



McDowell ARH Hospital

2019 Community Health Needs Assessment



Appalachian Regional Healthcare

9879 KY-122 | McDowell, KY 41647 | (606) 377-3400
www.arh.org/mcdowell

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

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



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 'J. Grossman', written in a cursive style.

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.

2016 community health needs... addressed!

- ✓ Goal: Provide education and resources to the community about current drug-related issues.

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

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

- ✓ Goal: Provide caregiver education for families of Alzheimer's patients.

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

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

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

A word from our Clinic Administrator...

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

✓ Goal: Provide health education to the community and encourage healthy lifestyles at health fairs, school events and community outreach events.

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

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

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

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



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

McDowell ARH conducts a Community Health Needs Assessment every three years. We are excited to share our progress from the last assessment, as we prioritize our next goals based on recent community input.

Thank you for your continued support of McDowell ARH.

Russ Barker
Community CEO, McDowell ARH

CHNA Background

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

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

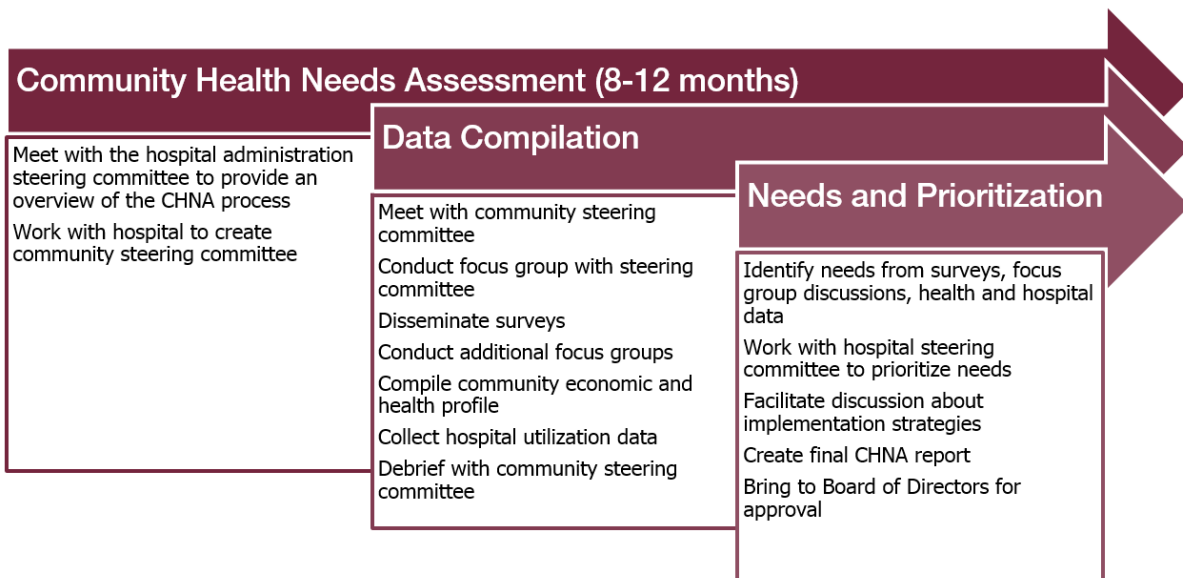


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Introduction

McDowell ARH Hospital

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

