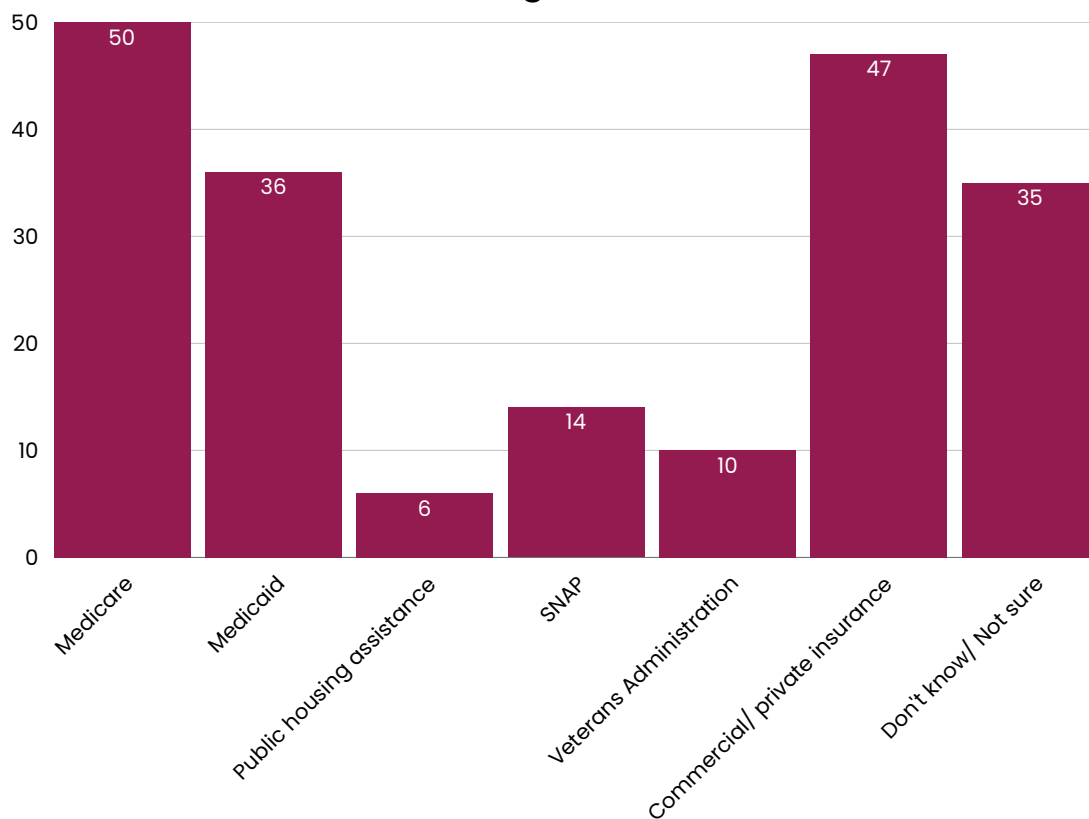
**Top 3 risky behaviors you see in your community:**

