



Community Health Implementation Plan

Our Lady of Bellefonte Hospital
Bon Secours Kentucky Health System



Good Help to Those In Need®

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Mission

To bring compassion to health care and to be Good Help to Those in Need®, especially those who are poor and dying. As a system of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church.

Vision

As a prophetic Catholic health ministry, we will partner with our communities to create a more humane world, build health and social justice for all, and provide exceptional value for those we serve.

Values

1. **Respect**: Our commitment to treat all people well. Each person has equal dignity because each individual “is made in the likeness of God.” We promote self-respect and mutual respect and trust among all the members of the Bon Secours team.
2. **Compassion**: Experiencing empathy with another’s life situation. Compassion is being with another as well as doing for them in such a way that the person experiences acceptance, concern, hopefulness, and sensitivity.
3. **Justice**: The value that supports and protects the rights of all people. It promotes the right to have needs met and in a manner consistent with human dignity; and it supports and protects the right of the individual to participate in decision making regarding their care.
4. **Integrity**: A highly-developed sense of ethical behavior, consistent with that expected of an individual or organization with great moral character. Integrity is having our actions in harmony with our thoughts, feelings, and values.
5. **Quality**: is the excellence we strive to reach in the delivery of our health services. It is done in a fashion to meet or exceed clearly established internal and external standards.
6. **Innovation**: The process of creating or managing new ideas, methods, and technologies to vitalize existing services and to develop new ones. Innovation is stimulated by a strong awareness of the needs of those we serve and thrives in an organization that promotes new approaches to health care delivery. The innovative organization commits resources necessary for research and development and for change, while recognizing that not all new efforts will succeed.
7. **Stewardship**: The responsible use of all our resources for which they are intended to support, promote, and preserve our mission and ministry. It is the use of good business principles. It is the balanced and right relationship of quality and value with cost and financial return.
8. **Growth**: Developing and improving our services and promoting self-renewal and progressive developmental programs for those with whom we work, our organization, and our community. It implies expansion, embracing change, and seeking opportunities as an organizational way of life.

Executive Summary

Our Lady of Bellefonte Hospital (OLBH) is a 214-bed, non-profit, acute care facility located in Greenup County and licensed in the state of Kentucky. OLBH serves approximately 400,000 residents of five counties in northeastern Kentucky - Greenup, Boyd, Lawrence, Carter, and Elliott (which comprise the FIVCO Area Development District), two counties in southern Ohio - Lawrence and Scioto, and two counties in western West Virginia - Wayne and Cabell. OLBH is part of the Bon Secours Kentucky Health System and Bon Secours Mercy Health Mid-American Group. The system also includes Bellefonte Physician Services, a medical group which provides a variety of services, including primary care, pediatrics, specialty care, and urgent care, from nearly 40 locations throughout the Tri-State of Ohio, Kentucky and West Virginia. The Community Health Needs Assessment (CHNA) was conducted for the OLBH primary service area of Greenup, Boyd, and Carter counties in Kentucky and Lawrence County in Ohio.

The Community Health Implementation Plan (CHIP) addresses the health priorities identified through the CHNA. The CHIP will expound which community health needs OLBH will address and how they will be addressed as well as which needs OLBH will not address and why. OLBH will address the community health needs aligned with the mission and values of Bon Secours, with an emphasis on medically underserved, low income, and vulnerable populations and people with chronic diseases. OLBH provides care to all individuals that seek health care regardless of their ability to pay. The CHIP will provide details for addressing the identified health priorities in collaboration with the community and other agencies that serve the community.

Description of Community Served

The assessed counties, Boyd, Carter, and Greenup in Kentucky and Lawrence in Ohio, lay in the foothills of the Appalachian Mountains, situated at the border between Ohio, Kentucky, and West Virginia. This area is known for unhealthy behaviors and poor health outcomes.

According to the United States Census Bureau, American Community Survey, a total of 173,766 people live in the assessed counties, which cover 1,367 square miles. Of these, 95.6% are white, 1.84% are black, and 2.56% make up all other races. The Hispanic/Latino population is approximately 1.17%. Approximately 20% of the population is disabled. There are more females (50.8%) than males (49.2%) in the four-county service area. The population is made up of 22.1% children/youth (age 0-17), 60.2% adults (age 18-64), and 17.7% seniors (age 65 and older).