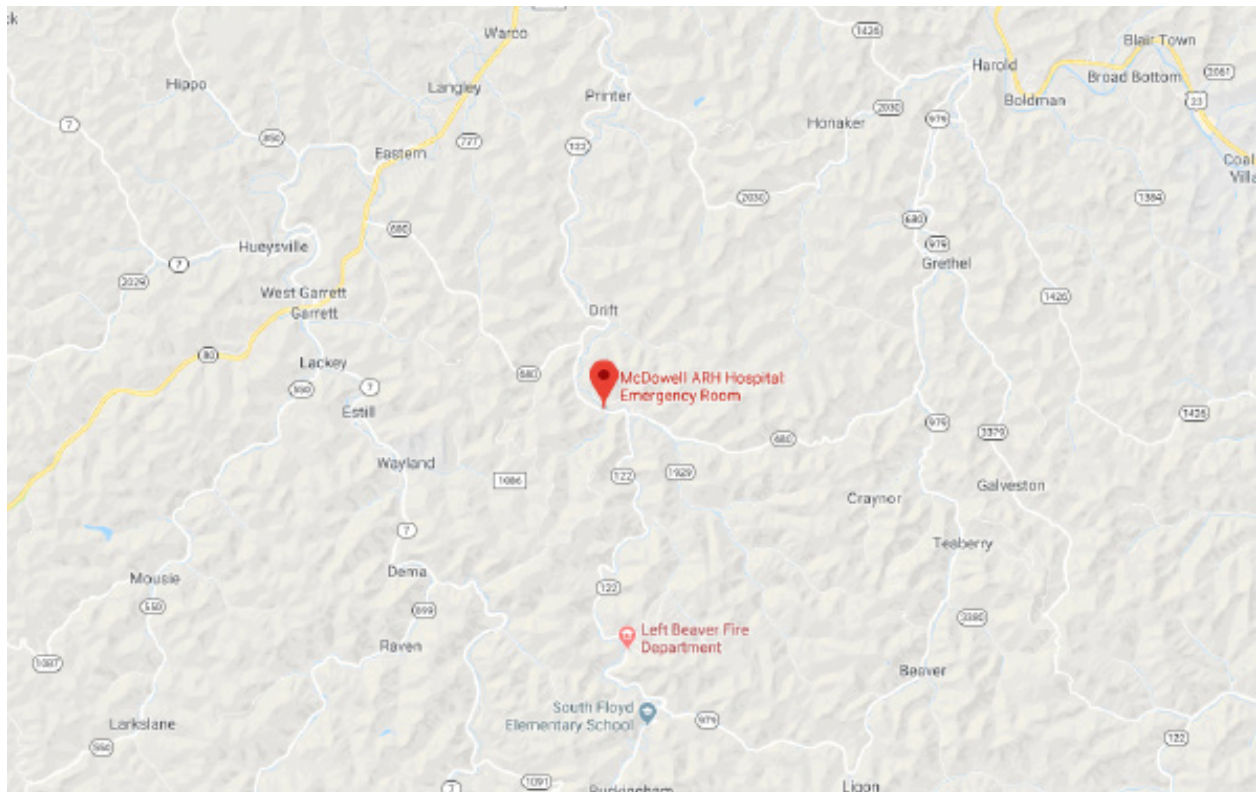
McDowell ARH Hospital enjoys a solid reputation of excellence as a patient-oriented and community-centered healthcare provider. Our service to our patients spans the entire continuum of care.

Services

- Bone Densitometry
- Clinics
- Digital Mammography
- Echocardiography
- Emergency Care
- HomeCare Store
- Home Health Services
- Laboratory
- MRI
- Occupational Therapy
- Physical Therapy
- Rehabilitation Therapy
- Respiratory Therapy
- Senior Care
- Speech - Language Therapy
- Surgery
- Swing Beds
- Ultrasound

A Portrait of the Community Served by McDowell ARH Hospital

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



Map created with Google Maps, 2019

Assessment Process

The assessment process included collecting secondary data related to the health of the community. Social and economic data as well as health outcomes and providers data were collected from secondary sources to help provide context for the community (see below). In addition, CEDIK compiled hospital utilization data to better understand who was using the facility and for what services (next section). Finally, with the assistance of the Community Steering Committee, input from the community was collected through focus group discussions and surveys.

First we present the demographic, social, economic and health outcomes data that were compiled through secondary sources. These data that follow were retrieved from County Health Rankings February 2019. For data sources see appendix.

Demographics

Indicator (2017)	Floyd County	Kentucky	National Level
2017 Population Estimate	36,271	4,454,189	323,127,513
Percent Population Change, 2010-2017	-8.1%	2.6%	5.3%
Percent of Population under 18 years	22.0%	22.7%	22.80%
Percent of Population 65 year and older	17.8%	16.0%	15.20%
Percent of Population Non-Hispanic White	97.0%	84.6%	61.3%
Percent of Population African American	1.0%	8.1%	12.4%
Percent of Population Hispanic	0.8%	3.7%	17.8%
Percent of Population other Race	2.0%	7.2%	8.5%
Percent of the Population not Proficient in English	0.1%	1.0%	4%

