

COMMUNITY HEALTH NEEDS ASSESSMENT



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Together. We Achieve.

SEPTEMBER 2022 - SEPTEMBER 2025

Pikeville Medical Center, Inc. (PMC) is a locally controlled, not-for-profit healthcare organization based in Pikeville, Kentucky. This regional referral center services Eastern Kentucky, Southwest Virginia and Southwest West Virginia.

In addition to the 348 licensed inpatient beds which include 328 acute care and 20 inpatient rehab beds, PMC has 22 nursery bassinets, 16 Neonatal Level II bassinets and 18 ambulatory clinic locations which offer 34 different specialties. PMC has long had quality as a significant part of our mission statement that says, "To advance the health and well-being of our region through comprehensive care in a Christian environment." To ensure that quality, we consistently pursue multiple designations and have earned numerous awards and recognitions. A list of these can be found in the Reference of this report.

In accordance with the Patient Protection and Affordable Care Act of 2010 and federal tax-exemption requirements, PMC conducts a Community Health Needs Assessment (CHNA) every three years. The most recent assessment survey was conducted in May through August of 2022 and is the subject of this report. The assessment included input from a Community Advisory Board and analysis of survey results plus secondary data.

The Executive Summary provides an overview of the CHNA and its findings.



EXECUTIVE SUMMARY

Pikeville Medical Center, Inc. (PMC) is a leading member in the regional economic community with a passion to improve the health of the region that we serve. To truly understand the word “health” one must recognize the wide spectrum that it encompasses, including socioeconomic conditions, access to care, availability of specialty services for specific needs and even human genetics that can impact treatment results. Without truly understanding all that encompasses ones “health,” it can often impact an individual's ability to make decisions regarding their care. Realizing the health and access disparities in our Appalachian market, PMC is committed to going above and beyond to make the changes that are necessary to positively influence healthcare in our region, for years to come.

To facilitate these changes, surpass barriers and effectively serve our region, PMC must first understand the community which we serve. To gain that understanding, PMC gathered data from the local, state and national patient population related to their socioeconomic and health-related issues. This culminated in an extensive community health needs assessment survey which was conducted to collect the specific opinions and needs of those residents and individuals in our service area.

An Advisory Board comprised of 27 members from the business sector, educational institutions and varied civic organizations was assembled to provide the oversight for the survey and reporting processes. This group gave specific focus to addressing health

disparities and other factors affecting people of the region. In addition to the 27 community members, 10 staff members from PMC joined the committee to complete the Advisory Board. The 10 PMC staff members ranged from positions within the administration, to clinical support staff and licensed providers who gave their unique perspectives into the process of the survey, the review of the data and the summary of the results. The survey results were then compiled, aggregated and compared to the local, state, and national statistics.

The top health issues and priorities that were identified included: heart disease, cancer, economic stability, substance abuse, pediatric services, health/wellness/obesity and access to services. There were certainly other additional health-related challenges that were depicted, but those aforementioned issues rose to the top of the most frequent responses from respondents and thus, became the areas of focus. These topics were discussed extensively to begin formulating the solutions to address the identified issues.

The advisory board subsequently delivered their observations and recommendations to PMC's Board of Directors who will utilize the information for the development of the organization's strategic plan. Once the implementation strategy was finalized and approved by the PMC Senior Leadership Executives and the Board of Directors, it provides a framework for Pikeville Medical Center to move forward.

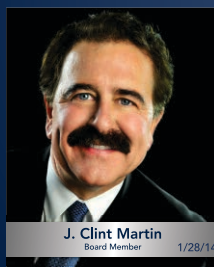
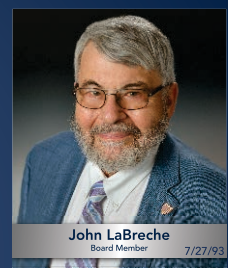
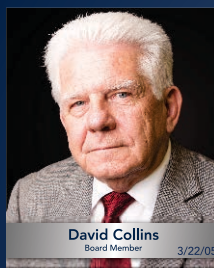
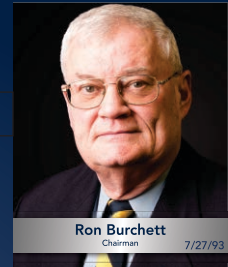
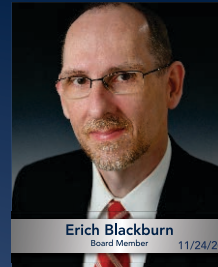
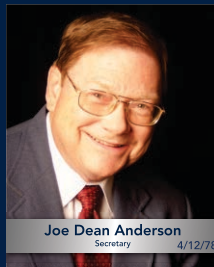


GOVERNANCE & MANAGEMENT

The governance of Pikeville Medical Center is based upon a 16-member board of directors comprised of community leaders from a wide variety of business and civic organizations. Board members are appointed to a three-year term. There are no term limits at this time, which allows the members of the Board to maintain stability and a well-rounded comprehension of the organizations past and future. Also, serving on the board is the chief of staff, who is elected by the active medical staff annually and accordingly only serves on the board for a one-year term.

The Board of Directors of PMC is responsible for the development and approval of the policies and procedures which guide the hospital's daily operations. The Board is also responsible for monitoring the financial position of the organization while supporting the mission of the hospital, which is to advance the health and well-being of our region through comprehensive care in a Christian environment. The officers of the board are selected by a nominating committee and voted on by the entire board. The PMC Board Officers consist of Chairman, Vice Chairman and Secretary/Treasurer. In addition to the responsibilities of the full board, many board members serve as a committee chair for various committees including: the Executive committee, Finance committee, Corporate Compliance committee, Performance Improvement committee, Christian Emphasis committee and Building and Grounds committee. Other ad-hoc committees may be added to address certain needs of the community and organization, from time to time.

BOARD OF DIRECTORS



EMERITUS:
Burlin Coleman
Dr. Dennis Halbert, MD
Judith Hinkle

GOVERNANCE & MANAGEMENT

Pikeville Medical Center's Executive Leadership Team consists of a chief executive officer, chief medical officer, chief operating officer, chief legal officer, chief financial officer, chief regulatory officer, chief nursing officer, chief information officer and chief operation officer of physician practices. PMC's Executive Leadership Team reports directly to the Board of Directors and manages the daily operations of all departments. Strong leadership is recognized as the foundation for a sustainable organization. These leaders are challenged to be proactive, innovative and responsive to not only the patients but to the rapidly changing healthcare industry. This team and their invaluable leadership skills has been critical to the operations of PMC in the ever-changing and challenging COVID -19 Pandemic. PMC's Executive Leadership Team also guide five vice presidents and 17 assistant vice presidents throughout different key clinical, support and administrative areas of the organization. All of these individuals comprise PMC's Senior Leadership Team.

The current Senior Leadership Team consist of the following:

Donovan Blackburn.....	President/Chief Executive Officer
Aaron Crum, MD.....	Senior V.P., Assistant C.E.O. and Chief Medical Officer
Kansas Justice.....	Senior V.P. and Chief Operating Officer
Erich Blackburn.....	Senior V.P. and Chief Legal Officer
Michelle Hagy.....	Senior V.P. and Chief Financial Officer
Cheryl Hickman.....	Senior V.P. and Chief Regulatory Officer
Michelle Rainey.....	Senior V.P. and Chief Nursing Officer
Tony Damron.....	Senior V.P. and Chief Information Officer
Melissa Thacker.....	Senior V.P. and C.O.O. of Physician Practices
Curtis Koons.....	Asst. Chief Medical Officer
John Blackburn.....	Asst. Chief Medical Officer
Marcus Conley.....	V.P. of Finance
James Glass.....	V.P. External Technical Education
Lisa Estep.....	V.P. Grants/Foundation Development
Josh Damron.....	Asst. V.P. Patient Services
Amber Tackett.....	Asst. V.P. Patient Services
Pam Vanhooose.....	Asst. V.P. Risk Management
Joni Fields.....	Asst. V.P. Radiology/Interventional Radiology
Breanna Parker.....	V.P. Education and Nursing Development
Doris Taylor.....	Asst. V.P. Corporate Compliance
Leann Hubbard.....	Asst. V.P. Laboratory and Pathology
Nicole Newsom.....	Asst. V.P. Patient Services
Kay Pacheco.....	Asst. V.P. Human Resources
Andrea Akers.....	Asst. V.P. Surgical Services
Stormie Adkins.....	Asst. V.P. Physician Practice Administration
Dwight Buckley.....	Asst. V.P. Respiratory Services
Chad Phipps.....	Asst. V.P. Information Technology
Sherri Thacker.....	Asst. V.P. Hospital Physician Administration
Stephanie Hillis.....	Asst. V.P. PI/Patient Safety
David Thacker.....	Asst. V.P. Hospital Education
Lenny Taylor.....	V.P. Facilities

COMMUNITY ADVISORY BOARD

In addition to the Senior Leadership of the hospital, PMC's Community Advisory Committee is comprised of the following individuals and organizations that provided oversight and guidance to this assessment process. All of the Advisory Committee members represent a different segment of the community and have special knowledge of our population, the financial and educational needs of the areas and the socioeconomic and personal conditions of the people in the areas we serve. In addition, certain committee members have a special knowledge regarding the public health and under-served members of our service area.

Community Needs Health Assessment Advisory Committee is comprised of:

ARTS

Robin Irwin.....Appalachian Center for the Arts

BANKING

Rick Newsom.....Community Trust Bank

CITIZEN AT LARGE

Sandy Runyon

COMMUNITY PROGRAMS

Wanda Thacker, Exec. Di....Big Sandy Area Dev. Dist.

EDUCATION

Reed Adkins, Superintendent.....Pike Co. Schools

Linda Gearheart, Board Chair.....Floyd Co. Schools

Joel Thornbury, Board Chair.....Pikeville Ind. Schools

Denise Yonts, Superintendent.....Letcher Co. Schools

FAITH BASED

Jared Arnett.....New Beginnings Church

Paul Potter.....Cornerstone Christian Church

HIGHER EDUCATION

Dr. Patty Jackson.....BSCTC

Dr. Lori Werth, Provost.....UPIKE

INSURANCE

Terry Rogers.....KY Farm Bureau

LOCAL CITY GOV'T

Tiffany Craft, Mayor.....City of Whitesburg

Philip Elswick, City Manager.....City of Pikeville

Andrew Scott, Mayor.....City of Coal Run

Les Stapleton, Mayor.....City of Prestonsburg

LOCAL COUNTY GOV'T

Terry Adams, Judge.....Letcher Co.

Ray Jones, Co. Judge.....Pike Co. Fiscal Court

Robbie Williams, Judge.....Floyd Co. Fiscal Court

MENTAL HEALTH

Dr. Leigh Ann Ford.....Mental Health Services

PMC

Donovan Blackburn.....Administration

Erich Blackburn.....Legal

Tim Bolling.....Project Assist

Marcus Conley.....Finance

Dr. Aaron Crum.....Administration

Lisa Estep.....Public Relations

Cheryl Hickman.....Clinical Opinion

Kansas Justice.....Administration

Peggy Justice.....Project Lead

Brian Mullins.....IT

PUBLIC HEALTH

Tammy Riley.....Pike Co. Health Dept.

REGIONAL BUSINESS

Josh Ball.....SOAR

Jordan Gibson.....SEK Chamber of Commerce

Colby Hall.....SOAR

REGIONAL GOV'T.

Ben Hale, Appointee.....Big Sandy Area Dev. Dist.

RURAL HEALTH

Barry Martin.....Primary Care Centers

Mahala Mullins, Appointee.....Mtn. Comp. Heal Care

Together.
We Succeed.



The Advisory Committee was integral in the development of the survey questions and the subjects which it covered. After the initial launch of the committee and detailed conversation of the group's purpose, there was a period of feedback before the actual survey instrument was developed. Once the survey was approved to be published, the survey was distributed to all Advisory Committee members. The Members promoted the survey to their employees, customers and to the public at large for all to take and give input. Additionally, the survey was marketed publicly via multiple media platforms including print, social media and other on-site signage and publications. This process insured that we had a diversified distribution of the survey.

Upon review of the reported results, the Advisory Committee agreed upon the priority of needs for the community. Those needs are discussed in the section titled Key Results and Findings.

To date, there have been no comments received regarding the previously conducted assessment or most recently adopted implementation strategy. Therefore, there were no comments to incorporate into the methodology of this survey.

EXISTING COMMUNITY RESOURCES

A proper understanding of the resources available to a community is vital to the overall health of the area's residents. Therefore, addressing health needs is critical for the improvement of the area, both socially and economically. It is widely accepted that a limited supply of health resources, especially providers and clinic locations, result in a poorer health status for the people. Conversely, where there are available and convenient services in an area, residents may access those services more easily, resulting in the improvement of the overall health status of the area.



There are currently a wide variety of resources available to address the health needs of the community which PMC serves. The Kentucky Cabinet for Health and Family Services updates a list of these resources in a monthly report titled: "Inventory of Kentucky Health Facilities, Health Services and Major Medical Equipment." The following briefly describes the most recent report as published in June 2022 and the services reflected therein.

Hospitals and Ambulatory Clinics

Pikeville Medical Center; Highlands ARH Regional Medical Center; Paintsville ARH Medical Center; ARH Our Lady of the Way Martin; Williamson ARH; Whitesburg ARH; Williamson Memorial; Buchanan General; Tug Valley ARH; McDowell ARH; KY River Medical Center; Dickenson Community Hospital; Harlan ARH; Welch Community Hospital; Hazard ARH; Three Rivers Medical Center; and Boone Memorial.

Long-term Care Facilities

Landmark of Elkhorn City Rehabilitation and Nursing Center; Letcher Manor; Salyersville Nursing and Rehabilitation Center; Martin County Health Care; Hazard Health & Rehabilitation Center; Good Shepherd Community Nursing Center; Hazard Rehabilitation and Nursing Center, LLC; Parkview

Nursing & Rehabilitation; Pikeville Nursing and Rehab Center; Tug Valley ARH Skilled Nursing Facility; Paul E. Patton Eastern Kentucky Veterans Center; Golden Years Rest Home; Prestonsburg Health Care Center; Riverview Health Care Center; Highlands ARH Regional Medical Center; Mountain Manor of Paintsville; Venture Home of Paintsville, LLC; Knott County Health & Rehabilitation Center; Harlan Health & Rehabilitation Center; The Laurels, Inc.; and Tri Cities Nursing & Rehabilitation Center.

Home Health Services

ARH Pike County Home Health Agency; ARH McDowell Home Health Agency; ARH Harlan County Home Health Agency; Home Care Health Services, Inc.; Highlands ARH Home Health, Inc.; Cumberland Valley District Health Department HHA; Intrepid USA Healthcare Services; Johnson Magoffin Home Health Agency; Morgan County ARH Home Health; Three Rivers Home Care; Hazard ASRH HHA; Mary Breckinridge HHA; Kentucky River District Health Department HHA; and Whitesburg ARH HHA.

Hospice Services

Appalachian Hospice Care; Bluegrass Hospice; Mountain Community Hospice; and Community Hospice.