All four counties have a total poverty level higher than Ohio, Kentucky, and the United States. The percentage of students on the free and reduced lunch program in all four counties is higher than the national average. The median and per capita income levels for the region are well below Kentucky, Ohio, and the United States. Medicaid enrollment in the four counties is well above both states and the nation. With the exception of Carter County, the area fares better with health care insurance enrollments than both states and the nation. When considering educational attainment, only Boyd County has a lower rate of

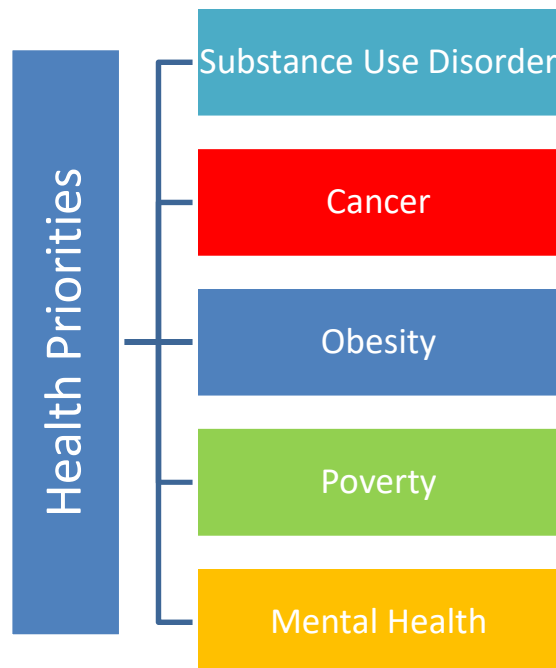
adults that do not have a high school diploma than the national average. Teen birth rates for all four counties exceed those of comparative state and national rates. Unemployment in the area is also worse than both states and the nation.

Background and Process

The Community Health Needs Assessment (CHNA) was a collaborative effort between OLBH, King's Daughters Medical Center (KDMC), the Healthy Choices, Healthy Communities Coalition, the CHNA Advisory Group, and local health departments. The CHNA was conducted between November 2018 and June 2019 and included both primary and secondary data analyses. The primary data included a questionnaire and focus groups held in all four service area counties with a total of 56 organizations and key individuals in the community, including residents, public health representatives, and those with special knowledge of medically underserved, low income, and vulnerable populations and people with chronic diseases.

Identifying Health Priorities

The five health priorities developed are based on questionnaire and focus group findings as well as the analysis of quantitative health and social indicators. In addition, the resources presently available within the counties served were considered. The CHNA is aligned with the efforts of other local agencies and considers the proposed objectives for Healthy People 2020. The priorities identified by the CHNA are: The following health priorities were identified through the assessment process and will be the focus of the Implementation Plan:



Implementation Strategies to Address Health Priorities

Substance Use Disorder

Drug poisoning/overdose deaths continue to rise in the four-county service area, tripling from 2012 to 2017. Heroin and prescription opioids account for the highest number of fatal overdoses, while hydrocodone and naloxone cause the most deaths from controlled substances. The death rates from drug overdose per 100,000 population are higher in Boyd (32.6) and Lawrence (28.1) counties than in Kentucky (27.9) and the United States (14.6). While drug overdose death rates in Greenup (27.4) and Carter (24.9) counties are better than Ohio (39.2) and Kentucky, they are much higher than the national rate.

Goal

- Increase substance use disorder prevention and awareness education
- Increase screening and referral resources for those struggling with substance use disorder

Expected Impact

- Reduce the impact of substance use disorder on the four-county service area
- Increase community resource coordination around screening and referrals for those struggling with substance use disorder

Targeted Populations

- Individuals and families directly or indirectly impacted by substance use disorder and addiction within the four-county service area
- Students enrolled at schools within the four-county service area

Strategies

1. Provide preventive education programming within local schools
2. Embed peer support specialists into OLBH and Bellefonte Behavioral Health to provide additional support to staff, patients, and the community
3. Support Healthy Choices, Healthy Communities Coalition substance use disorder workgroup efforts and initiatives
4. Integrate Screening, Brief Intervention, and Referral to Treatment (SBIRT) screenings into OLBH Emergency Department (ED) to help identify patients struggling with substance use disorder and refer them to local resources