Social and Economic Factors

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

Health Behaviors

Indicator	Floyd County	Kentucky	National Benchmark*
Percent Adult Smokers	26.0%	24.5%	17.0%
Percent Obese Adults with BMI \geq 30	38.0%	33.7%	28.0%
Percent Physically Inactive Adults	37.0%	28.1%	23.0%
Percent of Adult Excessive Drinking	12.0%	15.8%	18.0%
Motor Vehicle Mortality Rate	25	17	11
Chlamydia Rate Newly Diagnosed per 100,000 Population	167.9	395	478.8
Teen Birth Rate Ages 15-19 per 1,000 Population	69	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	Floyd County	Kentucky	National Benchmark*
Years of Potential Life Lost Rate	13,700	9,047	6,700
Percent of Population in Fair/Poor Health	26.0%	21.3%	16.0%
Physically Unhealthy Days	5.6	4.8	3.7
Mentally Unhealthy Days	5.4	4.8	3.8
Percent of Live Births with Low Birth Weight	11.0%	8.9%	8.0%
Percent of Population who are Diabetic	15.0%	12.8%	10.0%
HIV Prevalence Rate	47	180	362
Child Mortality Rate	70	58.5	50

Physical Environment

Indicator	Floyd 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	15.0%	14.4%	19.0%
Percentage of Workforce Driving Alone to Work	87.0%	82.2%	76.0%
Percentage of Workforce Commuting Alone for More than 30 Minutes	34.0%	29.0%	35.0%

Hospital Utilization Data

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

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

County of Origin	Discharges	Total Charges	Average Charges
Floyd - KY	305	4,004,018	13,128
Knott - KY	29	297,479	10,258
Pike - KY	7	88,811	12,687
Unknown	2	12,900	6,450
Fayette - KY	1	10,030	10,030
Marion - OH	1	9,157	9,157

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

	Payer	Discharges	Total Charges	Average Charges
	Medicare (Excluding Medicare Managed Care)	197	\$2,443,377	\$12,403
	WellCare of Kentucky Medicaid Managed Care	66	\$801,993	\$12,151
	Medicare Managed Care	22	\$295,006	\$13,409
	Humana Medicaid Managed Care	13	\$86,642	\$6,665
	Black Lung	10	\$244,429	\$24,443

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

	County of Origin	Visits	Total Charges	Average Charges
	Floyd - KY	19,693	36,333,700	1,845
	Knott - KY	1,812	3,612,654	1,994
	Pike - KY	269	578,680	2,151
	Johnson - KY	151	160,188	1,061
	Unknown	72	196,151	2,724
	Magoffin - KY	64	105,353	1,646
	Perry - KY	61	154,306	2,530
	Letcher - KY	56	62,807	1,122
	Martin - KY	30	69,198	2,307

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

Payer	Visits	Total Charges	Average Charges
WellCare of Kentucky Medicaid Managed Care	7,821	\$12,907,504	\$1,650
Medicare (Excluding Medicare Managed Care)	6,968	\$14,365,703	\$2,062
Medicare Managed Care	1,468	\$2,335,390	\$1,591
Blue Cross Blue Shield	1,253	\$1,906,609	\$1,522
Commercial - HMO	952	\$1,355,324	\$1,424
Humana Medicaid Managed Care	951	\$2,096,273	\$2,204
Passport Medicaid Managed Care	618	\$1,033,854	\$1,673
Anthem Medicaid Managed Care	535	\$904,055	\$1,690

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

DRG Description	Discharges	Total Charges	Average Charges
Pulmonary disease w mcc	41	\$663,783	\$16,190
Kidney disease	26	\$244,400	\$9,400
Cellulitis w/o mcc	26	\$305,772	\$11,760
Pulmonary disease w/o cc/mcc	24	\$259,195	\$10,800
Heart failure	18	\$191,502	\$10,639
Heart failure w mcc	16	\$346,228	\$21,639
Septicemia w mcc	15	\$239,024	\$15,935
Simple pneumonia	14	\$210,998	\$15,071
Pulmonary disease w cc	12	\$186,646	\$15,554

The Community Steering Committee

The Community Steering Committee is a vital part to the CHNA process.

These individuals represent organizations and agencies from the service area and in particular, the individuals who were willing to volunteer enabled the hospital to get input from populations that were often not engaged in conversations about their health needs. CEDIK provided a list of potential agencies and organizations that would facilitate broad input.