EXISTING COMMUNITY RESOURCES

Adult Day-Care Programs

Mountain Outreach Adult Day Car; McRoberts Adult Day Care; Kentucky River Community Care Adult Daycare; Happy House Adult Day Services; Compassionate Hearts Adult Healthcare; Horizon Adult Health Care Center; and Magoffin Day Services (formerly Mountain Comprehensive Care Center).

Rehabilitation Agencies

Pikeville Medical Center Inpatient Rehabilitation Center and Hazard ARH Rehab Unit.

Private Duty Nursing

Home Care Health Services, Inc.; Bluegrass Extra Care; and Maxim Healthcare Services, Inc.

Limited-Service Clinics

Pikeville Medical Center Urgent Care; East KY After Hours Clinic; First Care Urgent Care; Immediate Care of Paintsville; Immediate Care of Magoffin County, After Hours; and New Life Urgent Care.

Health Departments

Each county within the Commonwealth of Kentucky, Commonwealth of Virginia, and the State of West Virginia have local county health departments, many of which offer services to remote areas where otherwise these services may not be available. These services range from immunizations, support groups, basic medical care, and family and children support.

Addiction Recovery Facilities

Residential treatment centers

WestCare Kentucky; Riverplace Residential Men's Center; Brookside Residential Facility; Crossroads Addiction Recovery Effort; Addiction Recovery Care; Layne House Substance Abuse; Mountain Center for Recovery; and Hope

Outpatient treatment services and counseling

ASAP Consulting; Brookside OutPatient Recovery; BHG Paintsville Treatment Center; ARC Counseling; Commonwealth Treatment Center East; Meta Medical; Knott Drug Abuse; Groups Recover Together; Serenity House at MCCC; and Spero Health

Mental Health Counseling

PMC's service area has numerous private providers who offer mental health counseling for the region. Additionally, Mountain Comprehensive Care Centers offers counseling and mental health services within the Big Sandy Region including the counties of Pike, Floyd, Martin, and Magoffin, and throughout Southeast Kentucky in Letcher, Perry, and Wolfe Counties.

Workforce Development

Kentucky Career Center; Kentucky Unemployment Office of Vocational Rehab; East Kentucky Concentrated Employment Program; and One East Kentucky.

Transportation Services

Emergent:

Lifeguard Ambulance Service (formerly Transtar), Net Care, Appalachian First Response, Pikeville City Ambulance, Letcher County Neon Fire and Rescue, Appalachian First Response, Mercy Ambulance (Virginia) STAT EMS (West Virginia) Rescue 33 (Virginia)

Non-Emergent:

Sandy Valley Transportation, LKLP Transportation, Magellan Transportation, Logisticare, Hudson Taxi, H&H Cab, Appalachian Taxi, Wolfe Cab, Miller Cab, Darlene Jackson Taxi, Skeens Cab

Air:

Air Evac, Lifeguard EMS, Air Methods, Angel Flight of Ohio.



COMMUNITY SERVED BY PIKEVILLE MEDICAL CENTER

COUNTY/STATE	UNIQUE PATIENTS	
Pike, KY	42284	44.790%
Floyd, KY	16550	17.528%
Letcher, KY	6084	6.442%
Johnson, KY	4637	4.917%
Mingo, WV	3980	4.224%
Magoffin, KY	2706	2.874%
Knott, KY	1972	2.092%
Buchanan, VA	2412	1.995%
Perry, KY	1779	1.889%
Martin, KY	1363	1.441%
Wise, VA	1310	1.390%
Dickenson Co., VA	1320	1.308%
Harlan, KY	752	0.795%
Logan, WV	609	0.649%
Lawrence, KY	542	0.579%
McDowell, WV	502	0.425%
Leslie, KY	269	0.286%
Fayette, KY	221	0.228%
Breathitt, KY	192	0.205%
Norton City, VA	168	0.179%
Morgan, KY	160	0.168%
Tazewell, VA	158	0.160%
No County/State Specified	136	0.146%
Russell, VA	128	0.131%
Jefferson, KY	117	0.123%
Madison, KY	106	0.114%
Boone, WV	103	0.109%
Wyoming, WV	103	0.109%

For the purpose of the 2022-2025 Community Health Needs Assessment, the community served by Pikeville Medical Center is defined as the geographic area from which a significant percentage of the patients utilizing our services reside. These services

include all inpatient, outpatient and ambulatory services that we provide.

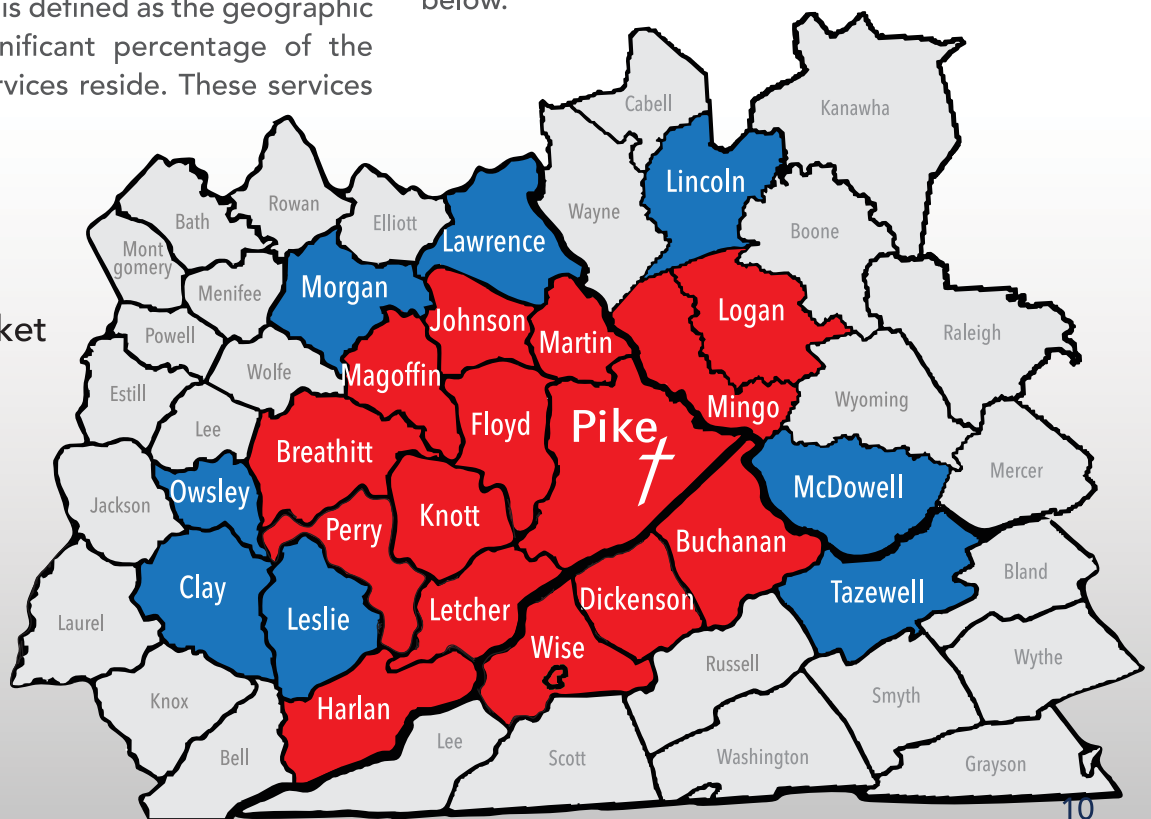
Data gathered from internal referral data indicates that the majority of PMC's patients are from a 26 county area, with Pike County being the largest attributor.

Pikeville has become a regional hub for healthcare, education, legal, financial, entertainment and retail services. With a population 7,000 people, the City of Pikeville is the largest city within the surrounding area and serves as the county seat for Pike County. Pike County is the 16th most populous county in the Commonwealth according to the 2020 Census data. Thus, it is natural that Pikeville Medical Center should take the roll as a regional referral medical center for this area of Appalachia.

Being located on the border of two other states, Virginia and West Virginia, we additionally serve a population which lives in the tri-state area. Therefore, we have broadened the focus of our market area to serve patients in our secondary and tertiary area(s) which encompasses nearly a quarter of a million people and potential patients. Our primary and secondary market area is illustrated on the map below.

■ Primary Market

■ Secondary Market



COMMUNITY SERVED BY PIKEVILLE MEDICAL CENTER

The most recent statistics are from 2018-2020 and indicate our primary market region is below the Commonwealth's overall average for education level attained, per capita income and median household income. However, the region is higher, as compared to the rest of the Commonwealth in overall poor health factors which include the adverse health outcomes of premature deaths, total mortality and death by heart disease. Additionally, this region has a higher rate of low birthweight babies, infant mortality and teen birthrates. A visual depiction of the overall health of our area was obtained from the 2022 University of Wisconsin Population Health Institute, County Health Rankings and Roadmaps Kentucky State Report and can be found by visiting countyhealthrankings.org, but is illustrated by the graphic below.

Health factors represent issues that, if modified, can improve the length and quality of life. They are predictors of how healthy our communities can be in the future. The four health factor areas in the model(s) observed include: Health Behaviors, Clinical Care, Social & Economic Factors and Physical Environment.

Health outcomes represent how healthy a county is right now. These outcomes reflect the physical and mental well-being of residents through measures representing the length and quality of life typically experienced in the community. PMC's market area contains the some of the worst outcomes in the Commonwealth.

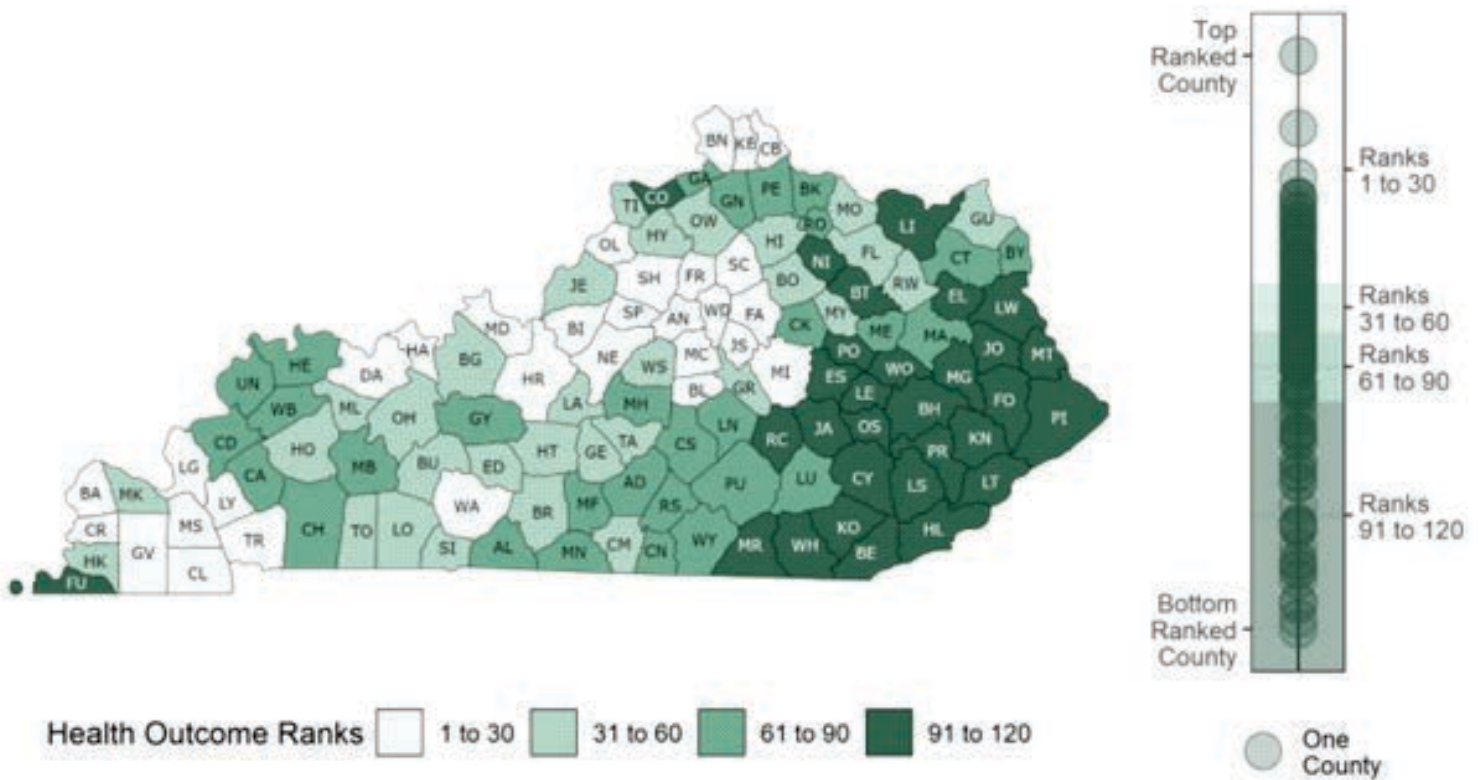


Figure 1. Health outcome ranks displayed using quartiles (map) and underlying health outcome scores (chart)

COMMUNITY SERVED BY PIKEVILLE MEDICAL CENTER

As with any data, it must be clearly understood. It is critical to understand the details, complexity and composition of all the data points which results in verifiable conclusions. To gain that understanding, specific details of our region were obtained from kentuckyhealthfacts.org. Categories of data which are typically studied in healthcare include demographics, health outcomes, access to care and social and behavioral factors. This assessment utilized those indicators. For ease of interpretation, we chose the Big Sandy Area Development District as the comparative region as it holds 5 of the 15 counties in our primary market area.

The details of the data are found in the tables below. County groups were developed by researchers at the University of Kentucky Markey Cancer Control Program and College of Public Health under the direction of the Kentucky Department for Public

Health. The county groups were developed through a methodology which considered socioeconomic, demographic and health-related statistics at the county level, together with geographical proximity and number of CDC's Behavioral Risk Factor Surveillance System (BRFSS) respondents, to cluster counties based on similar characteristics. County groups are expected to provide more stable rates and reliable estimates for small areas in Kentucky. It is important to note that data for counties with fewer than 50 respondents have been suppressed.

DEMOGRAPHICS are important because they provide a broad understanding of the different characteristics of a population. This information is particularly useful to government organizations for making crucial policy decisions concerning the population.

Demographics

Total Population 2018	Big Sandy	Kentucky
Total Population	140,318	4,468,402

Data Source: [Population Division, U.S. Census Bureau, Kentucky State Data Center](#)

High School Graduation (percent adults age 25 or older) 2014-2018	Big Sandy	Kentucky
Total	75%	86%
Female	76%	87%
Male	75%	84%

Data Source: [American Community Survey, U.S. Census Bureau, Kentucky State Data Center](#)

Per Capita Income 2014-2018	Big Sandy	Kentucky
Per Capita Income	\$19,680	\$26,948

About the Indicator: Mean income for every man, woman, and child in a particular geography.