1. Drug Use (105)
2. Poor eating habits (100)
3. Lack of exercise (96)

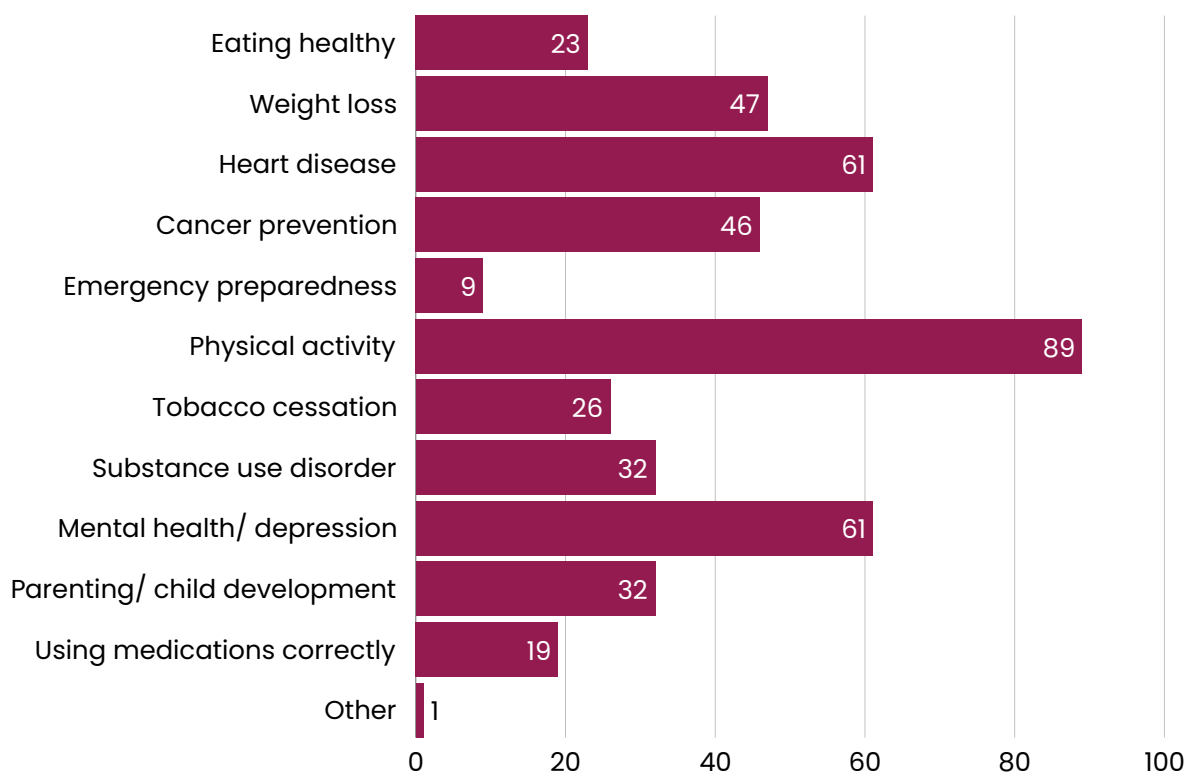


# Community Survey Results

**Are you or members of your household currently eligible for any of the following services?**



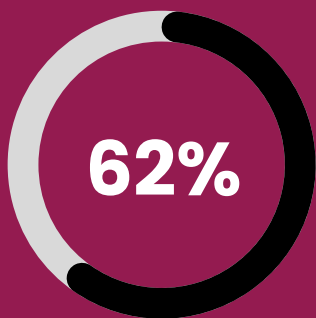
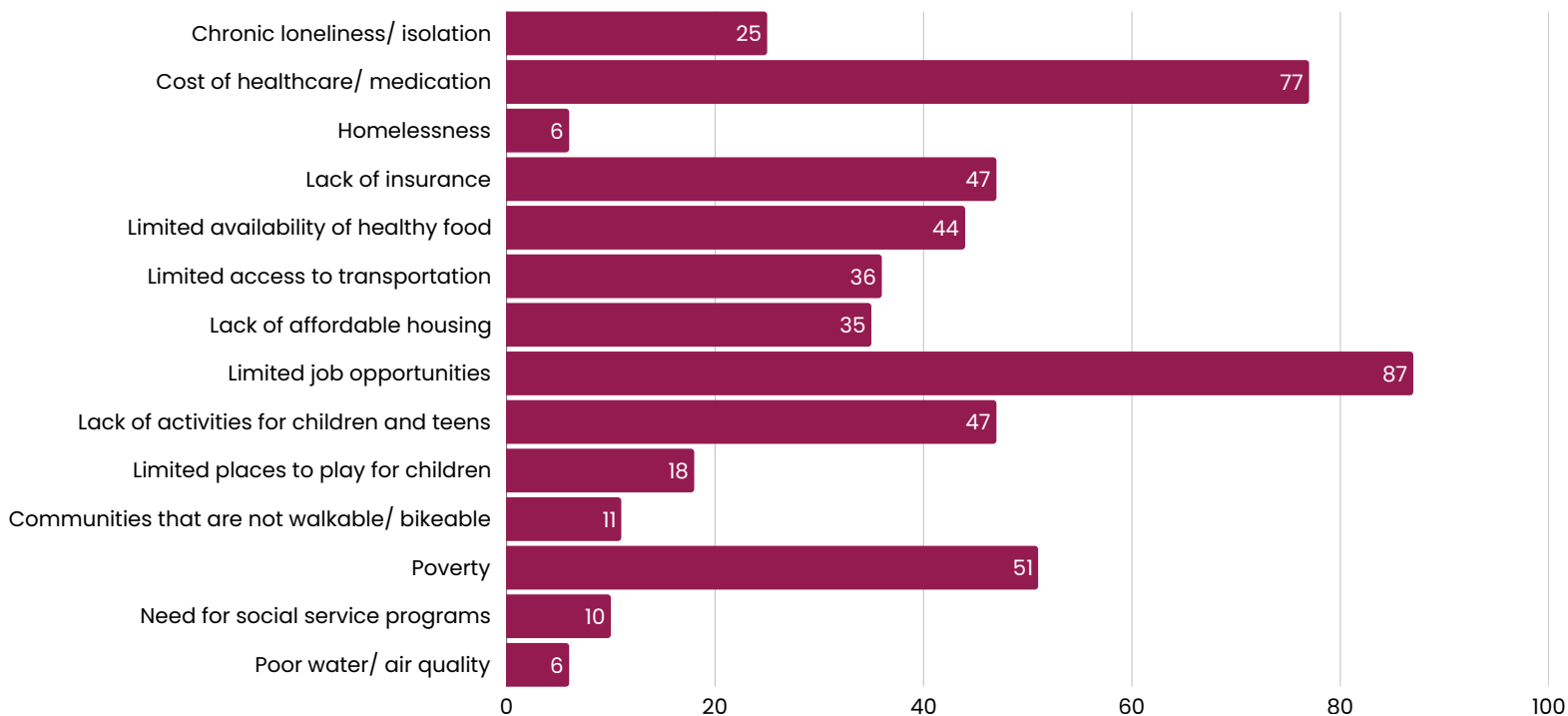
**Health related topics respondents are interested in learning more about:**



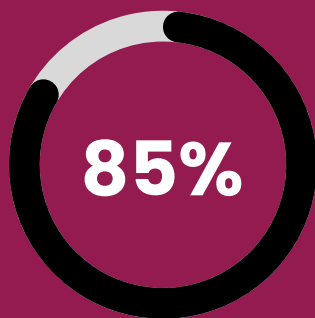


# Community Survey Results

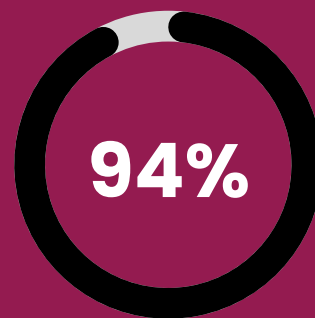
## Most important problems related to quality of life & environment in Morgan County:



**Have had a dental exam in the past year.**



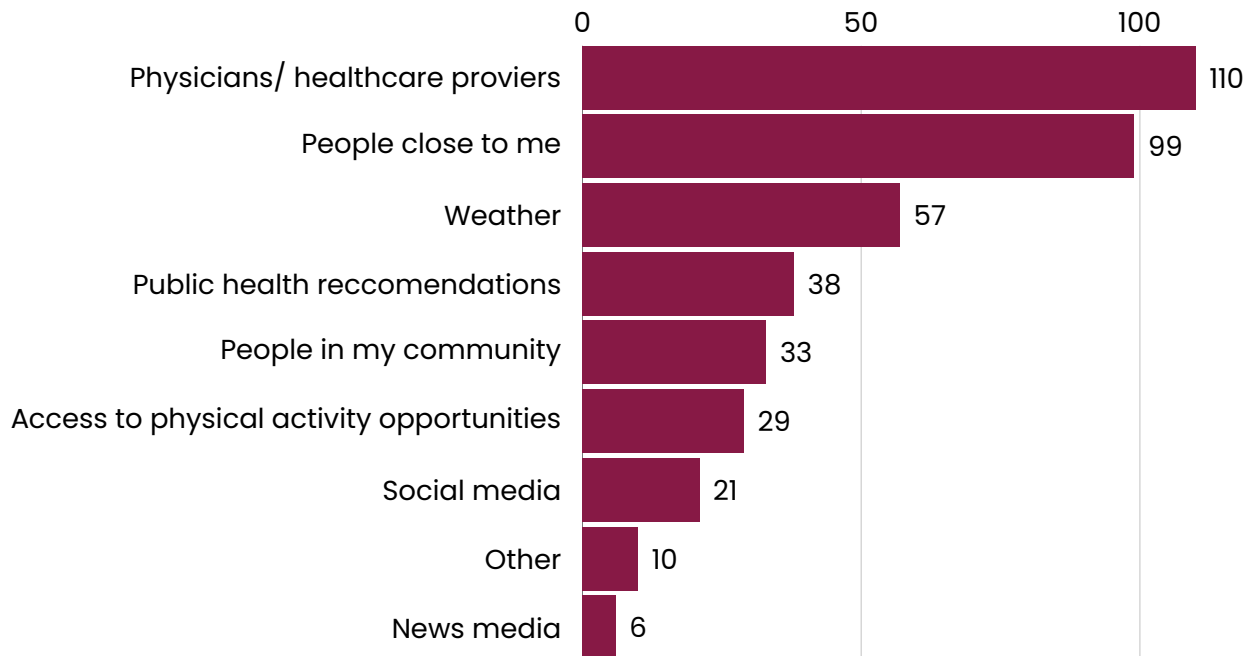
**Have had a routine checkup in the past year.**



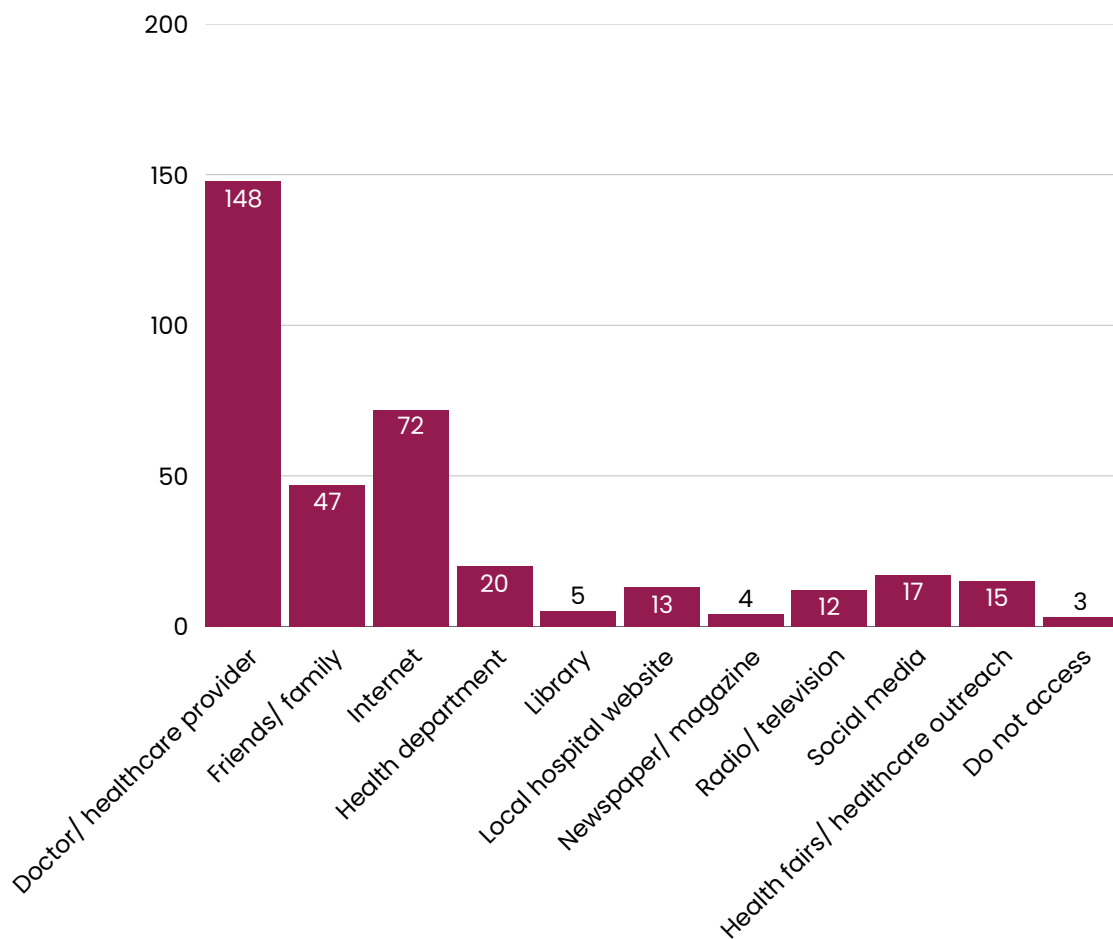
**Believe mental illness is a medical condition.**

# Community Survey Results

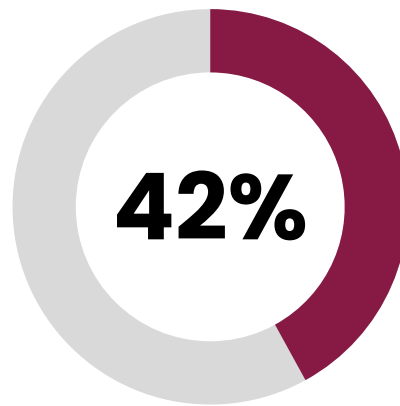
## What factors influence your health choices?