Strategic Measures

1. Number of substance use disorder preventive education programs at local schools
2. Number of students at local schools engaged through substance use disorder preventive education programming
3. Number of community members and leaders participating in educational programs and events aimed at substance use disorder destigmatization and awareness
4. Number of patients referred to peer support specialists within Bellefonte Behavioral Health, the OLBH ED, and OLBH inpatient units
5. Percentage of patients who receive an SBIRT screening within the OLBH ED

Community Collaborations and Resources Available

- Healthy Choices, Healthy Communities Coalition – Substance Use Disorder Workgroup
- OLBH
- KDMC
- Southern Ohio Medical Center
- Pathways, Inc.
- Ramey Estep Homes
- NECCO Center
- Mahajan Therapeutics
- Impact Prevention
- River Hills Prevention Connection
- Local Health Departments (Ashland-Boyd, Carter, and Greenup counties, Kentucky, and Lawrence County, Ohio)
- Young People in Recovery
- Tri-State Family Connections
- Faith Health Appalachia
- ILCAO Family Guidance Center
- Mended Reeds
- Prestera Mental Health
- Shawnee Mental Health
- River Park Hospital

Cancer

In the service area, the breast cancer incidences of Boyd (113.4), Greenup (106), and Lawrence (112.8) counties are lower than Kentucky (123.3), Ohio (122.9), and the United States (123.5). However, Carter (129.6) County's breast cancer incidence is higher than both states and the nation. Mammography rates among Medicare patients in Carter (52.9%), Greenup (60.8%), and Lawrence (56.8%) counties are less than Ohio (61.2%) and the nation (63.1%). In Boyd (64.1%) County, the mammography rate is higher than Kentucky (59.9%), Ohio, and the United States. All four service area counties fare worse than Kentucky, Ohio, and the nation with regards to colon/rectal cancer and lung cancer incidences. Also, Boyd (71.4%), Carter (72.9%), Greenup (73.6%), and Lawrence (78.9%) counties have pap test rates higher than Kentucky (67.9%). Lawrence is the only county with a pap test rate higher than Ohio (78.7%) and the nation (78.5%). Colon cancer screening rates through colonoscopy and sigmoidoscopy in Boyd (60.5%) and Carter (60.6%) counties are below Kentucky (61.4%) and the United States (61.3%). Greenup (62.3%) County has a higher colon cancer screening rate than Kentucky, Ohio (60%), and the nation. Lawrence (60.8%) County's colon cancer screening rate is higher than Ohio but lower than Kentucky and the United States.

In the service area, an estimated 36,057, or 26.4% of adults age 18 or older, self-report currently smoking cigarettes some days or every day. This statistic is relevant because tobacco use is linked to leading causes of death, including cancer and cardiovascular

disease. Current tobacco use is worse in all four counties of the service area than in Kentucky, Ohio, and the United States and quit attempts are much lower. Tobacco use among former and current smokers is near or greater than 50% in Boyd (49.8%), Carter (61.6%), and Greenup (57.5%) counties, higher than Ohio (49.1%) and the nation (44.2%).

Goal

- Increase the number of skin and colon cancer screenings
- Increase prevention and awareness educational programming around lung cancer, skin cancer, and colon/rectal cancer
- Increase screening and referral resources for those at diagnosed with cancer and those at a high risk of cancer

Expected Impact

- Reduce lung cancer, skin cancer, and colon/rectal cancer incidence rates through cancer screenings as well as increased community resource coordination around screenings and referrals

Targeted Populations

- Individuals diagnosed with cancer and those at a high risk of cancer within the four-county service area
- Tobacco product users (students and adults) within the four-county service area

Strategies

1. Provide preventive education programming within local schools
2. Integrate cancer screenings into community events on a quarterly basis and refer high-risk individuals to local resources

Strategic Measures

1. Number of cancer prevention and awareness educational programs, including those within local schools and in the community
2. Number of students at local schools engaged through cancer prevention and awareness education programming
3. Number of community members and leaders participating in educational programs and events aimed at cancer prevention and awareness
4. Recruitment of hematologist/oncologist at OLBH