Data Source: [American Community Survey, U.S. Census Bureau, Kentucky State Data Center](#)

Median Household Income 2014-2018	Big Sandy	Kentucky
Median Household Income	\$33,551	\$48,392

Data Source: [American Community Survey, U.S. Census Bureau, Kentucky State Data Center](#)

COMMUNITY SERVED BY PIKEVILLE MEDICAL CENTER



HEALTH OUTCOMES represent how healthy a region is at a specific point in time. They reflect the physical and mental well-being of residents within a community through measures representing not only the length of life but quality of life, as well.

** Note 2007 most recent data published*

Health Outcomes

Premature Death (years lost per 100,000 population) 2014-2018	Big Sandy	Kentucky
Premature Death (years lost per 100,000 population)	12,127	9,034

About the Indicator: Years of Potential Life Lost prior to age 75 is a measure of premature mortality that is calculated over the age range from birth to 75 years of age.

Data Source: [Kentucky State Data Center - Vital Statistics](#)

Total Mortality (per 100,000 population) 2003-2007	Big Sandy	Kentucky
Total Mortality (per 100,000 population)	1,162	935

About the Indicator: Age-adjusted rate of deaths (from all causes) per year.

Data Source: [Kentucky State Data Center - Vital Statistics](#)

COMMUNITY SERVED BY PIKEVILLE MEDICAL CENTER

Less than Good Health (percent adults) 2017-2019	Big Sandy	Kentucky
County		23% (21.8-23.5)
County Group		23% (21.8-23.5)
Area Development District	43% (38.54-46.69)	

About the Indicator: Adults were asked to rate their own health status as excellent, very good, good, fair or poor. Data indicates the percentage of adults reporting their health status as generally being fair or poor.

Data Source: [BRFSS](#)

Physically Unhealthy Days (per month) 2018-2020	Big Sandy	Kentucky
County		5 (4.8-5.3)
County Group		5 (4.8-5.3)
Area Development District	8 (7.1-9.4)	

About the Indicator: Average number of days in the past 30 days when physical health, including physical illness and injury, was not good.

Data Source: [BRFSS](#)

Mentally Unhealthy Days (per month) 2015- 2017	Big Sandy	Kentucky
County		5 (4.4-4.8)
County Group		5 (4.4-4.8)
Area Development District	7 (6.04-8.01)	

About the Indicator: Average number of days in the past 30 days when mental health, including stress, depression, and problems with emotions, was not good.

Data Source: [BRFSS](#)



COMMUNITY SERVED BY PIKEVILLE MEDICAL CENTER

Prevalence of Asthma (percent adults) 2017-2019	Big Sandy	Kentucky
County		16% (14.8-16.3)
County Group		16% (14.8-16.4)
Area Development District	18% (14.9-21.73)	

Data Source: [BRFSS](#)

Prevalence of Diabetes (percent adults) 2017-2019	Big Sandy	Kentucky
County		13% (12.7-14.0)
County Group		13% (12.7-14.0)
Area Development District	24% (20.32-27.62)	

Data Source: [BRFSS](#)

Prevalence of Hypertension (percent adults) 2018-2020	Big Sandy	Kentucky
County		41% (39.2-42.6)
County Group		41% (39.2-42.6)
Area Development District	56% (51.13-60.64)	

About the Indicator: Percent of adults who report they have been told they have high blood pressure or hypertension by a health care professional.

Data Source: [BRFSS](#)

Heart Disease Deaths (per 100,000 population) 2014-2018	Big Sandy	Kentucky
Heart Disease Deaths (per 100,000 population)	247	195

About the Indicator: Age-adjusted rate of deaths (due to heart disease) per year.

Data Source: [Kentucky State Data Center - Vital Statistics](#)

Stroke Deaths (per 100,000 population) 2014-2018	Big Sandy	Kentucky
Stroke Deaths (per 100,000 population)	37	39

About the Indicator: Age-adjusted rate of deaths (due to stroke) per year.

Data Source: [Kentucky State Data Center - Vital Statistics](#)

COMMUNITY SERVED BY PIKEVILLE MEDICAL CENTER

ACCESS TO CARE in rural areas is an important factor to understanding the needs of patients and the services that are required for a healthy community. According to the healthcare professional licensure board(s), there is a lower number of healthcare providers in this region which exacerbate health disparities in the area.

** Note 2009 most recent data published*

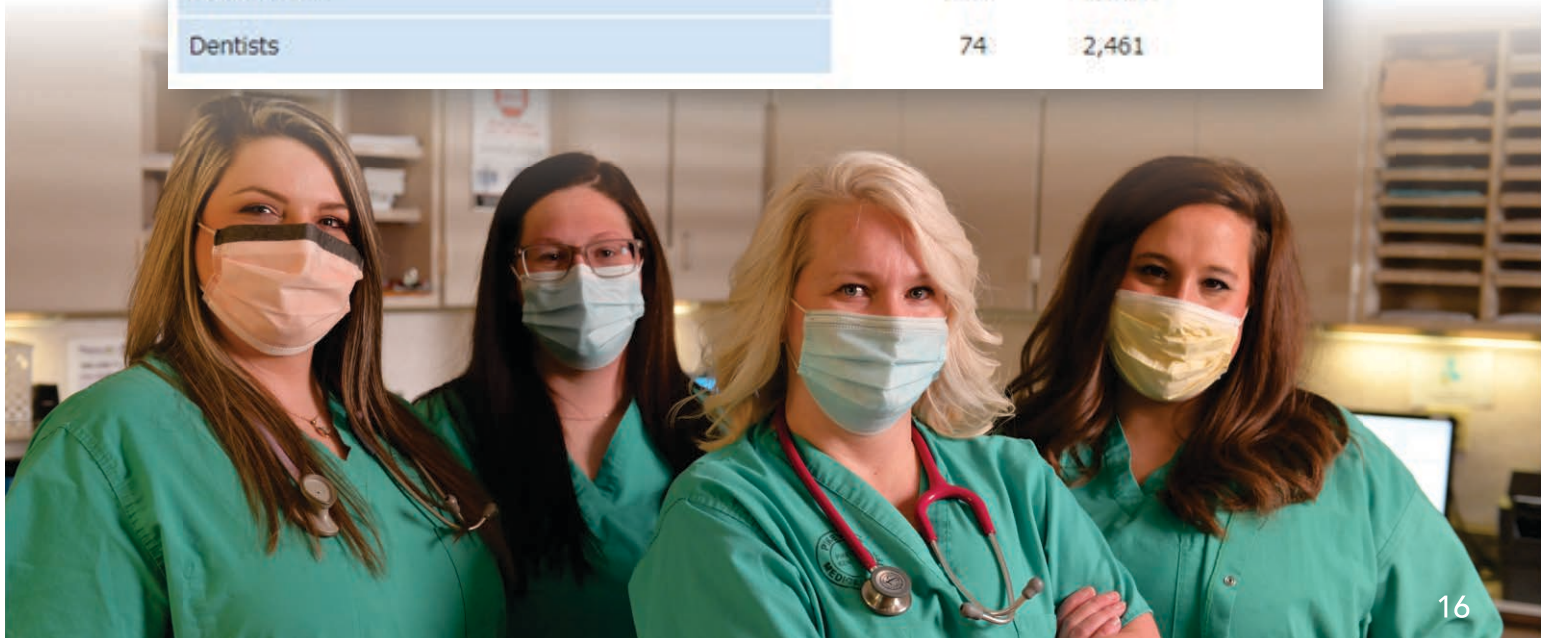
Access to Care

Health Care Providers (per 1,000 population) 2009	Big Sandy	Kentucky
Primary Care Physicians	1.1	1.0
Physician Specialists	1.0	1.4
Registered Nurses	8.6	11.2
Pharmacists	1.0	1.1
Dentists	0.5	0.6

About the Indicator: Physician and Dentist data based on provider's county of practice as reported to the Kentucky Board of Medical Licensure or Kentucky Board of Dentistry. Nurse, Physician Assistant, and Pharmacist data based on provider's county of residence.

Data Source: [Kentucky Board of Medical Licensure](#), [Kentucky Board of Dentistry](#), [Kentucky Board of Nursing](#), [Kentucky Board of Pharmacy](#)

Health Care Providers Available 2009	Big Sandy	Kentucky
All Physicians	333	10,115
Primary Care Physicians	175	4,241
Physician Specialists	158	5,874
Registered Nurses	1,344	47,948
Nurse Practitioners	68	2,797
Physician Assistants	28	772
Pharmacists	153	4,524
Dentists	74	2,461



COMMUNITY SERVED BY PIKEVILLE MEDICAL CENTER

Forego Care Due to Cost (percent adults) 2017-2019	Big Sandy	Kentucky
County		12% (10.8-12.2)
County Group		12% (10.8-12.2)
Area Development District	16% (13.26-19.86)	

About the Indicator: The percent of adults who report that there was a time in the past year when they needed to see a doctor but could not because of the cost.

Data Source: [BRFSS](#)

Uninsured Population (percent adults under age 65) 2018	Big Sandy	Kentucky
Uninsured Population (percent adults under age 65)	9%	8%

About the Indicator: The percentage of the population age 18-64 not covered by private or public health insurance.

Uninsured Child Population (percent children under age 19) 2018	Big Sandy	Kentucky
Uninsured Child Population (percent children under age 19)	4%	4%

About the Indicator: The percentage of the population age younger than 19 years not covered by private or public health insurance.

Data Source: [Small Area Health Insurance Estimates Program, U.S. Census Bureau](#); [Kentucky State Data Center](#)

Flu Vaccination in the Past Year (percent adults) 2017-2019	Big Sandy	Kentucky
County		42% (40.4-42.5)
County Group		42% (40.4-42.5)
Area Development District	38% (34.19-42.14)	

About the Indicator: Percent of adults who report having received a flu vaccine in the past year.

Data Source: [BRFSS](#)

Lack of Cholesterol Awareness (percent adults) 2018-2020	Big Sandy	Kentucky
County		8% (6.8-9.0)
County Group		8% (6.8-9.0)
Area Development District	9% (6.34-13.06)	

About the Indicator: Percent of adults who report that they have not had their cholesterol level checked in the past 5 years.

Data Source: [BRFSS](#)

COMMUNITY SERVED BY PIKEVILLE MEDICAL CENTER

MATERNAL AND CHILD HEALTH is critical to our future, so improving the well-being of mothers, infants and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities and the health care system as a whole.

* Note 2007 most recent data published

Maternal & Child Health		
Adequacy of Prenatal Care (percent pregnant women) 2014-2018	Big Sandy	Kentucky
Adequacy of Prenatal Care (percent pregnant women)	66%	66%
About the Indicator: Percentage of pregnant women who received prenatal care during the first trimester of pregnancy and had 10 or more prenatal visits.		
Data Source: Kentucky State Data Center - Vital Statistics		
Infant Mortality (per 1,000 live births) 2003-2007	Big Sandy	Kentucky
Infant Mortality (per 1,000 live births)	9	7
About the Indicator: Deaths at any time from birth up to, but not including, one year of age.		
Data Source: Kentucky State Data Center - Vital Statistics		
Low Birthweight (percent of live births) 2003-2007	Big Sandy	Kentucky
Low Birthweight (percent of live births)	11%	9%
Data Source: Kentucky State Data Center - Vital Statistics		
Teen Births (rate per 1,000 women ages 15-19) 2014-2018	Big Sandy	Kentucky
Teen Births (rate per 1,000 women ages 15-19)	44	30
Data Source: Kentucky State Data Center - Vital Statistics		
General Fertility Rate (births per 1,000 women ages 15-44) 2003-2007	Big Sandy	Kentucky
General Fertility Rate (births per 1,000 women ages 15-44)	63	65
Data Source: Kentucky State Data Center - Vital Statistics		
Uninsured Child Population (percent children under age 19) 2018	Big Sandy	Kentucky
Uninsured Child Population (percent children under age 19)	4%	4%
About the Indicator: The percentage of the population age younger than 19 years not covered by private or public health insurance.		
Data Source: Small Area Health Insurance Estimates Program, U.S. Census Bureau , Kentucky State Data Center		
Data Sources: Kentucky State Data Center - Vital Statistics		

COMMUNITY SERVED BY PIKEVILLE MEDICAL CENTER

SOCIAL DETERMINANTS of health are the conditions in the environments where people are born, live, learn, work, play and worship. Coupled with age, these determinants affect a wide range of health, functioning and quality of life outcomes and risks.

Social & Behavioral Indicators

Lack of Physical Activity (percent adults) 2017-2019	Big Sandy	Kentucky
County		32% (30.9-32.9)
County Group		32% (30.9-32.9)
Area Development District	36% (32.63-40.36)	

About the Indicator: Percent of adults who did not participate in any physical activity or exercise during the past month.

Data Source: [BRFSS](#)

Prevalence of Obesity (percent adults) 2017-2019	Big Sandy	Kentucky
County		37% (35.5-37.6)
County Group		37% (35.5-37.6)
Area Development District	44% (39.99-48.23)	

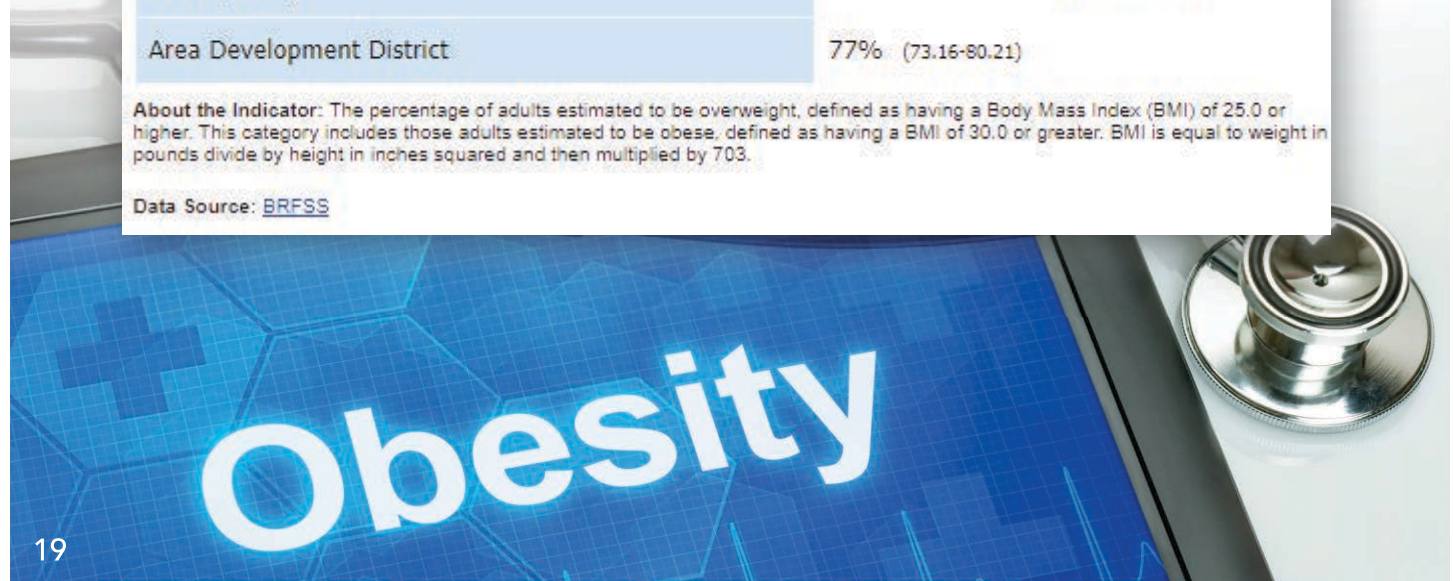
About the Indicator: The percentage of adults estimated to be obese, defined as having a Body Mass Index (BMI) of 30.0 or higher. BMI is equal to weight in pounds divide by height in inches squared and then multiplied by 703.