## Where do you get most of your healthcare information?

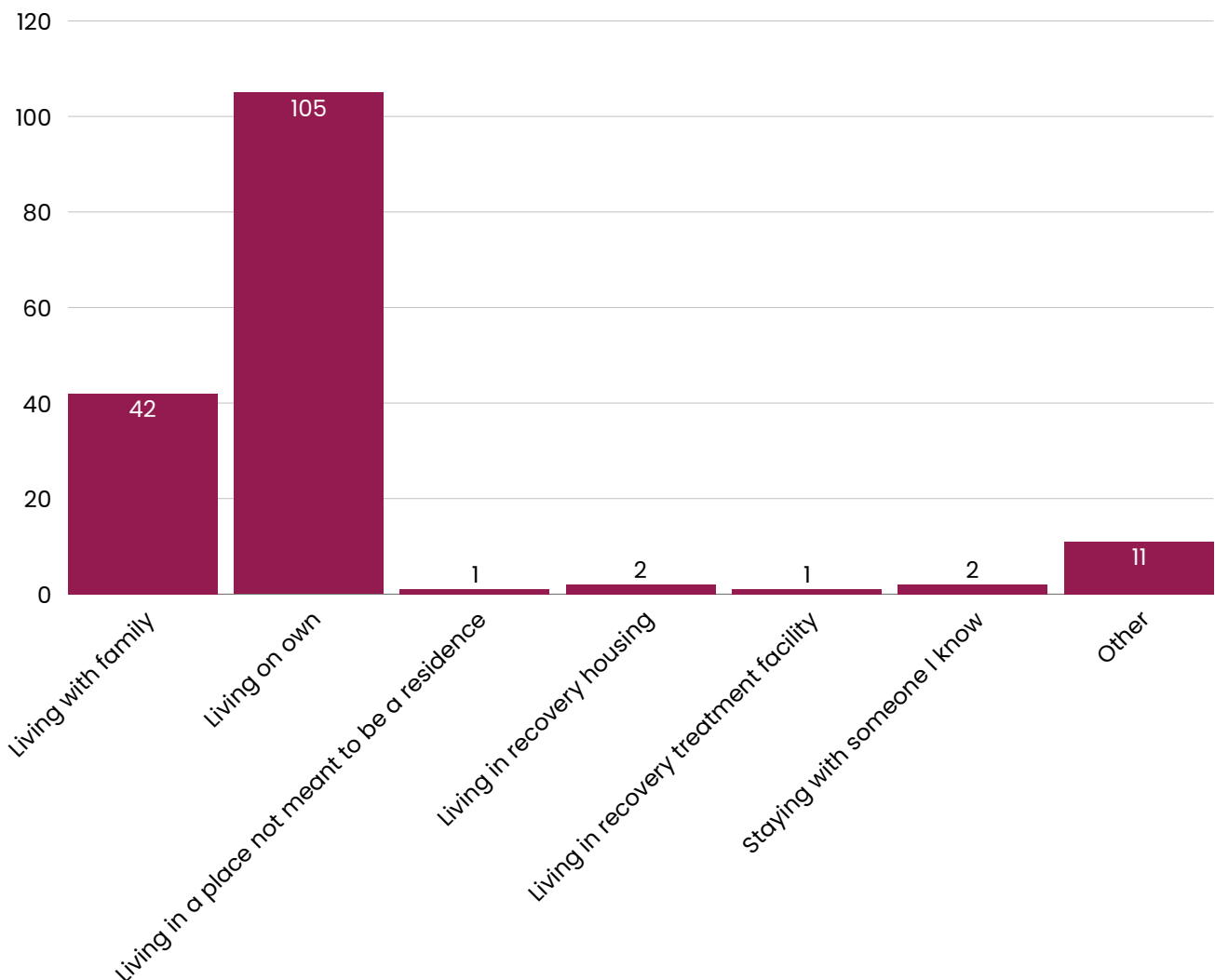


# Community Survey Results



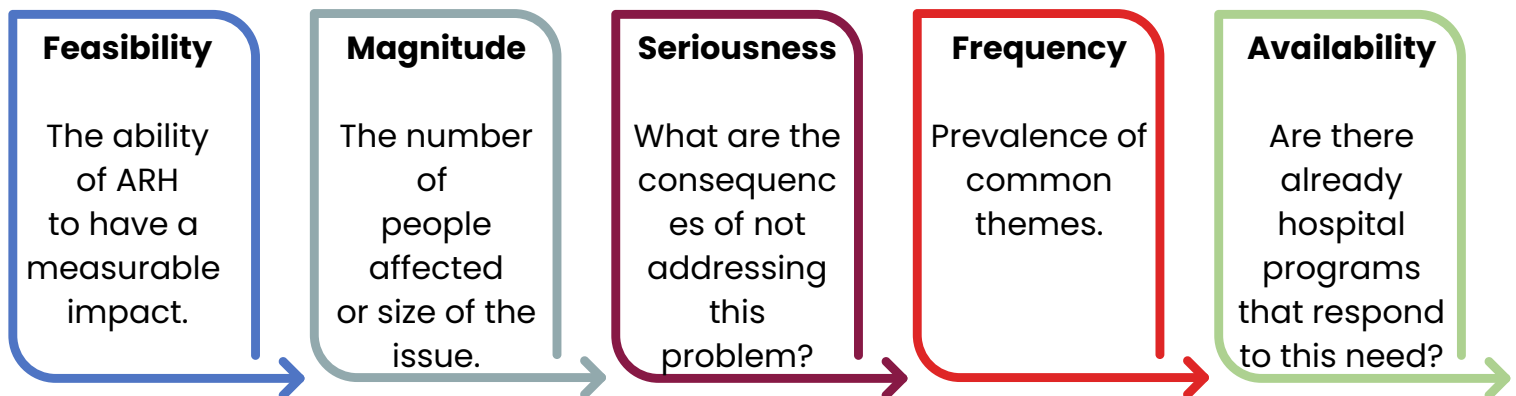
**Have been told by a healthcare professional that they have high cholesterol.**