Community Collaborations and Resources Available

- OLBH
- KDMC
- Southern Ohio Medical Center
- Ashland-Bellefonte Cancer Center
- Kentucky Homeplace
- American Cancer Society

- Local Health Departments (Ashland-Boyd, Carter, and Greenup counties, Kentucky, and Lawrence County, Ohio)
- Community Hospice
- Carter County Cancer Coalition

Obesity

The percentage of obese person in all four counties of the service area is higher than in Kentucky (32.7%), Ohio (30.9%), and the United States (27.5%). Only Boyd (38.2%) County has a higher percentage of overweight persons than Kentucky (35.9%), Ohio (35.8%), and the nation (35.8%). There is also an inadequate consumption of fruits and vegetables among adults across the four-county service area. Inadequate intake of fruits and vegetables is linked to poor health and an increased risk of many noncommunicable diseases, including cardiovascular disease and some types of cancer. In addition, 31.1% of adults age 20 and older are physically inactive. Physical inactivity can lead to obesity and poor cardiovascular health.

Goal

- Increase education and awareness around healthy lifestyles and behaviors

Expected Impact

- Increase awareness about healthy lifestyles, including increased physical activity and adequate fruit and vegetable consumption as part of a healthy diet

Targeted Populations

- All individuals residing within the four-county service area

Strategies

1. Provide Bless Your Heart program within local faith communities
2. Support Farmers Market located in Ironton, Ohio
3. Support Community Garden located in Ironton, Ohio, and the surrounding area
4. Support Healthy Choices, Healthy Communities Coalition wellness together workgroup efforts and initiatives
5. Encourage community members to engage in healthy lifestyles and behaviors through free introductory memberships at Firm Fitness

Strategic Measures

1. Number of Bless Your Heart program participants
2. Number of community members that utilize introductory Firm Fitness memberships
3. Number of community members participating in the Community Garden located in Ironton, Ohio

Community Collaborations and Resources Available

- Healthy Choices, Healthy Communities Coalition – Wellness Together Workgroup
- OLBH (Bless Your Heart Program and Firm Fitness)

- KDMC (surgical and nonsurgical weight loss)
- County Extension Offices
- YMCA
- Local Health Departments (Ashland-Boyd, Carter, and Greenup counties, Kentucky, and Lawrence County, Ohio)

Poverty

In the service area, the percentages of individuals in poverty in Carter (18.7%), Greenup (17.6%), and Lawrence (18.4%) counties are higher than Ohio (15.4%) and United States (15.1%). Boyd (19%) is the only county that has more individuals in poverty than Kentucky (18.8%).

Goal

- Enhance and support those living in poverty that reside within the four-county service area

Expected Impact

- Improve community outreach efforts to community members living in poverty

Targeted Populations

- All individuals living in poverty that reside within the four-county service area
- Agencies that support and assist community members living in poverty within the four-county service area

Strategies

1. Increase competency and effectiveness of agencies and support services for community members living in poverty
2. Expand emergency food support boxes through Bellefonte Physician Services (BPS) clinics and the OLBH Population Health program
3. Support patients who lack transportation with free rides to medical appointment through the OLBH Van Ministry
4. Coordinate Meals on Wheels program to provide free meals to community members living in poverty

Strategic Measures

1. Number of community members who receive Bridges out of Poverty training
2. Number of Bridges out of Poverty training sessions conducted
3. Number of community members/families given emergency food support boxes within BPS clinics
4. Number of patients served by the OLBH Van Ministry
5. Number of meals served to community members through the Meals on Wheels program

Community Collaborations and Resources Available

- Healthy Choices, Healthy Communities Coalition – Socioeconomic Challenges Workgroup
- OLBH (through insurance counseling, a sliding scale payment plan for uninsured and underinsured individuals, the Van Ministry, Meals on Wheels, and free cancer screenings for uninsured and underinsured individuals)
- Local Health Departments (Ashland-Boyd, Carter, and Greenup counties, Kentucky, and Lawrence County, Ohio)
- BankOn
- United Way of Northeast Kentucky
- Hillcrest-Bruce Mission
- Neighbors Helping Neighbors (The Neighborhood) – CARES, Community Kitchen, River Cities Food Harvest, Clean Start, the Dressing Room, Transportation Station, Hope Central, and the Drop
- Primary Plus
- Safe Harbor of Northeast Kentucky
- Shelter of Hope
- Hope's Place
- The Salvation Army
- Kentucky Homeplace
- Local Faith Communities (Churches)
- Interagency/Community Action Councils