Data Source: [BRFSS](#)

Prevalence of Overweight (percent adults) 2017-2019	Big Sandy	Kentucky
County		70% (69.1-71.1)
County Group		70% (69.1-71.1)
Area Development District	77% (73.16-80.21)	

About the Indicator: The percentage of adults estimated to be overweight, defined as having a Body Mass Index (BMI) of 25.0 or higher. This category includes those adults estimated to be obese, defined as having a BMI of 30.0 or greater. BMI is equal to weight in pounds divide by height in inches squared and then multiplied by 703.

Data Source: [BRFSS](#)



Obesity

COMMUNITY SERVED BY PIKEVILLE MEDICAL CENTER

Recommended Fruit and Vegetable Intake (percent adults) 2018-2020	Big Sandy	Kentucky
County		10% (8.9-11.2)
County Group		10% (8.9-11.2)
Area Development District	12% (9.01-16.8)	

About the Indicator: Percent of adults who consume five or more servings of fruits and vegetables per day.

Data Source: [BRFSS](#)

Prevalence of Smoking (percent adults) 2017-2019	Big Sandy	Kentucky
County		23% (21.9-23.7)
County Group		23% (21.9-23.7)
Area Development District	27% (23.44-31.43)	

About the Indicator: Percent of adults who are current smokers (variable calculated from one or more BRFSS questions).

Data Source: [BRFSS](#)

Binge Drinking (percent adults) 2017-2019	Big Sandy	Kentucky
County		15% (14.0-15.7)
County Group		15% (14.0-15.8)
Area Development District	7% (5.57-9.3)	

About the Indicator: Binge drinking is defined as having five or more drinks on one occasion for males and having four or more drinks on one occasion for females.

Data Source: [BRFSS](#)

Drug Arrests (per 100,000 population) 2018	Big Sandy	Kentucky
Drug Arrests (per 100,000 population)	3,391	2,407

Data Source: [Kentucky State Police Annual Reports & FBI Uniform Crime Reports](#), [Kentucky State Data Center](#)

Violent Crime (per 100,000 population) 2018	Big Sandy	Kentucky
Violent Crime (per 100,000 population)	86	216

Data Source: [Kentucky State Police Annual Reports & FBI Uniform Crime Reports](#)

Data Sources:

BRFSS

SURVEY PROCESS & METHODOLOGY

The survey process was planned with input from the Advisory Committee. With the actual survey questions being the most significant portion of the CHNA, we focused our efforts on developing a survey that asked appropriate questions and ones that would apply to the entire community. The survey was marketed internally within our organization, externally within the various organizations of our Advisory Committee and publicly to the general population.

A draft of the survey questions was reviewed by PMC's internal team. Once they were developed, they were submitted to the Advisory Committee for their input. Survey Monkey, a top survey tool, was determined to be the best platform to use to distribute the survey to the most people, at one time. Survey Monkey allowed us to reach the largest number of citizens in our region and assisted us in the ease of collecting their response.

After the survey questions were approved, a Survey Monkey link was published for all to use. This link was widely publicized in-house to all PMC employees. Staff members were encouraged to respond and to have their families and associates do so also. We also promoted it to our patients and visitors via signage, flyers and social media. The promotion of the survey ensured that it was easily accessible and convenient to complete by all of those willing to participate.

Members of the Advisory Committee were also given the link and asked to distribute it amongst their staff, associates, customers and business community affiliates.



YOUR OPINION MATTERS

- Scan the code or type the address
- Take the survey



The survey consisted of 56 questions which targeted specific areas regarding the delivery of healthcare.

Those areas included:

- Demographic Information
- Perception of Patients and Care-givers
- Treatment / Services Needed
- Obstacles to Accessing Care

The structure of the individual questions varied. Some questions were designed to obtain detailed and accurate descriptions of the respondents' thoughts. While other questions requested definitive and declarative responses such as 'most important' and what specific needs are or are not being met. There were also additional questions targeted at specific topics with 'yes or no' answers focused on the utilization and factors prohibiting access to care. To prioritize the health needs of our region, PMC reviewed the survey with focus on

SURVEY PROCESS & METHODOLOGY

barriers that prevent people from seeking healthcare. In order to focus on this, the survey utilized qualitative responses such as 'most important' along with 'yes/no' responses rather than a quantitative scale of 1 – 10. Majority responses provided clear-cut health needs and concerns of PMC's market area.

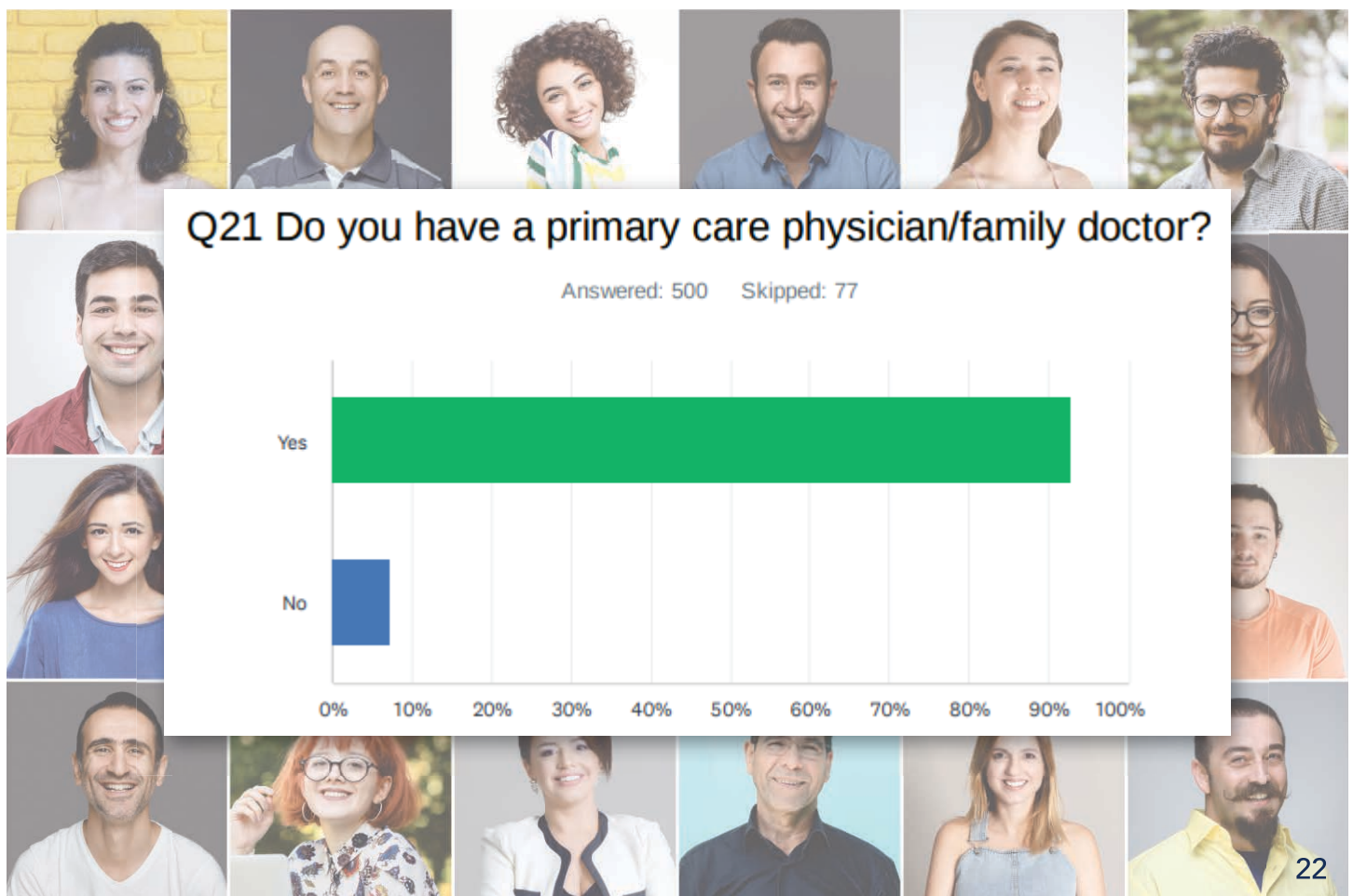
The combination of these question formats allowed for the exact data to be collected while still allowing for individualized input.

Data was collected via the survey tool from May 1, 2022, to July 20, 2022. Our goal from a statistical sample was to obtain 1,000 responses. Due to various reasons, some of which are unknown, we were only able to obtain responses from 577 respondents.

Additional sources of publicly available information were collected regarding all aspects of the healthcare industry and overall general health and well-being of PMC's market area. The sources of data included the most recent reporting available from the Kentucky Cabinet for Family and Health Services and several collegiate population health study groups. This data was widely available online and could be dissected by region and county. It could also be analyzed by a wide array of parameters including demographics, education levels, income levels, mortality statistics and providers in the market.

After the survey window closed, the data was aggregated and other data was incorporated, including many statistics presented in previous sections. This report provided a clear and detailed picture of the healthcare industry in our market area.

The survey questions and the aggregated data are furnished in a subsequent section entitled "Survey Results and Key Findings."



KEY RESULTS & FINDINGS

The health needs of the service communities for Pikeville Medical Center were revealed to be somewhat in-line with our expectations. In summary, the community proved to be centered in five major areas including: economic stability, substance abuse, health, wellness and obesity, and proximity and availability of services. Additionally, the other services of heart disease and oncology, which have been a focus for some time, were still noted as leading concerns.

However, a few areas of need were identified that were not anticipated. In general, PMC typically meets the acute care needs of the populations we serve. Our region still suffers when compared to the health status of other regions in our country. Many of the findings are inter-related and are ultimately derived from similar root causes.

The survey questions and results are depicted in this section.

The top health issues and priorities that were identified by the survey include chronic heart disease, cancer, cardiology and health/wellness/obesity. Other areas of concerns were access to services, pediatric care, substance abuse and economic stability.

Chronic Disease

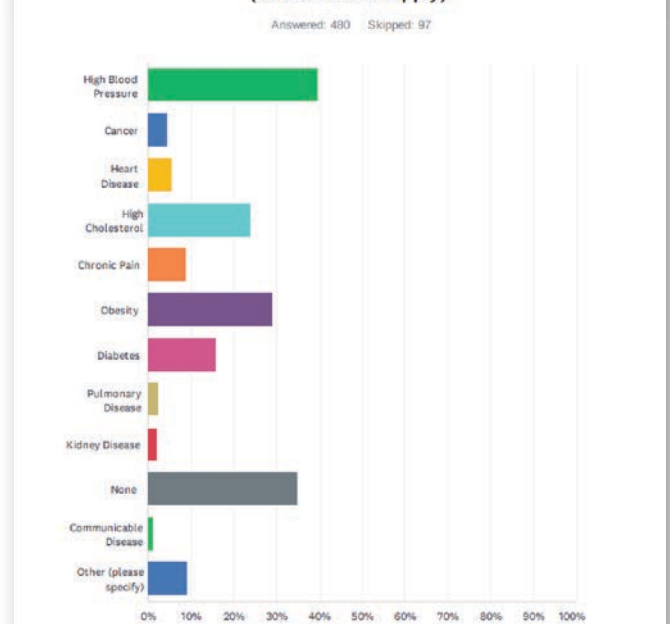
The survey contained a series of questions regarding current to anticipated health gaps, existing diagnoses issues and concerns with what programs were needed to better the respondent's health. Comparisons of the collected PMC survey data with the nationally publicized data indicates Appalachia remains as one of the nation's most prevalent regions for heart disease, obesity and cancer related illness. This is also consistent with the findings from studies of other organizations.

Those top three concerns, along with national data, drove Pikeville Medical Center to have a concentrated effort in those areas since the last CHNA report in 2019. PMC has spent the last decade focusing on cardiology and oncology by expanding the provider staff, locations and services offered. Over the past several years, we have seen great benefits from our efforts.

To prevent the onset or progression of such chronic disease, preventative health screenings have proven to be an essential alert system in healthcare. If left untreated, issues can occur in the body that can lead to larger health problems. Early detection of preventable diseases reduces the occurrence of premature disability or death. Thankfully, preventive health screenings help us recognize early-stage changes so that we can identify and use available treatments to improve our patient's longevity and quality of life.

Over 46% of respondents indicated to have not had any type of health screenings in the past year. Earlier detection leads to better outcomes particularly in the areas of cardiac and cancer related illness.

Q28 Have you been diagnosed with any of the following conditions? (select all that apply)

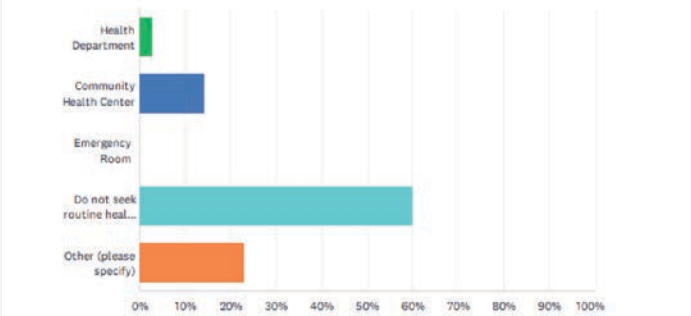


Recommendation for screenings often generate from having an open relationship with your primary care provider. General practitioners act as gatekeepers, authorizing patients' access to specialty care. Gatekeeping is frequently perceived as lowering health service use and health expenditure though there is no published data to support that perception. This survey seemed to prove gatekeeping to be very important. Of those who participated in the survey, 7% did not report to having a primary care provider which correlated with 60% not seeking routine care. However, when asked what kind of health screenings were needed to maintain a healthy life, over 90% understood the importance of routine care and

KEY RESULTS & FINDINGS

Q22 If your answer to question 21 is "No" Please select the type of provider/facility you use for routine care.

Answered: 35 Skipped: 542



screening. However, 60% of respondents still do not seek routine care.

It was indicated that preventative care was most needed in areas of cardiology and cancer-related illnesses. This was followed by dental and overall health and wellness issues including diabetes, weight control and nutrition. This year's data was in line with that of previous years which has lead Pikeville Medical center to build a foundation in those areas.

The areas of most concern to the survey respondents generally centered on chronic condition topics, all of which are interrelated. In addition to the long-standing issues cited above, four additional subjects were obviously top of mind in awareness of respondents. These topics ranged from economic stability, access to care, pediatrics and children's services and substance abuse issues. All of these issues affect the overall health of the population. The following summarizes the responses related to other ongoing key areas of need.