## What is your current living situation?



# Health Needs Prioritization

After primary and secondary data were presented to the CHNA Steering Committee, the group set to prioritizing the top needs using the criteria below.



Through this process, the Steering Committee synthesized and identified the top 3 health needs facing their community to be:

- 1. Increased access to specialty care**
- 2. Addiction, including SUD, tobacco, alcohol, and vaping**
- 3. Preventative medicine and lifestyle change**

Additional identified but not prioritized into top three include dental care and elder care.

# Implementation Plan

Morgan County ARH leadership collaborated with the Community Development Department to define the following goals and strategies to address the identified health needs.

## **Goal: Increase access to health care so community members do not have to travel for services**

### **Key Strategies**

- Provide primary and urgent care with use of the ARH mobile Clinic, targeting populations that may live in isolated communities or lack transportation
- Invest in updated imaging equipment (CT and 3D mammogram) to reduce follow up imaging and improve patient experience
- Increase specialty telehealth in ambulatory clinics
- Explore recruitment of cardiologist to the facility

## **Goal: Address addiction through peer support, community partnerships, and education (includes tobacco, vaping, and alcohol)**

### **Key Strategies**

- Build Morgan County ARH Peer Support Program. Peer support coaches are people who have been successful in the SUD recovery process and can help others that are still in active addiction. Peer Support coaches often respond to overdoses in the ED, refer people to treatment, provide resources for social needs, educate the community on SUD and overdose awareness, and more.
- Establish partnerships with mental and behavioral health organizations for shared services and referrals (ex.) New Vision)
- Educate students and parents/caregivers about the dangers of alcohol, tobacco, nicotine, vaping, and illicit substances through targeted programming.
- Education in local school systems in partnership with Kentucky Cancer Program and Public Health Departments (i.e. ARH Love Your Lungs Program or Catch My Breath)
- Educate parents and caregivers about the dangers of nicotine on young brains
- Host alcohol awareness events throughout the community
- Provide overdose awareness and education, along with trainings on Narcan and Naloxone, throughout community.

## **Goal: Reduce the incidence and impact of chronic disease by enhancing preventive care and offering healthy lifestyle choices**

### **Key Strategies**

#### Preventative screenings

- Provide free or low-cost clinical screenings throughout the community to include cholesterol checks, blood pressure, stroke risk, cardiac risk, mental health screenings, etc.
- Promote early detection of cancer by hosting Lung Cancer Screening Saturdays, \$50 Mammo month, colon cancer screening events, skin cancer screening events, etc.

#### Nutrition interventions

- Partner with local food pantries (Hazel Green Food Pantry, Christ Pantry) to provide food and health education to food insecure populations
- Expand in-school programming to include education about nutrition, especially on sugary and overly-caffeinated drinks
- Grow partnership with UK Extension Service, expanding cooking classes to outlying communities

#### Physical activity opportunities

- Partner with Morgan County Wellness Center to host health and wellness events, physical activity classes, and experiences that promote healthy families
- Explore water aerobics classes hosted in Magoffin County led by rehab
- Offer gentle chair yoga classes throughout community

#### Increase health literacy by educating the community on most relevant health topics

- Specifically focus on health issues with high rates of diagnosis in the county, such as hypertension, diabetes, and high cholesterol.
- Provide education to parents and caregivers about pressing topics such as dental health, maintaining well child visits, internet safety, and importance of physical activity.

#### Educate about/provide screenings related to obesity-related diseases broadly throughout the community – heart disease, stroke, type 2 diabetes

- Stroke Programming – Strike Out Stroke, TACO-bout stroke cooking classes, Brain Protector programs
- Cardiac education and cardiac risk assessments
- Free screenings as possible throughout the community to include A1C, cholesterol, BP, stroke risk, etc.



# Communication and Distribution Plan

Nonprofit hospitals are required by the IRS to both communicate about and publicly distribute their Community Health Needs Assessments (CHNAs) and related Implementation Strategies (IS) to ensure transparency, community engagement, and compliance with federal regulations. To meet best practices and go beyond minimum requirements, ARH will focus on accessibility, outreach, and engagement. Here's how:

- Posting prominently on our ARH website
- Sharing with community partners
- Sharing with members of the steering committee and focus group participants
- Presenting implementation plans in area coalitions, councils, and boards
- Promoting on social media and hospital communications
- Incorporating CHNA in grant proposals and reports
- Providing progress reports and annual updates to the IRS and ARh Board of Trustees