The Community Steering Committee met twice as a group. At the first meeting, hospital representatives welcomed and expressed appreciation to committee members for assisting with the CHNA process. In order to allow open discussion, hospital representatives then excused themselves to allow the focus group to be conducted. At the second and final committee meeting, hospital representatives joined the conversation to hear the data results.

McDowell ARH Hospital Community Steering Committee

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

McDowell ARH Hospital Community Steering Committee

Name	Organization
Leslie DeRossett-Fannin	District Wide Counselor, Floyd Co. Schools
Gary Mitchell	Pastor, Martin Church of Christ
Joyce Mitchell	Floyd Co. Housing Authority
Sister Kathleen Weigand	Former Director, St. Vincent Mission
Robbie Williams	Floyd Co. Businessman, County Judge Elect

Community Feedback

In order to collect primary data from community residents, focus groups and key informant interviews were conducted in Floyd County and in the area that McDowell ARH patients reside. The focus groups were conducted as separate meetings or in conjunction with other regularly scheduled meetings in the county. Forty-nine individuals participated in three focus groups. Representation from the Floyd County Fitness and Nutrition Coalition, Graceway United Methodist Church, Floyd County School System, local providers and underserved populations in the service area were invited to share their thoughts, opinions and health care needs. Below is an aggregated list of ideas generated from all focus groups.

Focus Groups

Resident's vision for a healthy community

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



What are the most significant health needs in Floyd County?

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

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

(*Essential services include public utilities, access to healthy food, access to housing, etc.)

Responses sorted into strengths and opportunities for improvement in the health care system.

Strengths of the health care system in Floyd County

- Healthcare providers are better at tracking prescriptions
- Great veterans clinic
- Healthcare has improved

- Fantastic labs
- Strong community partnerships

Opportunities for improving the health care system in Floyd County

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

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

- Support for prescriptions/medical supplies
- More specialty services
- Collaboration with other organizations and groups
- Effective communication of services
- Broadband and internet accessibility
- Advertising hospital services
- Public transportation
- Accessible community centers
- Extended hours for clinics

Key Informant Interviews

As a mechanism to examine needs that surfaced in focus group discussions, the hospital leadership and the steering committee provided contact information for potential key informant interviews to be conducted. Two interviews were held and below is a summary of the responses highlighting the strengths of the community, challenges/barriers in the broader health care system and opportunities for improving the community's health.

Most significant or common needs in Floyd County (related to health)?

- Drugs
- Cancers
- Diabetes

Strengths of health care system in Floyd County

- Skilled physicians, nurses, and resource providers
- Greater availability to specialized services
- Large variety of providers
- Quality hospitals
- Caring staff

Barriers to health care or living healthy in Floyd County

- Transportation
- Lack of knowledge about health and healthcare
- Finances

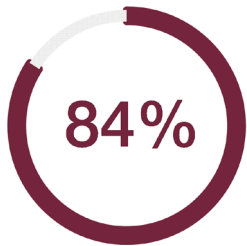
What could be done to better meet Floyd County residents health needs?

- Drug education for community
- Change perception of quality of local services
- Increase availability of services for seniors
- Better market current resources and services offered by ARH
- Support groups
- Quality housing

McDowell ARH

Winter 2018 Survey Results

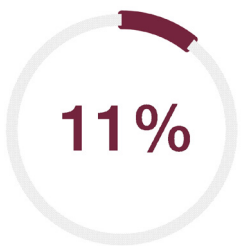
165 Surveys*



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



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



Households are currently without health insurance.

Routine health care accessed by respondents:

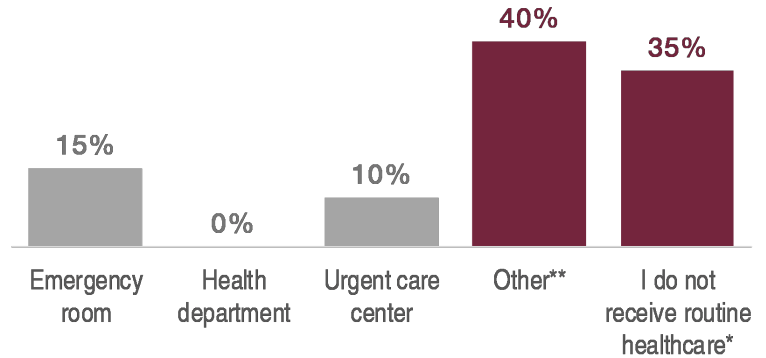
Routine physical	121
Mammogram	57
Pap smear	39
Prostate-Specific Antigen (PSA) test	16
Colonoscopy	20

* Not all survey respondents answered every question. Respondents = total number of responses for each question; Households = questions where respondents were asked if "anyone in their household" were impacted.