Obesity

Obesity is a complex health condition with biological, economic, environmental, individual and societal causes. Known contributing factors to obesity include social and physical environment, genetics, prenatal and early life influences and behaviors such as poor diet and physical inactivity.

Adults who have obesity, when compared with adults at a healthy weight, are more likely to have a decreased quality of life and an increased risk of developing serious health conditions, including hypertension, Type 2 diabetes, heart disease and stroke, sleep apnea and breathing problems, some cancers, and mental illnesses such as depression and

anxiety. Weight stigma or discrimination and stereotyping based on an individual's weight, may also negatively influence psychological and physical health.

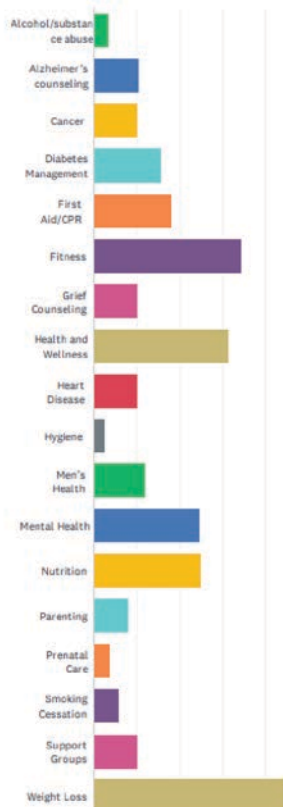
According to The Robert J Wood Foundation, *"The State of Obesity"*, the most recent Behavioral Risk Factor Surveillance System (BRFSS) data shows that 12 states now have obesity rates above 35%. Kentucky's adult obesity rate is currently 36.5%. Roughly one out of every three adults living in Kentucky is obese. The Commonwealth, which is the fifth worst state for obesity in the United States, also has the third highest obesity rate for youth ages 10 to 17.

Obesity can lead to increased health risks such as type 2 diabetes, nerve damage, kidney disease, high blood pressure, stroke, heart disease, certain types of cancer and is the second leading cause of preventable death behind tobacco use.

PMC has continued to support and educate the community, our staff and our patients on the health risks of both issues.

Q52 If any of the following classes/programs were made available to the community, which would you be interested in attending?

Answered: 450 Skipped: 127



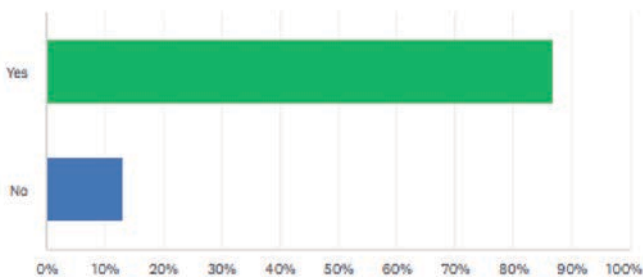
KEY RESULTS & FINDINGS

ACCESS TO CARE, specifically healthcare, is a nationally noted concern when it comes to patients and their overall health status. Mirroring that concern, Pikeville Medical Center's market region is located in a rural area which often makes traveling even small distances difficult. This ability, or inability to travel from one place to another exacerbates the issue of patients being able to access the care they need.

The Coronavirus (COVID-19) pandemic made access to care one of the top health issues for the entire nation. As a dynamic and evolving health crisis, COVID-19 put a historic level of burden and stress on many healthcare systems. Fortunately, PMC's preparedness plan was governed by a multi-disciplinary group of physicians, administrators and support staff who were quickly able to position PMC as a regional testing, vaccination and treatment nucleus for the region. Physician champions collaborated with local health department officials and governmental leaders to offer the necessary services, information and education to the general public. Over 91% of those surveyed felt like their healthcare organization provided them with the necessary services during this time and over 92% recognized that they had proper education regarding COVID-19 symptoms and vaccinations.

Q40 Were you ever tested for the COVID-19 Virus?

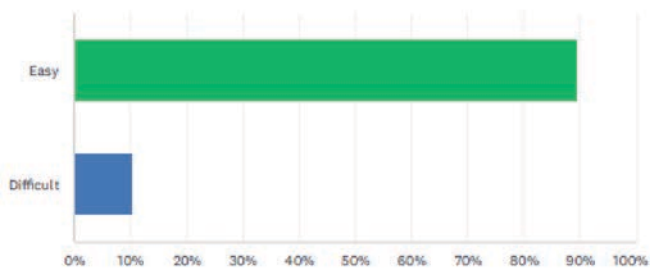
Answered: 458 Skipped: 119



PMC offered testing in several different locations and was designated as one of the key sights by the Commonwealth of Kentucky's Governor's Office. A short-term contract with Wild Health allowed testing to be conducted seven days per week at two separate locations. Citizens could conveniently be tested in their vehicles, reducing the risk of spreading the virus. Testing was performed, free of charge to those without a covering health insurance plan. Those efforts are reflected in the survey results with 86% of participants indicating they had been tested for COVID-19 at some point. Of those tested, 94% responded that it was easy to get the test results which made it easier to manage their lives while stopping the spread of the disease.

Q42 If Yes, was it easy or difficult to get the result?

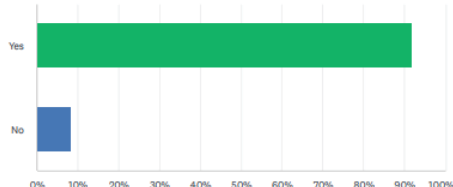
Answered: 405 Skipped: 172



When laboratory facilities that processed the tests became overwhelmed and backlogged, PMC quickly moved to become one of the few sights that obtained the equipment, staff and supplies necessary to conduct point-of-care testing, which meant immediate results. For those who tested positive, treatment was quickly initiated. This allowed PMC to provide over 23,000 tests in 2020 and 20,800 in 2021. Those efforts were evident as 89% of surveyors reported getting the results of their test as an easy process.

Q46 Do you feel like your healthcare organizations provided the necessary services to help fight COVID-19

Answered: 456 Skipped: 121

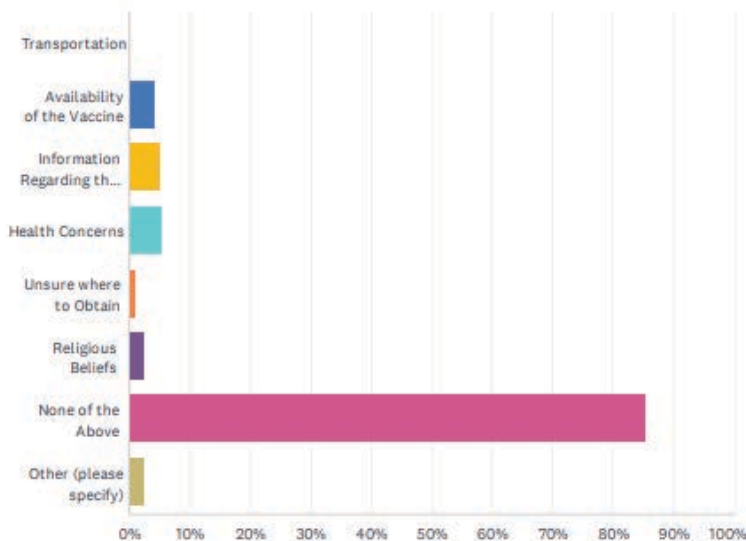


KEY RESULTS & FINDINGS

PMC developed a system of administering vaccinations that allowed for quick and efficient response to a vast population needing to take the vaccine. Pre-registration, through our public website, allowed patients to schedule their vaccine. Vaccines were administered through a three lane drive through set up in a centralized location for our community, which was located at PMC's former LCC parking area. Functioning like an assembly line, patients were checked in, vaccinated and closely monitored for the required observation time, all while in their vehicles. Over 500 vaccinations were administered per day at some points which required staffing 12+ hours per day. In 2021 alone, PMC administered over 63,000 vaccines. PMC's leadership and staff were widely recognized as a regional leader in availability, access and information during an otherwise unsettling time. Eighty five percent of respondents replied that they did not incur any obstacles in obtaining their vaccination while 93% reported to have actually taken the vaccine.

Q44 Were there any obstacles that prevented access to the vaccine? (Select all that apply)

Answered: 449 Skipped: 128



DRIVE-THRU COVID-19 VACCINE LINE

Mon-Fri 7am – 11pm/4-8pm | Across from Speedway | No Appointment Necessary

PFIZER COVID-19 VACCINE ONLY to:

- **1ST & 2ND DOSES (Public 12+)**
 - 2nd dose must have a hard copy of proof of 1st dose
 - minors must be accompanied by a parent or guardian
- **3RD DOSE (Immunocompromised people)**
 - must have written order/documentation from physician
 - must have a hard copy of proof of 1st & 2nd doses
 - must be at least 28 days from date of 2nd dose



Anyone who was vaccinated in Kentucky and has lost his/her COVID-19 vaccination card can obtain proof of vaccination by visiting <https://chfs.ky.gov/agencies/dph/deph/ldb/Pages/kyir.aspx> or scanning this code and clicking on the green box.

KEY RESULTS & FINDINGS

Access to care was critical during the pandemic and continues to be critical to the long-term health of the community. Many CMS programs, such as Meaningful Use, Quality Indicators and Medicare Access and Chip Reauthorization Act Programs, reward and compensate providers based on their patients being able to receive services in a timely manner.

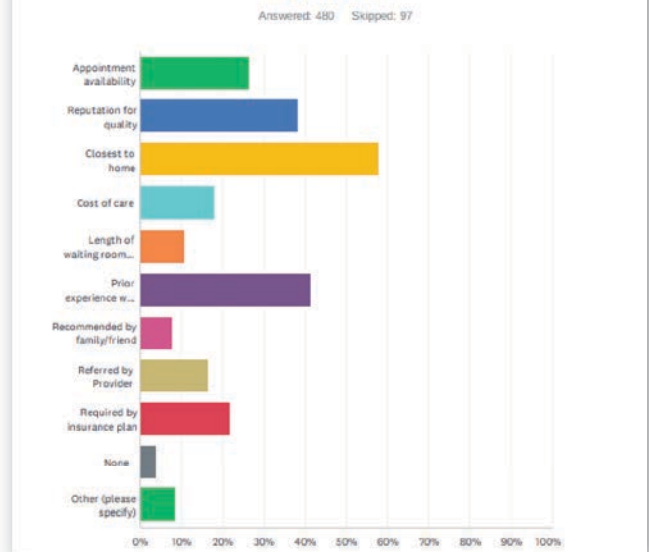
Survey data indicates the four most important reasons for selecting a hospital or clinic is being closest to home (57%), prior experience with the provider (41%), reputation for quality (38%) and appointment availability (27%).

Of those responding, 33% of patients had to travel from 20 – 50 miles away from their home to get access to care. Another 10% traveled 50-100 miles away from home, and almost 8% were forced to travel more than 100 miles from their home to receive the necessary care that they needed. That statistic is particularly disturbing with today's economic downturn and escalation of prices.

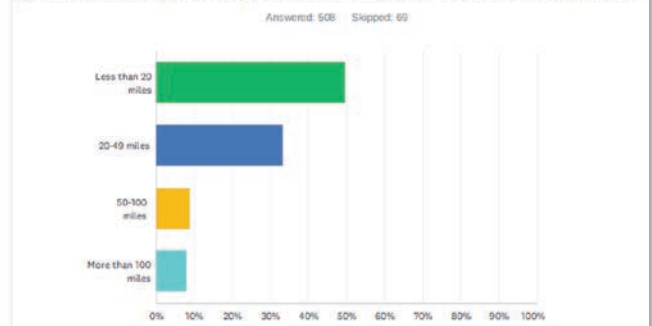
While PMC was selected by the respondents as the most frequently visited institution for their healthcare needs, 10% of respondents reported needing to travel to Lexington or other destinations to receive the care they needed. This data corresponded with the opinion of what would improve the community's access to care. Responses indicated that 38% felt that better health education was needed, 42% said more specialists were needed and an additional 46% replied that increased outpatient services were important. Respondents also indicated that increased use of tele-medicine services (28%) and transportation assistance (33%) is needed.

Another interesting trend provided by the survey responses is that it appears most people (52%) obtain health information from the internet, and 17% obtain this information from social media and/or family or friends. This trend likely illustrates the need for healthcare organizations to provide information and care via non-traditional means.

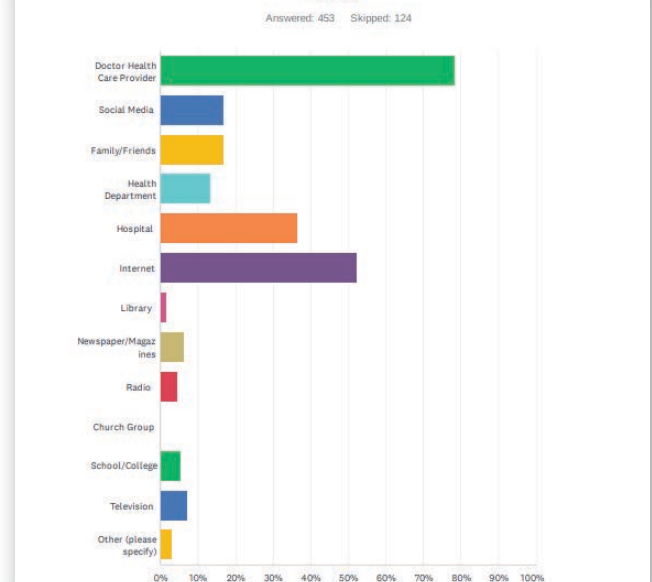
Q27 What are the THREE most important reasons for selecting that hospital/clinic?



Q16 How far do you or anyone in your household travel to see a provider?



Q50 Where do you get most of your health information? (select all that apply).

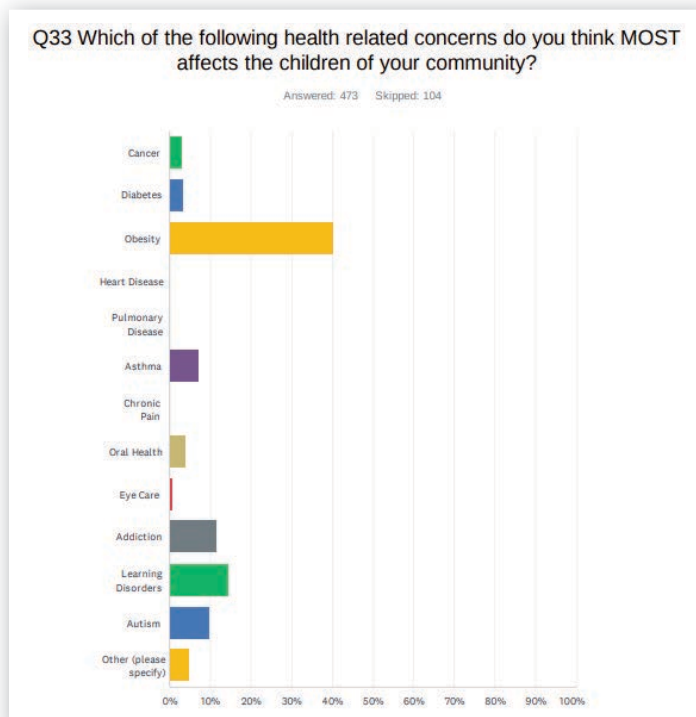


KEY RESULTS & FINDINGS

Pediatric Care

Pediatric Care was also noted as one of the top concerns for the region, with childhood obesity being reported by 40%. This corresponds to the previously reported issue of health and wellness, but with a focus now at a much younger age.