# Appendix A

## Social Determinants of Health Infographic

### MORGAN COUNTY, KENTUCKY

**POPULATION: 14,283**

#### HEALTHY PEOPLE 2030 GOALS AND SOCIAL DETERMINANTS OF HEALTH METRICS

##### ECONOMIC STABILITY: HELP PEOPLE EARN STEADY INCOMES THAT ALLOW THEM TO MEET THEIR HEALTH NEEDS



1	<b>Idle Youth:</b> Morgan County 7.3%   Kentucky 3%   United States 2.4%
2	<b>Poverty Rate:</b> Morgan County 25.2%   Kentucky 16.5%   United States 11.5%
3	<b>Population 16+ in Labor Force:</b> Morgan County 38.7%   Kentucky 59.2 %   United States 63%
4	<b>Single Parent Households:</b> Morgan County 25.97%   Kentucky 31%
5	Households Spending at Least 30% Of Income on Housing: Morgan County 20.1%   Kentucky 23.9%   United States 22.8%
6	Population Without Access to Large Grocery Store: Morgan County 7.6%   Kentucky 19.8%   United States 21.7%
7	<b>Children Living in Food Insecure Households:</b> Morgan County 19.1%   Kentucky 15.2%   United States 16%

##### EDUCATION ACCESS AND QUALITY: INCREASE EDUCATIONAL OPPORTUNITIES AND HELP CHILDREN AND ADOLESCENT DO WELL IN SCHOOL



1	Students Graduating High School in 4 Years: Morgan County 99.3%   Kentucky 91.4%
2	High School Graduates Enrolled in Post-Secondary Education Within 6 Months of Graduation: Morgan County 48.06%   Kentucky 45.33%
3	8 <sup>th</sup> Grade Students with Proficient or Distinguished on Reading State Assessment: Morgan County 53%   Kentucky 45%
4	<b>8<sup>th</sup> Grade Students with Proficient or Distinguished on Math State Assessment:</b> Morgan County 31%   Kentucky 37%
5	<b>Kindergarteners Ready to Learn:</b> Morgan County 38%   Kentucky 44%
6	<b>Students with an Individualized Education Plan (IEP):</b> Morgan County 24%   Kentucky 15%
7	4 <sup>th</sup> Grade Students with Proficient or Distinguished on Reading State Assessment: Morgan County 58%   Kentucky 47%
8	<b>4<sup>th</sup> Grade Students with Proficient or Distinguished on Math State Assessment:</b> Morgan County 36%   Kentucky 42%

##### HEALTH CARE ACCESS AND QUALITY: INCREASE ACCESS TO COMPREHENSIVE HIGH QUALITY HEALTH CARE SERVICES



1	Adults with Recent Doctor Visit for Routine Checkup: Morgan County 72.4%   United States 71.8%
2	Children Under 19 with Health Insurance Coverage: Morgan County 96.6%   Kentucky 96.1%
3	Number of TBI Emergency Department Cases: Morgan County 8   Kentucky 11,249
4	Adults With Recent Preventative Care Visit: Morgan County 80.3%   Kentucky 80.7%   United States 74.6%
5	Lung and Bronchus Incidence per 100,000 Population: Morgan County 81.9   Kentucky 84.4   United States 54
6	<b>Mammography Use Among Women Aged 50-74:</b> Morgan County 66.2%   United States 77.8%
7	STIs per 100,000: Morgan County 115.8   Kentucky 410.3   United States 495.5

8	Colon and Rectum Cancer Incidence per 100,000: Morgan County 52.1   Kentucky 194.4   United States 156.6
9	Children Enrolled in Medicaid or KY Children's Health Insurance Program Who Received Dental Services in Kentucky: Morgan County 55%   Kentucky 51%
10	Population Under 65 Without Health Insurance: Morgan County 6.9%   Kentucky 6.7%   United States 9.3%
11	Population With Limited English Proficiency: Morgan County 0.0-0.4%   Kentucky 2.1%   United States 9%

#### NEIGHBORHOOD AND BUILT ENVIRONMENT: CREATE NEIGHBORHOODS AND ENVIRONMENTS THAT PROMOTE HEALTH AND SAFETY



1	Violent Crime Rate per 100,000 Population: Morgan County 42.6   Kentucky 225.6   United States 204.5
2	Population with Access to Broadband: Morgan County 100%   Kentucky 97%   United States 96.7%
3	Percent of County Using SNAP: Morgan County 16.9%   Kentucky 16.3
4	Air Quality Hazard: Morgan County 0.38   Kentucky 0.44   United States 0.34
5	Vehicle Crash Fatality Rate per 100,000: Morgan County 19.1   Kentucky 51.5   United States 17.5
6	<b>Population Within ½ Mile of Walkable Destinations: Morgan County 8.3%   Kentucky 33.9%   United States 34%</b>
7	Walkability Index Score: Morgan County 4.6   Kentucky 7.2   United States 6.1
8	Asthma Prevalence Among Adults 18+: Morgan County 11.5%   Kentucky 11.5%   United States 9.7%
9	<b>Adult Smoking Rate: Morgan County 30.1%   Kentucky 23.9%   United States 24.3%</b>
10	Deaf and Hard of Hearing Population: Morgan County 2,189   Kentucky 705,533
11	<b>Prevalence of People with Disabilities: Morgan County 26.1%   Kentucky 21.1%</b>

#### SOCIAL AND COMMUNITY CONTEXT: INCREASE SOCIAL AND COMMUNITY SUPPORT



1	Youth Incarcerated in the Juvenile Justice System per 1,000 Youth: Morgan County 13.6   Kentucky 13.2
2	Census Self-Response Rate: Morgan County 61.3%   Kentucky 63.5%   United States 65.8%
3	<b>Households With a Computer: Morgan County 82.4%   Kentucky 90.2%   United States 93.1%</b>

# Appendix B

## Local Public Health Schematic

### The Local Public Health System: Morgan County, Kentucky





# Appendix C

## Survey Instrument



### ARH 2024 CHNA Survey

Please take 10-15 minutes to complete this survey. Please do not include your name anywhere. All responses will remain anonymous.