Appalachian Regional Healthcare

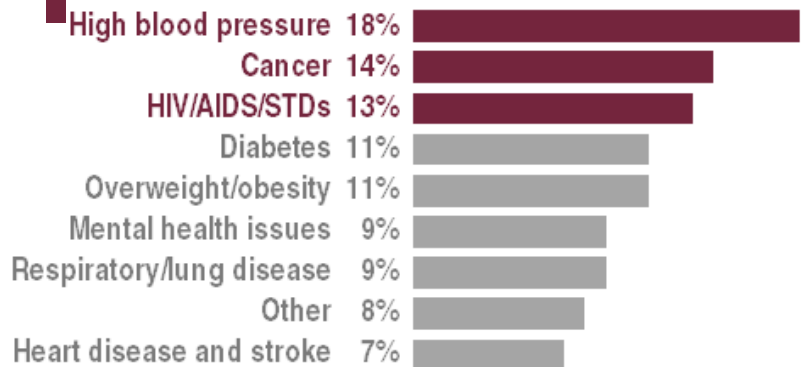
Where respondents who do not have a family doctor go most often for healthcare:



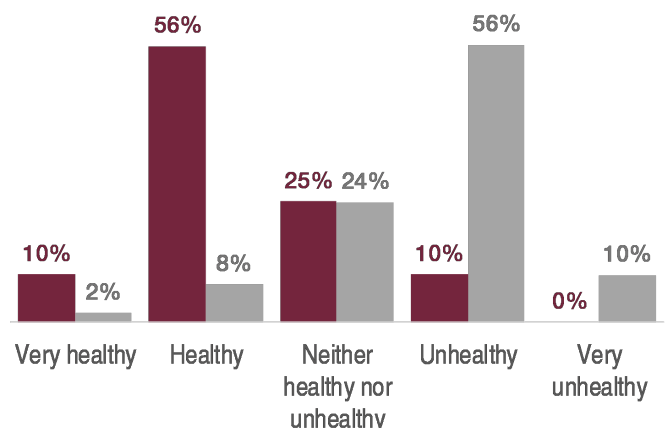
*No appointment available (22%), can't afford it (17%), no specialist in my community (17%), can't take off from work (9%), no transportation (4%).

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

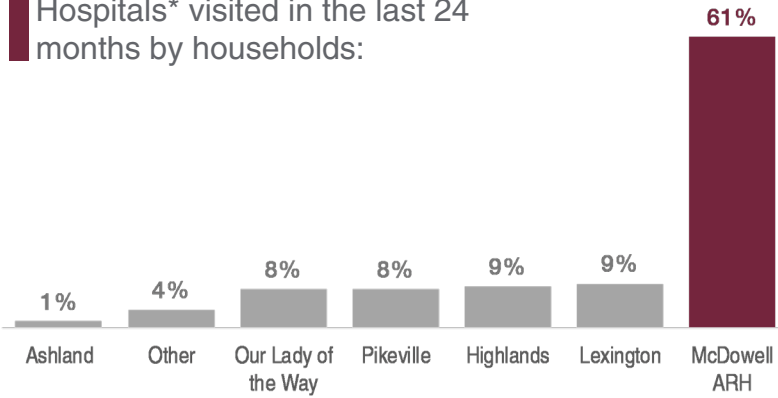
Top three health challenges households face:



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

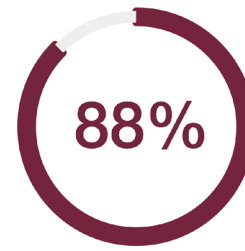


Hospitals* visited in the last 24 months by households:



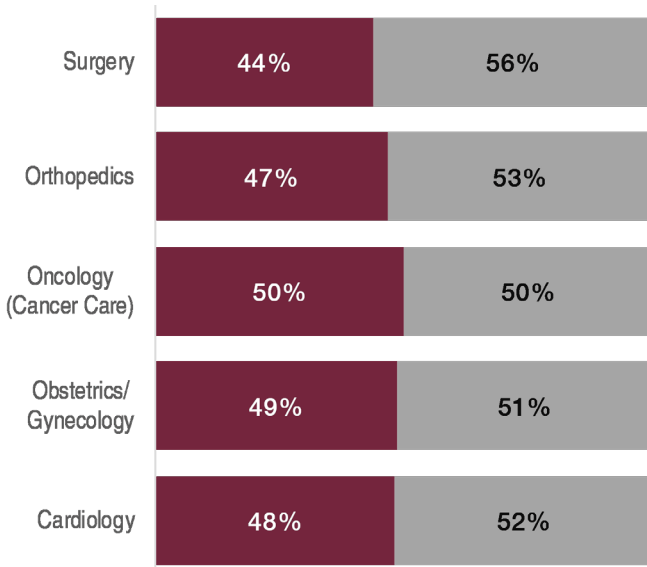
*Why another hospital?

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

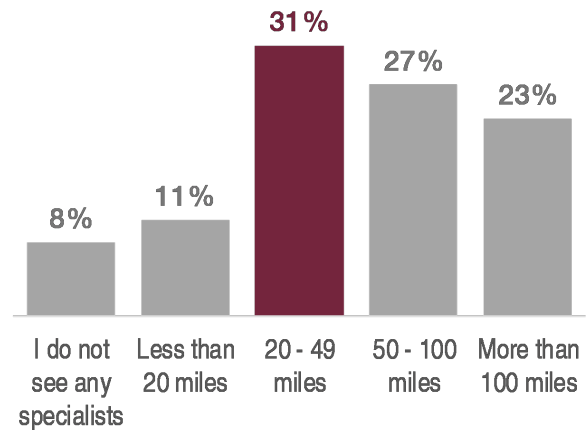


Households that have used a hospital in the past 24 months.

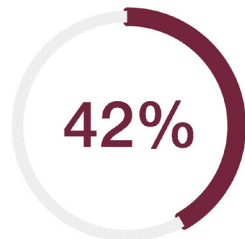
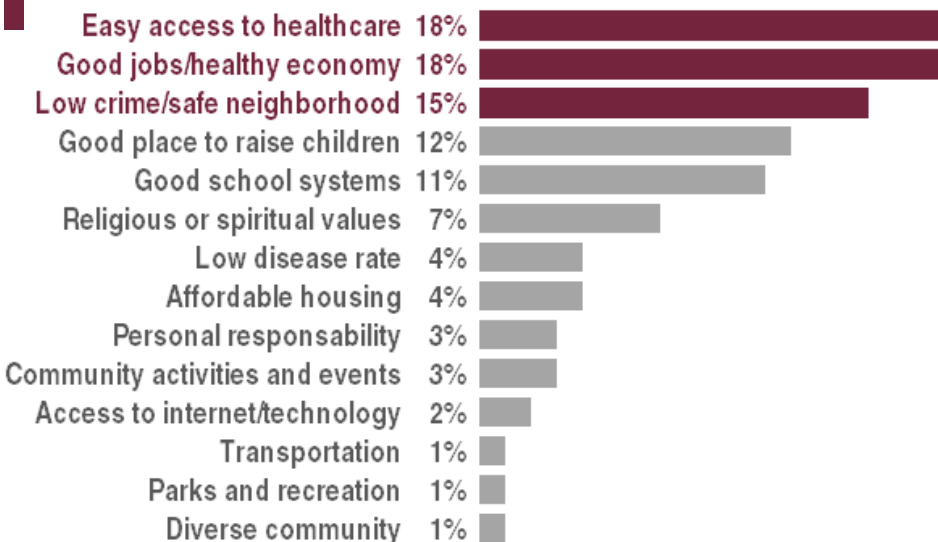
Households who have used specialty services at an ARH hospital or at another hospital in the past 24 months:



How far respondents have to travel to see a specialist. 32% 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

Vaping and Tobacco Use

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

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

Community Partners: Floyd County Board of Education.