Learning disorders were the next highest ranked concerns expressed by the survey. Over 14% of the respondents indicated that issues with learning disorders were significantly affecting the children in the survey area. This may have been potentially illuminated by the closure of schools for nearly two years with the COVID-19 Pandemic. It is widely accepted, that poor health greatly impacts the ability to learn in both the young and old, which again ties back to the issue of childhood obesity. Addiction problems facing young people were reported by 11% of those surveyed. Unfortunately, addiction is another nationwide epidemic that is plaguing today's young population especially those in the Eastern Kentucky region. Addiction itself, leads to poor health, which leads to low levels of learning that will eventually result in a lower socio-economic position.



To gain a closer look at the overall need of the pediatric patient's needs in the region, we asked if patients had to travel to receive pediatric care within the past two years. Two out of ten indicated that they did. Of those who did have to travel, they had to travel a minimum of two to four hours away from their home to receive the care they needed. Additionally, 48% of these respondents indicated that they would utilize additional pediatric services if they were offered locally.

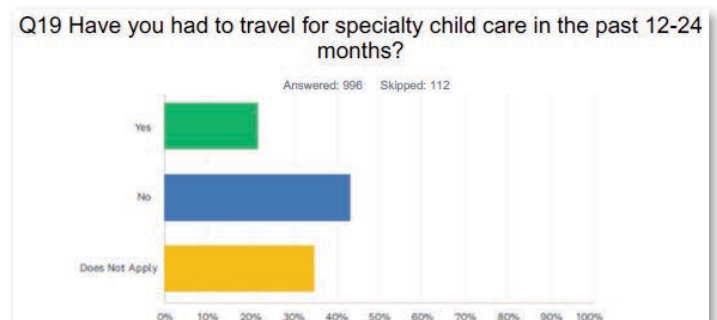
It is often true that females in the household are responsible for the healthcare purchasing decisions of the entire family unit. With 76% of the respondents being female, one could deduce that mothers have the most influence when it comes to making health related purchases, particularly for children.

Over 88% of the respondents indicated that they believed the community would benefit from an increased offering of a pediatric hospital and specialists. However, this statistic is down from 95% in 2019.

Almost one-third, or 30%, indicated that they have been forced to travel outside of our region for specialty care for children.

Ninety-five percent of respondents indicated that they believed the community would benefit from an increased offering of pediatric services locally.

Pikeville Medical Center has expanded the pediatric primary care practice significantly in the past five years, and while we are attempting to address the healthcare gaps with some pediatric specialties, there is still significant opportunities to continue to develop this service line.



KEY RESULTS & FINDINGS

Risky Behaviors

Risky behaviors are a growing issue for the nation and the world, and our region is no different. Risky behaviors can be in the form of social isolation, unsafe sexual experiences, unhealthy life styles and substance abuse. According to published sources, Appalachia has a 43% higher addiction and overdose rate as compared to other regions in the country. Addiction can often be attributed to a lack of opportunity and education, restricting one's ability to obtain a better quality of life, and thus a healthier life.

The assessment survey indicated that drug abuse, alcohol abuse, tobacco use and obesity are the top risky behaviors for residents in our market area. Drug abuse was the top response given by 72% of those who answered. Alcohol abuse was indicated by 41%, and tobacco use by 32%. All of these preventable risk factors, with the right education and support, are curable with the appropriate interventions. Obesity and poor eating were also indicated to be recognizable health issues for respondents regarding the community in which they live.

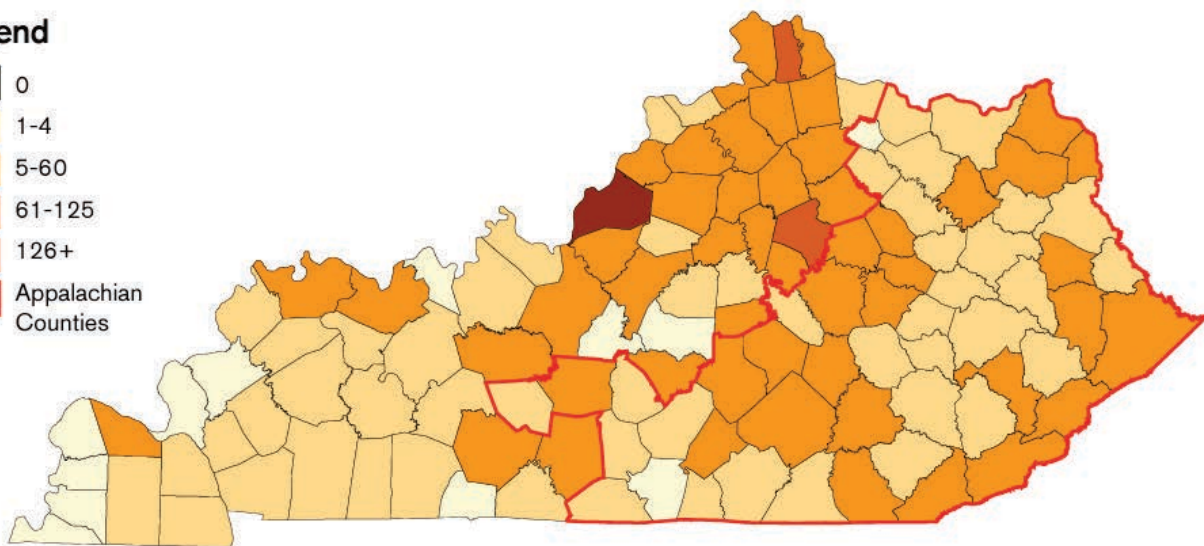
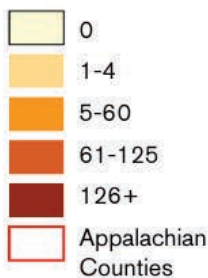
The grim toll addiction on individuals and their families is hard to grasp. The opioid epidemic has

clearly been devastating to our communities and it continues to tighten its grip on our state. While this epidemic obviously has negative effects on the health of our community, it also impacts many other aspects of our society including: the criminal justice system, child support and welfare, the Medicaid program and Kentucky's workforce.

There are no official estimates of the number of opioid abusers in Kentucky, but two statistics indicate the scope of the problem: (1) the number of drug overdose deaths per 100,000 people; and (2) the number of opioid prescriptions per 100 persons. In 2018, 1,333 Kentuckians died from a drug overdose. The vast majority of these deaths resulted from opioid overdoses. The Kentucky Office of Drug Control Policy reports that in 2018, people aged 35 to 44 were the largest demographic in overdose deaths, followed by ages 25 to 34. The largest increase in overdose deaths was in Pike County, with Warren and McCracken counties also experiencing significant increases. The number of Kentucky drug overdose deaths in 2018 represented a 15% decrease compared to 2017.

Number of Drug Overdose Deaths by County of Residence, Kentucky, 2018

Legend



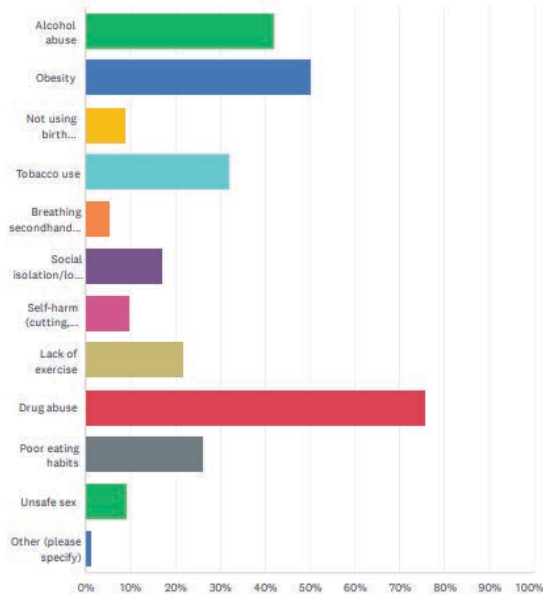
Source: Kentucky Injury Prevention and Research Center, as published in the 2018 Overdose Fatality Report by the Kentucky Office of Drug Control Policy

Currently, drug overdose data for the 50 states is only available for 2017. The following map shows that Kentucky's drug overdose death rate of 37.2 per 100,000 people in 2017 was the fourth highest among the 50 states.

KEY RESULTS & FINDINGS

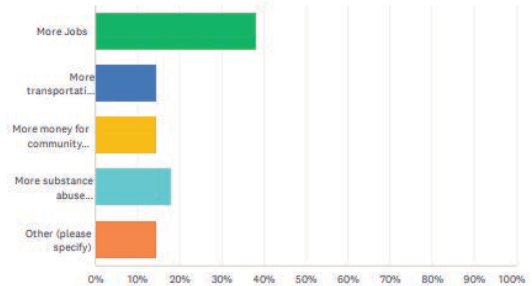
Q54 Select the TOP THREE risky behaviors (i.e., behaviors that potentially exposes people to harm) in your community.

Answered: 443 Skipped: 134



Q11 What is the one most important thing your community can do to have a positive effect on health?

Answered: 514 Skipped: 63



Regional Economics

In order to gain an overarching evaluation of the needs for the community, the format of the survey encouraged participants to think in broad scales to maximize their feedback and input. Conversely, respondents were also asked to narrowly focus on certain specific items. For example, when asked: "what is one of the most important items that could have a positive effect on the health in the region?", nearly half of respondents indicated more jobs. This tends to correlate with the idea that gainful employment has a positive impact on one's health.

In most cases gainful employment means better health insurance and additional resources to obtain care. For those that indicated that they could not be employed due to unforeseen circumstances, 14% of those survey respondents noted a need for more funding for community assistance. Interestingly enough, over 18% of respondents indicated that substance abuse/treatment would provide the most important positive effect on health in their community.

It is widely understood that substance abuse and unemployment are a self-perpetuating cycle which leads to poor health.

PMC is responsible for a large portion of the existing economic fabric of the region. Our approximate 3,000 employees generate a wage and tax base of \$231,832,507. Those employees generate over \$15 million dollars in state and local taxes which benefit the overall economic health of the region and Commonwealth. We understand the responsibility in being one of the region's largest employers. It is not only lives, but also livelihoods, that depend on the financial strength of our organization.

[illegible]

As discussed above, the statistical data highlighted several demographic and socioeconomic realities facing our region. It was no surprise that our unemployment rate, income inequality and educational levels are significantly impacting our population, as the data shows that our levels are lower than the statewide performance.

31

Cardiology Services

The Heart and Vascular Institute (HVI) of Pikeville Medical Center has grown over the past 15 years and has expanded its procedural advancement offering lifesaving cardiology services to outlying areas. HVI is recognized as having one of the top heart programs in the eastern part of the state. Our goal, however, is to be the leading heart and vascular program in all of Kentucky.

Working towards our vision, PMC recently completed a \$35.2 million 46,000 square foot capital investment project, expanding the HVI to make it unlike any other program in the Commonwealth.

Our multi-disciplinary team of physicians utilizes this space for interventional cardiology, electrophysiology, interventional radiology, vascular treatments and endovascular surgery. Our commitment will continue to involve state of the art therapies and cutting-edge technology in minimally invasive interventions, as we are devoted to providing state-of-the-art diagnosis and treatment for people with heart and vascular disease. Several new life saving and curative procedures have been added which include the MAZE, TAVR, Watchman Device, and Leadless Pacemakers. The MAZE, Watchman and Leadless Pacemaker treat patients who experience atrial fibrillation that increases their risk of stroke and



heart attack. These procedures are not offered anywhere else in this region. In May of 2022, the HVI heart team reached a milestone by performing over 100 TAVR procedures offering lifesaving treatment to the people of the region, right here at home.

We seek to serve our patients throughout the continuum of care with our Cardiac Rehabilitation Center that provides a medically supervised program designed to improve cardiovascular health after a cardiac event. As an alternative to procedural intervention, HVI offers services to patients in need of anti-coagulant therapies and those needing treatment for congestive heart failure through our Coumadin and Heart Failure (CHF) clinic.

All of these improvements have culminated in a higher level of diagnostic and procedural care for our patients.

The Heart and Vascular Institute of Pikeville Medical Center is the literal heart of healthcare in the region and is leading the way to a healthier and longer life for patients in and around the community. For the past several years, heart disease has been a primary focus of PMC.



The results of this survey validate our focus of continuing to develop, expand and enhance cardiology services. These advancements will allow us to continue to lead the way to a healthier and longer life for patients in and around the community and region – a need that, although well-known, was strongly identified during this survey.

PMC now has primary care facilities in several eastern Kentucky counties. These locations were designed and built to accommodate additional clinical space to expand services as needed in that particular part of the region, such as cardiology. Cardiology care is now

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available full time in Buchanan County, several days per week in South Williamson, Letcher County and Floyd County. HVI of PMC continues to recruit expert clinicians to expand the cardiology services in these, as well as, other locations. When designing and building satellite locations, we have intentionally utilized a modular construction design or phased

construction approach to specifically allow for the expansion of services. Several PMC locations are also prepared to expand to additional services like cardiology and other speciality services at their locations as well.



Oncology Services

PMC's CEO, Donovan Blackburn, is often quoted as saying, "The future of cancer care is not tomorrow, it is today at Pikeville Medical Center". We have made investments in the expertise and leading-edge technology to fight cancer immediately upon diagnosis. As the region's only hospital to have achieved the Commission on Cancer's 2018 Outstanding Achievement award for exceptional quality, we have a goal of winning the battle against cancer – one patient at a time.

PMC is committed to giving comprehensive care in the most convenient manner. To enhance access and convenience, the Lawson Cancer Center (LCC) at Pikeville Medical Center has recently moved to PMC's main campus on the 10th floor of the Clinic Building. By relocating the cancer center to the 10th floor of the May Clinic Building on PMC'S main campus, patients now have all their services and providers in one location including imaging, diagnostics, chemotherapy, infusion and radiation therapy, as well as genetic counseling, financial counseling and

patient navigation. Having all services in one location allows efficiency for clinicians and ease of access for patients, which can improve outcomes. A new oncology pharmacy, new Outpatient Laboratory Collection and Pulmonary Function Testing Center were also added to the 11th floor, making it a convenient location for our oncology patients and other clinic patients.

Even with these recent advancements, LCC continues to focus on the expansion of oncology services for the patients in our region in multiple ways.