Mental Health

Depression and suicide are large and growing public health problems. Depression among Medicare recipients in Boyd (22.7%), Greenup (22.7%), and Lawrence (23%) counties is higher than Kentucky (20.2%), Ohio (18.5%), and the United States (16.7%). Depression among Medicare recipients in Carter County (19.3%) is below Kentucky, but higher than Ohio and the nation. Suicide mortality in the service area (age-adjusted rate per 100,000 population) is higher than Ohio and the United States. Moreover, access to mental health providers per 100,000 population in Carter (143.2), Greenup (115.6), and Lawrence (58.4) counties is less than Kentucky (179.8), Ohio (154.8), and the nation (202.8). Boyd (471) is the only county with more access to mental health providers per 100,000 population than Kentucky, Ohio, and the United States.

Goal

- Increase the number of patients screened for mental health conditions
- Increase access to mental health providers and supporting agencies

Expected Impact

- Increase ability to screen and support community members struggling with mental health conditions

Targeted Populations

- Individuals and families struggling with mental health conditions within the four-county service area

Strategies

1. Explore addition of Licensed Independent Social Workers (LISWs) at BPS primary care practices
2. Provide Mental Health First Aid training to community members
3. Integrate SBIRT screenings into OLBH ED admission process
4. Identify opportunities within the community to develop a workgroup around trauma-informed care and adverse childhood experiences (ACES)

Strategic Measures

1. Number of patients supported by LISW visits
2. Number of community members participating in Mental Health First Aid training
3. Number of Mental Health First Aid training sessions conducted
4. Percentage of patients who receive an SBIRT screening within the OLBH ED

Community Collaborations and Resources Available

- OLBH (Bellefonte Behavioral Health)
- KDMC
- Southern Ohio Medical Center
- Pathways, Inc.
- Mended Reeds
- NECCO Center
- Prestera Mental Health
- Shawnee Mental Health
- River Park Hospital
- Family Resource Centers
- Ramey Estep Homes

Existing Resources

Resources and programs currently in place to address the health needs identified in the CHNA are provided by multiple community organizations in the area, as follows:

Local Health Departments:

- Ashland-Boyd County
- Carter County
- Greenup County
- Lawrence County (Ohio)

Local Hospitals:

- King's Daughters Medical Center
- Our Lady of Bellefonte Hospital, Bon Secours Kentucky Health System

- Southern Ohio Medical Center
- Cabell Huntington Hospital
- Saint Mary's Medical Center
- Veteran's Administration-Huntington

Mental Health/Substance Abuse:

- King's Daughters Medical Center
- Our Lady of Bellefonte Hospital, Bon Secours Kentucky Health System
- ILCAO- Family Guidance Center
- Mended Reeds
- Pathways, Inc.
- Pretera Mental Health
- Shawnee Mental Health
- Southern Ohio Behavioral Health
- River Park Hospital

Transportation to Aid in Access to Care:

- City of Ashland Bus System
- Ironton Port Authority
- Van Ministry, Bon Secours Kentucky Health System
- Tri-State Transit Authority Bus System-Ashland/Ironton/Huntington
- King's Daughters Medical Center
- North East Community Action
- Medicab

Low-Income Assistance:

- Neighbors Helping Neighbors (The Neighborhood)
- Safe Harbor
- Shelter of Hope
- Hope's Place
- United Way
- Salvation Army
- Kentucky Home place
- Area Churches
- Interagency/Community Action Councils

Community Assets

Data was collected from the questionnaire and focus groups about what assets or strategies exist in the communities that contribute to health. The following were identified:

- Local health departments
- Strong hospitals
- Number of health care clinics

- Good access to specialists
- Health care technology
- Greater awareness of the need for healthier lifestyle
- Health screening and education programs
- Good schools and colleges
- Strong faith community
- Judicial system-drug program
- Strong economic development groups
- 211 resources
- School-based family and youth resource centers
- Parks and recreation opportunities
- Leadership programs
- Home health programs
- Higher education/workforce development
- Greater agency collaboration
- Health coalitions
- Non-profit community services
- Strong community pride