Drug Use

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

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

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

Implementation Strategy, continued

Obesity

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

- Work with our medical staff, dietician and local agencies to provide nutritional education and support for community groups, as well as individuals/patients as they meet their personal goals. Stress the importance of monitoring blood pressure, weight, etc. to reduce obesity.
- Stress importance of exercise with kids during fitness fairs to help reduce obesity. Measure each kid's height/weight to track BMI, check blood pressure, grip strength, pushups, sit ups, sit and reach, etc.
- Schedule fitness fairs in local schools in the fall, then follow up in the spring to track students' progress (changes in BMI and improvement in strength). Final results will be calculated and shared with the school staff. Any health issues will be shared with school staff as well.

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

Communication to the Public

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

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

Community Partners: Local newspaper, radio and billboard companies.

Lack of Specialists

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

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

Community Partners: Dan Stone, Hazard ARH CCEO, and Charles Lovell, Barbourville ARH CCEO.

Next Steps

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

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

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

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



Appendix

Sources for all secondary data used in this report:

Demographics

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



Floyd County Community Health Needs Assessment Survey

1. Please tell us your zip code: _____
2. Are you or anyone in your household satisfied with the ability to access healthcare services in Floyd County?
 - Yes
 - No
3. Do you have a family doctor?
 - Yes
 - No
4. If yes, do you visit regularly?
 - Yes
 - No
5. If no, where do you go most often for healthcare? Please choose all that apply.
 - Emergency room
 - Health department
 - Urgent care center
 - Other. Please specify: _____
 - I do not receive routine healthcare
6. If you answered "I do not receive routine healthcare" above, please select all that apply as to why:
 - No appointment available
 - No specialist in my community
 - No transportation
 - Cannot take off from work
 - Cannot afford it
 - Other. Please specify: _____
7. Have you or someone in your household used the services of a hospital in the past 24 months?
 - Yes
 - No
8. If yes, where did you visit a hospital?
 - McDowell
 - Our Lady of the Way
 - Highlands
 - Pikeville
 - Ashland
 - Paintsville
 - Lexington
 - Other. Please specify: _____
9. Please select the top THREE health challenges you or anyone in your household face:
 - Cancer
 - Diabetes
 - Mental health issues
 - Heart disease and stroke
 - High blood pressure
 - HIV/AIDS/STDs
 - Overweight/obesity
 - Respiratory/lung disease
 - Other. Please specify: _____
10. Are you or anyone in your household without health insurance currently?
 - Yes
 - No

11. Have you or someone in your household used any of the specialty services below in the past 24 months?

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 Floyd 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 Floyd County meets those factors?

- Yes
 No

23. What is your gender?

- Male
 Female

21. Would you recommend your local ARH hospital to friends and family?

- Yes
 No

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

- High school
 College or above
 Technical school
 Other. Please specify:_____

22. What is your age?

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

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

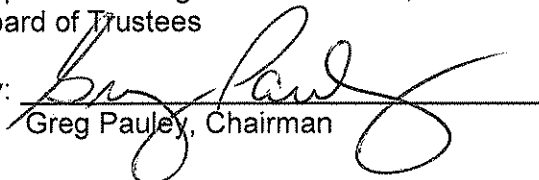
WHEREAS, the Company desires to work in partnership with each of its local communities in addressing these identified issues over the next three years.

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

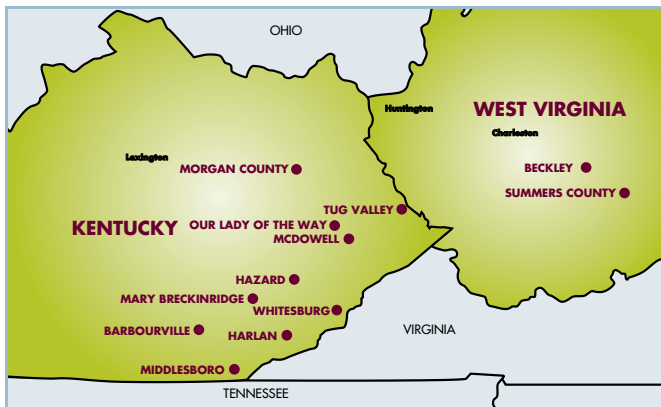
11 
Home Health
Agencies

9 
Pharmacies

11 
Home Care Stores

12 
Hospitals

70⁺ 
Clinics



Appalachian Regional Healthcare

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www.arh.org