To further the oncology services available in our market area, PMC is pursuing another expansion project. PMC is planning and designing an additional 7,085 square feet of clinic space on the 11th floor of the Clinic Building. This space is immediately adjacent to the existing LCC 10th floor and the new diagnostic space on the 11th floor, making it convenient for patients, staff and clinicians. This space will have 24 private chemo suites offering privacy to patients in a comfortable setting during their most vulnerable

IMPLEMENTATION STRATEGY

time. Chemotherapy suite amenities include private infusion rooms with either chairs or fully reclining hospital beds that are equipped with personal televisions and Wi-Fi. Completion of the expansion is scheduled for mid-2023.

Additionally, a new Varian RapidArc True Beam linear accelerator was acquired to provide fast and precise radiotherapy treatment. This treatment mechanism allows us to deliver lifesaving radiation two to eight times faster than conventional forms of radiotherapy and enables us to treat more patients. The addition of a second True Beam linear accelerator will be added in the spring of 2023.

LCC will pursue additional clinical trials to add to our portfolio of services giving the most recent technology in intervention. Clinical trials are research studies that involve people and are the final step in the long process of developing a new drug for better treatment. Patients whose cancer has not responded well to treatment, and who meet specific qualifications, are given the option to participate in a clinical trial, giving them access to new medications not yet available to the majority of patients. The LCC is among a relatively small percentage of cancer centers approved to offer some of the newest treatments to qualifying cancer patients in the form of clinical trials.

We know that medical treatment is only part of the battle in fighting cancer, so we offer multiple auxiliary services to approach healing holistically. Cancer support groups help patients through the personal journey of cancer for both the patient and their families. PMC's patient navigators assist patients and their families in obtaining access to these and many other programs throughout their treatment and beyond. Programs such as the Look Good-Feel Good, program, providing access to free wigs, make-up and scarves and the Art of Healing program, offering artistic activities designed to provide emotional support to people coping with a cancer diagnosis. Additionally, we offer smoking and vaping cessation classes to help smoking addicted people break the dangerous habit and hopefully prevent them from needing these vast oncology services.

These increased oncology services offer the life

changing and lifesaving treatments that are needed for our patients. The availability of these services locally reduces the burden and expense of travel on our patients and their families.



IMPLEMENTATION STRATEGY



Health, Wellness and Obesity

Preventative care has long been recognized as the best form of care. With 52% of respondents indicating that they do not pursue routine health care, it can be deduced that other disease and illness will be elevated. Cancer was the second highest health concern listed at 30%. Survey results showed that 34% of those answering had been diagnosed with high blood pressure, 21% with high cholesterol and 25% as obese. Obesity was indicated to be the number three concern for adults and the number one concern for children in the area.

In order to help combat this trend, PMC will continue to be the community leader in promoting a healthy lifestyle.

PMC's Surgical Weight Loss Department continues to serve patients who have unsuccessfully tried to control their weight by offering several different procedures. Now located on the 2nd floor of the Clinic Building, patients have easier access to parking, testing and other PMC services. This department also offers counseling and group sessions, along with diabetes and nutritional education, some of which are conducted via remote video visits, which gives the patients easier access to these services, allowing them a better opportunity to succeed in the program.

PMC offers Diabetes Management appointments with our diabetes specialty team. This team works in conjunction with our staff endocrinologist to address diabetes mellitus, thyroid disorders, parathyroid disorders, pituitary disorders, adrenal disorders, metabolic syndrome and metabolism. Additionally, we sponsor diabetes support groups and healthy options cooking classes for patients and the community at large.

PMC will also provide education in a more individualized setting through patient-staff interaction and literature distribution. Discharge planning provides patient education to each patient upon hospital discharge, outpatient visits and emergency visits. This patient education is reviewed completely with each patient prior to their departure and is also sent to their patient portal accounts for online access.

The addition of Epic Systems as our electronic health record has enabled PMC to have an even more interactive relationship with patients and has provided them with additional assistance in their healthy lifestyle journey. We offer video visits through MyChart patient portal accounts that allow the entire programmatic staff to meet with the patient at regular intervals, which offers cost and time saving convenience for the patient.

Staff can set the example for our patient by having a healthy lifestyle. We value our employees and know they are vital and represent a part of our community. PMC takes steps to assist our employees with a healthier lifestyle through a corporate sponsored Weight Watchers program. Additionally, our nutritional team offers healthy meal choices in the cafeteria which serves patients, visitors and our staff each day.

To make a dynamic shift in one's lifestyle requires a long-term multi-pronged approach. PMC knows that the community at large and the activities promoted by that community can play a significant role in one's overall health.

IMPLEMENTATION STRATEGY

PMC will continue to assist our community in fighting obesity by sponsoring numerous community events including 5K and 10K walks, which promote an active and healthy lifestyle. We will promote good habits necessary to prevent or alleviate development of disease through available community information, campaigns and by continuing our involvement in a wide array of public activities such as health fairs, Remote Area Medical (RAM) clinics and other sponsored occasions. These events will be held all around the region in hopes of detecting early warning signs of disease including, but not limited to, cancer, diabetes and heart disease, all of which are linked to unhealthy lifestyles and obesity.

We recently partnered with the Pikeville Independent School system with a "Healthy Way Project" which is in collaboration with the UK Center of Excellence's "Rural Healthy Way Project." The focus is to educate how healthy eating affects teenagers' mental and physical health. PMC supplied expert food and nutritional input, along with dietary content reviews to finalize the publication. Our print services shop provided over 600 printed publications that were distributed to local high school students.

Lastly, as PMC develops the career path programs within the local school districts, we will have an increased opportunity for education and to provide healthy lifestyle awareness to the youth of our region.



EATING HEALTHY

JUNK FOOD

And why you should
steer clear of it

Eating junk food is very convenient and is easily available.
However, it is not good for the body at all.

Reasons to avoid:

1. You'll gain weight
Eating foods that are high in calories, fat, sugar, and sodium feels rewarding in the short-term, but can lead to unwanted weight gain and diabetes down the road.
2. Fast food is addictive
Believe it or not, it's possible to become addicted to fast food, just like you can with nicotine or drugs.
3. You're not getting any nutrition
If your diet is heavy on fast food, you might be putting yourself on the path to a harmful vitamin deficiency.
4. Depression and anxiety
Food can affect your mental health just as it does your physical health.



5. Digestive problems hit hard
Nothing can ruin the joy of a meal quite like an upset stomach. If you regularly experience things like acid reflux, irritable bowel syndrome, or heartburn, caffeinated drinks and greasy, high-fat food only make these bodily troubles

IMPLEMENTATION STRATEGY



Risky Behaviors / Substance Abuse

Kentucky is among the top ten states with the highest opioid prescribing rates.

PMC's leadership and clinicians intimately understand, and take very seriously, our responsibility in protecting the public by preventing substance abuse in our patients. Currently we have a strictly enforced policy relating to the prescribing of controlled substances. The Corporate Compliance Department gathers and analyzes narcotic prescribing data to patterns, reporting concerns to the clinician, Corporate Compliance Committee and the Board of Directors. We will continue to implement strategies to prevent improper usage of medications of all kinds. One of those strategies will include improved processes within the clinic and hospital setting, centered on electronically writing prescriptions. Another is holding Hepatitis C clinics to control the at-risk patient population. Additionally, we will continue our efforts of patient education and work to receive patient authorization so that opioids can be tracked with reportable data. Periodic reviews of prescribing habits of all of our providers will also ensure that no patient is being over prescribed.

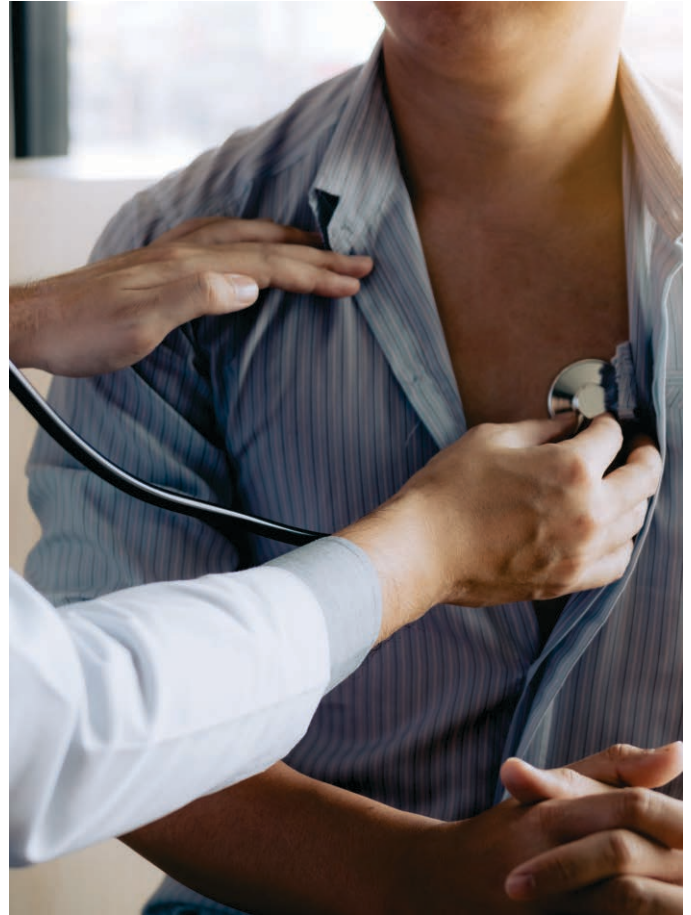
Sadly, there has been an increase in Neonatal Abstinence Syndromes (NAS) and Neonatal Opioid

Withdraw Symptoms (NOWS), both nationally and locally. According to the KY Cabinet for Health and Family Services, in 2020, Kentucky maintained one of the highest rates of NAS with 993 total cases reported. The Big Sandy area reports 49.86 cases per 1,000 hospital births in the same year. These statistics indicating that PMC will need to continue to explore and position our organization to address this unique substance abuse issue. It is imperative for PMC to be prepared to take care of the smallest and most vulnerable of our patients, the newborn baby. To serve these newborn patients, PMC has increased our Neonatal Intensive Care Unit (NICU) to include 16 Neonatal Level II bassinets. Our tenured team of physicians and nurses have achieved Level II Neonatal Intensive Care Unit, improving the care for our newborns. PMC's Neonatal Team has achieved the designation an Advanced Care Unit for patients born at 28 weeks of gestation or who are recovering from more serious conditions.

Though PMC does not specialize in the specific interventions, we have identified components where we can provide relative expertise in this area, prior to the finalization of any treatment services. There are over one dozen organizations within the region which

do currently maintain programs aimed at this issue. These vary from residential, outpatient, and counseling services for those afflicted with substance abuse. With the illness of addiction being addressed, residents can now focus on other physical health concerns. Often by choice or by consequence, many of those in active addiction do not seek regular healthcare. ARC has partnered with the UPIKE School of Osteopathic Medical College for eye and dental services, some of which many of the residents have never had access. Physical medical care is the other need in these lives. When a human being is well physically, it can assist with healing from addiction.

In August of 2019, a men's residential treatment center, Riverplace, operated by ARC, opened in Millard, KY, within our primary service area. PMC is committed to assisting them in post recovery employment when possible. Since opening, RiverPlace has expanded to have a 120 bed facility, an outpatient program and is working towards a vocational rehabilitation program that will be discussed in a later section. Over the past three years, ARC has opened additional facilities within the PMC



service area, including a 144-bed unit in Martin County, 96 bed facility in Dickenson County, VA and a 120 bed, all female unit in Knott County. PMC is now in position to provide an efficient and direct conduit for that healthcare by leverage of the Epic Electronic Medical Record system. We will be able to provide triage, evaluation and treatment from

our primary care and specialty providers. We will develop a robust partnership with the treatment centers, other providers and all other services provided to their residents to form a partnership in healthcare of these individuals.

IMPLEMENTATION STRATEGY



Pediatric Services

In December 2021, PMC opened the new \$6.3 million Mettu Children's Hospital that spans more than 13,400 square feet of space on our main campus for both inpatient and outpatient pediatric services. This space provides a comfortable environment for our youngest patients.

To enhance the expansion of pediatric inpatient and outpatient services, PMC opened a pediatric focused wing in the Emergency Department. This wing has designated emergency room treatment bays to serve young patients, not only with specialty equipment, but a friendly environment to reduce their fear, while there. The area includes patient-friendly and comforting areas for children with autism and other sensory and developmental challenges. Some of our Emergency Department nurses have obtained pediatric certification and we ensure that we have a minimum of one pediatric-trained nurse on every shift. In November of 2019, PMC's Emergency Department earned a Pediatric Ready designation and is one of only four pediatric Ready ED's in the state of KY.

These two new pediatric facilities provide PMC with the capacity to now launch a multi-specialty spectrum of care for our pediatric patients. Cardiology services are now provided through a cooperative agreement with the University of Kentucky Children's Hospital. With the strong base of the Mettu Children's Hospital, PMC is poised to expand the care and services to the families of the region. As noted in the

survey, respondents who needed pediatric specialty care had to drive long distances. We are now positioned to bring new pediatric specialties to PMC including pediatric pulmonology and endocrinology, and BMI specialists. The need for these pediatric sub-specialties falls in line with predominant adult illnesses in the region. Another one of the services that families must travel long distances to obtain is pediatric plastic surgery. Corrective surgeries are traumatic for a child and their family. Surgeries such as cleft pallet repair and other childhood-related issues are being developed at PMC. We will plan to continue to add other pediatric specialties over time to become the regional referral center for all pediatric care.

PMC is beginning to evaluate the addition of Obstetrics-Gynecologic services in some of our outlying clinics, specifically South Williamson. PMC's Family Practice and Multi-Specialty Clinic in Floyd County would be the next area for feasible evaluation. Providing these services in our neighboring communities will extend newborn infants a specialty



referral network closer to home.

Over 24% of our respondents noted learning disorders and autism in our young population is a health need not yet fully met in our service area. Many children with Autism Spectrum Disorder (ASD), or related disorders, can benefit from behavior therapies that aim to reduce undesired behaviors, improve a child's functioning and address co-

occurring mental health disorders like depression and/or anxiety. PMC's Appalachian Valley Autism (AVA) Center opened in May of 2020 providing therapy for children diagnosed with ASD. Our goal is to identify children at the earliest signs of detection which impacts their physical and mental health. The AVA Center clinicians utilize several therapies matched to the child's age, specific symptoms and degree of severity. The AVA Center's multi-disciplinary teams are equipped to offer families unrivaled expertise in understanding and meeting the needs of toddlers and bridges the healthcare gap of children with autism and related challenges. The AVA Center's Pikeville location has over 25,000 square feet of learning space and features therapy rooms, a library, an indoor gymnasium, state-of-the-art sensory rooms which can serve up to 100 children and the center is already at capacity.

Though the center is currently at enrollment capacity, there is still work to be done to complete the patient's

or learner's experience. PMC is planning on installing a complete Sensory Simulation Activity Area (playground) adjacent to the center for students to express some of their energies during the day and reward them for their successes in this highly structured program.

With an existing wait list of 450 learners in need of services, PMC has plans to expand the AVA Center to a second location beside of our current clinic building in Prestonsburg, KY. This location will provide services to those learners from the northern and western portions of our primary market area. It will also replicate the Pikeville site on a smaller scale containing therapy rooms, sensory rooms, observation suites, a recreation space and a family conference space. This project is expected to open by 2023 and will serve up to 24 students. Not only will it address the identified pediatric concerns in these areas, but it will improve access to care by bringing much needed services into communities where they currently do not exist.