**Q1.** Please select the ARH facility closest to your home:

- ☐ ARH Our Lady of the Way Hospital, Floyd Co. KY (1)
- ☐ Highlands ARH Regional Medical Center, Floyd Co. KY (2)
- ☐ McDowell ARH Hospital, Floyd Co. KY (3)
- ☐ Morgan County ARH Hospital, Morgan Co. KY (4)
- ☐ Paintsville ARH Hospital, Johnson Co. KY (5)
- ☐ Tug Valley ARH Regional Medical Center, Pike Co. KY (6)
- ☐ Barbourville ARH Hospital, Knox Co. (7)
- ☐ Harlan ARH Hospital, Harlan Co. KY (8)
- ☐ Middlesboro ARH Hospital, Bell Co, KY (9)
- ☐ Hazard ARH Regional Medical Center, Perry Co. KY (10)
- ☐ Mary Breckinridge ARH Hospital, Leslie Co. KY (11)
- ☐ Whitesburg ARH Hospital, Letcher Co. KY (12)
- ☐ Beckley ARH Hospital, Raleigh Co. WV (13)
- ☐ Summers County ARH, Summers Co. WV (14)

**Q2.** Are you satisfied with the ability to access healthcare services in your County?

- ☐ Yes
- ☐ No

**Q3.** Do you regularly receive preventative services such as vaccinations, screenings, and annual checkups?

- ☐ Yes
- ☐ No

**Q4.** Where do you go to receive routine healthcare? Select all that apply.

- ☐ Physician's office/my family doctor
- ☐ Emergency room
- ☐ Health department
- ☐ Urgent care
- ☐ I do not receive routine healthcare
- ☐ Other. Please specify below:

\_\_\_\_\_

**Q5.** Are there barriers that keep you from receiving routine healthcare? Select all that apply.

- ☐ No insurance
- ☐ I only visit the doctor when something is seriously wrong
- ☐ Lack of child care
- ☐ Physician hours of operation (inconvenient times)
- ☐ Fear/anxiety
- ☐ Poor physician attitudes or communication
- ☐ No transportation
- ☐ Cannot take off work
- ☐ Cannot afford it
- ☐ Months long wait times
- ☐ No barriers
- ☐ Other. Please specify here: \_\_\_\_\_

**Q6.** How far do you or anyone in your household travel to see a specialist?

- ☐ Less than 20 miles
- ☐ 20-49 miles
- ☐ 50-100 miles
- ☐ I do not receive routine healthcare
- ☐ Other: \_\_\_\_\_



**Q7.** Please select the TOP THREE **health challenges** you or anyone in your household face. Select only three.

- |  |  |
|--|--|
| <input type="checkbox"/> Cancer                                    | <input type="checkbox"/> Arthritis/joint pain                  |
| <input type="checkbox"/> Obesity                                   | <input type="checkbox"/> Heart disease and stroke              |
| <input type="checkbox"/> Diabetes                                  | <input type="checkbox"/> Gynecological issues                  |
| <input type="checkbox"/> Mental health issues                      | <input type="checkbox"/> HIV/AIDS/STDs                         |
| <input type="checkbox"/> Substance use disorder<br>(alcohol/drugs) | <input type="checkbox"/> Respiratory/lung disease/asthma       |
| <input type="checkbox"/> High blood pressure                       | <input type="checkbox"/> Sleep problems                        |
| <input type="checkbox"/> Tobacco use/vaping                        | <input type="checkbox"/> Aging issues                          |
| <input type="checkbox"/> Dental issues                             | <input type="checkbox"/> Other. Please specify below:<br>_____ |

**Q8.** Have you or anyone in your household faced any of these issues in the past year?

- |  |  |
|--|--|
| <input type="checkbox"/> Not enough food to feed your family   | <input type="checkbox"/> friends/others                    |
| <input type="checkbox"/> Inability to pay for childcare        | <input type="checkbox"/> Inability to pay utility bills    |
| <input type="checkbox"/> Inability to pay for medications      | <input type="checkbox"/> Physical, verbal, or sexual abuse |
| <input type="checkbox"/> Unsafe housing                        | <input type="checkbox"/> Lack of transportation            |
| <input type="checkbox"/> Homelessness                          | <input type="checkbox"/> Suicidal thoughts                 |
| <input type="checkbox"/> Shared Living / Short term stays with | <input type="checkbox"/> None of the above                 |

**Q9.** Please select the TOP THREE **risky behaviors related to personal choices** you see most in your community. Select only three.

- |  |  |
|--|--|
| <input type="checkbox"/> Excessive alcohol use   | <input type="checkbox"/> Drug use                              |
| <input type="checkbox"/> Poor eating habits      | <input type="checkbox"/> Distracted driving                    |
| <input type="checkbox"/> Lack of exercise        | <input type="checkbox"/> Domestic violence                     |
| <input type="checkbox"/> Child abuse and neglect | <input type="checkbox"/> Other. Please specify below:<br>_____ |
| <input type="checkbox"/> Tobacco or vaping use   | _____  |
| <input type="checkbox"/> Unsafe sex              | _____  |

**Q10.** Have you or someone in your household delayed healthcare because of lack of money and/or insurance?

- ☐ Yes
- ☐ No

**Q11.** Are you or members of your household currently eligible for any of the following services? Select all that apply.

- ☐ Medicare
- ☐ Medicaid
- ☐ Public Housing Assistance
- ☐ SNAP (Food stamp program)
- ☐ VA
- ☐ Commercial/private insurance

**Q12.** How would you rate your **overall health**?

- ☐ Very healthy / In excellent health
- ☐ Healthy
- ☐ Neither healthy nor unhealthy / Fair
- ☐ Unhealthy
- ☐ Very unhealthy

**Q13.** Are you satisfied with the availability of mental health services in your area (example: counselors, psychiatrists, etc.)?