Access to Care

Patient access to care sets the baseline for all patient encounters within the healthcare industry. When a patient cannot access their clinician, it is impossible to receive medical care, build relationships with providers and achieve overall patient wellness. Despite this importance, patient care access is not a reality for many patients across the country. Between appointment availability issues and difficulties getting transportation to the clinician's office, patient care access has many associated challenges.

About one in ten people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider and they may not be able to afford the health care services and medications they need. As of 2020, about 57 million Americans lived in rural areas and many of these individuals face a litany of challenges in receiving the care they need.

Patients living in rural areas are disproportionately more likely to struggle to access their clinician than a patient living in an urban or suburban area. This was exacerbated during the pandemic, when access to lower-acuity settings, like their primary care providers

or urgent care clinics, were hindered, driving these patients to continue visiting the ED for low-acuity needs placing a burden on the entire system.

Insurance coverage can make healthcare services more accessible, but it is just one of the many factors that contribute to whether individuals can access the healthcare they need. Other factors include having a usual source of care, provider availability, distance to travel for care, the availability of transportation and the overall cost of care. These factors typically affect an individual's ability to receive needed care in a timely manner.

PMC will continue to answer the call for an increased access to services in our outlying service areas in multiple ways. Primary care providers are the gatekeeper for patients who may need medical specialties, diagnostics or interventions. Unfortunately, primary care providers are diminishing in number in this region, just as they are nationally. To remedy that situation, PMC will aggressively grow the areas' primary care services by hiring additional providers. Since the last assessment, we have placed clinics in under-served areas such as Prestonsburg, KY.

IMPLEMENTATION STRATEGY



Recently, PMC has consolidated some of our locations to provide primary care, urgent care and wellness along with specialty care to a new convenient location with expanded services. The new PMC Urgent Care and Family Wellness Center is located just north of Pikeville on Cassady Boulevard and upgrades the services previously available in our former Walmart, Harold and Shelby Valley locations. The expanded hours of urgent care to seven days per week and 12 hours per day, lessens the burden of patients needing to find an appointment with their typical primary care provider. It also has effectively reduced the burden on the areas emergency rooms which were particularly important during the pandemic. We now offer diagnostic capabilities, including a radiology suite and point of care lab testing, making it more convenient and affordable for patients in need of immediate and urgent, but non-emergent, care.

PMC's leadership is evaluating the need for expansion in our other outlying clinics including Whitesburg, Prestonsburg and South Williamson. Historically, these clinic locations were too small to accommodate expansion. Now, all three have been re-designed and re-constructed allowing for additional providers and services to be made available. Phase I of the Whitesburg Clinic has now been completed and encompasses the entire first floor of the new 17,284 square foot facility. The entire second floor is ready to accommodate other specialties including orthopedics, which have been explored via a partnership with Mountain Comprehensive Health Care. The Prestonsburg and South Williamson clinic

locations, at a capital investment cost of \$2.9 million and \$2.3 million respectively, have both been completed and provide easier access to patients in neighboring counties and states. These locations are fully prepared and will likely be expanded during this study period.

The Covid-19 pandemic introduced the concept of tele-medicine to many healthcare organizations. It was a necessary component to offer care during a time of unmanageable disease spread and the overburdening of hospitals and facilities. Rapidly implemented and ever-changing execution plans were critical to provide care to areas which may not be able to access care during the height of the pandemic. PMC has taken tele-medicine to an entirely new level with the implementation of the new Epic Electronic Health Record Integrated System. We are now able to offer MyChart, a robust patient portal to expand the communication between patients and providers wherever they both may be. PMC's patients can now send a message, get online diagnosis and treatment, talk face-to face over video or arrange to follow up with a provider in person depending on the level of care which is needed. Additionally, Epic and MyChart will allow patients to communicate their health information between doctors and organizations wherever they may be or with whatever organization they are associated. PMC's Epic implementation team is currently preparing for the technology to be further improved so that our patients and providers can consult one another via video visits with the technology called "clinic to clinic" visits. This technology will allow a patient to be seen by multiple providers that are working in partnership on the same health issue while the patient is in one location. This will be monumental in preventing the patient from having to travel to multiple specialists in multiple locations, and potentially in multiple regions of the state.

Location is only a portion of the problem of preventing access to care. The other significant factor is the availability of providers in rural underserved areas. The Kentucky Department of Public Health (KDPH) Health Professional Shortage Area (HPSA) Designation Program assesses and submits data based on federal criteria on shortages of primary

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medical care, dental or mental health providers. Shortages are assessed and reported for urban and rural areas, among population groups and with respect to medical or other public facilities. Current HPSA/MUA federal law requires designation reviews every three years. Currently the entire primary and most of the secondary market areas for PMC are noted as medically underserved areas. To fill in these care gaps, PMC's leadership team is researching the requirements of offering an internal medicine residency program. The intent of this program will be to train competent and caring physicians in Internal Medicine who are exceptionally prepared for their next professional step of entering practice or pursuing training for specialty care. It will also be our goal to retain those internal medicine providers in our region whether it be in the inpatient setting as a hospitalist or an outpatient setting as a primary care clinic. It would be expected that some residents may proceed to obtain a higher level of training with a fellowship in a certain area of specialty medicine. It would be our goal to shepherd these providers throughout their careers so they may return to PMC to practice. All three of these avenues would increase the number of available providers in our area.

It is widely accepted that the children of today are the leaders of tomorrow and taking care of their health is one of the most important things that we can do to make them successful in school and successful in life. PMC has launched a Healthy at School initiative that will bring primary care to our schools via a teleconferencing delivery system which utilizes advanced technology allowing providers to look into the student's eyes, ears and throat, and it uses a stethoscope to evaluate heart rhythms and lung sounds. All of which can be done in tandem with the school nurse. PMC providers will see the student patient while they remain in school reducing the number of days the students are absent from school and it reduces the cost for the parent and care-givers who would otherwise have to drive them to traditional providers. Also, limited diagnostic testing can be conducted and medications can be prescribed, if necessary, via these tele-visits. This service is not intended to replace the existing pediatric relationship between a patient and their pediatrician but rather it is to enhance that relationship by making immediate care available. As PMC expands the pediatric specialties available thru the Mettu Children's Hospital, it could be possible for specialties to also offer some services via the Healthy at School Initiative.



IMPLEMENTATION STRATEGY

Economic Stability

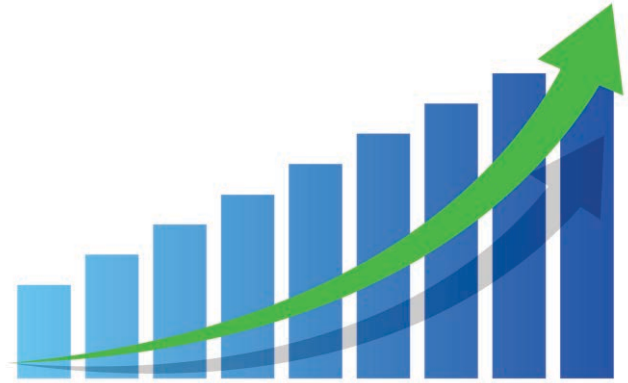
PMC's primary, secondary and tertiary market areas have economically declined over the past decade due to various regulatory and other economic situations adversely affecting the employment rate. The entire Appalachian region has experienced a significant downturn of the mining industry resulting in a drastic need for employment in these areas.

Many citizens have been forced into lower paying jobs or have had to leave the area all together. This has led to an out-migration of the tax base, which is having a substantial impact on the community as a whole. The few which have remained have consistently been reduced. For that reason, households have been forced to rely on subsidized government assistance to survive. Both issues have had a significant impact on healthcare for the general population and the organizations which deliver that care.

Kentucky Health Fact statistics indicates that the per capita income for our service area is \$20,878.00 compared to the statewide average of \$28,178.00, and the national average of \$35,384.00. Additionally, the median household income for our market area is \$32,007.00 as compared to a statewide income of \$44,811.00, and \$64,994.00 nationally. Another statistic impacting employment was the comparison of high school graduates in the area. 76% of our area's citizens held high school diplomas as opposed to 86% statewide.

It is generally accepted that education levels affect employment. The economic decline in the area has resulted in lower disposable income to spend on health care.

The economic stability of an individual has a direct correlation to their overall health. In an economically depressed area, preventative health measures are often the first to go unaddressed. These include regular check-ups, vaccinations and elective procedures. Additionally, patients may simply not have the resources to travel to see a provider nor are they able to pay for their care in an economically depressed area. Ironically, PMC does not have a patient shortage, but a nursing shortage. We are actually experiencing difficulty in employing an adequate number of skilled nurses, which is reported



to be a problem nationwide.

It was not surprising when 38% of survey respondents indicated that more jobs was the single most important thing affecting health that was needed in this community. In 2021, PMC hired over 842 new staff which included 122 nurses. We estimate the need to hire 250 new employees in the coming year with nursing being a significant portion. This will continue to be an uphill battle until we create a way to educate and train more RN's to meet the entire market's demand.

In a perfect storm of events, the COVID-19 pandemic impacted employment in all industries, especially healthcare. The healthcare industry, as a whole, lost staffing due to personal choice and those becoming ill themselves. The initial stages of the pandemic lead to an over stress on facilities of all sizes and locations. Hospitals and clinics were overwhelmed which was only exacerbated by an already short staffing supply. PMC and other health-related industries are in dire need of employees, specifically RN's, to meet the existing and growing demand of the aging population.

The collision of these two crises resulted in a new and innovative initiative from Pikeville Medical Center – ideas that would address both the staff shortage and the unemployment in the region. In an effort to solve both issues, PMC is collaborating with area colleges and technical schools to improve their registration and graduation rate of nursing and healthcare related students.

The PMC Project HEART (Healthcare Employment Around Regional Training) initiative started four years ago to combat Eastern Kentucky's nursing staffing shortage. Today, Project HEART has grown to be so

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much more and stands out as the largest effort to support job creation and opportunity in Eastern Kentucky since the major coal boom of the early 1970s. Project HEART bridges together many entities which have combined forces to make it easier than ever before for someone to train for a career in the healthcare industry. The project partners have come together to make combined investments totaling \$26 million in programs that will create thousands of sustainable career opportunities with great benefits here in Eastern Kentucky. With millions in financial resources pledged by dozens of Project HEART collaborators, hundreds of students have already been provided the opportunity to receive financially-assisted training and education for sustainable, quality careers – right here at home.

In 2020, PMC worked with Big Sandy Community and Technical College to open a new state-of-the-art nursing school in Pikeville. This school is licensed to provide 50 new nursing graduates per year to enter the workforce. The project had a budget of \$671,000 and had the first cohort begin in January 2021. PMC has also entered into a similar agreement with Galen College of Nursing to build an additional campus of learning in the previous location of The Lawson Cancer Center. This 17,350 square foot facility has a

total budget of \$5.5 million and will offer 25 seats to incoming students. When complete, the school will have state-of-the-art classrooms and other amenities to assist students in pursuing a nursing career. The Galen College of Nursing is scheduled to open in Fall 2022. Both projects have been made possible through much collaboration and dedication of local, state and federal funding partners.

PMC has had a long-standing relationship with UPIke's Elliot College of Nursing. This relationship will now be greatly expanded allowing potential graduates to participate in a Pikeville Medical Center Rural Health Nursing Fellowship Program. Accepted candidates can participate in a debt re-payment assistance program by making a commitment to work at PMC upon becoming a licensed RN. Through this program, PMC will assist with the payment of student loans allowing students to focus on developing medical skills instead of worrying about indebtedness. PMC's continued partnership with UPIKE strengthens the workforce in the Appalachian region and is expected to substantially solve the public health crisis of inadequate nursing staff.



IMPLEMENTATION STRATEGY

Similarly, PMC is expanding our existing relationship with American National University (ANU). In collaboration to educate and engage potential healthcare in a wide variety of fields, PMC will launch the Business Partnership Program where we will offer tuition assistance. For every tuition dollar that PMC contributes, ANU will match dollar-for-dollar. The focused areas of training will include medical laboratory technicians, radiology technician, pharmacy technicians and of course, nursing. This partnership illustrates an ongoing commitment to building a stronger workforce by expanding their other allied health related programs.

For the youth of Appalachia to pursue a career and remain in the area is critical for the stability of our entire region. We are developing programs to assist local secondary schools in developing career path models in the bio-science fields. We have developed and started programs of recruitment, education and training in local high schools. These students are shown an education and career path that can be easy to obtain and allow them to remain in the area with employment in a respectable and purpose driven industry while earning a very good living wage. Programs that are being coordinated with local high school and community colleges to educate students about the potential opportunities in healthcare careers. PMC is now partnering with participating local high schools through the Jobs for Kentucky's Graduates (JAG KY) program to allow students the opportunity to explore and pursue lucrative careers upon graduation. Students are given information and guidance throughout high school to help decide which classes would be helpful to progress to pursue that special line of service.

PMC has recently partnered with East Kentucky Concentrated Employment Program (EKCEP) to create funding programs for not only RN's and LPN's, but also for Certified Nursing Assistants and Medical Technologists. This program is designed to help unemployed and underemployed individuals take advantage of new careers in nursing or desire upward mobility within their existing position.



PMC has also developed several in-house training programs for certain positions including Phlebotomists, Patient Care Technicians and Medical Assistants. With these programs, students can obtain their certifications while working at PMC and getting paid. All these specific programs will not only offer paid training, but also sign-on bonuses of up to \$2,500.00.

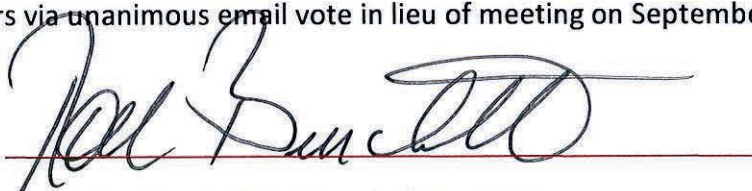
We foster teamwork knowing that collaboration paves the way in our pursuit of excellence in all that we do. There are tremendous opportunities in the healthcare field. All of these programs will be culminated together to bring individuals into the workforce earlier rather than later with externships and other certification programs. Pikeville Medical Center is, and will continue to be, the corporate leader to develop educational opportunities, assist healthcare providers and create hundreds of jobs around the region.

Our vision is to be the provider and employer of choice for healthcare in the region we serve.

Approval

After the data in this report was received, calculated and analyzed, it was shared with the members of the Advisory Committee in order to evaluate and discuss the results. Once the Advisory Committee recommended the approval of the Community Health Needs Assessment report, the Implementation Strategy was developed and both were approved by PMC's Board of Directors via unanimous email vote in lieu of meeting on September 27, 2022.

Signed by:

A handwritten signature in black ink, appearing to read "Ron Burchett", is written over a horizontal red line.

Ronald Burchett, President of the Board of Directors.

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Together. We Rise.



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