- ☐ Yes
- ☐ No

If no, why? \_\_\_\_\_

**Q14.** What could be done in your County to better meet your health needs?

**Q15.** Which health related topics would you be interested in learning more about? Select all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Eating healthy         | <input type="checkbox"/> Substance use disorder (alcohol and/or drugs) |
| <input type="checkbox"/> Weight loss            | <input type="checkbox"/> Mental health/Depression                      |
| <input type="checkbox"/> Heart disease          | <input type="checkbox"/> Parenting / Child development                 |
| <input type="checkbox"/> Cancer prevention      | <input type="checkbox"/> Using my medications correctly                |
| <input type="checkbox"/> Emergency preparedness | <input type="checkbox"/> Other. Please specify below:                  |
| <input type="checkbox"/> Physical activity      | _____  |
| <input type="checkbox"/> Tobacco cessation      |  |

**Q16.** From the following list, which do you think are the 3 most important problems related to quality of life and environment in your county? Please choose ONLY 3

- ☐ Chronic loneliness or isolation
- ☐ Cost of health care and/or medications
- ☐ Homelessness
- ☐ Lack of health insurance or poor coverage
- ☐ Limited ability to get healthy food or enough food
- ☐ Limited access to transportation
- ☐ Lack of affordable housing
- ☐ Limited job opportunities
- ☐ Lack of activities for children and teens
- ☐ Limited places to play for children
- ☐ Communities that are not walkable/bikeable
- ☐ Poverty
- ☐ Need for social service programs
- ☐ Poor water or air quality

**Q17.** Have you had a dental exam in the past year?

- ☐ Yes
- ☐ No

**Q18.** Have you had a routine checkup in the past year?

- ☐ Yes
- ☐ No

**Q19.** Do you believe mental illness is a medical condition?

- ☐ Yes
- ☐ No

**Q20.** Have you been told by a healthcare professional that you have high cholesterol?

- ☐ Yes
- ☐ No

**Q21.** Have you or anyone in your household used ARH hospital services in the past 12 months?

- ☐ Yes
- ☐ No

**Q22.** If you used a hospital other than ARH in the past 12 months, why? Select all that apply.

- ☐ Service I needed was not available
- ☐ My doctor referred me to another hospital
- ☐ My insurance required me to go somewhere else
- ☐ I prefer larger hospitals
- ☐ Other. Please specify below:

\_\_\_\_\_

**Q23.** How would you rank ARH on a scale of 1 to 10, where 1 is *not very good* and 10 is *very*

good? Please circle a number below.

1      2      3      4      5      6      7      8      9      10

**Q24.** What factors influence your health choices? Select all that apply.

- ☐ People close to me (friends, family, spouse)
- ☐ People in my community
- ☐ Listening to physicians and other healthcare providers
- ☐ Public health recommendations/guidelines (example: CDC)
- ☐ Social media (Facebook, Instagram, etc.)
- ☐ Whether or not I have access to physical activity opportunities
- ☐ Weather (seasons: Spring, Summer, Fall, Winter)
- ☐ News media
- ☐ Other

**Q25.** Where do you get most of your healthcare information? Select all that apply.

- ☐ Doctor/healthcare provider
- ☐ Friends/family
- ☐ Internet
- ☐ Health department
- ☐ Library
- ☐ Local hospital website
- ☐ Newspaper/magazines
- ☐ Radio/television
- ☐ Social media (Facebook, Instagram, etc.)
- ☐ Health fairs or other healthcare outreach
- ☐ I do not access health information

**Q26.** What is your current living situation?

- ☐ Living with family (parent(s), guardian, grandparents or other relatives)
- ☐ Living on your own (apartment or house)
- ☐ Living in a place not meant to be a residence (outside, tent, homeless camp, car, abandoned building)
- ☐ Living in recovery housing
- ☐ Living in a recovery treatment facility
- ☐ Staying in an emergency shelter or transitional living program
- ☐ Living in a hotel or motel
- ☐ Staying with someone I know

**Q27. What is your age?**

- ☐ 18 - 24
- ☐ 25 - 39
- ☐ 40 - 54
- ☐ 55 - 64
- ☐ 65 - 69
- ☐ 70 or older

**Q28. What is your gender?**

- ☐ Male
- ☐ Female
- ☐ Other \_\_\_\_\_
- ☐ Prefer not to answer

**Q29. What ethnic group do you identify with?**

- |   |   |
|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native American              |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> White/Caucasian              |
| <input type="checkbox"/> Hispanic/Latino        | <input type="checkbox"/> Other. Please specify below: |



**Q30.** What is the highest level of education you have completed?

- ☐ High School
- ☐ Technical school
- ☐ College or above
- ☐ Other. Please specify below:

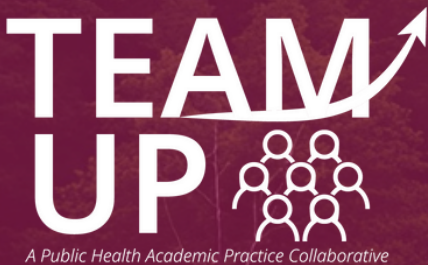
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**Q31.** What is your current employment status?

- ☐ Unemployed
- ☐ Employed part-time
- ☐ Employed full-time
- ☐ Retired
- ☐ Student
- ☐ Other. Please specify below:


# THANK YOU!

We would like to extend our most sincere gratitude to the Morgan County community for your input and contributions to this Community Health Needs Assessment process. Because of your participation in this process, we were able to not only understand the health challenges that Morgan County residents face, but also the complex systems and context you operate within. With this information, we are able to create a more effective and comprehensive implementation plan to address these issues. Thanks to your dedication, we are able to work towards improving your selected health priority issues to create lasting, positive change.



## Approval

This Community Health Needs Assessment and attached Implementation Plan was approved by the ARH Board of Trustees on May 9, 2025.

  
BOT Chairperson Signature

7/28/25  
Date